

**WHEN A CHILD GRIEVES**  
Psychoanalytic Understanding  
and Technique

*Corinne Masur*



**PHOENIX**  
PUBLISHING HOUSE  
*firing the mind*

First published in 2022 by  
Phoenix Publishing House Ltd  
62 Bucknell Road  
Bicester  
Oxfordshire OX26 2DS

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British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN-13: 978-1-912691-93-7

Typeset by Medlar Publishing Solutions Pvt Ltd, India



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## Acknowledgments

I owe a debt of gratitude to many people for helping this book come into being—Salman Akhtar for suggesting years ago that I write a book of my own and believing that I could; T. J. Fallon, my son, for his (gravely needed) technological support; Allyson Killen, for doing the huge job of researching this topic in order to help me update what had originally been my doctoral dissertation (written in 1984), and Kate Pearce, a wonderful editor in normal times and an extraordinary one to have persevered with this and many other projects through an evolving pandemic with all the restrictions, limitations, and deprivations involved.

## About the author

**Corinne Masur** is a clinical psychologist, adult and child psychoanalyst, and an adult supervising psychoanalyst who has worked with children for over forty years. She is on the faculty of the Psychoanalytic Center of Philadelphia and the Institute for Relational Psychoanalysis of Philadelphia. She is a founder of the Philadelphia Center for Psychoanalytic Education, the Philadelphia Declaration of Play, the Parent Child Center of Philadelphia and the blog, [www.thoughtfulparenting.org](http://www.thoughtfulparenting.org). She treats parents, infants, children, adolescents, and adults. She also teaches, supervises, and plays. She is the editor of two previous books, *Flirting with Death: Psychoanalysts Consider Mortality* and *Finding the Piggle: Reconsidering D. W. Winnicott's Most Famous Child Case*, as well as a number of book chapters and articles.

## Author's note

*“Death will no longer be denied; we are forced to believe it. People really die; and no longer one by one, but many, often tens of thousands in a single day. And death is no longer a chance event”*

(Freud, 1915b, p. 289).

Freud wrote these words during the First World War, yet they might as well have been written today. During the Covid-19 pandemic the entire world is either dying or grieving. This terrible shape-shifting virus is causing more people than ever (in recent history) to fear for their lives, to fear loss of loved ones, and to actually experience that loss. One year into the pandemic it is estimated that 37,000–40,000 children have lost one parent to Covid-19 in the US alone (Kidman et al., 2021). Perhaps the book I should be writing would be about that experience—but the pandemic and the losses it has brought are stories with no ending as of now. These are stories we are still living through.

So, in this time of grief, a book about parental loss may be particularly relevant in some ways, insofar as the loss of a parent is an event which some children and many adults are experiencing right now and more will experience as the pandemic continues.

# Preface

Aragno (2001) said,

It is worth noting ... that virtually all major authors of seminal works on mourning have themselves suffered early and profound losses. Freud's writings on death and grieving, and his spearheading paper that differentiated normal mourning from melancholia, appeared after he himself had experienced various family losses. Like all psychobiological, transformative life crisis points, and like the analytic process itself, the progressively shifting course of bereavement has to have been fully experienced and known, for its dynamic permutations and transformative potential to be meaningfully understood. (p. 423)

And so it is that this book has come to be. At the age of fourteen my father died suddenly and without warning. He was in his bedroom, getting up from a nap and I was downstairs having just come home from being with friends. After it was made clear by our next-door neighbor, a doctor, that nothing could be done for my father, I was stunned into paralysis. I sat in a chair for hours. And the next morning when I woke

up in my bed, I had to remind myself that my father had died, sleep having temporarily given me a respite from this fact. My denial continued on and off, however, and it was powerful. It superseded reality at various moments—for days and weeks and months to come.

But when the reality of my father's absence *did* register for gradually longer periods of time, I had to reformulate not only what my life was but also who I was. The details of daily life were irrevocably altered but so were the details of my inner life, although I fought to keep this from myself. I became progressively more independent and self-sufficient—perhaps as a way of avoiding the suffering and sadness which would have resulted from the recognition of my very recent dependence on a father who was no longer available. Whatever the dynamic, it worked for me. I went to college far from home, travelled a great deal, spent two semesters in Latin America and rarely returned to see my mother, even after graduating from college.

Then, when I was twenty-five, my mother developed a malignant brain tumor and died within months. This time I was more ready. I had the art of numbing down to a science. But I was also in graduate school in clinical psychology by then and knew that I needed to figure this out. And in the way that many of us do, I decided to write my dissertation on the subject of bereavement in childhood as a way to understand, at least intellectually, what I myself had been feeling—and not feeling—for these eleven years.

This book is an updated version of that dissertation.

Thirty-five years later, I am still trying to understand the meaning of my parents' deaths—and the meaning of death in general, including the effect it has on all of our lives.

# Introduction

When a child loses a parent, the course of her<sup>1</sup> life is irrevocably altered and she is forever changed. She is suddenly and violently transported to a place made up of unknowns: Where will I find love now that the person who loved me is no longer alive? How do I love someone who is no longer here to love? Who am I now without my parent compared to who I was when I had her with me?

The death of a parent is a blow like no other. When a parent dies, the child is in a unique situation because of the special nature of her tie to her parent. An adult distributes love among several meaningful relationships—her spouse, children, parents, siblings, friends, colleagues, and others. The child, by contrast, invests almost all of her love in her parents. Only in childhood can death deprive an individual of so much opportunity to love and be loved and face her with so difficult a task of adaptation (E. Furman, 1974).

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<sup>1</sup>The single feminine pronouns she/her/hers will be used rather than he/him/his or they/them/their, in order to avoid linguistic awkwardness and reader fatigue, but what is said is equally as applicable to boys as girls.

In fact, the relationship between child and parent is the most critical of all formative relationships and the wellspring for all subsequent attachments. The loss of a parent is devastating to the child, to her emerging sense of self, to her personality development, to her feelings about life, and to her future interpersonal relationships and psychological health. The death of a parent interrupts childhood and cannot help but transform the child. Who she might have been is forever altered by loss and its impact.

Most people who lose a parent in childhood remember the moment they found out. This is the moment that their world changed forever. Personal time for the child becomes marked in terms of “before” and “after” (M. Harris, 1995). Moreover, the loss and its impact on the child irrevocably change the child’s autobiographical narrative (Coates, 2016).

The unique ways in which children react to parental death will be described in this volume. The impact of such loss will be outlined and the manner in which the child mourns and attempts to cope will be described. This book will also help clinicians learn how to evaluate and treat children who have lost a parent and to understand the theoretical underpinnings of the mourning process from a psychodynamic point of view.

### **The effects of childhood loss**

Children suffer immensely when a parent dies. They experience so many painful feelings—the sadness of missing their parent, the fear of not knowing who will love them and care for them going forward, the emptiness which is left where a much-loved person used to be, the loneliness of being without their parent, the fear of death and all the existential questions that arise from this—and on and on. These are the immediate effects of loss. But it is not just the immediate effects that are of concern. Bereaved children are also vulnerable to experiencing the consequences of early loss throughout their lives.

Many studies have shown both short- and long-term sequelae following childhood bereavement. One study demonstrated that, a year following parental loss, 19% of children show signs of serious problems including social withdrawal, anxiety, lower self-esteem, and lower feelings of self-efficacy than non-bereaved peers, and after two years 21% of

children show such problems (Worden & Silverman, 1996). Still other studies have shown evidence that early parental loss may influence physical health in later years, potentially through the development of neurobiological and physiological symptoms associated with stress-related illness (Luecken, 2008). Further studies have demonstrated that children who experience parental loss are more likely than children who have not had this experience to develop depression, anxiety, borderline personality disorder, schizophrenia, and other mental health struggles later in life. However, despite ample evidence of harm caused by the childhood experience of bereavement, there has been far too little empirical investigation of potential factors that may diminish risk for psychopathology following parental death in childhood (Howell et al., 2016). Moreover, scant research has been performed to discover which services—such as community interventions, psychotherapy, or other forms of support—are most helpful.

Within the psychoanalytic literature, however, there is a long history of case reports detailing the treatment of bereaved children. And in the larger body of psychological and psychiatric research, there are studies which look at the effects of bereavement on children. There is a great deal of information which can be gleaned from this literature regarding the specific effects of bereavement on children and the ways in which these children can be understood and helped to grieve. In this volume, the findings of these individual case reports and the results of research in this area will be summarized.

Fulton (Fulton & Bendiksen, 1976) stated that the wise management of grief in children and adults revolves around two major factors: one, the encouragement and facilitation of the normal mourning process, and two, the prevention of delayed or disturbed grief responses. This work is taken on by psychotherapists and psychoanalysts in the treatment of bereaved children, and to a lesser extent these days by clergy, educational institutions such as schools and colleges, and various community organizations.

But what is the normal mourning process, exactly, and at what age can a child begin to undertake mourning? This is a matter which has been hotly debated in the psychoanalytic, psychological, and psychiatric literature. In this volume the position will be taken that from infancy on, children are affected by parental loss and by two to three years of

age, children can embark on the mourning process if they possess loving attachment figures and an optimally supportive milieu for the experiencing of grief and for the expression and discussion of their feelings.

Some theorists and clinicians, however, have believed that it is not until adolescence that a child can complete the mourning process. In this volume, the age-old controversy regarding whether children can mourn will be described. The ability to mourn will be discussed in light of the child's developmental stage, preexisting personality factors, external stressors, and/or some combination of these. The discussion will include specific ages at which children can perceive loss, experience grief, begin to mourn, and finally, reattach to new loved ones. Psychotherapy and psychoanalysis will be presented as two of the modes available for the provision of a supportive milieu in which to mourn and for facilitation of mourning.

This work falls into three sections: First, a historical overview of the development of theory regarding the mourning process in adults and children is provided. This is followed by a discussion of the controversy regarding the ability of the young child to mourn. Third, clinical considerations in the evaluation and treatment of young children are presented.

In the study of childhood loss, the work of Erna and Robert Furman and their Bereavement Research Group at Case Western Reserve is particularly noteworthy as this work provided the majority of the psychodynamic clinical articles and books regarding the young child's ability to mourn in the 1960s through the 1980s. From Robert Furman's initial publication in 1964 in which he demonstrated a six-year-old patient's ability to mourn in essentially the same fashion as an adult, to Erna Furman's book *A Child's Parent Dies* (1974), the Furmans unflinchingly promoted the idea that even the young child could embark on the mourning process.

More recently, Susan Coates, Jane Rosenthal, and Daniel Schechter (2003) have contributed seminal insights to the understanding of mourning in childhood, performing extremely important, no doubt lifesaving work, with the children and parents affected by the events of 9/11 at the World Trade Center. They have written extensively about their experiences with these traumatized and traumatically bereaved families. Additionally, clinicians and theorists from the object relations, interpersonal, and relational schools of psychoanalysis have furthered

the conceptualization of childhood bereavement, bringing it into the twenty-first century (Hagman, 2001).

The approach of this work is to highlight the previously under-discussed notion of the child's ability to mourn, the instances in which the mourning process goes awry, and the ways in which clinicians can attempt to ameliorate the child's difficulty in accomplishing the tasks of mourning. It must be remembered, however, as Erna Furman stated, that even in the case of what can be considered successful mourning, "the experience of a parent's death always remains a very troubling part of a child's life" (1974, p. 26).

It is also important to note that while many researchers have attempted to link later serious psychopathology with early loss, few have discussed the enduring feeling states and non-pathological difficulties in relationships and overall functioning which may result from early loss. This is an area of research which requires much further effort. Moreover, the important research currently gaining in popularity in the area of invulnerability, resilience, and "grit" (Duckworth, 2016; Luecken, 2008; Masten et al., 2009; Rutter, 1993, and others) must be looked to for providing valuable information regarding the mechanisms by which some children manage to withstand trauma including parental loss. The hope is that the strategies of these children may be understood and used by clinicians to help those relatively more vulnerable children to cope with loss and other adverse childhood events.

Parental bereavement was chosen as the specific area of discussion due to the particularly important part the parent plays in a child's life. It was thought that the reactions to the loss of a parent would provide information regarding bereavement in its most extreme manifestation. Moreover, for the sake of clarity and brevity, it is necessary to exclude extensive discussion of loss due to separations of various types from this discussion. However, much of what is discussed here can be applied to other types of loss and separation in childhood.

## Statistics

The death of a young parent is not as rare as we would like to believe. In the US, the Childhood Bereavement Estimation Model's 2020 Projected Estimates were that 6.9% of children—nearly five million—have

experienced or will experience the death of a parent or sibling by age eighteen. For youth under twenty-five, this estimate more than doubles to almost 12.9 million (Burns et al., 2020). And this statistic does not even cover the number of children who lose parents through divorce, desertion, or chronic mental or physical illness. Moreover, these statistics were compiled before the Covid-19 pandemic started. It is likely that far more children than estimated will become bereaved as a result of this highly contagious illness and that many of these children will come from families and communities with poor access to both health care and mental health care, thus exacerbating their struggles.

### **How death is handled in Western societies**

Despite the fact that parental death, and death in general, is not uncommon, most parents continue to try to protect their children from the knowledge of death. As Yudkin (1967) aptly stated, “Modern children are more likely to be taught about their origins than about their departure from this world” (p. 3). Formerly children were told that they were brought by the stork or found in a cabbage patch but they were admitted to the bedside of dying relatives. Today they are educated in their early years about sex and reproduction, but when they no longer see grandfather, they are often told very little.

Moreover, the loss of a parent by death or desertion in the contemporary nuclear family is possibly even more traumatic than it was for the child in the traditional extended family setting of previous years. The child living with her nuclear family today is often without the familiar supports such as grandparents, aunts, uncles, and multiple siblings which were once provided by the extended family—and as a result may be doubly traumatized, first by the loss of a loved one and second from a lack of care and stability following the death.

Death in general, and the loss of a parent in particular, are problems which cross all boundaries of ethnicity, race, religion, nationality, and political allegiances. Indeed, the experience of parental death in the US is even more prevalent among economically disadvantaged people and minority groups due to poor medical care, the adverse experiences encountered during migrations, and the difficulties inherent in disadvantaged living circumstances. And these same circumstances increase

vulnerability when dealing with parental loss (Ellis et al., 2013). These are problems which, despite increasing medical, technological, and research sophistication in Western society, have received too little attention, study, and remediation.