

Grief in Children within the Framework of Attachment Theory

Bağlanma Kuramı Çerçevesinde Çocuklarda Yas

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ABSTRACT

Loss and the grieving process are a natural part of life for everyone, but they can become pathological without supportive conditions. Loss is painful and causes the person to experience deep grief. Individuals who cannot complete the mourning process healthily are forced to live with a loss they cannot resolve. The loss and mourning process, especially in childhood, significantly affects the person's life from childhood to adulthood. Different theories explain the grief process in the literature on the subject. Among these theories, the attachment theory developed by John Bowlby provides information about the grief process experienced, especially in childhood. In this study, the grief process in children is evaluated within the framework of the attachment theory developed by John Bowlby. The main issues addressed in the study are the significance of losses experienced during childhood, the stages of the grieving process, and the approach to the grieving child.

Keywords: Anxiety, COVID-19, prevalence, psychological health, predisposing factors

ÖZ

Kayıp ve yas süreci her insan için hayatın doğal bir parçasıdır; ancak destekleyici şartların yokluğunda patolojik bir hal alabilmektedir. Kayıp üzücüdür ve kişinin derin bir keder yaşamasına neden olur. Yas sürecini sağlıklı bir şekilde tamamlayamayan birey çözümleyemediği bir kayıp ile yaşamak zorunda kalmaktadır. Özellikle çocukluk döneminde yaşanan kayıp ve yas süreci, kişinin çocukluktan yetişkinliğe kadar olan yaşamını önemli ölçüde etkiler. Konu ile ilgili literatür incelendiğinde yas sürecini açıklayan farklı kuramların bulunduğu görülmektedir. Bu kuramlar arasında John Bowlby tarafından geliştirilen bağlanma kuramı özellikle çocukluk döneminde yaşanan yas süreci hakkında bilgi vermektedir. Hazırlanan bu çalışmada çocuklardaki yas süreci John Bowlby tarafından geliştirilen bağlanma kuramı çerçevesinde değerlendirilmektedir. Çalışmada ele alınan önemli konular çocukluk döneminde yaşanan kayıpların önemi, yas sürecinin evreleri ve yas tutan çocuğa yaklaşımdır.

Anahtar sözcükler: Çocuk, yas, bağlanma kuramı, yasin evreleri

Introduction

Loss is the objective state of losing someone important; grief is the emotional response to the loss experienced by the person; and mourning is the way of expressing grief and actions that generally reflect the mourning practices of one's culture (Stroebe et al. 1988). In Turkish usage, the words grief (yas) and mourning (matem) are not distinguishable from each other. In the Turkish dictionary, grief is defined as "pain arising from death or a disaster and behaviors indicating this pain, mourning" (TDK 2022).

The concept of mourning was first defined by Sigmund Freud in 1917 in his article "Mourning and Melancholia." According to Freud, mourning is a reaction to the loss of a loved one or the loss of some abstractions that have taken the place of the country, freedom, or something ideal (Freud 1917). According to John Bowlby (1960b), the pioneer of attachment theory, grief is a reaction to losing a loved object. Bowlby (1960a, 2012, 2021), who stated that the grieving process consists of the stages of protest, despair, and detachment, has put forward essential studies, especially on the grieving process of an infant separated from the primary caregiver. The primary caregiver is usually the child's mother. However, another person who mothers the child and to whom the child is attached may also be the primary caregiver/mother figure. The basic structural elements of the mourning process are an attachment relationship, the experience of loss, and a bereaved person suffering from the loss or termination of this attachment (Corr 2004). According to attachment theory, disruptions in the attachment bond result in loss and grief (Noppe 2000).

The process of loss and grief is a natural part of life, and attachment theory is one of the most prominent theories

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that offer information about this process. Thus, this review article aims to examine the grief process in children within the framework of attachment theory; to explain the effect of losses experienced in childhood, the stages of the grieving process after loss, and the basic principles for the proper approach to a grieving child.

Attachment Theory

John Bowlby (1958), who is the founder of attachment theory, analyzed the views of psychoanalytic theory and learning theory in the formulation of his theory and introduced his explanation based on an ethological basis for the first time in his article "The Nature of the Child's Tie to His Mother." According to Bowlby (1960a), a child is born with a series of instinctive responses to the mother figure, each of which is primary and highly significant for survival. Attachment behavior is an integral part of human nature. It is a basic form of behavior with internal motivation apart from nutrition and sexuality and is as fundamental to sustaining life (Bowlby 2020). Attachment behavior is assumed to have evolved through natural selection. This selection would increase the chances of an infant being protected by those with whom it forms an attachment, providing a survival advantage (Ainsworth 1989). An attachment figure for a person also provides a sense of security to this person, and feeling safe means "being free from anxiety and uneasiness" (Bowlby 2014). In her research, Ainsworth (1967), who contributed significantly to attachment theory, explained this situation with the "secure base" concept. The child uses the primary caregiver as a secure base to explore the world. When he feels safe, he moves away from the caregiver, and when he is afraid or does not feel safe, he retreats and clings to him as a safe haven (Ainsworth 1967).

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One of Ainsworth's most remarkable contributions to attachment theory through her research is identifying different types of attachment relationships (secure, insecure-avoidant, and insecure-resistant) (Ainsworth et al. 2015). Each of these categories reflects a different type of attachment relationship with the caregiver. Securely attached children explore the environment in the presence of the primary caregiver, relate to strangers, are upset when this person is away, are happy when they return, and are easily comforted by them. Insecure-avoidant children ignore the primary caregiver and show little emotional response when this person leaves the room or comes back. In contrast, insecure-resistant children experience extreme distress when the primary caregiver leaves the environment. When these people return, although they stay close to them, they cannot find solace and sometimes display aggressive behaviors such as hitting them (Van der Horst 2011, Ainsworth et al. 2015). Securely attached infants (group B) can use the caregiver as a secure base for exploration, are quickly calmed by the caregiver, and are more extroverted, social, and cooperative (Bretherton 2003, Ainsworth et al. 2015). Insecure-resistant infants (C group) do not use the caregiver as a secure base for exploration because they are unsure of their accessibility and responsiveness (Waters 2004, Ainsworth et al. 2015), have high anxiety and proximity-seeking, show passive-aggressive behaviors, and have difficulty coping with the life challenges. Insecure-avoidant (Group A) infants, on the other hand, have attitudes that avoid and ignore the caregiver, exhibit cautious behaviors about trust, and have a nature that avoids establishing intimate relationships (Ainsworth et al. 2015). According to attachment theory, parental attitudes that support secure attachment are being easily accessible, being sensitive to the child's signals, and responding lovingly when the child seeks protection or comfort (Posada et al. 2004, Bowlby 2012, Bowlby 2020). However, intrusive, rejecting, and neglectful parental attitudes support insecure-avoidant attachment (Karen 1990, Belsky and Cassidy 1994); while being accessible and helpful in some situations, not being so in other situations and threatening to abandon support insecure resistant attachment (Bowlby 2020).

Once formed, attachment patterns tend to show continuity and increasingly become a quality of the child (Bartholomew and Horowitz 1991, Shaver and Fraley 2000, Bowlby 2020). According to attachment theory, the relationship patterns adopted between the child and caregiver in the early period are internalized and constitute the basis of how an individual enters and then maintains other close relationships, and this is expressed with the concept of "internal working models" (Bretherton et al. 1989, Bretherton 1997). The main feature of the internal working models that the person builds about the world is their design of where they will find attachment figures and how these figures will respond to them (Bowlby 2014). Attachment figures are the most reliable relatives throughout one's life, and we all fear separation from attachment figures; however, "separation" cannot be solely defined as the absence of such a figure. The critical issue is the presence of the figure. When this figure is perceived to become inaccessible or unresponsive, this situation provokes separation distress, and the possibility of such a situation arouses anxiety (Ainsworth et al. 2015).

Separation Anxiety

Once the child establishes a bond with the mother figure, which usually occurs in the middle of the first year, breaking this bond leads to separation anxiety. The pain of this separation takes the form of grief and mourning (Bowlby 1961). Separation anxiety is a normal reaction to a threat or some other risk of loss (Bowlby 2020).

In the first months of life, an infant gradually progresses towards focusing on a preferred attachment figure that it holds apart. Before sixteen weeks, only a few reactions can be seen through precise observation methods. Between the sixteenth and twenty-sixth weeks, discriminatively directed responses become more numerous and pronounced. In most babies six months of age and older raised in a family, these reactions are evident for all to see. Indeed, children's reactions to separation begin to be seen by the sixth-seventh month (Bowlby 2014).

A literature review reveals that maternal deprivation and separation studies were mainly implemented in hospital and institutional settings. Skeels et al. (1938), Goldfarb (1943, 1945), Kellmer et al. (1950, 1951), and Pringle and Bossio (1958, 1960) reported that separation and maternal deprivation caused developmental delay. Skeels and Harms (1948), Fischer (1952), and Aubry et al. (1955) brought to the literature studies that found that developmental delays that occur during severe deprivation can be stopped or reversed if intervention and relief are provided in the first two years of life (Ainsworth 1962). In addition, Spitz (1945), a psychiatrist, compiled a report on infants institutionalized by their primary caregivers and remained in a crowded institutional environment for two years. He noted that these infants, fed but rarely handled and often left in cots, were less mentally and socially developed and had an extremely high mortality rate compared to children in other institutions with adequate care. He defined this situation as "hospitalism" (Spitz 1946). In addition to the written reports of research on separation and maternal deprivation, it is possible to say that a movie made by Rene Spitz had significant repercussions in this field. Spitz's concept of "hospitalism" was brought to life with the scenes in this movie. Rene Spitz (1947) observed babies in his film "Grief: A Peril in Infancy" he included the first and later images of several babies who had to be separated from their mother figure. In this institution, where good nutrition, medical and hygienic care is provided, an average of forty-five children are cared for by a head nurse and six nurses assisting her. Therefore close contact cannot be established. In the process, the children were observed to look angry, sad, and fearful, to be unable to make eye contact, to have mournful and tearful looks, to have bags under their eyes, to be uninterested in play, to be unresponsive, and to scream and cry only occasionally. This picture reflected grief and depression (Karen 1998). Indeed, these studies revolutionized children's attachment-separation and grief processes by revealing significant findings that separation and maternal deprivation negatively affect the development of infants and children. Later, studies with children in institutional care and adults who experienced institutional care during childhood indicated that separation from the primary caregiver and being deprived of their attention, care, and love had adverse psychological, social, and behavioral effects (Yılmaz 2005, Cross and Purvis 2008, Şimsek et al. 2008, Şimsek et al. 2008, Muguwe 2012, McLaughlin et al. 2015); in addition, people who had this experience commonly develop insecure attachment relationships (Katz 2003, Schleiffer and Müller 2004, Katsurada 2007, Üstün 2008, Şahin 2009, Torres et al. 2012, Karakoyun 2015, Subaşı 2015, Ayanoğlu Yüksel 2016, Howard et al. 2017, Yüceer Kardeş 2018, Yıldız 2019, Taşkaya 2019) and supported the results of these studies.

Grief and Bereavement in Children

Anna Freud and Burlingham (1973), in their study based on their observations in the Hampstead War Nurseries in 1939-1945, spoke of the depth of grief of children who faced a sudden separation from their families. They observed that these children repeated the word "mother" in a deep voice for almost three days after the

separation, began to cry every time they looked at the face of the person holding them, experienced various regressions to more childish behaviors such as bedwetting, had frequent tantrums, and almost all children returned to sucking their fingers. Bowlby was influenced by the observations in these daycare centers when researching young children's mourning process when faced with separation from their primary caregivers (Midgley 2013).

One of the significant aspects of the grief process in children is the age period of the child experiencing loss. Bowlby responded to the debate on whether young children grieve in many articles and books he wrote and revealed that the grief process is also valid for young children (Bowlby 1960a, 1960b, 1961, 2012, 2014, 2021). So, can babies grieve in the first and second years of life? The answer to this question depends on when the child can form a permanent image of the primary caregiver (Bowlby 2021). Piaget (1954) stated that only from the last months of the first year can a child begin to understand that an object exists even when it disappears, exhibits search behavior for the lost object, and comprehend that an object can exist independently of itself, and used the term "object permanence" to define this situation. The perception of losing an object and the child's search behavior are related to the acquisition of object permanence. Bowlby (2021) noted that the experimental research on the process revealed that the child's capacity to recognize and remember the primary caregiver develops weeks or even months before the child's capacity to recognize and remember something or someone else. This development is mainly due to the quantity and quality of the child's interaction with the primary caregiver rather than with something or someone else. Thus, the child's attachment to the primary caregiver typically begins to develop in the first year of life, with children aged six months and older experiencing distress and reacting to the loss of the caregiver. From the seventh month onwards, these reactions become very similar to those of older children. For example, Bowlby referred to records of children left in a hospital or nursing home in the second year of life, who would look at the door where their mother or father had disappeared and persistently do so for days on end, obviously expecting to see them returning through that door (Bowlby 2021).

Similarly, the child participant in Mısırlı's (2020) study, who was institutionalized during adolescence, mentioned a persistent anticipation for his family and described this situation as follows: "I was constantly looking at the door, waiting to see when they would come, but no one came. I remember waiting about ten days, always looking at the door." Bowlby not only pointed out that the reactions of children and adolescents to the loss of the primary caregiver overlap; he also emphasized that these reactions and the mourning reactions of adults are also significantly similar (Bowlby 2021).

For a child, the loss of a primary caregiver can be experienced for various reasons. One of these reasons is death. When the cause of the loss is death, different interpretations emerge based on children's developmental stages. In infants (0-2 years), the concept of death has not yet been formed; however, they still perceive and react to the caregiver's absence. In early childhood (2-6 years), death is considered to be temporary and reversible; in school age (6-12 years), the permanence and irreversibility of death will become evident; and in adolescence (12-18 years), the concept of death will be comprehended as it is in adults (Apaydın 2020). The separation of a child from the primary caregiver may also occur for causes other than death. The primary caregiver may abandon some children, be left in a hospital or institution, or be transferred from one caregiver to another (Bowlby 2012).

Bowlby described the grieving process of a child separated from the primary caregiver in stages. These stages are protest, despair, and detachment (Bowlby 1960a). According to Bowlby (2021), the child who is separated from the mother figure protests the situation as the initial reaction and persistently strives to find their lost mother again. In this period, intense crying, throwing oneself from one place to another, grabbing and shaking the cot, and eagerly searching for an image or sound that resembles the mother are encountered. In this stage, the child has a hope that their mother will come back, and this hope serves to support them in their efforts. This first stage can last from a few hours to a week. Also, in this stage, the child rejects all alternative figures who attempt to do something for them (Bowlby 1960a). After the first stage ends, the child quietens, and the preoccupation with the mother's absence remains in the child's mind. In this stage, the child's hopes weaken (Bowlby 2012). The child's active physical movements have decreased, withdrawn, immobilized, and not demanding anything from others. At this stage, it is possible to have a misconception that the distress experienced by the child has subsided (Bowlby 1960a). This misconception is because the restless, noisy demands seem to have stopped. However, the child suffers from an unspeakably lousy situation. The child, who is insensitive and withdrawn, can take a break from despair with intermittent and monotonous painful shouts (Bowlby 2021). The first two stages can often change places. That is, hope can give way to despair, and despair can give way to hope (Bowlby 2012). The last stage is detachment. In this process, the child accepts the care of different figures, the food, and the toys they bring. They can smile and be sociable. However, this may seem satisfying; when their mother visits, the situation reveals that something is not going well. Instead of welcoming their mother, the child will act as if they do not recognize her; they will be distant and indifferent to her (Bowlby 1960a).

The separation between the child and the primary caregiver for various reasons can be brief or long-term and can be experienced a single time or repeatedly (Bowlby 2012). One of the critical points of the grief process in children is the duration of separation and the recurrent experience of caregiver loss. When the period of separation from the mother is prolonged, and temporary attachment experiences are formed with figures with whom the experience of maternal loss will be experienced again, over time, neither the mother nor the closeness with other people causes the child to behave as if it is not very important for him. After a series of upsets over the loss of a few maternal figures to whom they had shown some trust and affection, the child begins to devote himself to less and less fulfilling figures and, over time, completely abandons the risk of attaching himself to another person. Instead, they become more selfish and preoccupied with material things such as food and toys rather than directing their feelings toward people. For a child at this point, the separation or change of the attachment figure no longer causes great sadness, or the child is not concerned about parental visits. They seem cheerful, easily adaptable, fearless, and, most of all, indifferent. It is possible to claim that there is now a superficial sociality (Bowlby 1960). There is no other experience that predisposes a young child to arouse a more intense and stressful hatred of the primary caregiver than separation (Bowlby 1960b).

Similar Theories Explaining the Grief Process in Children

A literature review revealed different theories explaining the grief process, similar to the views of attachment theory. For example, similar to Bowlby's model, the "grief wheel" model developed by the Grief Education Institute (1986) included four stages; in the "whirlpool" model developed by Wilson (1993), the grief process in children was explained using the waterfall and whirlpool metaphor (Cited in Apaydın 2020). The whirlpool model deals with the grief process with a metaphor; when a calm river comes to the edge of a cliff, it turns into a waterfall and experiences a sudden fall. This situation is like interrupting a child's life with a sudden loss and includes a shock phase. The falling water enters a whirlpool, and this stage represents confusion in which the child experiences intense emotions such as anger, guilt, and anxiety. One must first experience the emotional turmoil in this whirlpool to move forward. By gradually accepting the loss, the child can move along the river of life again (Spall and Callis 1997). According to the grief wheel model, in the first stage, the child encounters a sense of numbness while making sense of loss; in the second stage, they move to the protest stage, where they face the reality of the loss, and in this stage, they search for what was lost and react in a stressful and restless manner. The confusion phase, in which the reality of the loss is fully confronted, brings confusion, loss of interest, and anxiety reactions. In the final adaptation stage, functionality is regained, and life is rebuilt after the loss. The descriptions provided by these models reveal that children have similar emotions and reactions during the grief process, that emotional reactions decrease over time, and that children continue to live by reorganizing their lives (Apaydın 2020).

Similar and Different Aspects of the Grief Process in Children and Adults

When the explanations of different theories on the grieving process are examined in the literature, similarities are observed in the grieving processes of children and adults. Bowlby (2012) stated that regardless of age, infants, children, and adults who lose someone they love and are attached to go through a similar grieving process in which they react similarly. The grieving process experienced in adulthood in response to an actual loss can be considered a variant of the separation anxiety of infants and young children, defined as a reaction to the threat of losing an attachment figure (Noppe 2000). Pyszczynski et al. (2004) asserted that how we used to struggle with our death anxiety is similar to how we used to struggle with separation anxiety in the attachment process (cited in Koç and Kafa 2019). According to Bowlby (2021), there are four primary phases of grief in adults. The first phase is the "shock and numbing" stage, in which intense outbursts of sadness or anger are experienced. This period usually lasts from a few hours to a few weeks. The main situations that can be observed in this phase are not being able to perceive the news when it is first received, avoiding emotions at the level of consciousness, feeling that they cannot cope, fearing that they will go crazy, and then the silence before the storm and an intense burst of emotion (Bowlby 2012). The second phase is the phase of yearning and searching for the lost figure. In this phase, which can last for a few months, sometimes years, the reality of the loss is partially acknowledged, and this leads to an intense sense of longing, pangs of distress, sobbing, great restlessness, and insomnia. The mind is constantly preoccupied with the missing person, and there is a tendency to believe that signs and sounds indicate that they have returned. The third phase is disorganization and despair; the fourth is a high or low reorganization and recovery. For grief to reach a positive outcome, the person must endure this emotional struggle. This endurance process brings an understanding and comprehension of the

permanence of the loss and the need to reorganize one's life. The person will begin to inspect and organize their situation (Bowlby 2021).

Another model that explains the grief process in stages is the five-stage model formulated by Kübler-Ross after a series of interviews with terminally ill adults. Denial, anger, bargaining, depression, and acceptance are the five stages of grief. In the denial stage of this model, the person denies the loss and has difficulty believing that the loss has happened. In the anger stage, the severe anger that arises with the feeling of loss may be directed at oneself, another person, or an object. In the bargaining stage, the person's bargaining about the past is often accompanied by sentences beginning with "if only," The bargaining may also be directed towards the future for the well-being of the person lost or to prevent further losses. In the depression stage, the person returns to the present and may experience intense grief and isolation, and the loss is fully embedded in the psyche. The acceptance stage is the last stage of recovery, and the person adapts to the new reality by remembering and reorganizing (Kübler Ross and Kessler 2014).

The task approach is another perspective that deals with the grief process. While the stages of grief point to a process that needs to be undergone, the task approach emphasizes that the grief process can be intervened from the outside, and the grieving person can be motivated. Worden (2001) mentioned four basic grief process tasks in this framework. The first task is to accept the reality of the loss. This task is to come to terms with the fact that the person is dead, gone, and not coming back, and Bowlby's search behavior is directly related to the achievement of this task. The other task is to experience the grief pain. Not everyone suffers to the same extent, but losing someone to whom one is deeply attached without some suffering is almost impossible. Another task is to adapt to a world without the lost person. There are three areas of adjustment. These relate to how the loss has affected the person's daily life, sense of self, and beliefs about the world. The final task is to find a way to connect with the person lost as they begin the rest of their life journey. This task requires the person to find solutions that allow them to commemorate and remember the person they have lost in a way that does not prevent them from going on with their lives (Worden 2001).

According to the biobehavioral attachment model of the grief process, biological reactions occur when a loved and connected person is lost; in other words, the biobehavioral attachment system is activated. Hence, with the nervous system, stress hormones, and the immune system starts to function differently, people who experience loss urgently wish to physically find the lost person to calm down, regulate their emotions, and stabilize and maintain this state. When these recurrent searches do not yield results, they repeatedly face the reality of loss. As the attachment theory states, what is in the mind and what is, in reality, are different. By harmonizing the representation in mind with the external world, people give up looking for the lost person and transform them into memory. If this transformation does not occur, people continue searching for the lost person's physical presence, and the biobehavioral attachment system does not subside (Keser 2021).

The dual process model of grief suggests two central states in the grieving process. While loss-focused coping is directly related to the deceased, restoration orientation focuses on secondary stressors resulting from the death. During this process, the person oscillates between the work of grief and the restoration of life after the loss, and this is a process of oscillation. The dual process model emphasizes the relationship between the grief process and attachment styles, mental representation processes, and coping styles. While this oscillation can be more balanced in people with a secure attachment style, and the grief process can progress healthily, people with an obsessive attachment style remain more in the grief dimension, people with an indifferent attachment style remain more in the restoration dimension; in people with fearful attachment style, grief reactions are characterized by the symptoms of "Posttraumatic Stress Disorder" (Stroebe et al. 2010). Indeed, the similarity between the grieving processes of children and adults is evident in these theories. However, Bowlby drew attention to the differences between the grieving processes of children and adults. While adults have learned that most attachment figures can survive without their constant presence, children do not have such an experience. Therefore, compared to adults, it is much more devastating for a child to feel alone in an unfamiliar world. Besides, a child's access to accurate information about loss, or how much of this information they can access, depends on the judgment and approach of the adults around them. Moreover, the fact that a child knows less about death and has a more limited understanding than an adult makes the process more complex and may lead to incorrect inferences (Bowlby 2021). Another fundamental difference, according to attachment theory, is that adults can go through a "reorganization" stage with the influence of living or internalized attachment figures (Nelson 2011).

Normal and Pathological Grief

The distinction between normal and pathological grief was addressed by Freud, one of the first theorists to deal

with loss and grief, in his article "Mourning and Melancholia." According to Freud, grief is a reaction to lose and is not a pathological condition, although it involves serious divergence from the normal attitude towards life. However, these effects cause melancholia instead of grief in some people, and a pathological condition ensues. The mental characteristics of the mourning process can be listed as deeply painful pessimism, loss of interest in the outside world, loss of the capacity to love, inhibition of all activities, and decreased feelings about the self (Freud 1917). In melancholia, these symptoms are accompanied by ambivalent feelings, guilt, self-criticism, and devaluation—all melancholic moods in adulthood cause ambivalent feelings toward the mother. Old pains recur, and the released anger is directed toward oneself. Whether the mourning process is normal or pathological depends on how successfully the depressive states in infancy are overcome (Keser 2021).

Bowlby (2021) stated that although Freud wrote, "I suspect that similar events are not at all rare in childhood," he did not establish a direct link between pathological mourning in adults and the tendency of later psychiatric illnesses to mourning processes in infancy and childhood; Klein's main contribution was to establish this link. Melanie Klein (1935, 1940) argued that infants and young children grieve after loss, that this grieving process advances in stages, and that their reactions in this process are effective on the reactions they will give to other losses they will encounter later in their lives. John Bowlby's views are similar to Klein's at this point; he was even influenced by him (Bowlby 2021). According to Bowlby (2012), the separation of a young child from a mother figure with whom he or she has bonded often leads to a pathological grief process, and pathological outcomes have an important relationship with the negative conditions that occur after the loss and the grieving process initiated by the loss.

Factors Affecting the Grief Process

There are various factors affecting the child's grief process. These factors include gender, age, substitute care, secondary loss, and stressors. Studies have reported that while boys tend to externalize their grief, girls tend to internalize their grief (Hope and Hodge 2006), and boys show lower levels of depressive symptoms than girls (Raveis et al. 1999). On the other hand, the harmony between the remaining caregiver and the child positively affects the process (Raveis et al. 1999, Hope and Hodge 2006), while secondary losses and stressors that occur after the loss make the process more difficult (Mahon 1999, Hope and Hodge 2006).

Some conditions can have a positive impact on children's grief process. According to Bowlby (2021), in certain positive conditions, a young child's grief after losing a mother figure is quite similar to the healthy grief of adults. The first of these positive conditions for the child is establishing a secure relationship with the parent before the loss (Bowlby 2021). That is because attachment style affects grief reactions according to attachment theory. Securely attached individuals can easily access their emotional attachment memories and thus show normal grief reactions. Individuals with an insecure-avoidant attachment style suppress their feelings about the attachment relationship, act as if nothing happened, exhibit inhibited grief reactions, and avoid activities related to their recovery. Individuals with insecure resistant attachment styles are highly emotional after the loss, and this overwhelming emotional state is accompanied by panic, impulsivity, and anger. Indeed, individuals with insecure attachment styles cannot think coherently about their attachment memories and display traumatic grief reactions (Gross 2020).

According to Bowlby (2021), other situations that have positive effects on the grieving process are; providing the child with accurate information about the situation immediately, allowing the child to ask all kinds of questions and responding to these questions as honestly as possible, allowing the child to participate in the grief experienced by the family, including funeral ceremonies, comforting the child by the surviving parent, or if this is not possible, someone known and trusted instead of them, and reassuring that this relationship will continue.

Indeed, the existence of these conditions supports a child in overcoming the grief process healthily. Knowing the favorable conditions related to mourning will make it easier to help a grieving child by playing a role in organizing this process.

Bowlby's Approach to the Child in the Grieving Process within the Framework of Attachment Theory

There are some basic principles for providing a supportive approach to a child in grief and sorrow due to loss. Providing the conditions that Bowlby (2021) says have positive effects on the grief process reveals the basic principles of helping a grieving child based on attachment theory. These basic principles serve as a guide in

helping a grieving child. Hence, the approach to a grieving child should be in line with the following basic principles:

1. Informing about the situation and allowing questions

The child should be given accurate information about the situation immediately. The child should be allowed to ask questions about the situation, which should be answered as honestly as possible. In the case of bereavement, adults are usually there for the bereaved person or receive news about the situation quickly. However, in the case of children, it is often the other way around. Children receive news much later and often in a misleading way. Research indicates that the younger the child's age, the more likely it is that the news is delayed and that people close to the child try to prevent the child from seeing the sadness they are experiencing. These attitudes prevent the child from confronting their emotions and expressing their feelings (Bowlby 2021). In this process, it is crucial and necessary to reach the answer in the child's mind with questions such as "What do you think happened?" instead of answering the child's questions directly. This approach provides the opportunity to understand the child's experiences, complete the missing points in their interpretations and correct their false beliefs; it also provides a mutual sharing relationship by expressing emotions (Güven 2021).

2. Including in the mourning process and rituals

The child should be allowed to participate in the family's grief, including funerals. However, in most families, children are not brought to the cemetery; even if they are, they must be made aware of the cause. (Bowlby 2021). Keeping children away from their homes, ceremonies, and cemeteries or directing them to games and entertainment by adults during this process may lead the child to develop a sense of guilt, and the grief may become pathological (Ürer 2017).

3. Expressing and sharing emotions

The surviving parent tries to prevent their grief from becoming visible to their children, preventing them from expressing their feelings. When parents are afraid of their feelings, children hide their feelings, and when parents prefer silence, children eventually give up asking questions. Trying to hide the news of the loss from the child and suppressing the child's courage to express their feelings leads to confusion and pathology. Therefore, it is necessary to establish a supportive relationship in which the child can express their feelings (Bowlby 2021). Giving children sentences that make sense of their feelings, such as "I think this anger you feel is sad." is one of the most potent ways to help them struggle with pain (Uslu 2021). Children learn how to express their feelings of grief from the adults around them. At this point, being a good role model for children depends on expressing feelings about loss, demonstrating that it is normal to remember the lost person, and sharing memories about the lost person (Bariş Şahbudak 2020).

4. Maintaining the routine

According to attachment theory, the presence of familiar toys, personal belongings, familiar people, and the environment helps to alleviate the effect of loss (Zelenko and Benham 2002). During this process, ensuring that the child is not separated from their secure spaces, the people they feel safe with, and maintaining their routines in life is essential (Güven 2021). Accordingly, Regarding maintaining routines, the child should be assured that they will continue to attend the same school and stay in the same home.

5. Providing a new attachment relationship and an environment of trust

The surviving parent, or if this is not possible, a known and trusted person in their place, should comfort the child and ensure that that relationship will continue (Bowlby 2021). According to attachment theory, the quality of care provided by a new caregiver, the quality of care from another primary caregiver after separation from the mother figure, is one of the most critical factors in the child's adaptation to the world. The ability of other people, ideally another primary caregiver (father) or other close family members, to assume this role is an important determinant of the child's adaptation to change in general (Zelenko and Benham 2002).

Children who do not receive adequate attention from their mother or father after the experience of loss, where the lack of attention has become their fate, may develop psychiatric disorders. These conditions include being cared for in unloving foster families or institutions, moving from one "home" to another, or having to take on the role of a parent prematurely, even if they stay home (Bowlby 2021). Luecken (2000) reported that children who lost a parent and had low-quality family relationships had higher levels of depressive symptoms in

adulthood and that quality family relationships, including supportiveness among family members, open emotional expression, and low levels of conflict and anger, were protective against the development of depression following the parental loss. As mentioned above, children who experience loss suffer less from the adverse effects of loss and embrace life better if their psychosocial support systems are active. Thus, the child's quality of care after the loss is critical for the rest of their lives.

Conclusion

Attachment is a primary emotion between the caregiver and the child that increases the child's chances of survival. In attachment theory, much emphasis is placed on the stability of the relationship between caregiver and infant/child. The child's healthy development is directly proportional to the stable and healthy interaction between the caregiver and the child. The breakdown or termination of this relationship for several reasons can lead to very unfavorable situations for the child.

Experiencing a loss that will cause the necessary attachment between the primary caregiver and the infant to be broken can lead children to deep grief and mourning (Bowlby 1961). This situation reveals the importance of establishing and maintaining a secure and robust attachment relationship. According to Bowlby (1960a, 2012, 2021), a child in mourning goes through the stages of protest, despair, and detachment. In young children, the behaviors in these stages may differ in severity, sequence, and duration (Zelenko 2002); however, they provide an essential information framework for understanding the emotions and behaviors of a child in the grieving process may commonly experience.

The grief experienced by children is quite similar to that experienced by adults (Bowlby 2012); however, some differences noted by Bowlby (2021) have suggested that childhood grief tends to be more pathological. Today, many children experience separation from their primary caregivers due to various reasons such as death, abandonment, or illness and go through a grief process similar to adults. Different studies (Yılmaz 2005, Cross and Purvis 2008, Şimsek et al. 2008, Muguwe 2012, McLaughlin et al. 2015) reveal the adverse effects of being separated from the primary caregiver and deprived of their attention, care, and love and support the views of attachment theory.

The loss and grief processes experienced by adult individuals are a form of primary anxiety caused by the threat of losing the attachment figure during childhood (Noppe 2000). The quality of the attachment relationship established with the caregiver during infancy is decisive in the grief process experienced after a loss that may occur both in childhood and adulthood (Gross 2020). Therefore, the insecure attachment relationships that children establish with their primary caregivers or the effects of the separation they experience with their primary caregivers negatively affect the attachment relationships they develop later. Several studies have frequently reported that people who experience separation from their primary caregivers develop insecure attachment relationships (Katz 2003, Schleiffer and Müller 2004, Katsurada 2007, Üstün 2008, Şahin 2009, Torres et al. 2012, Karakoyun 2015, Subaşı 2015, Ayanoğlu Yüksel 2016, Howard et al. 2017, Yüceer Kardeş 2018, Yıldız 2019, Taşkaya 2019).

Indeed, a person may experience loss and grief in childhood, which they will inevitably encounter throughout their life. The child's intimate environment has essential duties in overcoming this experience healthily. Being adequately informed about the situation, sharing communication that allows asking questions and expressing emotions, being involved in rituals, maintaining the routine, talking about changes, and establishing a new secure attachment relationship is the primary approach that the child needs during this process. Awareness of this proper approach needs to be promoted in our society. One of the main responsibilities for a healthy new generation for all adults in society, especially parents, is to know, comprehend and provide secure attachment relationships, handle reactions to separation anxiety, and the right approach to a child in the mourning process. In this context, it was evaluated that increasing information and awareness-raising activities for individuals in society, especially for parents, is important. On the other hand, it is crucial to facilitate access to professional support and expand grief counseling practices to overcome the grief process healthily and establish a new attachment relationship based on trust.

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