


Psychosocial Effects of Parental Loss on Children and Support Strategies

Ebeveyn Kaybının Çocuklar Üzerindeki Psikososyal Etkileri ve Destek Stratejileri

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ABSTRACT

This review examines the profound psychosocial impacts of parental loss on children, focusing on the emotional, cognitive, and social challenges encountered during the grieving process. Parental loss is a traumatic event that triggers a range of responses, including depression, anxiety, academic decline, social isolation, and cognitive impairments. The study highlights the critical role of structured support mechanisms in facilitating healthy grief processing. Open communication, professional support, peer networks, and family solidarity are essential for mitigating the adverse effects of loss. Therapeutic approaches, such as open-ended questions, reflective listening, and age-appropriate interventions like play therapy, cognitive-behavioral therapy (CBT), family-based interventions, school-based programs, and grief camps, are effective in helping children express emotions and build resilience. These interventions address developmental differences, enabling children to process grief in a manner suited to their cognitive and emotional maturity. The review underscores the need for enhanced support systems, emphasizing the importance of educating parents, teachers, and mental health professionals about supporting grieving children. Cultural factors significantly influence grief responses, and further research into these dynamics is necessary to develop more effective, tailored interventions. In conclusion, comprehensive and individualized support is crucial to minimize the long-term negative impacts of parental loss. By fostering emotional expression, strengthening social support, and promoting psychological resilience, these interventions can help children navigate their grief and achieve long-term emotional well-being.

Keywords: Parental loss, death, grief, grief counseling

ÖZ

Bu inceleme, ebeveyn kaybının çocuklar üzerindeki derin psikososyal etkilerini ele almakta ve yas sürecinde karşılaşılan duygusal, bilişsel ve sosyal zorluklara odaklanmaktadır. Ebeveyn kaybı, depresyon, kaygı, akademik performans düşüşü, sosyal izolasyon ve bilişsel işlev bozuklukları gibi çeşitli tepkileri tetikleyen travmatik bir olaydır. Çalışma, çocukların yas sürecini sağlıklı bir şekilde işlemeleri için yapılandırılmış destek mekanizmalarının kritik rolünü vurgulamaktadır. Açık iletişim, profesyonel destek, akran ağları ve aile dayanışması, kaybın olumsuz etkilerini hafifletmek için gereklidir. Açık uçlu sorular, yansıtıcı dinleme ve yaşa uygun müdahaleler gibi terapötik yaklaşımlar (oyun terapisi, bilişsel-davranışçı terapi, aile temelli müdahaleler, okul temelli programlar ve yas kampları), çocukların duygularını ifade etmelerine ve dayanıklılık geliştirmelerine yardımcı olmaktadır. Bu müdahaleler, çocukların bilişsel ve duygusal olgunluklarına uygun şekilde yas işlemelerini sağlar. İnceleme, destek sistemlerinin güçlendirilmesi gerektiğini vurgularken, ebeveynlerin, öğretmenlerin ve ruh sağlığı uzmanlarının yas sürecindeki çocukları destekleme konusunda daha fazla bilgilendirilmesi gerektiğini belirtmektedir. Kültürel faktörler yas tepkilerini önemli ölçüde etkiler ve bu dinamiklerin daha fazla araştırılması, daha etkili ve kişiselleştirilmiş müdahaleler geliştirilmesi için gereklidir. Sonuç olarak, ebeveyn kaybının uzun vadeli olumsuz etkilerini en aza indirmek için bütüncül ve bireyselleştirilmiş destek şarttır. Duygusal ifadeyi teşvik ederek, sosyal desteği güçlendirerek ve psikolojik dayanıklılığı artırarak, bu müdahaleler çocukların yaslarını yönetmelerine ve uzun vadeli duygusal iyilik haline ulaşmalarına yardımcı olabilir.

Anahtar sözcükler: Ebeveyn kaybı, ölüm, yas, yas danışmanlığı

Introduction

Parental loss represents a profound trauma and grief experience for a child (Yamamoto et al. 1996, Harrison and Harrington 2001). The death of a parent rarely remains an isolated event, instead, it often initiates a chain of undesirable consequences that heighten the burden and distress within the family system (Tremblay and Israel 1998, Dowdney 2000). Numerous scholars have argued that the death of a parent during childhood is a unique and deeply impactful event that may lead to long-term traumatic effects (Davies 1998, Cerel et al. 2006, Melhem et al. 2008).

According to data from the World Health Organization (WHO), millions of children experience parental loss each year. In light of the increasing prevalence of war, migration, pandemics, and natural disasters, this issue has become a pressing global concern (WHO 2021). Based on the 2023 Address-Based Population Registration System data, of the 22,206,034 children in Turkey in 2023, 5,461 had lost both parents, 263,757 had lost their fathers only, and 82,291 had lost their mothers only. These statistics indicate that children who experienced the loss of at least one parent in 2023 alone comprised approximately 2% of the total child population (TÜİK 2023). Considering the cumulative number of children who experienced parental loss in previous years, it becomes evident that a substantial portion of the population is coping with the death of a parent.

A single-parent household formed after the death of one parent refers to a family structure in which the surviving parent is solely responsible for raising the child(ren) (Amato 2000). This situation entails not only economic and practical challenges but also profound emotional and psychological burdens for family members (Lutzke et al. 1997). Following the death of a mother or father, single-parent families typically undergo phases of "grieving, healing, and restructuring" (Worden 2008), a process shaped by dynamics such as shock, intense sorrow, role redefinition, and the reconstruction of family identity (Stroebe and Schut 1999). From the perspective of children, the death of a parent is considered a traumatic life event, which can result in anxiety disorders, decreased academic performance, social withdrawal, and numerous other negative outcomes (Dowdney 2000, Case and Ardington 2006, Evans and Miguel 2007, Melhem et al. 2008). It is well established that children are more likely to experience the impact of such losses more acutely than adults, due to their still-developing emotional regulation capacities (Walsh 2006).

Literature in the field demonstrates that children's grief responses are shaped by multiple interrelated factors such as developmental differences, attachment patterns, and cultural influences (Worden 2008, Kaplow et al. 2012). However, there remains a significant gap in the availability of systematic, age-appropriate, and holistic psychosocial interventions to address these responses. Within this context, the significance of the present study can be explained on three levels: theoretical, practical, and professional. Theoretically, this study integrates multidisciplinary perspectives on childhood grief, evaluating the emotional, social, and cognitive impacts within a unified framework, thereby offering a more comprehensive perspective in contrast to the fragmented knowledge currently found in the literature. Practically, the study analyzes effective intervention models such as age-appropriate therapeutic approaches (e.g., play therapy, CBT, family-based methods, school programs, and bereavement camps), providing structured intervention templates for practitioners working in the field. Professionally, it offers a roadmap for school counselors and psychological guidance practitioners to implement both individual and systemic interventions (Alkhazaleh et al. 2023, Linder et al. 2024). In sum, this research aims to contribute to a deeper understanding of the complex grief responses of children who have lost a parent, to strengthen psychosocial support mechanisms, and to promote the implementation of effective and evidence-based interventions in the field of school counseling and psychological guidance.

Children and Death

Children's understanding and acceptance of the concept of death are closely linked to their level of cognitive and emotional maturity. Four core components have been identified that help explain how children comprehend the concept of death. These developmental stages reflect how children conceptualize and process death (Slaughter 2005):

1. **Basic Death Concept:** This initial stage refers to when children begin to understand that death terminates a person's life and is irreversible.
2. **Cause-and-Effect Understanding:** At this stage, children begin to recognize the causes and consequences of death, learning that it can occur due to illness, old age, or accidents, and that aging is associated with mortality.
3. **Transitional Thinking:** Here, children begin to perceive death as a physical transition. They may believe that after death, individuals go somewhere else or that their soul continues to exist.
4. **Inevitability of Death:** In the final stage, children come to understand that death is inevitable and beyond human control. They grasp that no one can decide whether or not to die.

How children interpret and internalize these four dimensions varies depending on their age, developmental stage, and lived experiences. Therefore, it is essential to provide age-appropriate communication and guidance to support children through the grieving process (Lewis and Schonfeld 2002).

Children's understanding of death and dying is typically framed within five biological concepts: inevitability, universality, irreversibility, non-functionality, and causality (Hoffman and Strauss 1985, Panagiotaki et al. 2018). In general, children begin to develop rudimentary understandings of death by age three, grasp some of these concepts by age six, and by age ten acquire a more comprehensive understanding of death (Harris 2018, Panagiotaki et al. 2018, Kentor and Kaplow, 2020). This developmental progression is believed to be largely a function of cognitive and emotional maturation (Dyregrov 2008, McCoyd et al. 2021, p. 5).

According to Dyregrov (2008), children's general understanding of death by age group is as follows:

Infancy (0-2 years)

1. Infants are unable to comprehend the concept of death. Their perception of the world is limited to themselves and their immediate surroundings.
2. Although they do not understand death, infants exhibit emotional responses to loss, primarily in the form of separation anxiety and feelings of insecurity.

Early Childhood (3-6 years)

1. During early childhood, children do not fully grasp the concept of death but begin to understand some of its basic elements.
2. They often perceive death as a temporary separation and may believe that the deceased will return.
3. At this stage, children may attempt to explain death using imaginative or magical thinking.

Middle Childhood (7-12 years)

1. School-aged children are more likely to understand that death is a permanent condition, although they may not fully comprehend the physiological or biological causes.
2. At this stage, they begin to recognize death as a tragic event and a natural part of life.
3. Children frequently ask questions about death, and open, honest responses are important for their understanding.

Adolescence (13-18 years)

1. Adolescents begin to conceptualize death in more abstract and philosophical terms.
2. Thoughts about death during this period may evoke deeper existential reflections related to the meaning of life, immortality, and personal identity.

3. Adolescents tend to think more critically about both the personal and societal implications of death.

Grieving Process in Children

Grief, as a response to loss, has been addressed by numerous theorists from various perspectives aiming to explain its dynamics and the individual's adaptation process. Bowlby (1969) conceptualizes grief as a natural response to the loss of an attachment figure. The disruption of the attachment bond triggers universal emotional reactions such as sorrow, protest, and despair. This theory underscores grief as a biologically grounded process linked to the human drive for safety and connection.

Kübler-Ross's Five-Stage Model (1969) outlines grief as progressing through the stages of denial, anger, bargaining, depression, and acceptance. While this model captures the emotional trajectory of individuals facing death, it has also been criticized for assuming a linear and universal process (Kastenbaum 1972, Corr 1993, Stroebe and Schut 1999, Bonanno 2004).

In contrast, Stroebe and Schut's Dual Process Model (1999) conceptualizes grief as an oscillation between "loss-oriented" (experiencing and processing the pain of the loss) and "restoration-oriented" (reconstructing life post-loss) processes. According to this model, individuals adapt to loss by moving back and forth between these modes of coping.

Worden's Four Tasks of Mourning (2008) approach views grief as a series of tasks to be completed: (1) accepting the reality of the loss, (2) processing the pain of grief, (3) adjusting to a new environment without the deceased, and (4) maintaining a continuing bond with the deceased while re-engaging with life. Unlike stage-based models, this task-based framework emphasizes active participation and personalized adaptation, highlighting the nonlinear and flexible nature of the grief process.

Research in the field of grief has shown that parental loss represents a major stressor for children and can increase the risk of future psychopathology (Silverman and Worden 1993, Oltjenbruns 2001, Stroebe et al. 2005). Numerous studies indicate that children who have lost a parent experience greater adjustment problems and psychological challenges compared to their peers who have not experienced such a loss.

Following the death of a parent, children may exhibit a range of emotional and behavioral reactions including sadness, fear, aggression, depression, suicidal ideation, somatic symptoms, obsessive-compulsive tendencies, developmental regression, physical health issues, and academic difficulties (Christ et al. 1993, Christ et al. 1994, Cerel et al. 2006, Melhem et al. 2008, Prigerson et al. 2009, Appel et al. 2019). Additionally, diminished self-esteem and a reduced sense of self-efficacy (Worden and Silverman 1996, Balk and Corr 2001), as well as traumatic symptoms (Nader 1997), are commonly reported in this context. Furthermore, studies suggest that early parental loss may be associated with an increased risk of developing depression later in life (Reinherz et al. 1999, Kendler et al. 2002).

Grief reactions in children are highly individual and diverse, influenced by factors such as developmental level, attachment dynamics, and cultural context. These responses may manifest in various forms across physical, cognitive, emotional, and behavioral domains (Worden 2008). These areas will be examined in more detail in the following section. When considering cultural differences, it becomes evident that cultural norms deeply shape families' approaches to death and mourning, thereby also influencing children's grief responses (Bilgiç 2011). In some cultures, mourning is expressed openly (crying, commemorating the deceased), while in others, emotional restraint or "enduring silently" may be expected (Rosenblatt 2008). In collectivist cultures like Turkey, families may conceal death to "protect" children or suppress emotional expressions with phrases such as "Don't be sad, be strong!" This emotional suppression may hinder the child's ability to make sense of the loss, potentially leading to an unresolved process known as "frozen grief" (Bilgiç 2011). According to Baker et al. (1992), in families where emotions are suppressed, children may avoid expressing their sadness, resulting in withdrawal or somatic symptoms (e.g., abdominal pain, sleep disturbances). In another study, when ambiguous explanations about death were provided (e.g., "Mommy went on a long trip"), such ambiguity was found to hinder children's understanding of the permanence of death, thereby distorting their perception of reality (Silverman 2000).

The way in which the child loses a parent, the gender of the deceased parent, and the cause of death can significantly influence the child's psychological responses. In studies conducted by Cerel et al. (1999, 2000), children aged 5–17 who had experienced parental loss were examined. These studies investigated psychopathology and family functioning over two years, comparing losses due to suicide and other causes. The findings indicated that children who lost a parent to suicide exhibited more behavioral problems before the death and more anxiety and behavioral symptoms in the first two years post-loss compared to those who experienced losses from other causes. Moreover, children bereaved by suicide expressed anger at six months, shame at one year, and lower levels of acceptance after one to two years. However, differences in depression, suicidal ideation, and psychosocial functioning between the groups were minimal. In a study by Pfeffer et al. (2000), children aged 5–12 who lost a parent to suicide were compared to those who lost a parent to cancer. Children in the suicide-bereaved group reported significantly more depressive symptoms (such as low mood, interpersonal difficulties, inefficacy, and anhedonia) than those in the cancer-bereaved group, although most remained within normative ranges for depression. Parental reports regarding their children's competencies and behaviors were comparable to normative child samples, showing no significant group differences.

The effects of parental loss on academic performance may vary depending on the gender of the deceased parent. It has been found that maternal loss has deeper and more long-term effects on children's academic achievement (Dowdney 2000, Case and Ardington 2006, Evans and Miguel 2007). Especially in rural areas, due to mothers' central role in caregiving and educational support, such losses can increase school dropout rates by up to 40% (Beegle et al. 2010). In South Africa, children who lost their mothers to HIV/AIDS had significantly lower math and reading scores compared to those who lost their fathers (Ardington and Leibbrandt 2010). Additionally, maternal loss has been reported to lead to higher psychiatric outcomes than paternal loss (Brent et al. 2009, Kuramoto et al. 2010).

In non-Western societies in particular, it has been observed that parental loss may have more detrimental effects on older siblings. This is not surprising in cultures where older children are often expected to assume responsibilities for the family's financial support (Cas et al. 2014).

The effects of parental loss on children are highly varied due to the dynamic interplay of individual and environmental factors. A child's age and developmental stage play a critical role in this process. For instance, children in early childhood may believe that death is reversible, whereas adolescents may experience identity confusion and social withdrawal (Worden 1996).

Impact of Parental Loss on Children

Numerous factors influence the grieving process in children. These factors include the individual's personality traits, their relationship with the deceased, coping strategies, cultural beliefs, pre-existing mental health issues, the strength of available social support systems, family socioeconomic status, perceptions of death, and problems that may arise during the grieving process (Bildik 2013, Worden 2018). Furthermore, the circumstances surrounding the death also influence the mourning process. Unexpected, sudden, unnatural, or traumatic losses can complicate the grieving process and may lead to additional psychological issues such as post-traumatic stress disorder (PTSD) in children (Raphael and Martinek 1997). Other key factors affecting how children and adolescents experience grief include previous loss experiences, the stage of psychosexual development, and the extent to which the child is informed about the loss (Fitzgerald 2013). Therefore, it is essential to consider these diverse factors in order to understand and support children in their grieving process.

Both retrospective and prospective studies have documented that adolescents grieving the loss of a parent are at increased risk for a range of psychological problems, including depression, PTSD, substance abuse, and health-risk behaviors (Maier and Lachman 2000, Kendler et al. 2002, Brent et al. 2009, Hamdan et al. 2012, Appel et al. 2019).

In developmental psychopathology, research on the impact of familial risks and adversities on youth has extended beyond a focus on psychological disorders to encompass broader indicators of maladaptive

outcomes, including difficulties in meeting developmental milestones in domains such as education, interpersonal relationships, and occupational functioning (Masten et al. 2006, McCormick et al. 2014). Early retrospective studies on childhood bereavement—typically consisting of case series or controlled studies with referred or convenience samples—found that adults who lost a parent during childhood were more likely to experience difficulties in achieving educational attainment, maintaining close and stable relationships, and providing parenting to their own children (Jacobson and Ryder 1969, Kennard 1982, Hepworth et al. 1984, Ragan and McGlashan 1986, Balk 1991).

Emotional Effects

The death of a parent is one of the most distressing events a child can experience and often elicits intense emotional responses. Research indicates that children who experience parental loss are at elevated risk for emotional and psychological difficulties, including depression, anxiety, and complicated grief (Kaplow et al. 2010, Ellis et al. 2013, Appel et al. 2019). The grieving process in children can vary greatly depending on age, developmental stage, and the availability of support systems (Haine et al. 2008). Childhood parental loss may affect later abilities to form and maintain close relationships, cope with stressful life events, and fulfill developmental tasks. Studies investigating the complexity of experiencing parental death during early childhood and its risks for future psychopathology have found that individuals who lose a parent before age 18 are 2.16 times more likely to develop depression in adulthood. Additionally, 29.3% of adults diagnosed with depression report having experienced at least one type of parental loss in childhood (Stroebe et al. 2005, Simbi et al. 2020).

One of the primary emotional responses observed is heightened anxiety. Studies show that bereaved children often worry about the wellbeing of surviving family members and fear further losses, resulting in increased anxiety and hypervigilance (Melhem et al. 2008). Particularly among young children, the difficulty in grasping the permanence of death can intensify these fears and anxieties (Silverman and Worden 1993). Adolescents, on the other hand, may enter a state of existential crisis by questioning the meaning of life and their own mortality, which may lead to feelings of depression and loneliness (Worden 2018).

Various studies have found that grieving adolescents are at a higher risk of adjustment problems compared to their non-bereaved peers. These risks include early death (Li et al. 2003), suicide attempts (Jakobsen and Christiansen 2011), experiencing depression (Mack 2001, Schoenfelder et al. 2001, Jacobs and Bovasso 2009), increased severity and frequency of other psychiatric issues (Dowdney 2000), poor academic performance and school failure (Berg et al. 2014), low self-esteem (Worden and Silverman 1996), involvement in delinquency (Draper and Hancock 2011), and higher substance use (von Sydow et al. 2002).

Another prevalent emotional consequence in children who have lost a parent is complicated grief. Complicated grief is characterized by symptoms such as intense yearning, intrusive thoughts about the deceased parent, emotional numbness, and significant functional impairment lasting at least 12 months following the loss (APA 2013, Kaplow et al. 2021). This condition may hinder a child's ability to attend school, maintain social relationships, or participate in daily activities and is associated with persistent emotional disorders such as chronic depression, anxiety, and PTSD (Lobb et al. 2010, Melhem et al. 2011, Kaplow et al. 2012). A study by Noppe and Noppe (2004) on complicated grief in adolescents found that feelings of responsibility for the parent's death, or the belief that it could have been prevented, led to enduring emotions such as sadness, anger, or guilt.

In addition to internal emotional struggles, children may also display behavioral changes as a result of grief. Some children withdraw socially and become isolated, while others express frustration and helplessness through anger and disruptive behaviors (Haine et al. 2006). Childhood parental loss has also been linked to long-term outcomes such as increased susceptibility to eating disorders in young adulthood (Beam et al. 2004).

Addressing these emotional effects requires age-appropriate grief counseling and support from family members and professionals to help children process their feelings and regain a sense of stability and safety (Christ 2000).

Social Effects

The loss of a parent is one of the most difficult experiences a child can face, profoundly affecting not only family life but also the child's social and emotional development. Children who have lost a parent or who are separated from a parent due to divorce have been found to experience difficulties in social integration, forming secure relationships, and maintaining self-esteem (Dowdney et al. 1999). Additionally, a study by Nielsen and colleagues (2012) reported that 20% of children and adolescents grieving a parental loss indicated they had not spoken to anyone after the loss. This lack of communication was directly associated with risks of engaging in bullying or aggressive behavior. The study emphasized the protective importance of talking to someone and feeling understood.

The social effects of parental loss manifest in several domains, including family relationships, peer interactions, socioeconomically linked social developments, and social identity formation. These effects can be categorized under the following themes:

Family Dynamics and the Role of Stability

The social environment of a grieving child often undergoes dramatic changes. The death or separation of a parent may lead to changes in family roles, shifts in parenting behavior, and sometimes relocation, all of which can disrupt the child's sense of security (Joy et al. 2023). After a parental loss, especially when the surviving parent struggles to cope with grief, children may experience increased family conflict or damage to familial relationships (Amato and Keith 1991). This can lead to feelings of insecurity and withdrawal in children (Worden 1996). Silverman and Worden (2003) highlight that maintaining routines and structure within the family helps children feel safer and reduces social withdrawal. Family stability and the resilience of the surviving parent are crucial for the child's post-loss social adjustment (Joy et al. 2023).

Peer Relationships and Social Isolation

Parental loss is also associated with challenges in peer relationships. Children who have lost a parent often feel different or alone, particularly in settings where family dynamics are a common topic of discussion (Christ et al. 2002). This sense of "otherness" can hinder the formation of close friendships and lead to social withdrawal. Grieving children may also be exposed to bullying or exclusion due to emotional expressions that differ from those of their peers. On the other hand, some studies point to aggressive behaviors. For example, research has shown that boys who experienced parental loss in infancy displayed more aggressive behaviors than girls (Elizur and Kaffman, 1982, Dowdney et al. 1999), and that boys tend to exhibit more internalizing symptoms (Gersten et al. 1991, Cimino et al. 2012). In this regard, school-based support programs such as peer support groups for grieving children have been shown to be helpful in addressing these challenges (Wolchik and Sandler 1997).

Economic Impact and Social Opportunities

Economic hardship is a common consequence of parental loss, particularly when the deceased parent was the main source of income. Financial difficulties can restrict access to extracurricular activities, social events, and educational resources—all key components of social development. Children in single-parent households, especially those newly experiencing grief, are at greater risk of poverty (Metin 2015). The tendency to be classified as "poor" often reflects a potential developmental gap due to the parent's reduced availability for the child. Studies show that due to serious income fluctuations, children in single-parent households face higher poverty rates (Esping-Andersen 2011, Metin 2015).

Social Identity

Parental loss has significant implications for a child's psychosocial development and identity formation (Bowlby 1980, Stroebe et al. 2017). According to attachment theory, parents provide children with a secure base from which to explore the world and develop a healthy sense of identity (Bowlby 1969, Ainsworth 1989). The presence of both parents is considered an important protective factor that enhances psychological resilience (Luthar 2006, Masten 2014). Children who experience the loss of a parent—especially when the deceased parent was a role model or a primary source of emotional support—may experience uncertainty

during the identity formation process (Worden 1996, Haine et al. 2008). In this context, a study examining grief and its psychosocial impacts revealed that parental loss may be a critical determinant in the development of personal identity (Kaplow et al. 2012).

Cognitive Effects

Research on the impact of parental loss on children's cognitive development reveals that such loss, especially during early childhood, can lead to significant cognitive and emotional consequences. For instance, the literature indicates that children who have lost a parent often experience difficulties in emotional regulation (Luecken 2008, Werner-Lin and Biank 2013), which may negatively affect cognitive functions such as attention, memory (Heim and Nemeroff 2001), and academic performance (Dowdney 2000, Case and Ardington 2006, Evans and Miguel 2007, Melhem et al. 2008).

Emotional and Cognitive Processing

Children who experience parental loss at an early age often struggle with emotional regulation, leading to issues such as distractibility and memory problems during cognitive tasks (Luecken 2008). Children who are unable to process grief in a healthy manner are more likely to encounter problems in school performance and social relationships (Kaplow et al. 2012).

Stress and Cognitive Development

Parental loss may trigger chronic stress responses in children, with adverse effects on brain development (Heim and Nemeroff 2001). Early-life stress factors are known to disrupt the hypothalamic-pituitary-adrenal (HPA) axis, increasing cortisol levels and impairing the functioning of brain structures such as the hippocampus and prefrontal cortex, which are responsible for learning and memory (Lupien et al. 2009). Chronic stress is also suggested to negatively impact executive functions such as decision-making, problem-solving, and impulse control (Shonkoff et al. 2012).

Academic Achievement

Parental loss can result in a decline in academic achievement among children. The literature emphasizes that the emotional state of the surviving parent and the presence of a supportive family structure play a crucial role in a child's adaptation and academic success (Dowdney 2000, Case and Ardington 2006, Evans and Miguel 2007, Melhem et al. 2008). Children with strong support systems are better able to manage the negative impacts of parental loss, while those lacking social support are at increased risk both academically and psychologically (Evans and Miguel 2007, Melhem et al. 2008).

In summary, the cognitive effects of parental loss during childhood are extensive and span emotional, behavioral, and neurological domains. The presence of a supportive environment and access to mental health resources are critical in mitigating these effects.

Psychological Support for Children Experiencing Grief

Psychological support is vital for children who have lost a parent, as the death of a primary caregiver can have profound and lasting effects on emotional, social, and cognitive development (Dyregrov 2008). Parental loss can disrupt a child's sense of safety and stability, resulting in feelings of abandonment, guilt, anxiety, and confusion (Worden 1996). Research shows that children who lack appropriate support during the grieving process may face various mental health challenges, including depression, anxiety, and difficulties in social relationships (Dowdney et al. 1999, Silverman and Worden 2003).

Open and honest communication offers many benefits for grieving families. Children who have lost a parent often report finding comfort in open emotional expression and the sharing of feelings within the family (Berman et al. 1988, MacPherson and Emeleus 2007, Weber et al. 2019, Parsons et al. 2021). However, it has also been found that parents, driven by a protective instinct, often avoid discussing death with their children. This decision may delay conversations about death or stem from the belief that children will not understand, resulting in limited, confusing, and inconsistent experiences of loss for the child (Asgari and

Naghavi 2020). When communication is lacking, children struggle to regulate their emotions, fail to develop effective coping mechanisms for grief, and sometimes internalize blame for the death. These communication gaps may also lead to psychosocial difficulties in adulthood, such as challenges in trust, relationship-building, self-esteem, and increased loneliness or isolation. Children need a safe environment where they can ask questions about death and express their emotions (Berman et al. 1988, MacPherson and Emeleus 2007, Weber et al. 2019, Parsons et al. 2021).

Children also report that the attendance of their peers and teachers at funerals makes them feel supported (Cranwell 2007), and empathic gestures during the grieving process help reduce feelings of loneliness (LaFreniere and Cain 2015). However, sustained attention from the social environment can sometimes have the opposite effect: some children withdraw from peers when the attention persists (Lytje 2018), others may feel discomfort from excessive concern (LaFreniere and Cain 2015), or from unwanted physical contact or being forced to talk (LaFreniere and Cain 2015, Asgari and Naghavi 2020, Parsons et al. 2021). In Lytje's (2018) study, children expressed that the support they received from their environment did not fully meet their needs and diminished quickly. They also felt that their loss was soon forgotten by others. Many stated they wanted others to continue asking how they felt and to know that they still mattered.

Various studies have shown that children who have experienced parental loss often report their teachers' lack of awareness regarding the grief process, which can sometimes result in unintentionally insensitive or hurtful comments or situations (Hsu et al. 2002, MacPherson and Emeleus 2007, Lytje 2018). On the other hand, children who encountered understanding behaviors from their teachers during the grieving process—such as remembering birthdays or anniversaries and providing continuous support—evaluated these gestures positively (MacPherson and Emeleus 2007, Lytje 2018). Children who regarded school as a safe source of support during bereavement also expressed a sense of belonging and stated that school routines helped them navigate the grieving process (MacPherson and Emeleus 2007, Lytje 2018, Asgari and Naghavi 2020).

In another study with grieving children (Joy et al. 2023), the questions children wanted answers to regarding death and grief were grouped into five themes: causes and processes of death, human intervention (preventing or avoiding death), managing the grief process, the meaning of life and death, and the afterlife. These questions reveal children's interest in biological, emotional, and existential experiences and concepts. The findings show that children perceive death and grieving in a complex and multidimensional way and attempt to understand how these experiences affect their lives.

Emotion regulation skills are a critical need for grieving children (Ahmadi et al. 2019, Scott et al. 2019, Youngblut and Brooten 2021). The questions children ask about death and bereavement reflect their need to learn how to cope with challenging emotional experiences (Joy et al. 2023). Children require emotional support, validation of their feelings, and reassurance (Joy et al. 2023). For children to process grief in a healthy manner, caregivers must possess adequate knowledge and support (Alvis et al. 2022). Parents and caregivers must know how to talk about death with children and should be supported in doing so. Research conducted with adults facing the imminent loss of a loved one shows that most are not adequately prepared for this process (Silverman 2000, Dyregrov and Dyregrov 2008, Breen et al. 2018). This suggests that in order to prepare children for the grief process, the adults around them must first be prepared.

In professional support settings, when approaching a grieving child, mental health professionals should be honest and compassionate, monitor the child's well-being, behave flexibly and openly, adopt a developmentally appropriate and individualized approach, and help children develop coping strategies. These qualities are seen as important by children (Joy et al. 2023). It is crucial to recognize that children of different age groups understand and experience grief differently. For example, younger children may struggle to comprehend the permanence of death, while older children and adolescents may have a more complex understanding and experience intense emotions such as anger or existential questioning (Christ et al. 2002). Therefore, it is essential for mental health professionals to tailor their interventions according to the child's developmental level.

Developmentally Appropriate Therapeutic Approaches for Grieving Children

Children's developmental stages profoundly influence how they experience and express grief. Thus, interventions must be adapted to their age and level of maturity (Alvis et al. 2022). In the past decade, there has been a significant increase in research evaluating therapeutic approaches for grieving children. Overall, psychosocial interventions show mild to moderate improvements in grief symptoms among children, with the most progress observed in those experiencing high levels of initial distress (Christina et al. 2024). Below, we review key developmentally appropriate interventions: play therapy, cognitive-behavioral therapy, family-based therapy, school-based programs, and grief camps.

Play Therapy

Play therapy allows children to express their emotions symbolically (Axline 2019). Especially for young children whose verbal skills are not fully developed or who lack abstract thinking capacity, play therapy provides an effective method for processing emotional experiences (Geldard and Geldard 2008). This approach aligns with developmental theories such as Piaget's cognitive development theory and attachment theory (Webb 2011).

Play therapy facilitates children's participation in the therapeutic process through the "language" of play and is developmentally appropriate for children aged 3-10 (VanFleet et al. 2010). However, older children with verbal expression difficulties can also benefit from this method (Geldard and Geldard 2008). Therapists access the child's inner world through play, often emphasizing consistency and routine during sessions. Magical thinking patterns and "reversal play" (e.g., reviving a deceased character) are permitted to help children gradually comprehend the permanence of death (Ray 2019).

For grieving children, play therapy provides a safe psychological distance during confrontation with intense emotions and helps restore a sense of control through symbolic expression (Geldard and Geldard 2008). In this context, children often symbolize their losses through dolls, drawings, or stories, and process their traumatic experiences in developmentally appropriate ways (Webb 2011). Commonly used techniques in therapeutic settings include the following (Webb 2011):

1. **Doll and Puppet Play:** Children use figurines to reenact illness, death, or farewell rituals and express emotions that they may not be able to verbalize.
2. **Art and Drawing Activities:** Through materials such as crayons or watercolors, children may draw the deceased person, express anger through scribbles, or depict tears symbolically. The therapist collaborates with the child to interpret these drawings.
3. **Memory Games and Storytelling:** Reconstructing positive memories of the deceased through storytelling helps the child maintain emotional connections during the grief process.

Therapists implement interventions appropriate to the child's developmental stage and, particularly for young children, take magical thinking into account by allowing "undoing" games. These types of play offer a transitional space for children to gradually comprehend the permanence of death. Furthermore, consistency and routine within sessions are emphasized to help re-establish a sense of safety (Webb 2011).

Grieving young children often oscillate between joy and sadness, therapeutic play respects this natural rhythm by supporting both emotional expressions (Geldard and Geldard 2008). The therapist engages with the child through their play language, accompanies emotional experiences, and, when necessary, suggests grief-themed games or book readings that caregivers can implement at home (VanFleet et al. 2010).

Research shows that play therapy reduces anxiety, withdrawal, and behavioral problems in children (Saladino et al. 2024, Salinas 2021). The effectiveness of these interventions increases when adapted to the child's developmental level and when parents are involved (Turner 2019).

Group play therapy formats have been successfully applied in grief camps and child support groups, with reported benefits such as reduced loneliness and increased emotional expression (Salinas 2021). In this context, play therapy helps children confront their loss symbolically and gradually internalize and accept it. Current evidence supports play therapy as an effective intervention for alleviating psychological distress in grieving children.

Cognitive-Behavioral Therapy (CBT) for Childhood Grief

Cognitive-Behavioral Therapy (CBT) draws upon cognitive theory (identifying and restructuring distorted thoughts) and learning theory (introducing healthy coping behaviors and gradually reducing avoidance responses) (Cohen and Mannarino 2019, Türkçapar 2020). The theoretical basis of CBT posits that maladaptive grief responses—such as excessive guilt, traumatic flashbacks, or avoidance—are maintained by dysfunctional cognitions and behaviors (Cohen et al. 2006). This model offers a structured intervention adapted for grieving children—especially older children and adolescents who are capable of articulating their thoughts and feelings (Mannarino et al. 2012).

CBT aims to modify grief-related dysfunctional cognitive structures and behaviors through thought restructuring, emotion regulation skills, and gradual exposure techniques. During therapy, children reevaluate guilt or catastrophizing thoughts related to the death and develop healthy coping strategies. For instance, a child may believe they are responsible for a sibling's death ("I was mad at them, so it's my fault"), or believe that thinking about their deceased parent will lead to bad events ("If I think of her, something will happen"). CBT helps replace such catastrophic beliefs with more realistic and compassionate thoughts—for example, understanding that the death was not their fault or that living a meaningful life is not a betrayal to the deceased (Mannarino et al. 2012).

CBT is typically delivered using a guided, trauma- and grief-focused therapy protocol. The key components of this protocol include the following (Boelen et al. 2021):

1. **Psychoeducation about Grief:** Educates the child and caregiver about universal emotional responses to grief and distinguishes between healthy and problematic grief reactions.
2. **Emotion Regulation Skills:** Introduces techniques such as relaxation, deep breathing, and mindfulness practices to help children cope with waves of sadness or panic.
3. **Cognitive Restructuring:** Helps children identify guilt, anger, or self-blaming thoughts related to the loss and replace them with more realistic and supportive cognitions.
4. **Gradual Exposure:** Supports children in facing avoided memories or stimuli associated with traumatic grief in a slow and controlled manner (e.g., constructing a detailed narrative of the loss or making a guided visit to the place where the loved one passed away).
5. **Meaning-Making and Closure Activities:** Engages children in tasks such as writing a farewell letter or creating a memory project to reduce feelings of incompleteness and prevent repetitive intrusive thoughts.

This approach can be developmentally adapted for children aged 7–18. While concrete techniques such as drawing and play are used with younger children, older children and adolescents engage in abstract cognitive work, including journaling and expressive writing. Parents are often involved in select sessions to enhance in-home support systems (Cohen and Mannarino 2019).

The effectiveness of CBT has been documented in numerous randomized controlled trials. For instance, the Grief-Help program has demonstrated superiority over supportive counseling in reducing symptoms of prolonged grief (Boelen et al. 2021). Similarly, a randomized trial of trauma-focused cognitive behavioral therapy (TF-CBT) with children who lost a parent in the 9/11 terrorist attacks found that both TF-CBT and client-centered therapy reduced children's trauma and grief symptoms, though TF-CBT produced greater improvements in parents' mental health (Brown et al. 2019). Notably, CBT-based interventions have been successfully adapted to different cultures and settings—for example, school counselors trained in trauma-

grief CBT achieved significant reductions in PTSD and grief symptoms among war-orphaned children in resource-limited countries (Kendall et al. 2021).

Family-Based Grief Interventions

Family-based approaches acknowledge that a child's grief process is shaped within the family system (Sandler et al. 2023). The coping styles and communication patterns of surviving family members following the death of a parent or sibling can either mitigate or exacerbate a child's grief responses (Haine et al. 2008, Kaplow et al. 2010, Vlierberghe et al. 2023). These approaches are grounded in family systems theory (the family as an interconnected emotional unit) and attachment theory (the child's need for a stable caregiver to feel secure in the face of loss) (Bowlby 1980, Kissane and Hooghe 2011).

Particularly for younger children, the ability to understand death and learn coping skills requires the presence of caregivers who can support them in developmentally appropriate ways (Worden 1996). As such, many family-based interventions focus on enhancing the mental health and parenting skills of the surviving parent (Sandler et al. 2023). A systematic review found that grief programs with a parent component enabled caregivers to provide stronger support to their children (Schoenfelder et al. 2015).

The family is not only the context in which a child grieves—it also functions as a powerful agent of healing (Stroebe and Schut 1999). Family-based interventions frequently incorporate the Dual Process Model (oscillation between loss-oriented and restoration-oriented activities) and the Continuing Bonds framework (maintaining healthy emotional connections with the deceased) (Klass et al. 1996, Stroebe and Schut 2001).

These interventions can be adapted for all childhood stages by involving caregivers (Kaplow and Layne 2014). For instance, a preschool-age child may benefit indirectly when a therapist guides the parent in creating routines or managing separation anxiety (Worden 1996). School-age children and adolescents can also benefit from family sessions, although the format varies by age. Younger children may engage in drawing or play-based activities with their caregivers, whereas older children may prefer verbal sharing or family discussions (Sandler et al. 2016). The key principle is tailoring the intervention to the family's developmental stage (Schoenfelder et al. 2015).

One notable example of such an intervention is the Family Bereavement Program (FBP)—a structured 12-session group program for parentally bereaved children and their surviving parents (Sandler et al. 2023). The program includes separate groups for parents and children, where caregivers receive support on grief coping, effective parenting, and communication, while children develop age-appropriate skills such as emotion identification, managing guilt and anger, and memory sharing. Some sessions include joint activities for children and parents, such as memory projects or family problem-solving exercises. Research has shown that FBP participants report improvements in positive parenting, compassion, grief-related communication, and mental health in caregivers, as well as reductions in children's distress and traumatic grief symptoms. In a 15-year follow-up study, individuals who participated in FBP as children had significantly lower rates of major depression in adulthood (Sandler et al. 2023). Another longitudinal study by the same team showed that rates of suicidal ideation and attempts were halved in adolescence and early adulthood among FBP participants compared to those who did not receive the intervention (Sandler et al. 2016).

A systematic review of 17 studies conducted between 1985–2015 found that brief family interventions can prevent the development of traumatic grief, depression, and behavioral problems (Bergman et al. 2017). These studies reported that joint sessions with children and parents led to positive outcomes across two generations. In traumatic contexts (e.g., disaster- or terrorism-related loss), including caregivers in treatment was associated with greater reductions in children's PTSD and grief symptoms (Brown et al. 2019). The common theme across these findings is that a supportive home environment plays a critical role in the child's healing process.

School-Based Interventions

Schools represent a central part of children's daily lives and thus provide a suitable setting for grief interventions. School-based interventions enable grieving students to access support within their daily environment, which is particularly important for those who may not have access to counseling services (Khatkar 2024).

These interventions comprise multiple components, including psychoeducational sessions, grief support groups, crisis intervention teams, and teacher training (Schneider and McCune 2001, Linder et al. 2024). Age-appropriate interventions are structured differently across developmental stages—storytelling and art activities for younger students, creative projects for middle schoolers, and discussion-based group work for high school students. Schools also support the grieving process through tools such as memory walls, tribute projects, and informational letters to families. These practices serve not only therapeutic purposes but also preventive functions (Linder et al. 2024).

Types of school-based interventions include curriculum-based psychoeducation, individual or group counseling, and crisis intervention teams (Linder et al. 2022). Classroom-based psychoeducational sessions teach about the natural responses to grief, ways to express emotions, and how to support grieving peers (Kentor and Kaplow 2020). In the case of sudden deaths, crisis intervention teams provide short-term group support to affected students (Schneider and McCune 2001).

Research on effectiveness shows that well-designed school-based grief programs can reduce students' levels of anxiety, depression, and loneliness, while increasing their perceived social support (Kentor and Kaplow 2020, Linder et al. 2024). For instance, Linder and colleagues (2024) reported that students participating in an eight-week grief group experienced reductions in grief responses and emotion regulation difficulties, as well as increases in perceived social support. The program had a 76% completion rate, indicating its acceptability even among high school students (Linder et al. 2022). Other studies have observed reductions in anxiety and depressive symptoms, improvements in self-esteem, and better classroom behavior (Abuhegazy and Elkeshishi 2017, Kentor and Kaplow 2020). In another school-based study targeting bereaved refugee students, a 14-session group counseling intervention led to statistically significant differences between the experimental and control groups in reducing guilt and prolonged grief levels and in enhancing psychological resilience (Alkhazaleh et al. 2023). These findings underscore the value of embedding support within the school environment to directly reduce negative outcomes (Schneider and McCune 2001).

In other words, a competent and effective school counselor can help grieving individuals strengthen their psychological resilience and adopt a more constructive perspective on their experiences through developmental, preventive, and therapeutic interventions (Alkhazaleh et al. 2023).

Furthermore, identifying at-risk students through early intervention and referring them to specialized support may prevent the onset of more severe mental health issues later in life (Kentor and Kaplow 2020). In this regard, school-based programs not only serve an intervention function but also fulfill a preventive role (Linder et al. 2024).

Grief Camps

Grief camps are typically structured as short-term, intensive support programs lasting 1 to 3 days over a weekend. These camps integrate the recreational and friendship-focused atmosphere of traditional summer camps with therapeutic grief activities. Designed for children and adolescents who have lost a close loved one, these camps are often organized by hospices, grief centers, or community-based bereavement organizations.

The theoretical foundation of grief camps is rooted in experiential therapy and therapeutic recreation. Participation in camp activities (e.g., sports, play, art) helps children reconnect with joy and peer relationships, while grief-specific workshops provide a safe space to process their loss. Typically held in

semi-isolated environments such as nature-based settings, these camps allow children to step away from their daily grief routines and focus on healing within a supportive atmosphere.

Many grief camps are guided by narrative and ritual-based grief therapy principles. Participants are offered opportunities to share their stories and remember their loved ones in creative ways. Children are grouped by age into "buddies" or cabin mates, and each pair or trio is assigned a volunteer counselor to ensure individual support.

Activities commonly implemented in grief camps include:

1. **Group Therapy Circles:** Daily small group sessions led by grief specialists allow children to express their emotions. Activities are age-appropriate, such as emotion bingo or puppet shows for younger children and discussion circles for adolescents.
2. **Memorial Rituals:** Ceremonies help participants honor lost loved ones—examples include candlelight vigils, floating messages on a lake, or sending letters via balloons, facilitating emotional expression.
3. **Creative Arts and Play:** Children engage in therapeutic art activities like painting memory stones or printing photos of the deceased on T-shirts. Music, drama, and skits are also used. Physical challenges (e.g., climbing walls, rope courses, hikes) help boost confidence and promote resilience.
4. **Peer Bonds and Commemoration:** Informal moments (e.g., around campfires, at meals, in cabins) allow for emotional connection among peers with shared experiences. Camps often conclude with a closing ceremony featuring slideshows and poetry themed around hope.

Developmentally, grief camps typically target children aged six through adolescence. Activities for younger children are shorter, simpler, include frequent play breaks, and receive intensive staff support. Some camps offer parallel programs for accompanying parents or operate only during daytime hours for younger participants.

Elementary-aged children generally engage voluntarily and find normalization through shared grief experiences. Adolescents may initially show more emotional distance, which is addressed by offering teen-specific cabins, advanced workshops, and leadership roles—e.g., leading memorial ceremonies or mentoring younger campers.

Grief camps emphasize cultural and individual sensitivity, welcoming children who have experienced all types of loss (illness, accident, suicide, homicide, etc.) and fostering an inclusive environment where all stories are heard with respect. Many camps also provide simultaneous programs for caregivers, supporting the family system as a whole.

Research supports the effectiveness of grief camps. In a systematic review conducted by Chi et al. (2025), 31 grief camp studies were analyzed, revealing that camps contribute positively to grief responses and psychosocial functioning. Participants reported reduced isolation and grief distress and increased self-esteem and coping skills, based on pre- and post-camp assessments.

Saltzman et al. (2017) conducted a quantitative study in which children who attended a weekend grief camp exhibited significant reductions in traumatic grief symptoms and behavioral problems compared to a control group at a three-month follow-up. While no notable change was found in the core grief emotion of "sadness," marked improvements were observed in complex grief components such as guilt, fear, and social adjustment.

Evaluations of large-scale grief camps like Camp Erin indicate that participants reported feeling more hopeful and understood. These positive effects reportedly persisted after the camp experience. Feedback highlighted that children found the camps beneficial and acceptable, with most participants expressing a desire to return or maintain contact with their camp peers.

From a developmental perspective, improvements in emotional expression and separation anxiety were observed in younger children, while adolescents showed decreases in loneliness and increased peer

connection. These findings underscore the effectiveness of developmentally responsive grief camp programming.

Although stronger experimental designs are still needed, current scientific evidence and clinical experience support grief camps as an effective short-term intervention. By combining intensive group work, creative activities, and peer bonding, these camps provide a safe and supportive space for children to process their grief. Many camps also offer families referrals for ongoing counseling, thereby serving as a bridge to further support. In conclusion, grief camps represent a developmentally appropriate and psychosocially supportive intervention model that holds significant promise for children who have experienced loss.

Conclusion

Parental loss is a traumatic experience that generates profound psychosocial consequences in a child's life. For children, who rely on secure attachment relationships throughout their developmental trajectory, such a loss can leave lasting emotional, cognitive, and social effects (Bowlby 1980, Luecken 2008, Worden 2008). Within this context, the need for developmentally appropriate, multidimensional, and systematic interventions during the grief process becomes clearly evident (Stroebe and Schut 2001, Kaplow et al. 2012).

This study comprehensively examines the emotional, cognitive, and social effects of childhood parental bereavement and presents the effectiveness of various approaches, including play therapy, cognitive-behavioral therapy, family-based interventions, school-based programs, and grief camps. Findings highlight both the short-term mental health benefits and the long-term preventive potential against chronic grief symptoms (Christ et al. 2002, Brown et al. 2019, Sandler et al. 2023).

From the perspective of the field of guidance and psychological counseling, this study carries significance in three respects. First, it offers a comprehensive framework for school counselors to identify the needs of students experiencing parental loss and to develop intervention strategies (Linder et al. 2024). Second, it emphasizes the central role of counseling services in enhancing resilience through trauma-informed support and psychoeducation (Alkhazaleh et al. 2023). Third, it highlights the necessity of collaborative efforts among counselors, families, and teachers to foster an environment conducive to the child's healing (Schoenfelder et al. 2015, Kentor and Kaplow 2020).

Extant literature has consistently demonstrated that parental loss has significant effects on emotional regulation, anxiety, depression, academic performance, and social relationships (Melhem et al. 2008, Appel et al. 2019). Furthermore, failure to access support during the psychosocial adjustment process increases the risk of future psychopathology (Stroebe et al. 2005, Simbi et al. 2020). These findings underscore the critical importance of early intervention and individualized support programs in the grief process.

In conclusion, the development of age-appropriate, evidence-based, and holistic intervention models for childhood grief is not only an ethical responsibility for counselors, psychologists, and educators but also a fundamental necessity for promoting long-term psychological well-being in bereaved children.

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Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Ethical Approval: This review study does not require ethical clearance.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.