Complicated grief in a two-and-a-half-year-old child

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ABSTRACT

The concept of "absence of grief" in children has been embedded in psychoanalytic literature since its beginning. The clinical phenomenon of grief in a toddler is rarely described or analysed in the psychiatric literature. Early theorists felt that grieving does not occur until adolescence due to a younger child's psychological structure, including poor object-relations development. However, data on grief reaction in preschool children has mostly been under-reported or neglected, especially since most of the studies on childhood grief have been conducted on school-age children. We present a two-and-a-half-year-old girl, whose emotional and behavioural reactions to the loss of her grandfather became a focus of clinical attention. This report shows that even toddlers can mourn for loved ones, although the expression and process of grief differ from that of older children and may occasionally draw clinical attention. Suggestions on how to investigate this phenomenon more closely and how to avoid it in socio-cultural contexts are proposed.

Keywords: bereavement, children, cross-cultural, developmental psychology, grief

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INTRODUCTION

It is commonly believed that infants and toddlers do not experience grief because they cannot intelligently draw, write or verbalise their grief. Psychoanalytic literature has suggested the concept of "absence of grief" in children based on the assumption that children are not capable of tolerating the intense effects of mourning.[1] Early theorists felt that grieving does not occur until school-age due to a younger child's psychological structure, including poor object-relations development.[2] Studies related to the phenomenology of childhood grief have mostly been conducted on school-age children. Data on grief expression in preschool children has been under-reported or neglected, with a subsequent lack of information about the grieving process of children.[3] We report the emotional and behavioural reactions of a two-and-a-half-year-old girl to the death of her grandfather. Our aim is to highlight the clinical phenomenon of grief in a toddler, which has rarely been described or analysed in the paediatric and psychiatric literature, but may be of clinical interest.

CASE REPORT

The patient, a two-and-a-half-year-old girl living in a joint family consisting of her paternal grandparents and their two sons with their respective families, presented with acute behavioural changes in the context of the loss of her paternal grandfather. The family was a traditional Muslim family with middle socioeconomic status. Prior to the presentation, she had no developmental delays and was medically stable. She was the youngest in her family, the other children being her four-year-old brother and a five-year-old cousin (paternal uncle's daughter, whose family also stayed in the same household). The patient was a relatively easy child who engaged well with the other two children and did not have any behavioural difficulties. Being the youngest in the family, she was the most pampered child. She was also very attached to her 65-year-old retired grandfather (paternal), who used to fulfill all her demands, and would proudly declare her to be his favourite grandchild. Her father was a salesman and was away at work during most of the day, while her mother, a homemaker, was often busy with household chores. Like many traditional Indian joint families, the grandparents were closely involved in the upbringing of their grandchildren, including attending to their various personal needs, participating in play activities as well as making crucial child rearing decisions, while the young parents played a passive role, remaining busy with their respectable work. To some extent, the grandparents assumed the parental roles for this child.

Six weeks prior to the consultation, the patient's grandfather passed away after suffering a sudden cardiac arrest. The adults in the grieving family, while coming to terms with their loss, assigned the children's supervision to various relatives during the day while they were busy with the mourning rituals. During the initial two days, the patient appeared confused and surprised to see so many grieving strangers, and asked them for the reason for their crying. She also insisted on being with her grandfather

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during this time. However, she was neither allowed to see the deceased nor attend the funeral rituals, according to the social customs. The relatives, especially the grandmother, consoled her by saying that he had gone for a pilgrimage to Hajj (Holy Islamic pilgrimage to Mecca, Saudi Arabia) and would return shortly, but the child persisted with her endless queries about him. After two to three days, she started making gestures as if she was talking to her grandfather on the telephone. She would hang up after ten to fifteen minutes and then explain that he was sleeping and was not in a mood to talk to her. At other times, at the mention of her grandfather, she would either say that he had gone on a long Hajj trip or was in deep sleep. She also began reporting seeing the image of her grandfather standing in the doorway calling her name. Initially, she was frightened, but eventually, she started enjoying "its" company and would cry continuously when she did not see his image. She also became cranky, clinging to her grandmother all the time and insisting on sitting on her lap. She would throw tantrums, break toys and throw household items when she did not get her way. She no longer enjoyed her usual activities, such as watching television, or playing with other children, and became totally house-bound. She started wetting her bed despite having achieved bladder control earlier and also developed disorders such as pica, eating lipsticks, soap and paper. Her previously fluent sentences were now riddled with stammer. While sleeping, she would grind her teeth, talk loudly and sometimes wake up screaming. She also started washing her hands frequently, visiting the washbasin repeatedly, despite strong resistance from others. This behaviour was obviously noticeable when compared to the innocent indifference of the other young children in the family.

Considering the seriousness of these behavioural problems, a psychiatric consultation was sought at six weeks. The grandmother, being a significant caregiver (with parents in passive roles as mentioned earlier), was encouraged to explain to the child how her grandfather had passed away. The child's curiosities about the whereabouts of her grandfather were gradually clarified, and she seemed to understand the concept of death as something from which the dead never come back. She was assured that she would be loved and cared for by the rest of the familiy. All the behavioural problems except for the stammering (stable and at a lower intensity) gradually disappeared over a period of four weeks. The family did not maintain a later appointment.

DISCUSSION

The death of a grandparent is the first bereavement a child is likely to face; however, experts in the field of childhood bereavement rarely mention its impact. Within the traditional Indian society, family members usually live together as a joint-family unit, which includes grandparents, parents and children. Grandparents often serve as a major source of encouragement and as special confidantes for their grandchildren. Their ability and willingness to love, help, comfort and shower affection have made grandparents indispensable in the Indian society. Especially in the cultural context of the Asian subcontinent, they are usually the heads of the family and are truly a second set of parents. In general, manifestations of grief are influenced by the importance of the relationship with the deceased, the circumstances around the death, the cultural and religious background, the family support available to the bereaved and the baseline physical and emotional health of the bereaved.[4]

As seen in the present case, preschoolers understand death as a long trip which takes the loved one away forever, or as a form of long sleep. According to Johnson, children have difficulty understanding the permanence of death; hence, they may ask numerous endless questions, and may even regress to earlier stages of development.[5] The child in our case exhibited regressive behaviours because she was too immature to express her emotions verbally when faced with the sudden disappearance of her grandfather, whom she was deeply attached to. In this case, comparing death to a long trip was akin to hiding the truth and falsifying facts, leading to confusion and misunderstandings about its concept, which eventually contributed to her emotional and behavioural problems. This case report suggests that children need to be told more directly about how a deceased will not return and what is being done with the dead body. Funeral ceremonies provide the structure for people of all ages to comfort one another and mourn openly. However, the religious and cultural aspects of death also need to be kept in mind so that there would be consistencies between what the child has been taught and what is actually experienced.

This report shows that even toddlers can mourn for their loved ones, although the expression and process of grief differ from that of older children, and may occasionally require clinical attention. Pre-schoolers have been reported to believe that death is a reversible act and to indulge in imaginary thinking.[3] Clinicians need to be sensitive to this, and it would be best if these issues are identified and treated at the earliest. One such intervention is to identify the primary caregivers, not necessarily the parents, and to engage them in the corrective process.

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