

## DEVELOPMENTAL CRISES AND GLOBAL CRISES: HELPING BEREAVED CHILDREN AND ADOLESCENTS

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Estimates from agencies such as the World Health Organization and UNICEF suggest that global crises including deaths due to terrorism, sectarian war, poverty, and natural disasters have left hundreds of thousands of infants, children, adolescents, and young adults traumatized and grief-stricken over the deaths of their loved ones. Secondary and ambiguous losses also undermine their ability to cope and move beyond mere survival. Understanding the impact of such traumatic grief experiences involves consideration of how normative developmental tasks are disrupted, how children and adolescents process grief, and how intervention may effectively work to promote resilience in those affected by these horrifically negative events. A model of global intervention, emphasizing grief work within an ecological systems framework is outlined with the aim of demonstrating that human resiliency can be nurtured for many of the world's affected youth.

Key words: Grief; Trauma; Human development; Global war; Global violence.

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A group of undergraduate Human Development majors, along with two professors from a U.S. Midwestern university travelled to Slovakia during July 2016. In addition to visiting cities and landmarks in this beautiful Eastern European country, the group prepared to work with one of the most disenfranchised groups of people in Europe, the Roma. Many Roma communities are settlements on the outskirts of cities, where decades of social and economic discrimination have resulted in squalid living conditions fraught with poverty, disease, and lack of educational opportunities. We came with medical and educational supplies and the desire to provide a small measure of help and hope, especially to the children and the adolescents. For the most part we were welcomed with crowds of children who smiled, hugged, and played with us. But one family haunts our memory. As we entered their dirt-floored home, three young children with their older adolescent sister stared at us. There were no smiles, no signs of childhood exuberance; there was just quiet and four pairs of solemn eyes that peered at us from sad, darkened faces. We learned that their mother had died a few months prior to our visit, and the children were now being cared for by their teenage sister, who also appeared grief-stricken. Not wanting to be intrusive, we thanked the bereft family and left. There was no help for the children. No understanding of the unique needs of grieving children and adolescents, no understanding of how to help them cope with their profound loss, no understanding that such deaths bear a psychological stamp on their succeeding developmental tasks of the life span. And as this article is written, thousands of children in the war-ravaged city of Aleppo Syria bear witness to rampant death as their city is taken by Syrian government forces.

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The above scenario is played out countless times across the globe. Children and adolescents are not only grieving their parents who have died from illness, they are bereft from many deaths due to terrorism and war on a massive scale. In 2014, the Institute for Economics and Peace estimated that the number of terrorism-related deaths (mainly concentrated in Afghanistan, Pakistan, Nigeria, and Syria) rose to almost 18,000. Deaths due to homicides have been estimated to number over 400,000 in 2012. In addition, UNICEF estimates that 140 million children are orphans and the World Health Organization offers estimates of about 16,000 deaths, daily, of children under the age of 5 (SOS Children's Villages, 2016). The impact of these losses are daunting for surviving children and adolescents — not only have they experienced the deaths of parents, but also siblings, extended family members, and friends. They also suffer from secondary non-death losses, such as disruption in education, loss of home and community and routine. There are also the numerous ambiguous losses that are encountered that involve not knowing where their loved ones are or if they have survived a treacherous migration or abduction (Boss, 1999).

Given the above statistics, it is imperative to consider the psychological impact of such global traumatic loss on vast numbers of youth. The purpose of this article is to describe the unique processes of childhood and adolescent grief, and how their natural resilience may be harnessed through carefully crafted intervention programs so that a global generation is not lost to the consequences of global war, terror, poverty, and neglect. The elements of this discussion will then conclude in an integrative model that suggests how psychotherapeutic intervention, including grief counseling, is necessary to promote resilience in children and adolescents.

We begin with a discussion of how normative developmental tasks for children and adolescents are disrupted and modified by bereavement due to deaths that are not necessarily related to global conflict. In a following section, traumatic losses and their sequelae for these age groups will be discussed. Following are recommendations for mental health intervention. Unfortunately, most of this literature stems from a Western perspective, so it is important to consider the cultural context. To set the stage for this discussion, we will introduce the perspective of developmental systems theory as exemplified by the work of Bronfenbrenner, Lerner, and other developmental theorists (Lerner, Theokas, & Bobek, 2005). They have constructed several core principles that represent the most significant concepts underlying the cultural and historical context of human development. The first notion is that developmental processes occur within a larger temporal progression of historical embeddedness such that the events which occur across time influence personal development. Second, researchers must recognize that interindividual and intraindividual differences result in diverse developmental pathways. A third feature of such models is the emphasis on multiple levels of context, involving interactions among families, peer groups, schools, and communities. The fourth principle is to focus on issues of primary prevention and the optimization of healthy developmental trajectories, rather than to devote major attention to deficits and remediation. These four principles provide an overall conceptual framework for the current work.

#### NORMATIVE DEVELOPMENTAL TASKS OF CHILDHOOD AND ADOLESCENCE

Erikson (1968) conceptualized the life span as a series of psychosocial issues and tasks that confront individuals from birth until death. These issues (or “crises”) appear throughout the life span, but one issue takes on a particular salience, for example trust during infancy, at each

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major developmental phase. The crises are often viewed as having a positive or negative resolution, which can be reworked during later phases. As Erikson insightfully noted, these developmental tasks are embedded within cultural context, so that the entry into adulthood and the tasks associated with childhood and adult life will vary with social structure. Thus, during infancy, the major developmental task is to develop a sense of trust and security, which emerges out of the regularity or sensitive caregiving during the first two years of life as part of the attachment system (Bowlby, 1969). Toddlerhood represents the quest for autonomy and self-control, whereas during the preschool years, psychological adjustment is fostered by a sense of initiative, involving trying new activities, developing skills and social competence, and celebrating what one can do in ever widening circles of relationships. During schooling, children's mastery of academic tasks and peer interactions serve to encourage a sense of competent performance in the "work" of childhood (i.e., school) and those to come in adulthood. Erikson gave special attention to adolescence, where he believed that the child's sense of identity and uniqueness of self is crystallized. With such understanding of the self, the adolescent grows into an adult who is capable of true intimacy and meaningful work. More recently, Arnett (2011) proposed that contemporary young adults of developed nations, in the age range of approximately 18-24 years, are delaying marriage, extending their education, and really experiencing a transition between adolescence and mature adulthood. These "emerging adults" are the ones who truly are in a period of identity formation, transition, and necessary self-focus. In developing nations, such young adults may try to form a sort of "hybrid identity" wherein their striving for independence is integrated with a strong sense of family obligations (Cupit & Servaty-Seib, 2013). The Eriksonian framework, therefore, juxtaposed within the ecological context of development, emphasizes that in all cultures, developing strong relationships, mastering cultural tasks as deemed appropriate by schooling, preparing to nurture future generations and one's community, and contributing via meaningful work are our heritage of humanity. How are these developmental tasks and processes affected by loss and grief? The next section presents what is known about grief during childhood, adolescence, and now emerging adulthood.

#### A DEVELOPMENTAL UNDERSTANDING OF GRIEF AND BEREAVEMENT

##### Grief and Bereavement: Reactions to Loss

Much has been written about the human experience of loss. Grief, or the emotional response to loss (bereavement), entails psychological, biological, spiritual, and social responses (DeSpelder & Stricklund, 2015). Rather than occurring in stages, the progression of grief is highly variable, and dependent upon personal, social, and cultural factors. Across many cultures, grieverers are viewed as different from the nonbereaved. And with time, "typical" grief reactions diminish as the experience is processed on a cognitive and social-emotional level (DeSpelder & Stricklund, 2015). Common to theories and research on the process of grief are the need to accept the reality of the death(s), experience the pain associated with the loss, adapt to a new world without the loved one(s), and yet maintain symbolic and emotional connections to the deceased (Worden, 2014). Important tasks for all grieverers are to construct a culturally relevant narrative making sense of the loss (Neimeyer, 2011). Involved in such meaning reconstruction is the need

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to develop a new model of their understanding of how the world is and is to be — a new assumptive model of their respective lives (Rando, 2003).

### Grief and Bereavement: Developmental Processes

Children and adolescents, of course, must marry their grief with their developmental processes. No matter what their culture or ethnicity, children must master the meaning of death — it is one of the ultimate conceptual, emotional, and spiritual puzzles that is constantly modified and revisited during the life span. Much of the learning is experiential and informal. In a classic study of the thanatological literature, Maria Nagy (1948) suggests that children initially perceive death to be a transitory, reversible phase where the dead exhibit limited life functions. During a second phase, death is perceived as a person such as a “bogeyman,” or monster who may be outsmarted by being a fast runner or a clever out-witter. Finally, toward childhood’s end, a “mature” concept of death evolves, which involves a consensual agreement amongst adults of a particular culture and religious background as to what death means. In the Judeo-Christian traditions of the Western world, a mature concept of death incorporates the principles of universality, inevitability, nonfunctionality, and noncorporeal continuation (separation of body and soul, with the soul continuing on). During these developing conceptualizations of death, a major source of knowledge may be gleaned from the behaviors of adults, both verbal and nonverbal, and from the real and fantastic deaths portrayed in stories, songs, or videos (Wass, 2003). Aside from their modeling of behaviors, adults are a major source of information about death in the ability (or inability) to answer spontaneous questions and offer reassurance to their children about their fears and anxieties. These are known as “teachable moments” (Corr & Corr, 2003), typically arising out of a death-related situation. Many adults are uncomfortable with such discussions, unaware of the developmental differences in death conceptions, and are at a loss as to what words to use to explain death to young children. Stammering through or avoiding such a conversation teaches children much about the taboo nature of death. Referring to death as sleep, or going somewhere afar are misleading, confusing, and ultimately frightening to young children.

Of course the most potent teacher about death is experience (Cupit, 2013). Recent work has suggested that an early acquisition of a mature understanding of death occurs when the child has experienced a death of a loved one (Silverman, 2000; Silverman & Kelly, 2009), witnessed a sibling die of a life threatening illness (Bluebond-Langner, 1996), or has lived in an environment rife with death and violence (Barrett & DeSpelder, 1997). Unfortunately, in many areas throughout the world, children are quickly reminded of how easily one can die from heinous slaughters, natural calamities, or rampant disease such as HIV/AIDS (Richter, Somai, Zuma, & Ramsoomar, 2008).

As in the opening vignette, children often are the “forgotten grievers.” Many adults do not recognize the signs of childhood grief, nor acknowledge that their grief resonates with their conceptual understanding and psychosocial developmental tasks as outlined by Erikson (1968). Thus, childhood grief is not just a variation of adult grief (Oltjenbruns, 2013). The literature concurs that grieving children frequently manifest regressive behavior (e.g., bedwetting, thumb sucking), intense anxiety over losing another loved one and abandonment, insecurity about future events, and feelings of unworthiness. Older children may lash out with anger, experience health

problems, and perform poorly in school. They may have difficulty with peers and continue to suffer from poor self-esteem. Common to childhood bereavement is the belief that somehow the death was caused by the child him or herself. Because conversations between adults and children about the real cause of death frequently are absent, or mental health grief intervention is not available or perceived as necessary, the feelings of guilt may be long lasting and pervasive even if there is evidence to the contrary.

Of course, adolescents and young adults have a much better understanding of death — a mature concept of death. However, grief and loss also are viewed through the lens of the unique developmental tasks of these phases of the lifespan. In addition to “developmentally appropriate” losses such as the deaths of grandparents and pets, many adolescents and young adults experience grief from the deaths of others due to accidents, suicide, and homicide (Noppe & Noppe, 2009). Citing international data from bodies such as the World Health Organization, Noppe and Noppe (1996) provide evidence that these sudden, unexpected, and tragic deaths are common to this age group across the globe. Some of the causes of death (e.g., suicide, HIV/AIDS, terror induced activity) may also be stigmatized (Cupit & Servaty-Seib, 2013) leading to grief that is disenfranchised (Doka, 1989). Such deaths frequently are with peers, but parents and siblings too can die in this manner. Adolescents, particularly in Western societies, seek emotional separation from their parents and acceptance from their peers. Given the adolescents’ developmental tasks, their sense of vulnerability and invulnerability, it is no wonder that teens are overwhelmed by their intense emotions — they may feel depressed, angry, socially isolated, and fearful of their own futures (Cupit & Kutchta, 2017; Noppe & Noppe, 2009). Their cognitive capabilities often lead to an egocentric perspective regarding their uniqueness. They frequently feel as if they are judged and observed by others all the time (Noppe & Noppe, 1996). They may feel as if they are the only ones to have experienced such a death. Adolescent males, in particular, may work hard to hide their emotions and not communicate their feelings, as they feel the social pressure to be stoic, in control, and “manly” (Doka & Martin, 2010). With this backdrop of cognitive, social, and emotional angst, one can only imagine what adolescents must experience when they find themselves in charge of their younger siblings as seen by the opening scenario of the bereft Roma family. Grieving young adults may have greater emotional and cognitive maturity, but they too face loss of peers, classmates, and co-workers through sudden traumatic death. Research suggests that many seek solace in their spiritual beliefs, and through social support, but there are also a fair number who try hard to hide their grief (Cupit & Servaty-Seib, 2013; Seah & Wilson, 2011).

#### GRIEF AND THE DISRUPTION OF DEVELOPMENTAL TASKS

The many deaths encountered by children, adolescents, and young adults have the potential to disrupt the progression of developmental accomplishments that lead to psychologically integrated individuals who can fully participate in the demands of their culture. Neimeyer and Caciatore (2016) provide a significant conceptual umbrella for understanding this developmental context of bereavement by overlaying ecological systems theory into a developmental “epigenetic framework” of bereavement. They propose that how death and the grief process is negotiated is drawn from the bidirectional influences of one’s biological dispositions (e.g., temperament, psychological and physical vulnerability, and resilience), personal-agent factors such as emotional

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awareness and coping skills, dyadic-relationship factors such as in their social networks, and cultural-linguistic factors (e.g., cultural norms and values about mourning, death, and perspectives on different types of losses). Thus, the way in which grief is experienced or handled involves multiple layers of social and biological systems that change at different points in the life course.

For very young children, a fundamental loss of security and trust, coupled with multiple placements in orphanages, foster homes and families, may disrupt their ability to form enduring attachments with others. Older children may not be able to concentrate in school, establish strong peer relationships, or want to try new activities and experiences that can lead to a successful future. Erikson (1968) suggested that adolescents who have a negative outcome to their developmental tasks are confused about who they are or how they will fit into the impending demands of adult life. And for young adults, the formation of an adult identity, which includes intimate relationships, continued education, and meaningful work, may be affected by a profound sense of loss, fear of what the future holds, and apathy in becoming a contributing member of their community. Bereft adolescents and young adults, who fail to have a sense of meaningful purpose, may be especially lured to the exciting community that is offered by terrorist organizations and warring groups. There is no data as to how prior losses play into the allure of violent factions, but these groups may provide a perfect outlet for young people who feel abandoned, socially isolated, rootless, and disenfranchised via death, secondary losses (such as loss of homeland) and ambiguous losses of their loved ones. For those young adults who have tried to develop their futures by extending their education in the midst of conflict and sectarian violence, the disruption of their education and future plans — either from the closing of schools, or forced evacuation coupled with their exposure to rampant death and loss of their loved ones, classmates, and teachers — also renders them vulnerable to traumatic grief (Cupit & Servaty-Seib, 2013).

#### GLOBAL CRISES AND GRIEF

The World Health Organization (2016) claims that about 191 million people died as a result of conflict during the 20th century, making it one of the most violent in recorded human history. In addition to direct killings where scores of vulnerable civilians are targeted, many die because of injuries, increases in communicable diseases and lack of preventative health services. The destruction of a social infrastructure creates secondary adversities, such as lack of food and clean water, abuse and family discord (Drury & Williams, 2012) potentially increasing the death rate for a particular population. The lives of infants and refugees are particularly at risk. For children and adults who manage to survive such horrific circumstances, suppressed immune systems shorten their life expectancies, neural impairment may affect their executive functioning, and they are at risk for depression, anxiety, drug abuse, suicide, and posttraumatic stress disorder (PTSD; World Health Organization, 2016). PTSD may be comorbid with other psychological disturbances. For example, PTSD be accompanied by traumatic or complicated grief, that is, difficult to recover from without adequate mental health intervention. According to Rando (2003), six factors may contribute to a traumatic grief reaction: (a) sudden and unanticipated death, (b) violence and destruction, (c) a perception either of preventability or events being random, (d) loss of a child, (e) multiple deaths, and (f) experiencing death within a context of a threat to one's sur-

vival in appallingly violent situations. It is easy to see that such experiences are continuously played out in areas of the world consumed by violence and sectarian warfare.

An increasing body of evidence documents some of the developmental outcomes of these dismal global situations. However, the research does not explicitly study these outcomes in terms of childhood grief responses and most of the research on child and adolescent grief is conducted within contexts of political and community stability. In many countries where conflict has led to widespread devastation, a number of children are imprisoned, abused, starved, humiliated, and traumatized (Jabbar & Zaza 2014; Morgos, Worden, & Gupta, 2008). The use of juveniles to maintain the front lines is a tactic that war leaders find useful because child-soldiers are easy to manipulate and frighten into compliance (Blum & Nelson-Mmari, 2004). The many traumatic, terrifying experiences that befall so many children in such circumstances are comorbid with seeing the deaths of loved ones and acquaintances as well as fear for one's own life. Without mental health intervention with an emphasis on treating grief, that is, sensitive to developmental needs, children may face a future of psychological damage. Research into the responses to grief and bereavement note the phenomenon of "bereavement overload," a reference to the experience of simultaneous losses or losses that occur in such rapid succession that normal grief processes cannot take their course of time before another death is experienced. It is "an overwhelming fog of grief that leaves the survivor with a sense of unreality and helplessness" (Neimeyer, 2016, p. 153).

Feldman, Vengrober, Eidelman-Rothman, and Zagoory-Sharon (2013) were particularly interested in the reactions of infants and young children residing in an area of recurrent political violence. They were able to study a large cohort of young children who were living in the Gaza region of Israel — a region that is continuously subjected to episodes of violence and repeated mortar shelling resulting in frequent casualties. In addition to behavioral assessments of the children and assessments of maternal functioning, the researchers obtained biological markers of stress responses from the children and their mothers in the form of cortisol assays. Not surprisingly, in comparison to infants and children from a more politically stable area of Israel, the exposed children showed higher hormonal stress responses and negative emotional reactions. The researchers also found greater evidence of PTSD in mothers in the war zones, higher stress levels, and poorer reciprocity in social interactions with their infants. What has not been done in such research is an analysis of how these reactions are linked to enduring traumatic losses due to death.

Many of the youngest victims of global violence, particularly in the aftermath of the Arab Spring in the Middle East, are grief-stricken as their family and community members are killed. Their grief reactions are amplified by the disruption in their education, as well as the loss of their communities. Children and their families may end up in refugee camps, their futures uncertain, their living conditions rife with poverty, violence, and disease. For some particularly unfortunate children and adolescents, their woes are compounded by natural disasters such as floods, drought, and earthquakes. These complex situations are prone to increases in mortality rates, especially for children (Moss et al., 2006). Without a stable political infrastructure or community support, relief is minimal. Even when relief agencies such as Doctors Without Borders are willing to offer their help, the conditions might be too dangerous for them to proceed. The reactions of the children to such situations can include nightmares, panic attacks, sleep disturbances, debilitating anxiety, and anger leading to violence toward others, including family members, as well as suicidal cognitions (Jabbar & Zaza, 2014). Ironically, one of the most helpful and simple interventions for such traumatically bereft children and adolescents is play. Observers of children in areas of war-torn

strife and refugee camps note that lack of peer socialization, safe places for recreation, and opportunities to play can have a lasting negative impact on children (Jabbar & Zaza, 2014).

Unfortunately, war, cultural prohibitions, and international bureaucratic difficulties make research on the long-term consequences of these traumatic death experiences difficult to conduct. In addition, most of this longitudinal research is concentrated on wealthier nations (Jabbar & Zaza, 2014). Some of the few studies that have been published indicate that many children do not easily overcome their early traumatic encounters (Halevi, Djalovski, Vengrober, & Feldman, 2016). The research of Werner (2012) indicates that these persistent harms of war are partially due to the threats and deaths of children's family members. Such findings led Akbulut-Yuksel (2014) to invoke a cautionary plea that without intervention and policies to help the young victims of war, negative outcomes are persistent and considerable. Masten and Narayan (2012) warn that psychosocial risk for poor developmental outcomes is dose-dependent, that is, a "cascade" of adversity taxes and may compromise the inoculating processes of resilience. It is difficult to tease apart what psychological and behavioral outcomes are due to exposure to violence, nondeath losses, physical deprivation and abuse, and the profound grief children experience when their loved ones die. What these children and adolescents bear must be viewed as an organic system. What we are arguing for here is that interventions include developmentally appropriate treatment that specifically targets their grief.

#### RESILIENCE AND INTERVENTION: OFFERING HOPE FOR THE FUTURE OF CHILDREN AND ADOLESCENTS

##### Developmental Resilience: The Propensity to Endure

Against this backdrop of profound loss and grief due to crises across the globe, there is a tenacity of the human spirit. Neimeyer's (2016) epigenetic framework of grief lists *resilience* — the ability to endure and manifest positive outcomes in the face of overwhelming adversity — as one of the important factors that contributes to effective coping with grief. What would resilience look like from a developmental perspective? It is here that the Eriksonian tasks outlined above are highlighted. Developmental resilience in the face of significant adversity may well be the ability to maintain a sense of trust, autonomy, and initiative in circumstances where these abilities are potentially comprised. Mastering one's environment and those learning skills that ultimately will lead to an adult life beyond just survival, and developing a sense of meaning of the self (as defined by one's culture), including looking to a future of intimacy and work, would also be the hallmarks of developmental resilience. It is also important to recognize that throughout development certain events at particular times, or sensitive periods, can be particularly influential in terms of exacerbating biological and social/psychological responses or promoting resilience (Masten & Narayan, 2012).

The construct of resilience has a long empirical history, but perhaps one of the best-known prospective longitudinal studies of childhood resilience comes from the work of Werner (1989). For over 30 years, Werner and her colleagues have studied the entire 1954 cohort who grew up on the Hawaiian island of Kauai. The goals of their study was to examine the long-term consequences of prenatal and perinatal stress, as well as the outcomes of negative family experiences during childhood (e.g., poverty, family discord and substance abuse, mental illness, and

lack of education). Early loss of loved ones was not included in the analyses but family functioning was. These researchers followed 201 children who were determined to be at-risk for developmental problems. Out of this group, Werner identified 70 individuals who grew into successful adulthood — in the Eriksonian scheme, they were able to maintain stable and mature relationships, a strong work history, and productive satisfying lives. A number of factors were identified that were seen to promote such resilience: personality characteristics such as positive mood and sociability that encouraged positive social interactions from peers and family, a desire to explore outside interests and hobbies, and most importantly, the availability of a “special” person, or attachment figure who could offer unconditional regard. The significance of an attachment figure is not lost on attachment theorists such as Bowlby (1980) or Noppe (2000), who consider grief to be a dimension of the attachment system. Finding support in community organizations, school, and faith-based groups also played into the development of resilience.

In the study of war-exposed Israeli children living in Gaza (Feldman et al., 2013), discussed in the preceding section “Global Crises and Grief,” resilience to the consequences of adverse circumstances was also found — there were mother-child pairs who seemed to be functioning fairly well, perhaps as a result of their personal and social sources of resilience. They were differentiated from those showing symptoms of PTSD with higher levels of neurological reactivity (an adaptive vigilance of a hostile environment) as well as the mother’s ability to be attentive to her children’s approaches to her. Thus, temperamental factors with high material reciprocity were adaptive buffers in such stressful conditions.

Similar findings have been reported by Masten (2001), whose extensive research on childhood resilience points to its commonplace nature, that is, resilience is *normative* whereas the breakdown of positive developmental outcomes is atypical. Along these lines, Tedeschi and Calhoun (2004) provide evidence that many individuals, in the face of adversity and death, experience positive outcomes, or “posttraumatic growth.” Finally, Bonanno (2009) has written extensively about resilience in the face of death. His work in the long-term consequences of grief and loss find that the ability to do well in the face of death is fairly common. Bonanno claims that humans are biologically predisposed to withstand grief and psychologically built to ultimately create an optimistic and flexible focus to cope with death. People also have constructed cultural rituals, meaning making constructs, and support systems to aid in the human negotiation of the grief journey. Bonanno states that resilience is found in “. . . children exposed to extreme events that are likely to result in psychological trauma, such as natural disasters, serious accidents, abuse, assault or the violent death of a loved one” (p. 52). This is not to suggest that bereaved children and adults do not experience overwhelming sadness and emotional pain, but for most, the full gamut of emotions also include positive growth within a recalculation of one’s perspective on life. Grief and human resilience are part of the same human processes of incorporating loss. And perhaps in keeping with this approach, Barber (2013) claims that children who live in times of political discord do not necessarily end up dysfunctional and broken. Rather than resilience being a remarkable emergence out of violent strife, it seems as if this is the way most youth are capable of making a positive adaptation to these adverse circumstances. Relationships, families, peers, communities, and cultural values can help children traumatized and bereft by conflict and disaster eventually recover and adapt (Masten & Narayan, 2012). What appears to make a significant difference as to whether resilient behavior emerges is the extent to which individuals from a particular culture are able to find meaning, purpose, and psychological coherence to the

adverse circumstances (Barber, 2013). Not surprisingly, these factors correspond to the multiple layers of ecological context of development as well as to the epigenetic framework that explains coping with grief and loss.

### Addressing Grief and Resilience through the Power of Intervention: A Hypothetical Model

This article opened with a sorry vignette of a grief-stricken Roma family. Haunted by the sad visage of the children and their teenaged sister living in extreme poverty, it is easy to lose sight of the fact that they also are a part of a closely-knit community with fierce pride in their cultural heritage and traditions. That social support can go a long way in overcoming their loss so that the children can continue on to master the developmental tasks appropriate to their culture. With effective intervention, many of the children, adolescents, and young adults whose lives have been interrupted and marred by the horrific events in many parts of the world can be helped.

Figure 1 depicts an intervention plan that takes into account the bidirectional nature of developmental tasks and the epigenetic framework of grief. Recovery from grief and loss is possible for the affected youth, provided that intervention takes into consideration phases of development, the factors involved in the deaths that overwhelm children and their families with grief and traumatic grief, and the ecological settings where this all happens. The goal of intervention would be to foster children and adolescents' natural inclination for resilience. Encircling the resilience therefore, are all of the significant components that may either promote or hinder resilience

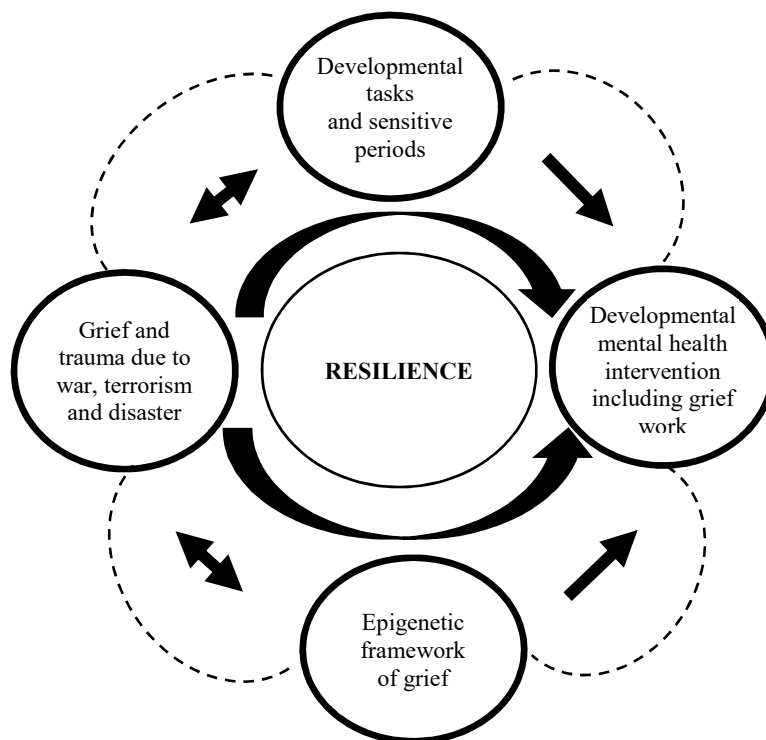


FIGURE 1  
A developmental model fostering resilience to crises-related trauma and grief.

and continued physical, emotional, and cognitive growth. Those who are especially at risk will be particularly in need of direct mental health intervention. The following model is inspired by the epigenetic framework of bereavement of Neimeyer and Cacciatore (2016) and forms an important component of awareness of what is needed to promote coping and psychological fortitude. Their developmental explanation of how grief is managed integrates biological, executive functioning (i.e., personal agency), relationship, and cultural factors. Understanding what is expected of children and adolescents as they develop within a particular cultural context also must be part of the baseplate of the promotion of resilience (the developmental tasks component). Recognition of the grief and traumatic grief, that is, an outgrowth of global crises, is also a core aspect of what becomes the fourth component of this resilience model, which is mental health intervention that emphasizes dealing directly with the bereavement and grief of so many children and adolescents trapped in terrible circumstances.

Because survival needs are so immediate and tangible, consideration of mental health issues frequently are neglected in aid relief programs and governmental policies (Betancourt, Meyers-Ohki, Charrow, & Toi, 2013). According to Betancourt et al., these programs should focus on fostering a sense of safety, a calm environment in a functional community, and a sense of hope. These goals may help to capture the natural resiliency that many children and adolescents have, as it enables them to work through their profound grief and sense of loss. Masten and Narayan (2012) emphasize that adaptation to trauma is based on dynamic multiple systems of interaction, from the direct dyadic relationships in the family to the influences of community and culture. Betancourt et al. also use an ecological systems framework in their extensive review of the efficacy of war-related interventions for youth. They focus on three levels of intervention, which are prevention (defined by the authors as identification of risk and protective factors before the onset of crises), treatment (defined by the authors as interventions to alleviate the psychological suffering), and maintenance (intervention to prevent recurrence of the distress). Ideally, the above model of resilience should be applied to all three levels of intervention. Not surprisingly, most programs involve only treatment. Few countries (including those grief-stricken from natural disasters), actually have prevention programs in place that consider how to proactively work with risk and protective services should armed conflict or public tragedy occur. With scarce resources it is no surprise that once treatment has taken place, there is little follow-up to reduce potential relapses into traumatic responses.

Cultural context and cultural understandings are imbued in all the components of this resilience model. Across the globe, mass communication and social media are interwoven in the fabric of most societies. Although Masten and Narayan (2012) caution that children can be frightened by repeated images of war and destruction on the media, Betancourt et al. (2013) found that mass media can be helpful in offering suggestions of coping techniques and community support. These programs, frequently aimed at youth, are designed to provide positive messages and hope at times of conflict. Worldwide, adolescents and young adults carry mobile devices and rely on social media for information and social support. In the parts of the world plagued by crises, this may be a very useful form of prevention and maintenance (Cupit & Kuchta, 2017). Treatment may also come in the form of online support groups (Sofka, Cupit, & Gilbert, 2012). Although the physical reunification of families is difficult for many in conflict-ridden areas and for the many refugees who have spread across the globe, virtual connections via online video calling may be a helpful way to maintain those important connections.

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If positive growth can be nourished despite so many contemporary crises of war and devastation across the globe, then it is incumbent upon the therapeutic community to implement evidence-based interventions. It is also imperative that the assessment of symptoms of trauma (including grief) be culturally appropriate. Attention needs to be paid to how the long-term effects of traumatic grief can be abated through effective programs. To date, most of the research on intervention for children in war-affected areas are on school-based interventions, empirically demonstrated to be effective (Masten & Narayan, 2012). Very little empirical follow-up has been done on family-level interventions, but the findings strongly suggest that strengthening the parent-child relationship and reunifying families has significant benefits (Betancourt et al., 2013), findings that are supported by the work on attachment theory and resilience. In addition, one of the most effective treatments involved narrative therapy, where participants were encouraged to construct an autobiography concentrating on traumatic experiences and memories. Narrative therapy in the form of telling one's story has been adapted for adolescents and appears to be effective in reducing trauma-based symptoms. Narrative therapy is a part of the growing interest in using therapies that help individuals in stressful situations (such as coping with death) to make sense out of their experience. The process is known as "meaning-making," a cognitive activity that hopefully results in making coherent sense out of the experience, or "meaning made" (Park, 2010). Although Park demonstrates spotty empirical support of the efficacy of therapies based on meaning making theories, there is enough evidence to suggest that intervention must include culturally and developmentally suitable meaning making to help bereft people of all ages to cope with the perception that the world has gone awry.

#### CONCLUSIONS: HOPE FOR A GRIEVING WORLD

In addition to cataloguing some of the psychosocial havoc that violence, war, terrorism, and disaster has wrought on children's development, discussions of resilience and intervention efforts offer a modicum of hope. It is interesting to note that minimal reference is made to the importance of including grief-related therapy in intervention programs. Grief work must be incorporated at all levels of the ecological system and the epigenetic chart of grief as posited by Neimeyer (2016) serves as a powerful model. As alluded to by Betancourt et al. (2013) and Masten and Narayan (2012), interventions that include play therapy, creative arts, drama and dance, and story-telling can provide safe mediums for children and adolescents to construct a meaningful narrative and physical response to the trauma. Creating culturally relevant rituals can be useful as well. In particular, grief work that encourages continuing bonds (Klass, Silverman, & Nickman, 1996) can serve to maintain continuity in relationships, connections to deceased loved ones, and a sense of place in a chaotic world.

Mental health professionals, as well as paraprofessionals must be educated about dying, death, loss, and bereavement. They must learn about grief therapies (including crisis intervention, grief therapy, and meaning making therapy), theories of grief, recognition of complicated or prolonged grief, and culturally appropriate models that support children and adolescents' journey as they work through their profound sorrow, sense of guilt over survivorship, loss of hope, their sense of meaning and autobiographical coherence, and their emotional reactions to the deaths of so many loved ones. Death education for these clinicians must emphasize that there is not a one-

size-fits-all stage model of grief, that children manifest their grief in not so obvious ways, and that psychotherapeutic interventions can and do work. In sum, the contemporary world reverberates from the grief of children and adolescents who are trapped in violent and dangerous situations. Mental health intervention that recognizes the grief, as well as the developmental and cultural issues of such devastating losses, will take advantage of the natural resiliency and sense of hope that is built into the fabric of all human beings.

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