The process of mourning as outlined by clinical data from a study of 42 children ranging in age from latency through adolescence who lost a parent by death. She found that presented the most complete exposition of the psychoanalytic view of children's reactions to the death of a parent. She reported McDonald, 1964 prerequisite is that the child be provided with an adequate adult caretaker who will meet the child's needs and allow him or her to express feelings about the loss. She further pointed out that the finality of the parent's death coexisted with a correct conscious acknowledgment of what had occurred. not occur among these children. W olfenstein indicated that the children were denying, overtly or unconsciously, the finality of the loss. A number of other psychoanalytic researchers, such as Nagera (1970) in his work with children and Fleming and Altschul (1963, 1968) in their work with bereaved young adults, also supported that position. In a much-quoted article, Nagera (1970) expressed the view that mourning as defined by Freud (1917) and as observed in the adult is not possible until the detachment from parental figures has taken place in adolescence. The response of children to the death of a parent assumed a regular and specific pattern, one that is strikingly similar to pathological mourning in adults. A particular set of responses occurs in children who experience the death of a parent. These reactions include unconscious and sometimes conscious denial of the reality of the parent's death, rigid screening out of all affective responses connected with the death, marked increase in identification with and idealization of the dead parent, decrease of self-esteem, feelings of guilt, and persistent unconscious fantasies of an ongoing relationship or reunion with the dead parent. Consequently, Wolfenstein (1966, 1969) and Nagera (1970) believe that decathexis of the internalized parental images, as a normal part of adolescence, must occur before a person can fully decathect a parent's death. Consequently, there emerged a unanimous position in the psychoanalytic literature regarding children's reactions to the death of a parent (Miller, 1971). This consensus position was based on the firmly held conclusion that, compared with adults, children do not pass through mourning when the latter is defined as including the gradual and painful emotional detachment from the inner representations of the person who died. Thus, the question of whether children mourn is not just a philosophical question but is rather an inquiry that has theoretical, clinical, and therapeutic implications. If the child does not pass through a mourning process, what does he or she experience? If the answer is “pathological mourning,” isn’t that a pejorative label? That assumes that children erect a series of defenses because they cannot or will not allow themselves to experience the pain involved in the gradual decathexis that is the essence of mourning. Although it has been suggested that children have a short “sadness span,” they do experience significant sadness. However, if the child is developmentally limited and does not possess the mature cognitive and emotional equipment that we assume in the adult, is it accurate to label the child's mourning as pathological? Perhaps it would be more accurate to think in terms of a partial mourning process that the child with his immature psychological and cognitive apparatus is capable of experiencing. This dichotomy in psychoanalytic thinking about the child's mourning and the dismissal of the child's ability to address loss has not been shared by many clinicians working with bereaved children. The implications of hopelessness and therapeutic indifference are anathema to many who have experienced therapeutic success with bereaved children (Shambaugh, 1961; Barnes, 1964; McDonald, 1964; Gauthier, 1965; Rochlin, 1967; Lampl-De Groot, 1976; Sekaer and Katz, 1986; Garber, 1988).
Consequently, there emerged an alternative position about the child's mourning by psychoanalytic researchers who felt that the either-or dilemma could be reconciled. In a series of articles, Pollock (1972, 1977, 1978) suggests an alternative hypothesis to deal with this complex problem. Pollock (1972) states, “Perhaps these differences (mourning in children and adults) can be reconciled if one considers the mourning process with its phases as having different developmental times when each component first appears” (p. 17). Pollock (1972) goes on to say, “Thus in young children we may observe the earliest phases of the process. In adolescence, where the personality becomes more coherent and integrated, the fuller process may be possible and closely approaches that seen in the adult” (p. 17).

Lampl-De Groot (1976) proposes a similar idea: “The age at which a child is capable of a real mourning process varies individually and is dependent upon the rate of maturation and developmental structuralization” (p. 278).

Pollock (1978) elaborates, “When one approaches the mourning process from a developmental perspective the question of whether mourning is possible in infancy, childhood or adolescence becomes one concerning the stages of the process as they come into being at particular points of overall development” (p. 263).

“The above conclusions of the psychoanalytic investigators of mourning might be integrated if one views the mourning process as a sequential process that is intimately related to the maturation of the psychic apparatus” (Pollock, 1978, p. 265).

Garber (1981) proposes a similar idea based on clinical data from the Barr-Harris Children's Grief Center at the Chicago Institute for Psychoanalysis. Garber indicates that the either-or question in regard to mourning in children is not a valid one at this stage of our theoretical thinking. Children's mourning the death of a parent extends over a wide spectrum. It is indeed possible that a number of children are incapable of engaging in a sequential step-by-step mourning. They may be the children described by Wolfenstein and others. However, the individual children described by Furman, Kliman, and others possess the cognitive and emotional equipment to engage in an intense and meaningful mourning process. Between these extremes are children who seem to illustrate the theoretical position that the child mourns to the degree to which he or she is developmentally capable (Garber, 1981).

Sekaer and Katz (1986) have come to a similar conclusion. Their impression is that, for each stage of development, one may postulate an optimum degree to which mourning can be accomplished. They view the child's mourning not as a deficient version of the adult process but rather as one unique to the child's capacities.

Over the past 20 years, the psychoanalytic literature on mourning in children has pursued different directions because the question of whether children mourn has been resolved. The work of Muir, Speirs, and Tod (1988) and Parens (2001) focused on the therapeutic work with the surviving parent as a means of facilitating the mourning of the younger child. The work of Lieberman et al. (2003) and Sklarew, Twemlow, and Wilkinson (2004) focuses primarily on the complexity of therapeutic intervention with children who have experienced traumatic grief. Analysts moving out into the community and addressing the needs of disadvantaged children stimulated interest in traumatic grief. There have also been significant clinical contributions to the parent loss literature (Lampl-De Groot, 1983; Akhtar, 2001; Cournos, 2001; Miller, 2006). One could best summarize the recent psychoanalytic contributions as an attempt at new and creative therapeutic interventions with the bereaved child.

**Clinical Material**

Kim was eight years old when her father died suddenly from a heart attack while shoveling snow. He was 46 years old, of seemingly robust health, but there were rumblings of heart problems the past two years. There was also a family history of heart disease.

Kim and her 14-year-old sister participated in the funeral and visitation. From the beginning, it was evident that she was eager to return to her regular routine of school, friends, and activities.

The father was a successful attorney who was a loving father and very involved with his two daughters, especially Kim, who was a tomboy and athletic. The mother was a successful real estate broker who had an adolescent experience with therapy due to acting out in high school.

When people asked Kim whether she missed her father, she replied matter-of-factly that he died and was dead and that when people die, they never come back. Any discussion about her father was brief because she was eager to return to her previous activity. However, in school it was evident that she was preoccupied, and she experienced bad dreams, which resulted in frequent visits to her mother's bed at night. When these symptoms intensified, her mother took her for a psychiatric evaluation. Kim was upset by this and could not understand her mother's concern. She was somewhat cooperative with the evaluator, who was unable to determine whether there was a problem.

Kim seldom talked about her father except to wonder why he was allowed to shovel snow because she had heard that people get heart attacks from such an activity. The family returned gradually to their normal routine except for the empty space that was their father.

A year after the father's death, her mother once again felt that Kim needed an intervention because her symptoms had escalated to...
the point where she became a frequent visitor to the principal's office for rudeness to teachers. She was also failing in school.

This was the first time I saw her. Kim was an attractive nine-year-old who was sloppily dressed in ill-fitting jeans and a T-shirt. She glared at me through hair-covered eyes. She responded to my questions with a shrug or a labored “yes” or “no.” It was painfully evident that she did not want to be there. When I asked her, she agreed, and so I told her that she was free to go, but she was welcome to come back. She dashed out of the office before I finished my last sentence. She was relieved at my permission, but her mother was disappointed with my approach and suggested that my expertise with bereaved children was overrated. Although such a response is not my usual therapeutic stance, I felt that her resistance was so strong that to force her to come would only result in a monumental struggle, which might impair her ability to use therapy in the future.

Three years later, I received a call from the mother asking to make an appointment for Kim, who had asked to see me. The mother was baffled by the request, but she acceded reluctantly to her daughter's wishes. I was pleasantly surprised by what I saw before me. There was a tall, slender, willowy young lady who told me that she wanted to see me because of conflicts with her mother. She missed her father, but that was not a problem, she said. Her mother had not remarried, and Kim thought that life would be better if her father were alive. She felt weird because she was different from the other kids in her suburb who had fathers. Sometimes people forgot and asked her where her father was; when that happened, she became furious because it was not fair for him to die.

She had constant fights with her mother, who disapproved of her friends, and they fought about Kim's staying out late and her dress. Her mother was prim and proper, a pillar in the community. Everyone admired the widow who was raising two children by herself and was successful at her work. Kim thought that her mother was a phony who smiled on the outside but was bitter and envious of all women who had husbands. Kim was also conflicted about her older sister, who was just like her mother. She considered her sister a failure because she had failed out of college and now worked with mother. She was very definite about wanting to see me because I did not force her to stay, as had other therapists. I wondered whether she also felt that I was taking her side against her mother by allowing her to leave three years before.

We started meeting once a week because that was all her mother would allow. However, after a couple of months, she realized that Kim was committed to working with me, and she agreed to let her come three times a week. Kim had a natural bent for and comfort in doing analytic work. She was curious, thoughtful, and introspective. She was eager to talk about her dreams, and she drew some of the images in her dreams, because she was artistically talented.

The initial months of the analysis dealt with her anger at her mother and sister for their need to look good. When I wondered what her father was like, she launched into an idealized description of his goodness, intellect, and honesty. Her father was also unable to tolerate her mother's obsession with looking good, so he looked like a slob and swore in public. From this description Kim's identification with father was evident. Although she admired her father's honesty, unpretentiousness, and athletic interests, she talked about him with minimal emotion. This was her first annoyance with me: She “just knew” that I would find a way to get her to talk about her father. She exploded when I suggested that children try to be like their parents so that they will not miss them.

Her initial dreams were about walking alone on a beach when it starts to rain. She keeps walking in the rain, and all the time she is looking for something or maybe someone but does not find them and wakes up in a panic.

A significant transference reaction occurred in response to her attending overnight camp. This was not her first time, but this time it was different because she was less enthusiastic about attending. I suggested that it had something to do with seeing me and possibly missing me, just as she missed her father. Although she denied it, she broke up with her boyfriend before going to camp.

When she returned from camp and was about to enter high school, Kim started showing up late and missing sessions. She complained of boredom, lack of progress, minimal change in her mother's peculiar behavior, and a feeling of hopelessness. I wondered whether the regression had something to do with anxiety about entering high school and the wish that her father were there to support her. She could not understand why her mother did not date or talk of remarriage. Her mother insisted that life with her husband was so wonderful that she could not possibly find anyone to replace him. I pointed out that in fact one finds it easier to replace a good relationship but has difficulty in coming to terms with a bad one. Although such a response is not my usual therapeutic stance, I felt that her resistance was so strong that to force her to come would only result in a monumental struggle, which might impair her ability to use therapy in the future.

At this time we were in the middle phase of the analysis. She had a dream in which she was on a cruise with her mother. The ship left without them, and they were stuck on a strange island, both looking for something. I wondered whether Kim was looking for a father, just as she hoped her mother would look for a husband. At this point, Kim started to act out sexually, smoke, and drink. Even though she knew that this was self-destructive, she felt that she would not live past 30, so she should just have fun. Her father was a fun-loving person. She depreciated mother for her lack of a social life and for the first time wondered about my boring life.

A critical moment was Halloween, when she went out drinking with friends, came home late, and could not sleep because she
experienced a ghost in the house. She stayed up all night and for the first time expressed wishes that her father were alive because with him she felt safe. I wondered whether she felt guilt about her

father's death and hence the need to be punished by ghosts. She told me that she had nothing to feel guilty about. I suggested that she felt anger at her father for having died and leaving her stuck with an unempathic mother.

We reached the first anniversary of the treatment. When I pointed this out, she became upset and said that she felt no better than when we started and complained that analysis was interfering with her after-school activities of ice-skating and hockey. I pointed out that perhaps seeing me was interfering with her being like her father. She got her mother to call me to request a decrease in frequency and to take a break from treatment. Although she agreed that Kim had become easier to deal with and was softer, she thought too much therapy was not good. Kim returned for one more session and said that she was too busy to keep coming. She then admitted hesitantly that her wish to see me was triggered by an incident in which she saw someone who, from the back, looked like her father. She then ran around to the front to see the person's face. This incident scared her because she thought that she was going crazy. However, she came to realize that it was a normal reaction to missing her father. I wished her well and told her that our work was not finished. Once again, I felt that it was important for her sense of autonomy to let her go.

Eight months after Kim left, her mother called to say that she wanted to come back. Kim returned, looking unhappy. She told me that her boyfriend had abandoned her when his family moved to Canada. She wanted to visit him, but her mother would not allow it. I imagined that losing her boyfriend felt like losing her father, and in some way it was her mother's fault. She was caught smoking in school and was suspended for two days. I suggested that maybe she did that as a way of returning to therapy. She agreed that it was a stupid thing to do.

During this phase of the analysis, Kim was much more open with her feelings about me and realized that she had not come to terms with her father's death. The latter was impressed on her when she became panicly while passing a cemetery. She felt much anger at and envy of her sister, who was getting married. She was anxious while standing up at her sister's wedding and was reluctant to make a toast. However, she handled herself with grace and enjoyed the experience. She was envious of her sister, who had gotten beyond their father's death, while she was still stuck. For the first time, I suggested that maybe she was just like her mother in being unable to let go of her father because her relationship with him was not that good. She became angry and accused me of attacking her father, who was not there to defend himself.

It became evident that the loss of her father was omnipresent, not only because of how it affected her but because of how it affected her mother, who was chronically depressed. Her mother had become more irritable and shallow in her dealings with the outside world. While ice-skating, Kim developed severe chest pain and became short of breath, which resulted in a trip to the emergency room. The workup was negative, and we realized that it was a reaction to the anniversary of her father's death. Kim identified with his symptoms and was convinced that she was having a heart attack. In the next six months she had frequent fights with her mother about staying out late and breakups with successive boyfriends. None of the boys were competitive enough or tough enough to deal with her moods. We surmised that the breakups had something to do with mastering actively what she endured passively, namely her helplessness when her father died. She idealized his athletic prowess because he was a wonderful hockey coach and skater. She showed me the medals that he had won in high school and college. She wondered about my athletic ability.

Her anger at her mother shifted to blaming her for her father's death. Why did she not take better care of him? Why did she let him smoke and drink? Why did she not respond more quickly to his distress? Ultimately she felt anger at the paramedics who could not save him. What good were doctors with their fancy machinery when they could do nothing for her dying father?

She saw me having a cold, coughing and sneezing, and was angry at me for not taking better care of myself and being distracted from giving her my full attention. She concluded that doctors were stupid, and she felt hopeless about her future. She had a dream in which her father looked healthy and young. She missed school that day because she went back to sleep to continue dreaming.

She was coming to the end of her junior year, and it was time to think about college. One of the schools she considered was an Eastern college that her father attended. While visiting the school, she spent time with two uncles. They reminisced about her father and his difficulties in adolescence, which included fights, running away from home, and drinking. They implied that her father had always had a drinking problem. Kim knew this on some level, yet she "forgot about it." She returned from the trip depressed and withdrawn and missed two sessions, which was unusual. She became curious about my history because she noticed that I had an accent.

She made a sudden commitment to be a good girl, do well in school, prepare for her college admission test, and do her college applications. She continued to deny her father's imperfections; however, when her mother confirmed them, she became furious and threatened to quit the analysis. She accused me of turning her against her father. She felt that her mother and I were conspiring to depreciate her father. At this time of social withdrawal, her dreams became frankly sexual. When she mentioned that to her mother,
she called me in a panic and threatened to withdraw Kim from treatment. We discussed her turning her mother against me, which was something that also occurred when she was younger. She remembered siding with her father in a parental argument and her mother running out of the house crying.

Kim was relieved when an Eastern college accepted her. She planned to major in

art. She gradually returned to a more normal routine of dating, spending time with friends, and starting to say goodbye. She was alternately excited by and dreading the idea of leaving home. Occasionally, I found her in my waiting room after sessions reading magazines. She borrowed two of them. During one session she was extremely anxious, and after much hesitation she confessed that she drove by my house to see where I lived. We wondered whether that had something to do with her dreams of searching for someone. We also surmised that it was an attempt to make me more real in her head so that she could remember me better when she left. She admitted that she had trouble recalling her father's image. She forced herself to recall his image without looking at his picture, but it was becoming difficult. I pointed out her guilt about the possibility of forgetting him. She also wondered how much she would remember me after she left.

Two weeks before graduation, she was at a beach party with friends, and she got drunk. When the police arrived, she started cursing at them, and her mother had to pick her up from the police station. Her mother was furious because it made her look bad, but we also realized that it was an attempt not to graduate so she wouldn't have to leave home and me. Her high school graduation was bittersweet. She won an award for her artwork, but she wished her father could have been there to share the joy.

We now had the summer to finish our work before she left for college. Most of the sessions were sad and melancholy. She wanted to know more about me as a means of fixing me in her head. She wondered how I knew so much about loss unless I experienced losses myself. Only when one experiences those things in one's life can one be so understanding. She hoped that someday if she came back to see me I would tell her about myself. I wondered whether she still felt that she did not have a complete picture of what her father was like. When two more colleges accepted her, she realized that she was smart and talented artistically. Kim admitted that when she was younger she felt that her father was watching her and that he was her guardian angel. She was afraid to tell me that because I would think that she was “psycho.” However, when she was getting into trouble in the eighth grade, she realized that the guardian angel was just a wish. Her sister had a baby, and she became very involved spending time with the infant. She saw that her sister was unhappy in her marriage, and told her that she should have gotten into therapy. She realized that she was fortunate to have met me, and felt that my greatest strength was my patience. Kim appreciated that I did not push her, and that I let her work on her problems at her own pace.

One of the last things she told me was that after her father died she made up a scenario that there were two of her; one part knew that her father had died, but the other part, the secret Kim, kept waiting for his return. That was why she refused to

go to the cemetery. Recently, she had gone to the cemetery alone, and while there she buried the “nonbelieving Kim.”

Next to the last session, she cried and told me that she would never cry in front of her mother because her mother was just waiting for her to do it. She would not give her mother that satisfaction. The anger at her mother was ever present; she also realized how lonely and unhappy her mother was, but she had to leave anyway. Perhaps she felt the same about me, that I would be lonely and miss her.

In our last session, she was thoughtful and pensive. She told me that she would miss me and wanted to be reassured that I would see her when she visited from college. Otherwise, there was nothing to say except to run out the clock, as at the end of a hockey game. As the session ended, she became very uncomfortable and wanted to know whether she could give me a hug. We hugged, and she ran out of the office. As I watched her drive away I had the distinct sense that we would work again.

Four years passed, and during that time I got occasional postcards and messages on my answering machine letting me know how she was doing. The comments were positive, and yet there was an underlying sense that something was not right. Kim came to see me about a month before graduation. She felt that she needed more work because she was not happy with her life. She was interviewing for jobs in Chicago because she wanted to live here. Her complaints were vague and nonspecific, but it was evident that she had problems in relating to men. She graduated and got a job as a commercial artist for children's books. Her family situation has not changed except for her sister having two children and separating from her husband.

As soon as she settled, we resumed therapy twice weekly. What gradually emerged was her distress about a relationship with a young man who was six years older and whom she had been seeing for the past two years. Although he lived in a different city, he visited frequently and stayed with her for several days at a time. He was unemployed and had a police record. He was very domineering and controlling, and fluctuated between rage and contriteness. Their sexual activity was very harsh, and on some occasions he had hit her while accusing her of seeing other men.

She had been trying to break away from him, but she was not convincing in her efforts, and when he begged and promised to
change, she took him back. She did not want to marry him, yet she felt powerless to refuse. She was aware of the sadomasochistic nature of the relationship, and she wanted help in understanding this self-destructive attraction. She recalled dreams of being chased by a mysterious figure in a black robe and hood. She thought that it was death, as at times she felt that only by dying could she be free of him. We were stymied because there were no significant leads about the meaning of this relationship, yet she was determined to understand and end it.

Once again it was the anniversary of the father's death, and she went with her mother and sister to the cemetery. After the visit, she asked her mother why she never remarried. At this point her mother broke down and confessed her guilt about her life with Kim's father. They slept in separate beds because of his drinking. She was disgusted by his inability to stop, and when he smelled of liquor she could not stand to sleep next to him. She avoided sexual contact and felt guilty that maybe her lack of intimacy contributed to his heart attack. Soon after that, Kim mustered the courage to ask her mother whether her father ever touched her as a child. At first, her mother became angry about these questions, but she admitted that there were times that she found him sleeping in Kim's bed, especially after a drinking bout. Kim became furious at her mother for not protecting her, and wondered whether her father did the same thing with her sister.

After this realization, Kim felt “lighter,” and wondered why psychoanalysts were so interested in patients' sexual histories. Was I getting some pleasure or excitement from having her talk about her sexual experiences? She felt so guilt-ridden that she missed the next session. When she came back she told me that her rage at her mother was still there; eventually they would make up, but the relationship would never be the same. Why would her mother not protect her from her father if she suspected his behavior? I pointed out that it was easy to be angry with her mother because she was alive, but to be angry with her father was more difficult. It is forbidden to be angry with the dead, especially to recognize their shortcomings in life. She had always thought that her father was perfect, but she realized that we are all flawed. She was disappointed with me for not realizing this earlier because, if I had, her relationship with the abusive boyfriend would have never happened. Upon realizing my limitations she felt that all the pieces were in place, and it was time to say goodbye. I told her that she was disappointed and angry with me, as with her mother, because we did not protect her from her father's abuse. She did not feel like seeing me for the rest of her life. Two weeks after we terminated, she left me a voice mail saying that she had broken up with her boyfriend, this time for good.

Conclusion

This analysis and therapy took place in four parts over a 12-year period. The primary purpose of this case is to demonstrate that, in children, mourning the death of a parent follows developmental levels of cognitive and emotional achievements. This young lady dealt with and came to terms with her father's death, but it was necessary to do it piecemeal and at different times. Only when she reached a higher level of emotional and cognitive maturity was she able to go back and deal with the various elements of her loss. Initially there was a split in her ego. Consciously she knew that her father was dead, but unconsciously she maintained ongoing contact with him by his watching her and protecting her from harm. This defensive split allowed her to operate on two levels and tied up emotional energy that was unavailable for learning. When reality impinged on the reunion fantasy, her functioning became more conflicted. The anxiety mobilized by this conflict motivated her to seek therapy.

Because she was forced to confront her emotions about the loss prematurely, it resulted in a defensively defiant stance. She lacked empathy for her limitations and perhaps was unwilling to confront the full range of emotional pain. Her need to idealize her father was so intense and essential developmentally that it was not until much later that her ego was solid enough to deal with all the elements that were her father.

From the work at the Barr-Harris Children's Grief Center (Altschul, 1988), we learned that the child's mourning does not conform to or follow a straight line. Instead, children mourn piecemeal or segmentally, approaching the loss with newly developed emotional and cognitive equipment. This allows them to deal with different aspects of the loss during different phases.

Clinically, it may be useful to allow the grieving child to leave therapy, with the option of returning for further mourning work at higher developmental levels, rather than to engage a struggle about mourning when the child is incapable or not ready. Not to appreciate such an eventuality might interfere with the child's need and wish to return to complete the work of mourning at a later time.

Kim dealt with her loss primarily by identification, somatization, anxiety, acting out, and projection of her rage. Identification with her father was a means of mourning, but it was also a means of retaining him internally. The pervasiveness of the identification interfered with relinquishment of the lost object. The identification was compounded by the overwhelming need to idealize him. This was a developmental imperative, a defense against her disappointment with her mother and also a defense against the long-buried sexual abuse. Overly mature behavior, as evidenced by her initiating therapy and spontaneously engaging in higher-level functioning, was another useful defense. Her rage at her mother was multidetermined, arising from a lack of empathy for her emotional needs, lack

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of protection from her father, favoring of the older sister, and a displacement from her anger at her father. Only at the final stage of the process was she able to relinquish the idealization.

Confronting the sexual abuse became possible when she separated from the family and me by going away to college. Her repetition of the abuse by engaging in a sadomasochistic relationship was primarily for the purpose of reexperiencing it, reworking it, and relinquishing its impact. The abusive relationship was in part a punishment for her sexual feelings toward her father and a partial oedipal victory.

This was a lengthy mourning process for the death of a parent. However, a number

of interferences made it so. The marital difficulties that were covered up, her father's psychopathology, and her mother's need to promote an idealized image of her father and the family were all obstacles to the resolution of the loss. The loss of a parent is a trauma that children will have to deal with for the rest of their lives.

The cruel belief that children do not mourn has been long discredited. We now know that children do mourn but are limited by their current developmental positions. It has taken us many years to realize that children become depressed, psychotic, and neurotic, and basically suffer from the same maladies that torment adults, only children do it differently.

Our work indicates that for a child to lose a parent by death is a significant trauma, akin to a missing piece. Consequently, the mourning of such a loss becomes a lifetime process and a back-and-forth aligned with developmental progressions and regressions. During every developmental shift the child must go back in order to rethink, rework, and reconstitute the various elements of that missing piece.

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