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Children's Immediate Reactions to Death in the Family*

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In the past few decades, a body of evidence has been accumulating in support of the hypothesis that the loss of a parent in childhood may contribute to the development of various forms of psychopathology in adult years. As reviewed and critically examined by Bowlby,[1] numerous investigations indicate that "the incidence of childhood loss in the lives of patients suffering from psychiatric illness and character defect is significantly higher than in a random sample of the population". However, most of these studies concerning the children's reactions to death in the family have been done retrospectively.

In this communication which is an enlarged version of a previously published paper by this author,[2] the immediate reactions of 20 children to death in the family will be discussed. With one exception, all of these children were brought to the clinic during the few weeks following the event. Invariably, all of the surviving members of the families were either puzzled or alarmed by the child's unusual reaction to the loss, thus feeling the need of consulting a child psychiatrist. Except one, none of these children was previously considered to be emotionally ill. For the sake of economy, only the pertinent material from 10 cases will be presented:

Case 1. Ayşe is a three-year-old girl who has had allergies since birth. Her father who also suffered from severe allergies died suddenly and unexpectedly. He was found dead by the mother in the bathtub. Although she did not see her father's body, she heard her mother's scream.

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Shortly after this incident she developed asthma. Her attacks were severe enough to necessitate hospitalization. Since she did not respond to drug therapy a psychiatric consultation was requested. In between the attacks she was noted to be very cheerful and talkative. She said that her father would come back soon by plane (as a salesman her father used to travel a great deal). She seemed very happy in the presence of male doctors, allowing them to give her injections. But she was very hostile towards nurses. Her attitude toward her mother was very ambivalent. She clung to her and insisted on sleeping in her bed. At other times her behavior was unmanagable and nothing seemed to please her. All of a sudden she would become very sad and say that her father would not come back because "he was playing with other children up in the sky."

Case 2. Hasan is a four and a half year old boy. His grandfather who had been living with the family, died one night of a heart attack. Next morning Hasan saw his coffin taken out of the home. He was told that his granddaddy had gone to Mekka for pilgrimage and would not come back. During the following days Hasan developed a difficulty in going to sleep. He went to nursery school reluctantly. He looked very sad most of the time and ate very little. He was seen crying silently. He told his grandmother that he would be very lonely if she too went to Mekka. But many times a day he would snap out of this depressed mood and act with unusual cheerfulness, singing, talking and jumping all over the place. During the interview, Hasan seemed to be a lively four-year-old kid. When asked how many people lived in their house, he told every family member's name, including his grandfather's. After a moment, he said his granddaddy had gone to Mekka and he would not come back until he himself grew up.

Case 3. Kemal is a five-and-a-half-year-old boy whose father killed himself. The father who was a known paranoid schizophrenic used to beat his wife and his children frequently. Kemal was afraid that his father would kill his mother since she was the one who got most of the severe beatings. One evening his father tried to strangle his mother. The mother fainted; thinking that he had killed his wife the father committed suicide by jumping out of the window. Kemal witnessed this scene and also saw his father's body on the street. His mother had to go to the police station and Kemal refused to stay at home and went along with her. He stayed at the station until two o'clock in the morning while his mother was being questioned. He cried a lot and seemed worried, mostly about his mother. Next day he went to the cemetery with her to choose a grave. During the follow-

ing days, his mother noticed that he was nervous, biting his fingernails. He was restless at night. He beat his brother frequently. He was hyperactive. He would climb over the furniture, and make funny noises. He did not seem affected by the loss and the trauma he suffered. He said to his mother "My father was a good soldier. Why don't they put up a statue of him?" In the play room he played with a toy rifle and he said: "I wish I had a real rifle," When asked what he would do with a real rifle, he said: "I will shoot the soldiers who fight, and save people who fall out of windows". He showed his pants to the interviewer and claimed that they were his father's pants. He also said that he cut his finger once but it did not bleed, because "God protected him".

Case 4. Lâle is an eight-year-old girl who lost her grandfather whom she loved very much. She was told first that her grandfather had gone to another city. But later she was told that he had died and been taken to the cemetery. It was noticed that she neither cried nor said anything. But next day she seemed unusully cheerful. In front of the mourners she acted silly and laughed inappropriately. In spite of repeated scoldings she continued to act silly. Finally her grandmother scolded her by saying: "Your grandfather died because of you, and you will send me to my early grave too". On the same night she began to have terrible nightmares which went on for several nights. But during the daytime she was again disturbingly cheerful and overactive. During the interview she was observed to be gay and talkative. When asked about her nightmares, she giggled many times and said that she dreamed about skeletons and her grandfather.

Case 5. Ahmet is an eight-and-a-half-year-old boy whose father had been depressed for many years. One day early in the morning, Ahmet got up and went to the bathroom where he saw to his horror his father's body hanging from the ceiling at the end of a rope; Screaming, he ran to his mother and woke her up. He cried as any other member of the family for the first two days. On the third day, he began to act as if nothing had happened. He could not be kept at home. He wanted to play with the kids outside but fought with them a lot. He was hyperactive and did not listen to anybody. He did not understand why he was not allowed to go to school. His mother and his aunt felt very embarrassed to see him playing cheerfuly in front of the mourners. He was told to behave himself since"he was the only man in the household". He protested strongly and said "I am not like my father and I don't want to take his place". Whenever he was scolded, he said he would hang himself like his father did. At the interview, one week after the death of his father, he seemed extremely restless. He played war

games, mostly put on a mask, took a dart gun and scared his aunt who was sitting in the next room. Doing this, he seemed to be enjoying himself immensely. He played with every toy in the playroom, making it look like a mess. Upon leaving, he asked the therapist if he could come back later.

Case 6. Çetin is a ten-year-old boy who, upon awakening one morning, found his baby brother dead in his crib. Terrified, he ran to his mother. The next night he had a terrible nightmare which continued to occur every night for two weeks. During the day he appeared restless and acted silly all the time. He was seen laughing and giggling for no reason at all. One day he and his friends dug a hole in the backyard. His mother saw him lying in it. When asked what he was doing, he said he was dead. In the playroom he was noted to be giggling a lot. He enjoyed asking the interviewer many riddles, giving the answers himself. In one of the sessions he put a piece of clay in a toy bathtub and made it look like a grave. He drew a smiling face on it, looked at the interviewer and giggled. This boy was later taken for psychotherapy on account of poor adjustment and learning disability.

Case 7. Nuray is an eleven-year-old girl whose father died suddenly after having been hit by an automobile. She came home from school and found a houseful of people crying and grieving. After she learned the terrible news, she screamed: "Stop it; My father is not dead; If you don't stop crying I will throw myself out of the window". And she seemed to mean what she said, so everybody stopped crying. Shocked by her behavior, the next day her mother brought her to the clinic. Although she refused to come, she was forced to. She sulked throughout the interview and did not say one word. She looked sad and angry. Mother was asked to bring Nuray back three days later. To the second interview she came willingly. She looked gay and happy as though she were not the same child. In contrast to her sadness and mature appearance in the first hour, she acted infantile in the second hour. To the most simple questions she responded by giggling and hiding behind her mother's back. Her mother stated that she had been behaving as if it were a holiday. She went to school and her teacher was puzzled to see Nuray in high spirits at such a time of tragedy.

Case 8. Semra is a fourteen-year-old girl who survived a terrible automobile accident which had taken the lives of her parents. She and her two sisters were in coma. She was the last one to come out of coma. She sustained no serious injury and after she returned home she appeared perfectly normal, except that she never asked any questions about her parents. During a period of two weeks, she was told that they were in the

hospital. When she saw her sister mourn and cry, she innocently asked why they were crying. She was brought to the clinic where she talked about everything including the accident, but never mentioned her parents. Toward the end of the interview she was asked if she had any questions. For the first time, she inquired how her parents were doing. When told that she had lost them in the accident, she broke down and cried.

Case 9. Cem is a fifteen-year-old boy who escaped an automobile accident with only a few bruises and a bleeding nose. His father who was driving the car was killed instantly. Cem was taken to a hospital for observation. He seemed to be excited and trembling. A few hours later, he began to talk incoherently and seemed disoriented. Since the neurological examination was normal, a psychiatric consultation was requested. He was transferred to the psychiatric ward where he calmed down rapidly. When his mother told him about his father's death, he cried very little and tried to console his mother. He participated in all the activities of the ward and told his doctor how much he was enjoying himself. On the ward he was cooperative and euphoric. He said he wanted to go home since he was behind in his studies. He seemed to avoid the subject of death and accident. When the therapist brought it up in conversation he looked mildly depressed but few minutes later he related a funny experience he once had.

Case 10. Mustafa is a fourteen-year-old boy who lost his father following a third coronary attack. At that time his parents were separated and Mustafa was staying with his father. He witnessed his father's death. He was observed crying and mourning intensely for a few hours, then stopping suddenly. He became calm and looked unusually composed. He played host to the visitors and mourners, asking them politely questions about their families and themselves. He even served them tea and coffee. The next day when his older sister came for the funeral, he accused her and his mother saying: "You and your mother caused my father's death." He continued his accusations even after he moved in with them. Since he was known as a well mannered boy, his mother was appalled by his accusations and insults. He brought up his father's death constantly, arguing with his mother and sister. He broke furniture and threatened to kill them both. During the interview the appeared angry rather than sad. He repeated his accusations about his mother and sister. He denied that he was exaggerating the part they played in the father's death.

Discussion

Of these 20 children, 12 lost their fathers, 2 their mothers, 2 both parents, 2 their brothers and 2 their grandfathers. The deaths were

due to traffic accidents in 8 cases, to illness in 7 cases and the result of suicide in 2 cases. Two fathers were killed and a brother of one of the children was drowned.

As can be gathered from the case summaries, the trauma of loss rekindled the old and new conflicts in these children thus giving rise to a variety of symptom formations. The psychopathology that these children developed following the trauma covered a broad spectrum, including anxiety and asthma attacks, persistent nightmares, fainting spells, depersonalization, paranoid tendencies, psychosomatic symptoms and various forms of behavior disturbances. Oedipal anxiety and ambivalence toward lost object were evident in the cases of Kemal and Ahmet (Case 3 and 5) who lost their fathers through suicide. Because of the unusual severity of the trauma and the pre-existing family pathology, these children may be expected to develop grave disturbances in later years.

In addition to the specific symptomatology, these children showed some interesting common reactions: Most of them initially reacted to the loss by crying and grieving. Nuray (Case 7) who, at first, refused to acknowledge the sudden death of her father, also went through a brief period of mourning. But soon after, most of the children were observed to become nervous, hyperactive and naughty. They appeared not only unaffected by the loss but began to act disturbingly gay and silly. They avoided asking questions or talking about the death and behaved as if no one was missing at home. This was apparent in 16 cases. The lack of grief and the cheerful mood have also been observed during the interview. But the denial of the painful reality varied in degree from one child to another. Some of the children had even laughed and clowned in front of the mourners. In some instances, this euphoria bordered on hysteria or hypomania. Three children reacted to death with complete indifference. They neither looked sad nor asked any questions. In two children (Case 1 and 2) the euphoria seemed to alternate with mild depressive moods. Only in one child neither the euphoria nor indifference could be detected. This 9 year old boy witnessed the murder which took the life of his father. Terrified, he ran away from the scene when he saw four men stabbing his father to death. In fact, one of the attackers also ran after him but could not catch him. The following nights he could not go to sleep for hours and had several nightmares in one night. During the day, he would go out for a while but would run back home with an acute anxiety attack. This boy experienced both the death of his father and the threat upon his own life. Probably because of this overwhelming reality, he could not take

refuge in the mechanism of denial. Two children who had shown complete indifference when confronted with the painful reality, broke down and cried. And this ended the period of denial. In 8 children who were seen at the clinic more than three times, the cheerful mood seemed gradually to disappear after a period of one to six weeks. But nervousness and hyperactivity as well as other specific symptoms lasted longer, necessitating long term psychotherapy in 4 cases.

It is noteworthy that some of the siblings of these children did not show a typical mourning reaction either. For example one girl was brought to the clinic because she had fits of laughter following her mother's sudden death. This girl was observed to be expansive in the playroom also. In fact she was so cheerful and high spirited that her older sister who accompanied her seemed very amused by her 'crazy talk' and behavior. When inquired about this sister, the father stated that she had not cried much and seemed resigned to the mother's loss. Since the families focused their attention especially on the child whose behavior alarmed them most, in the chaos following the loss, they missed such milder reactions in other children. Possibly, the lack of proper grief in some siblings had been interpreted as a sign of their being very shocked. But it should be noted that few siblings of these children were able to grieve properly. For example, an eleven-year-old boy behaved as if nothing tragic happened at home. His lack of grief was even noticed by his teacher. In his homework, he wrote all about the happy things he experienced during the summer vacation but ommitted the recent death of his mother. On the other hand, his 7 year old sister never stopped crying and yearning for her mother.

It is interesting that a 9 year-old-boy who did not know that his father had died 4 years ago, developed a similar reaction shortly after he found out truth. He had been told that his father went abroad to receive treatment for an illness and he would come back. About two weeks ago the mother had to tell him the truth because the boy overheard a conversation about his father's death in an accident. He cried for a while but did not seem to be as upset as the mother expected him to be. The following day he began to act up, clowning frequently. A few days later they went to visit the tomb of a saint. There he was told a rather scary story about this saint. The same night he had a nightmare. He told his mother that he dreamed of skeletons and asked her if the skeletons could stand up in their graves. Next day he went to school reluctantly and fainted there twice. It might be speculated that for this boy, the trauma of loss occurred when he could no longer hope to see his father back!

In short, all of these 20 children attempted desperately to deny the painful trauma of loss. The denial took the form of indifference or the reversal of affect. Some children tried to deny the loss itself, whereas some of them repressed the affect associated with the loss. Since the mechanism of denial could not be used long enough without resulting in psychosis, after the period of initial shock, it had to be abandoned, only to be replaced by other less primitive defense mechanisms. It is interesting that the degree of denial did not seem to be directly proportional to the age of the children. The denial was almost complete in the case of Semra (Case 8). Possibly because of this, she was the only child who did not develop other symptoms. It seems that, in all other children, the utilization of denial did not sufficiently defend their ego, so they had to make use of various neurotic mechanisms.

But none of the children that could be followed, went through the process of mourning in the adult sense, even after the abandonment of the denial.

In the past, many investigators drew attention to the inability of children to mourn and to understand death. As early as 1937, Deutsch[3] placed emphasis on this characteristic of children and on the use of mechanism of omission of affect to protect the integrity of the ego. She believed that the child's ego was not capable of the task of mourning. She also stressed the importance of "mourning as a reaction to the real loss of a loved one must be carried through to completion."

But S. Freud[4] (1927) was the first author who, during the analysis of two young men, observed that they had refused to accept the death of their fathers. By the mechanism of the splitting of the ego, one part of their personality denied the painful reality, whereas the other part was fully aware of it.

Case reports which appeared in literature in the last two decades dealing with the children who have recently experienced death in the family, seem to support these early observations:

Keeler[5] (1954) studied eleven children after the death of a parent. The author observed eleven kinds of reaction to the death. According to the test responses, they all showed signs of depression but clinically they did not look depressed. "In a psychiatric interview these children appeared indifferent, euphoric or apparently free of conflict of any sort." It is also noted that "a child may have deep feelings of grief

and depression at the loss of a parent and yet may be eager to go out and play, appearing superficially as if he were unaffected by the incident."

Shambough[6] (1961) reported a case of a seven-and-a-half-year-old boy whose therapy was resumed shortly after his mother died of cancer: "When I started to see Henry again, I was struck by his affect. He did not look like a boy who had suffered a loss. Instead, he came to his first interview as if he were full of energy. He was hyperactive and gay, sometimes to the point of euphoria. He said he was glad to come back, laughed, told me jokes he had heard at school, recited puns, and remarked on all the amusing and interesting things which had happened at school." Few weeks after the death of his mother he made this statement: "When she died at the hospital, I waved and said good-by and forgot it." The author placed emphasis on "an alternation of affect with something like euphoria replacing an expected sadness, violent fantasies; regression to orality and narcissistic fantasies of self-sufficiency and independence from object."

Scharl[7] (1961) compared the reactions of two sisters to their father's violent death which they witnessed. Linda, the older sister, was brought to the clinic as a result of mother's worry that she never talked about the father's death. She behaved as if she were relieved by his death. This sulky child suddenly became cheerful. She helped around the house, cooked meals, and took care of her mother. But she constantly fought with her sister. Nancy, five year old sister, was unable to accept father's death and clung to the fantasy that he would come back. The author concluded that, due to a more developed ego, the older child did not regress to the same extent as her younger sister. But it is clear that both children used mechanisms of denial and reaction formation as immediate defenses.

Furman[8] (1964) reported on a case of a six-year-old boy who lost his mother while he was in analysis. Toward the end of the third month after the mother's expected death of cancer, this boy pretended that he had a mother at home. In fact, he asked P.A.T. tickets for both mother and father. He also drew a family picture which included mother. Author states that this denial became intense and "it was directly associated with Billy's guilt-laden fear that his anger had caused his mother's sickness and death."

Barnes[9] (1964) had the opportunity to observe the reaction of a four-year-old girl, Wendy, whose mother died of multiple sclerosis while she was under treatment. On the evening of the mother's death, even after the visit to the cemetery, children seemed relatively unaffected.

They were both quite active, however, and for quite sometime were described as happily playing London Bridge is falling down."

Wendy would play a twirling game, fall down on the floor pretending to be dead. She would laugh in getting up and say: "You thought I was dead, didn't you?" On the day after the funeral she made up a very ambivalent song about her mother. The maid observed that she acted almost happy that the mother was gone. Wendy's little sister Winnie who was two and a half, did not mention her mother for the first three weeks, ignoring spontaneous remarks which came up about her. She would see her mother's car and comment 'my daddy's car'. They lost their grandfather five weeks after the death of the mother. Winnie showed the same denial and insisted that he was not dead.

McDonald[10] (1964) observed the reactions of the children in the Nursery School to the death of Wendy's mother: Although all of them knew about the event, they were totally silent about it for the next two weeks. Author concluded that "All the children appeared initially to meet the trauma with defenses of denial and regression. Transitory separation anxieties and behavioral disturbances appeared to be universal."

Gauthier[11] (1965) reported on a case of a boy, age ten and a half, who had been in analysis when his father died of a heart attack. His conclusion is as follows: "At no point this child became depressed. Using adult concepts, one might say he has used a massive denial of his painful feelings. My hypothesis is that the complicated processes used by this child to communicate and to identify with his father, as well as to work through his ambivalence toward him, constituted the mourning process and consequently prevented the appearance of a clinical depression."

Rosenblatt[12] (1969) observed the reactions of a six-year-old boy to the death of his sister. This boy who had seen the body at the wake, never cried, never talked about the event. But he was constantly preoccupied with the fear of dying. He also had an asthma attack as his sister did prior to her death. He drew a picture of a tombstone with the names of all the family members on it.

Agee[13] (1957), in his insightful novel, "A Death in the Family," described the reaction of a six-year-old boy to the sudden death of his father. This boy was unable to show any grief, he was just puzzled. He sensed that "He knew something of great importance which nobody knew." He wanted to share his knowledge with others, so to the men who were passing by, he kept saying: "My daddy's dead!'

Only the observations of A. Freud and D. Burlingham[14] (1943) on nursery children do not seem to be consistent with these findings. They noted that even the little children at the time of London 'blitz' had been able to acknowledge their parents' death, making very little use of the mechanism of denial.

But at the time of war children are introduced to the reality of death prematurely. Death is no longer an unexpected and obscure danger but a daily occurrence for them. It can be argued that, under such circumstances, it is much harder to mobilize the mechanism of denial.

The observations on all these cases show that children do not develop the usual signs of grief adults manifest following a loss in the family. Certainly the clinical picture is not that of depression. Nevertheless they develop various symptoms which are closely related to the trauma they recently suffered.

It seems that children generally try to avoid the threatening depression by developing aggressive behavior (Burks and Harrison,[15] 1962), psychosomatic disturbances (Sperling,[16] 1959) and by many other symptom formations which may be considered as equivalents of depression. Rochlin,[17] [18] (1963, 1959) also stressed the absence of depression in children. He believes that the painful effects are replaced by regressions, fixations, identification with the lost object and a heightened narcissism.

A somewhat opposite view is held by Bowlby[19] (1960) who maintains that mourning may occur as early as six months of age.

The outcome in these cases depends certainly not only on the impact of the trauma itself, but on many other factors, namely on the level of ego development at the time of death, on the nature of emotional ties with the lost object before death and on the success of efforts at restitution after the event. The surviving parent's role is especially crucial in the adaptation to the loss. The proper handling of the child's immediate reaction to the trauma as well as the opportunity of forming adequate substitute relationship are also determining factors.

In 1966 Cain and Fast[20] reported on children's disturbed reaction to parent suicide. They noted that "The children ranged widely in the severity of their psychopathology, from relatively mild neurotic conditions to psychoses. What is most striking is that even with conservative diagnostic assessment 11 of the 45 children must be considered unquestionably psychotic.' Cain, Fast and Erickson[21] (1964) studied the

children's reactions to the death of a sibling. They concluded that these children, who were all psychiatric patients, showed some major symptoms which were closely related to the death of their siblings.

Conclusion

Our material, as well as the case reports in literature seem to indicate that the child's ego is not capable of the task of mourning. Although it is still too early to make a definite statement, it can safely be said that the mourning process in childhood takes a much more complicated course than it does in adulthood. As Anna Freud[22] (1960) pointed out, a person's efforts to accept "the loss of the cathected object presupposes certain capacities of the mental apparatus such as reality testing, the acceptance of the reality principle and the partial control of id tendencies by the ego." The child's ego which is not strong enough to master the massive trauma, reacts to the loss initially by utilizing the mechanism of denial. By this first measure, the child's ego defends itself against the overwhelming anxiety, thus gaining time before it can put up more realistic defenses. Inevitably other neurotic manifestations appear when this primitive defense mechanism fails to ward off the anxiety.

Observations on similar cases will certainly throw light on the controversial subject of childhood mourning. Also prospective studies of children who experience death in the family, will contribute to a better understanding of long term effects on personality of the trauma of loss.

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