REVIEW ARTICLE

Grief among the Children and Adolescents during the COVID-19 Pandemic

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ABSTRACT

The COVID-19 pandemic has had a profound impact on the mental health of children and adolescents. Millions of children worldwide have lost loved ones due to COVID-19, making bereavement during childhood one of the most traumatic experiences, often associated with a range of immediate and long-term risks to social, emotional, and physical well-being. This review aims to summarize current evidence on the impact of the COVID-19 pandemic on grief in children. Evidence from the scientific literature indicates that the severity of grief in children is influenced by multiple risk factors, which may contribute to the development of prolonged grief disorder (PGD) among children and adolescents who have lost family members due to COVID-19.

Keywords: Grief, Death, Pandemic, Children, COVID-19.

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INTRODUCTION

The global COVID-19 pandemic profoundly altered individual and societal experiences of death, dying, and grief. Children and adolescents have been among the populations most affected. Pandemic-related disruptions, such as home confinement, prolonged school closures, and limited social interaction with peers significantly interfered with the emotional, social, and cognitive development of young people, leaving lasting impacts on their overall well-being.

Studies have reported heightened anxiety and fear of contracting COVID-19 among children compared to adults, largely due to preventive measures implemented to curb the spread of infection (Pappa et al., 2020). Such measures—including social isolation, school closures, and restricted mobility are likely to increase adolescents' vulnerability to complex trauma (Collin-Vézina et al., 2020; Guessoum et al., 2020). In addition, children face a heightened risk of experiencing multiple and overlapping forms of trauma, such as exposure to inter-parental violence, sexual abuse, and economic hardship (Cénat et al., 2020).

Studies have further indicated that between 20% and 40% of children under the age of 12 experienced food insecurity as a consequence of the COVID-19 pandemic (Bauer, 2020; Parekh et al., 2021). From a mental health perspective, cumulative interpersonal stressors—including fear of infection, prolonged social isolation, and the loss of family members, including parents—have both short- and long-term psychological consequences for children. These impacts may manifest as anxiety, depression, and emotional dysregulation, which in turn can negatively affect physical, social, and cognitive development.

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Physical, and Emotional Reactions to Trauma and Death

According to Nadeau (1997), children experience the effects of loss across physical, social, emotional, cognitive, and spiritual domains. Children's responses to grief are complex, and bereavement is better

understood as a dynamic process or journey rather than a single event (Felner et al., 1988). A death occurs-particularly that of a parent or primary caregiver-significant changes arise in the child's daily life and sense of security. The role and function of the deceased within the family system are therefore critical, as their absence can have long-term implications for the child's development and future adjustment. Children's reactions to death are also influenced by gender. Tamm (1996) found that girls were more likely to explore metaphysical meanings of death, including beliefs about an afterlife, whereas boys tended to conceptualize death from a biological perspective as the end of life. Grief, however, extends beyond the individual child and affects the entire family system (Kissane, 2002). The family interdependence plays a key role in shaping how children grieve and express their need for support. Open communication, family cohesion, and shared grieving processes can facilitate healthier adjustment to loss. Nevertheless, families experience grief in diverse ways and at varying paces. These differences can complicate mutual support among family members and, in some cases, strain family relationships (Nadeau, 1997)

Children who have experienced loss may present with a range of physical and psychosomatic symptoms, including difficulty breathing, fatigue, muscle weakness, gastrointestinal problems, depersonalizati-on, and a sense of not fully being "in" their own bodies. Such reactions are common manifestations of grief. Significant early stressors, such as bereavement, can adversely affect a child's physical development and increase vulnerability to illness (Gunnar, 2006).

Lloyd-Williams et al. (1998) reported that grieving children and adolescents visit primary healthcare providers more frequently both before and after the death of a chronically ill parent. Notably, Lowton (2002) found that medical consultations among bereaved children peak approximately four months following the loss. This increase may reflect the persistence of grief-related distress, as the deceased may no longer be openly discussed within the family while remaining psychologically present in the child's internal experience.

The connection between the mind and body is inextricable (Goleman, 1996). Worden (1996) notes that some children express grief somatically, commonly through headaches and stomachaches, as emotional stress can significantly disrupt the body's homeostatic balance. Following the loss of a loved one, children may experience profound feelings of emptiness and attempt to cope by engaging in compensatory behaviors, such as overeating, excessive physical activity, prolonged video gaming, or binge-watching television. Early stressors, including bereavement, may also adversely affect physical growth and increase vulnerability to illness (Gunnar, 2006). Childhood loss has been identified as a potential precursor to later mental health difficulties (Black, 2002; Meltzer et al., 2000). Affective disorders appear particularly prevalent among this population (Elizur & Kaffman, 1983; Van Eerdewegh et al., 1985; Weller et al., 1991). In addition to generalized anxiety (Sanchez et al., 1994), bereaved children may experience specific anxieties related to fears of abandonment, separation, and death (Stuber & Mesrkhani, 2001).

Cognitive responses to bereavement

Bereavement can also have long-lasting negative effects on academic functioning (Abdelnoor & Hollins, 2004a; Davou & Widdershoven-Zervakis, 2004). Worden (1996) found that 16% of children who had experienced the death of a parent reported difficulties with concentration, compared to 6% of non-bereaved children. Furthermore, the loss of a close family member has been associated with an increased risk of poor social and educational outcomes, particularly among children already facing socioeconomic disadvantage (Bird & Gerlach, 2005)

Behavioural responses to bereavement

Following a loss, regressive behaviors often reflect a child's sense of insecurity. Bereaved children may resume behaviours associated with earlier developmental stages, such as increased crying, seeking to sleep in a parent's bed, difficulty completing previously mastered tasks, or using infantile language. Older children and adolescents may instead present with challenging behaviors. Intense emotional responses and seemingly irrational actions can serve as external expressions of internal distress, including fear, anger, helplessness, and despair. Studies examining bereaved siblings have reported declines in social skills (Birenbaum et al., 1989) and increased behavioral difficulties (Hutton & Bradley, 1994), with feelings of guilt potentially contributing to these outcomes (Crehan, 2004).

Young children's capacity to grieve continuously over extended periods is limited, as the emotional intensity of loss can be overwhelming (Silverman, 2000). Instead, children tend to grieve intermittently, experiencing grief in short episodes rather than sustained emotional engagement. This pattern aligns with the Dual Process Model of bereavement, in which periods of emotional expression alternate with apparent emotional withdrawal. Such withdrawal serves a protective function, shielding the child from being overwhelmed by distress. However, parents may sometimes misinterpret these periods of emotional detachment as indifference or a lack of concern for the deceased. As children mature, their ability to tolerate and process intense emotions increases, necessitating repeated engagement with the loss over time. As development progresses and significant life milestones are reached, children and adolescents may revisit and rework their grief, effectively re-grieving the loss at different developmental stages (Jewett, 1982; Ward-Wimmer & Napoli, 2000).

Evidence from the Office for National Statistics (ONS, 2008) indicates that children exposed to three or more significant stressors—such as bereavement, parental separation, or serious illness—are at a substantially increased risk of developing emotional and behavioral disorders. Furthermore, the functioning and emotional availability of the surviving parent appears to be the strongest predictor of a child's adjustment following the death of a parent

Epidemiology, Risk and Protective Factors for Grief –Prevalence

Although in adult studies, epidemiological prevalence studies centered on grief are sparse. However, the prevalence of grief varies, considering several factors among adolescents. Harrison and Harrington (2001) revealed, based on a survey, that 77.6% of adolescents had experienced the death of at least one close person, which was associated with increased depressive symptoms.

A survey of 1770 primary school children to understand exposure to trauma by Alisic et al. (2008) revealed that 14 % had experienced any trauma in the form of an accident, natural disaster, or domestic violence. The unanticipated sudden death of a close one was reported as being the most traumatic event among the trauma-affected children. Age was positively associated with exposure to trauma, whereas gender, region, and ethnicity emerged as significant risk factors for predicting trauma due to death.

Costello et al. (2002) revealed that one in four children had experienced at least one extreme stressor by age 16. Similar results were reported from a community sample wherein 21% of adolescents reported exposure to one or more traumatic events in their lifetime (Perkonigg, Kessler, Storz, & Wittchen, 2000)

Paul et al. (2020) revealed that majority 50.8% of children had lost a parent or close family member by age eight, which may raise to 62% by age 10. The findings also revealed that from lower-income families were prone to experience the loss of a parent or sibling compared to those from higher-income families.

Melhem et al. (2004) studied revealed girls reported a higher incidence of complicated grief compared to boys to the exposure to a peer's suicide. Those who had a history of anxiety disorders in the family or a personal history of depression are at a higher risk for complicated grief than their counterparts.

Sasser et al. (2019) reported that bereaved maltreated youth who had experienced loss were at an increased risk of showing externalizing disorders compared to non-bereaved youths. The findings highlighted the need for behavioral intervention to deal with externalizing behavioral issues among youths with a history of child maltreatment

COVID-19 Loss and Bereavement

Globally, it is estimated that each death from COVID-19 leaves an average of approximately nine bereaved individuals (Verdery et al., 2020). In India alone, around 30,071 children were orphaned, lost one or both parents, or were abandoned due to the pandemic (TOI, 2021). Children who experience the death of family members are at heightened risk for depression, traumatic grief, suicidal ideation, and poor academic outcomes. These adverse consequences may persist into adolescence and adulthood, potentially affecting long-term psychological and social functioning (Ronser, Kruse, & Hagal, 2010; Bergman, Axberg, & Hanson, 2017).

Albuquerque and Santos (2021) estimated that 5-10% of develop psychiatric difficulties due to death of family members due to COVID-19. Additionally, the situations surrounded with COVID-19 deaths pose a significant risk factor for children's understanding of death and the grieving process.

Studies have reported that compared to non-bereaved children, those bereaved children who have lost their siblings are at greater risk of reporting behavioral

problems (Melhem et al., 2011; Martinˇceková L et al., 2020; Mahon and Page, 1995; McCown and Davies, 1995)

The COVID-19 has changed death-related perceptions and attitudes among children. Generally, children fail to have adequate skills to manage grief when it comes to the unanticipated multiple deaths of family members. A bioecological perspective helps understand the differences in children's understanding of death compared to the older population. (Chachar et al, 2021)

The recent meta-analysis on the effect of COVID-19 lockdown measures revealed that depression, irritability, anxiety, and fear of contacting virus are significant factors in the onset of mental health problems among children (Panda et al., 2021). Cerell et al. (2006) revealed that parental death was significantly associated with increased mental health problems in the first two years following the death. Studies have demonstrated that sudden and unexpected deaths or multiple deaths in the family have negative impact on the psychological health in the absence of previous psychological vulnerability (Weinberg,1994).

COVID-19 and Grief among Children and Adolescents:

COVID-19 has affected people experience grief in two ways. Firstly, the sudden nature of COVID-19 deaths, coupled with public restrictions, prevented family members from saying their final goodbyes. Secondly, public health restrictions also kept families from being present during their loved one's death, participating in caregiving, or observing traditional funeral rites and mourning rituals. Additionally, social support was unavailable, severely limited, or only accessible remotely through digital means such as phone calls, emails, Facebook, and social media.

Lundorff et al (2017) estimated that 10 % of those who lose a close attachment due to natural causes will develop PGD. This implies that approximately 2.6 million new PGD cases as a result of COVID-19 based on 10% of the 26 million bereaved individuals (Verdery et al., 2020). However, this estimate could be conservative, as it does not consider various pandemic-related factors that might heighten risk of developing PGD (Simon, Saxe, & Marmar, 2020; Stroebe & Schut, 2021).

Khan et al. (2022) found that family members who lost loved ones to COVID-19 faced risks of psychological trauma, financial hardships, marginalization and poor quality of life. Djelantik et al. (2021) emphasized the importance of equipping clinicians to identify individuals in need of bereavement care during the COVID-19 pandemic. He emphasized the need for focused care for vulnerable groups, including adolescents and the elderly. The authors stressed the importance of raising awareness about Prolonged Grief Disorder (PGD) among the public and healthcare professionals and conducting more research on PGD. There is also a need for developmentally appropriate criteria for assessing and diagnosing PGD in children and adolescents and limited research on how grief manifests across different cultural and developmental contexts. Further studies are needed to reduce the risk of maladaptive grief and enhance the resilience among bereaved adolescents (Alvis et al., 2022; Kaplow et al., 2010). Additionally, it is important to take active role to address the health disparities and safeguard the children secondary harms caused by COVID-19 as part of both a public health and moral responsibility (Brown et al., 2021).

Treglia et al. (2023) estimated that 216,617 children lost a co-residing caregiver to COVID-19, with 77,283 losing a parent and over 17,000 losing their sole caregiver. Non-white children were more than twice as likely to experience this loss compared to White children, and 70% of those affected were under 14 years old. The study highlights the importance for policymakers to ensure these children receive the necessary support, including mental health services.

Harrop et al. (2022) explored the experiences and support needs of bereaved one by surveying their parents and guardians. The study found that pandemic-related challenges, along with a lack of support from families and schools and limited access to specialized grief or mental health services in the community, were significant issues for bereaved children and adolescents. The findings highlighted the need for promoting supportive communication within family and school environments, as well as the development of community and school-based specialized bereavement mental health services for affected children.

Grau-Abalo et al. (2022) emphasized the importance of providing comprehensive grief support services for the families of those who died from COVID-19, as well as the need to prepare healthcare professionals to address these needs (Corpuz et al., 2022).

Kentor and Thompson (2021) propose a three-tiered Pediatric Psychosocial Preventive Health Care Model to cater the needs of families and children affected by

COVID-19 pandemic. The approach should specifically target parentally bereaved children to help alleviate the psychosocial distress and grief experienced by children and adolescents through community-based support groups, education, and economic assistance.

Abu-Ras et al. (2023) studies the impact of COVID-19 pandemic on orphaned children and their mothers in Iraq and Syria. The study found financial hardship, child labor, poor educational attainment, violence, and psychosocial problems. It also impacted orphan children's cognitive, mental, and physical development. The researchers recommended the need to provide holistic care and support to alleviate mental distress. The modeling studies by Hills et al. (2022 & 2021) emphasized the need for identify the gravity of the nature of the "hidden pandemic" and to guide policymakers and stakeholders in safeguarding children from exploitation and abuse worldwide.

Spencer et al. (2022) emphasize that research from an equity perspective is crucial to fully grasp the extent of this hidden pandemic and ensure that the needs of the most vulnerable children are identified and addressed through targeted policies and service interventions (Ahmann, 2021). Additionally, supporting children who have experienced loss may require referrals to other services, and practitioners should be well-informed about appropriate referral pathways available in their communities (Spencer et al., 2022).

Liang et al. (2022) reported that those children who lose a parent or caregiver are at greater risk for mental health issues and may develop complicated grief. Youth with a history of adverse childhood experiences are particularly vulnerable, require additional attention with customized pediatric grief care to deal with loss and death.

Spencer et al. (2022) highlighted that the "hidden pandemic" of orphanhood and caregiver loss has significant implications for pediatric, family, and child healthcare practice and research. Given the significant number of children impacted by loss, healthcare providers such as pediatricians, general practitioners, family physicians, and child health care professionals are likely to come across children experiencing recent bereavement, particularly in low-income and disadvantaged communities.

Conclusion

The death of loved ones during the COVID-19 pandemic had a profound impact on the mental health of children and adolescents. The sudden and unexpected loss of family members left many families unprepared to cope with the emotional and psychological aftermath, heightening the risk of trauma and grief-related distress. Despite the widespread impact, research on pandemic-related grief in children remains limited, highlighting the need to examine the prevalence of grief, trauma, and psychological distress among children bereaved by COVID-19.

In addition to understanding the psychological effects, there is a critical need to develop and implement comprehensive interventions for grief and trauma care to support bereaved children and adolescents. Longitudinal studies are particularly necessary to assess the long-term mental health consequences of losing family members during the pandemic. This research aims to explore the trauma and psychological effects experienced by children and adolescents following the loss of family members to COVID-19 and to inform the development and standardization of grief care interventions tailored to their needs.

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