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Martin Lytje, Atle Dyregrov & Carol Holiday

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When young children grieve: daycare children's experiences when encountering illness and loss in parents

Martin Lytje ^{a,b}, Atle Dyregrov ^a and Carol Holiday ^c

^aCenter for Crisis Psychology, University of Bergen, Bergen, Norway; ^bOmSorg, Danish Cancer Society, Copenhagen, Denmark; ^cFaculty of Education, University of Cambridge, Cambridge, UK

ABSTRACT

This study presents the insights gained from interviewing 12 parentally bereaved children aged 5–8. All were below six years of age when bereft. Participants were interviewed through Sandtray interviews. The study finds that children are developing an understanding of what it means to live with loss, but want truthful information about the illness of their parent, and to understand the loss. They value help from the remaining parent, but also appreciate the support from daycare staff and friends. Findings further highlight that under the right circumstances, children have much to contribute when it comes to understanding their support needs.

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Introduction

The loss of a parent during early childhood (0–6) is a difficult experience. Not only do such children lose a caregiver at an age where they are dependent on adult care, they also lose a future life-guide. This is at a time where children seldom understand the full meaning of death (Hunter and Smith 2008). While being one of the most significant experiences that can befall a young child, to our knowledge no studies have explored children's own views on their grief and recovery following a parental loss.

To remedy this gap, this study investigated the experiences of 12 children aged 6–8 who all lost a father or mother, while being three to six years old. Using sand tray interviews, we explored,

- (1) How young children experience living in a family with a critically ill parent
- (2) How young children experience their loss and the following mourning process
- (3) How young children experience the return to daycare
- (4) Which advice young children have for other children in a similar situation

In the following, we will present what previous research has found in relation to young children's experience and support needs following a parental loss.

CONTACT Martin Lytje  martin@lytje.org  Strandboulevarden 41, 2100 Kbh ø, Denmark

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Background

Where studies in the past century often focused on exploring the nature of young children's grief, during the past two decades research on childhood bereavement has expanded to consider broader components of the experience of bereavement. This includes examining how children express their own support needs (e.g. Monroe and Kraus 2005; Tracey 2011), as well as the forms of guidance needed by childcare professionals to help such children (e.g. Holland and McLennan 2015; McGovern and Tracey 2010).

While no studies have focussed on young children's wishes when it comes to family communication following a loss, Finch and Gibson (2009) explored this in relation to older children aged 14–18 and critical illness. Here, the interviewed children reported wanting honesty and openness in family communication. Similarly, Martinčková and colleagues (2020) reported that adults asked about their memories of death following losses during childhood, responded that less shielding from issues related to death, also led them to cope better during their child- and adulthood.

Søfting and co-worker's (2016) found that when children were asked about their experiences from participating in rituals, they felt they had a right to be part of these as they were part of the family. They were pleased to have participated and recommended other children to do the same. This echoes Silverman, Nickman, and Worden (1992) who in their seminal study found that funerals met the same needs in children and adults, and that being included made them feel acknowledged.

Current bereavement research has mostly included older children aged seven and above. This is possibly because research with young children (3–6) is both methodologically difficult and associated with ethical challenges (Clark 2010). When studies include pre-school children, it is commonly as part of a broader age range (e.g. McClatchy, Vonk, and Palardy 2009; Christ and Christ 2006).

Studies looking at these age groups find an increased risk of episodes of depression and posttraumatic stress disorder following a parental loss (Brent et al. 2009; McClatchy, Vonk, and Palardy 2009; Melhem 2008). Raveis and colleagues (1999), further uncovered that younger children (6–8) reported higher anxiety levels than older children (9–17), while Berg and colleagues (2016) found a higher occurrence of hospital admissions for depression during childhood among children who had lost a parent at a young age (0–5 years). They speculated that this reflected the fact that parents of younger children more commonly die from external causes of death, such as accidents or suicide, than from natural causes. In addition to the psychological risks, children who are bereaved at an early age are more likely to engage in high-risk behaviour such as crime, drinking and using drugs (Carr et al. 2020; Høeg et al. 2017).

Research has also explored how young children's grief differs from that of older age groups. In a study of forty 3- to 6-year-old parentally bereaved children, Kranzler and colleagues (1990) found that, unlike older children, young children seem to experience no form of guilt or feeling of responsibility for their parent's death. Christ and Christ (2006) summarised the most common reactions among 3- to 5-year-old bereaved children to be 'separation anxiety, dependency, night-time fears, regressive behaviour, irritability, and impatience' (200).

While the above studies provide some insight into the challenges that bereaved preschool children face, much of this research suffers from inadequacies. Few include precise data as to how many children were at a specific age at the time of their parent's death. Instead, they pool participants into larger age groups (e.g. Christ and Christ 2006; McClatchy, Vonk, and Palardy 2009). Although, this might not be a significant issue with older children, it is essential with younger ones, as there can be a considerable difference between what a four-year-old understands and what a nine-year-old does. However, the lack of studies leaves a significant gap in our understanding of young children's support needs. Studies on support based on accounts from those close to them (e.g. daycare staff, parents) are also exceedingly rare.

Method

The following sections present the methods used for elucidating perspectives from the young children. This was done through the development of a sand tray interview technique. Describing the theoretical framework behind this new approach, is not within the limits of this article. However, a full description of the method is provided in a separate article by Lytje and Holliday ([In review](#)).

Participants

The study employed a pragmatic design framework and included participants from all regions of Denmark who had experienced the loss of a parent while they were 3–6 years old. Twelve families were recruited using existing support networks in the Danish Cancer Society as well as through a Facebook outreach campaign. For a child to be eligible for participation, their loss had to have occurred between six months and four years before the interview, while attending daycare. Recruiting such children from daycare was seen as the logical choice, since 96% of all Danish children attend such institutions (Warming and Lindberg 2011). All children were between 5 and 8 years at the time of the interview. The above criterion ensured that participants were unlikely to suffer from acute grief reactions but still likely to have good recollections of the events that occurred.

Children who had experienced more complicated and violent deaths (e.g. suicide, murder) were excluded. Such interviews were deemed ethically problematic, as they might reopen traumatic experiences and require more substantial post-interview support than was available. More specific information concerning the participants is provided in [Table 1](#).

Ethics

For this study, the ethical framework for good practice in counselling and psychotherapy was followed (Bond and Griffin 2013). This meant spending time developing a good rapport with the child, informing both the parent and child about how participation was voluntary, that the participant could leave at any time and that they were able to consent. Explanations were given in child-friendly language. The study further adhered to the European General Data Protection Regulation (General Data Protection

Table 1. Participant information.

Name of child	Age at time of death	Age at time of interview	Time since loss	Cause of death	Parent lost
Kirsten	5	6	12 months	Cancer	Mom
Maja	6	8	24 months	Cancer	Mom
Naja	4	8	48 months	Cancer	Mom
Sille	5	6	12 months	Cancer	Mom
Villum	5	6	12 months	Cancer	Dad
Sofus	5	7	24 months	Cancer	Mom
Bjørn	3	6	36 months	Cancer	Dad
Sia	3	5	24 months	Neurodegenerative disorder	Dad
Rana	4	6	24 months	Neurodegenerative disorder	Dad
Fiona	3	5	24 months	Cancer	Dad
Fiola	3	5	24 months	Cancer	Dad
Ruben	3	6	36 months	Cancer	Mom

Regulation (GDPR) – Official Legal Text 2016). As the primary research organisation was a Danish NGO, the study went through an internal ethics review approval. Denmark only requires projects being approved by an ethic committee if biological material is collected (National Scientific Committee 2020). Extensive post-interview support options were available to all families, consisting of free access to see a social worker or psychologist employed at the Danish Cancer Society. All participants were given full anonymization and fictive names. Furthermore, any data that mention locations are omitted.

Procedure

Interview methods adequate for adults are seldom suited for young children (Clark 2010). Understanding how to be a participant, being able to express personal views, and maintaining attention are several skills that have not been fully developed in young children. Consequently, during the methodological framework development, our participant group and their particular needs had to be at the fore. To ease this age group's participation in the study we developed a suitable method, termed sand-tray interviews. This was a merger of methods employed in sand-tray therapy and qualitative interviewing. Through the approach, the interviewer uses a sand tray environment with figures to help open a conversation with the child and talk about the loss. Here the sand tray acts as both a common-third and an extra layer of protection from the difficult experience. If things are difficult for the child to talk about, the researcher has the option to ask the child to talk about how 'a friend' is feeling, thereby, adding an extra layer of distance. Due to the advanced method and the young age of the interviewees, all interviewers were childcare professionals that had received special training in the sand tray method.

Interviews took place at home where meetings started with everyone getting acquainted in an informal setting. Each visit was conducted by two interviewers and interviews were audio recorded. In addition, a portable sandtray was brought to the home where the interview was conducted. One interviewer focused on interviewing the child, while the other interviewed the remaining parent. Findings from the parent interviews were not linked to the findings from their children, for ethical reasons. They are covered in a separate article (Lytje and Dyregrov 2021).

Table 2. Interview questions.

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- (1) The story begins when [the child or character] experiences someone becoming ill; can you describe what happens?
 - (2) One day, [father or mother] dies; can you describe what you remember? [Or] Can you describe what the character is experiencing?
 - (3) What is it like to be [the child or the character] one year later? How are things at home; how are things at your kindergarten?
 - (4) An eagle comes flying [this is visualised]. It asks [you or the character] to go along and help a friend who has just lost his [mom or dad]. What can you tell this friend that might help [him or her]?
-

Sessions would begin with the parent being asked to summarise what had befallen the family. The story was told to remind the child of what had occurred. Also, to show him or her that it was okay to discuss this topic with the interviewers. Then two separate interviews took place in parallel, one with the parent, the other with the child. The child interview used the set of questions provided in [Table 2](#).

Depending on the concentration ability and engagement of the individual child, the interviews lasted between 30 and 50 minutes. If any concerns were raised during the interview, the child would be asked if he or she wanted help talking to their parent. If they consented to this, the researcher would help facilitate a conversation about the child's worries. If the child did not want to talk about it with the parent, additional support was offered to the family, without betraying the confidence of the child.

Data analysis

Data were analysed by the use of thematic analysis through the steps recommended by Braun and Clarke (2006). These are (1) Familiarisation with research data (2) Generation of initial codes (3) Search for themes (4) Review of themes (5) Definition and naming of themes and (6) Report writing.

The data analysis began with an initial read and re-read of the data. Following this, the coding process ensued, with a focus on initial theme generation. This led to 11 themes being uncovered. Through the subsequent review, one theme regarding the benefits of participation was discarded. An additional four themes contained data that was too similar to other themes. This led to these being merged, resulting in six themes being left. In the final phase, these were re-examined and renamed to better correspond to their merged content.

The identified themes were: (1) inclusion during critical illness, (2) understanding the loss, (3) grief reactions, (4) living with the loss and remembering the deceased, (5) experiences returning to daycare, and (6) advice for other children.

During the analysis stage, QSR Nvivo 12 was utilised to document the individual steps of the research process. As a first step, data were explored and reviewed by the primary researcher. Following this, a second researcher reviewed the initial analytical steps and accumulated themes. Having agreed on themes, these were presented and discussed with collaboration partners. This approach ensures transparency and openness.

Results

This section presents the knowledge gained from the interviews with 12 children. Participants are referred to in the following way: Participant name, and age at the time of loss

and age at interview in parenthesis. All interviews were conducted in Danish and analysed before quotes were translated into English. As it is difficult to replicate Danish language errors in English, translations had to focus on meaning, rather than being word-for-word translations.

Inclusion during critical illness

As most of the children were very young when their parent was ill, many expressed not remembering much about what had occurred. Among those who did remember, memories were often fragmented. Fiona (3, 5) remembered how her dad changed during the illness:

He used to have a great time with us and laugh, but he stopped talking much. You could also see that he had turned pale and such ... Then I asked him if he was sad ... Then mom said he just wasn't feeling that good ... He could only talk with a low voice, but then after some time he got better and we were thinking 'Oh, he is probably not going to die from it'.

Often memories seemed linked to difficult experiences with the ill parent. Fiona (3, 5) further described how a violent experience got lodged in her memory:

My mom came running from the door. She tells us to hurry into the cabin. And then mom said that we were not allowed to go into the cabin, even though she had just before said that we were. Then we stood and waited. Then she told us to come inside and then my father lay there, had fainted and fallen to the floor. Then I started crying.

While being included in what was going on was often difficult, Kirsten (5, 6) expressed how not knowing the severity of the illness was even worse:

Kirsten: I was actually first told about it [the illness] just before she died ... My mom and dad actually lied to me ... in the start by saying she had a bacteria in her tummy ... It's not very nice to know somebody is lying to you, and it was not very nice to find out ... afterwards ... That she had died from something I didn't even know what was.

Although it was difficult to understand what was going on and the illness could lead to chaotic situations, children felt safer when they were informed about these situations. It helped to be together with their family during the crisis, rather than having to deal with the experience alone.

Understanding the loss

Despite the time before the loss being difficult to recall for many children, more remembered the period surrounding the death. For many, the loss came as something unexpected. Maja (6, 8) talked about this:

Maja: It was the last day we were there. The day before she died, we were allowed to sleep there [hospice], and then when we woke up, she had just died.

Fiona (3, 5) further commented:

I remember thinking it was strange that I lost him because it was very early and I didn't expect to lose him so quickly ... And then it was quite strange because my little brother, he hadn't even gotten to know him ... I mean, he was only six months old, I think.

Not all the children were willing to accept what had occurred. Some refused to accept death and tried their best to find remedies that might save their parent. Ruben (3, 6) was present when his mother died and quickly sprang into action:

- Ruben: I cried a little, and Ditte [his sister] cried a little, too. That's when I ran out to the car. I was trying to find medicine. For Mom ... But I couldn't ... Only ... what is it called ... it lives in the desert.
- Interviewer: A cactus?
- Ruben: No ... it has a stinger ... A scorpion could have helped ... but I couldn't find one ...

In the above quotation, Ruben's desire to help his mom seemed mixed with a form of magic thinking that we also saw in some other children.

Following the death, 10 out of 12 children participated in the funeral. Here many remarked on either being sad during the proceedings or not fully understanding what was going on. What really seemed to make an impression were cases in which the families had adopted certain rituals on their own. This, especially when these allowed the bereaved child to actively participate and be involved in the decisions surrounding the ritual. Sofus (5, 7) noted, 'I remember when we were picking up flowers, I was allowed to choose which ones'. Such beliefs seemed to be soothing for the children, as they gave them hope that their deceased parent was living on somewhere else in another world.

Grief reactions

Reactions following the loss varied among children but were often expressed as physical pains. In the immediate time following the loss, Fiona (3, 5) described one such reaction: 'Then they told me it was time to go and say goodbye. And actually, I was throwing up in the car the whole way there. I think it might have been because I had too much cake'. Naja (4, 8) commented on how even at the time of the interview, four years later, when she was talking about the loss, she would feel a bodily reaction:

When I'm sad inside, I can feel this in my throat. For example, right now, I'm also sad inside when I talk about this. And then it's like ... sometimes it's a little easier to come out and say I'm sad and sometimes it's more difficult.

For Ruben (3, 6), grief reactions turned more severe and started impeding his life. Grief and worries about losing others became mixed with scary fantasies:

Ruben: It can become anxiety and stuff because I have tried that myself. I became afraid that something was going to happen to my mother ... It's like I have a good brain and a bad brain fighting together ... But if, all of a sudden, if the bad brain is going to win, you just have to pretend you're the good brain and stand up and say, you know, I know my mother's not going to die, and nothing's going to happen.

While fantasies here became something that made life difficult, in other cases, they created comfort. Maja (6, 8) noted, 'Today I have a guardian angel, that protects me when I sleep'. Other children used different coping mechanisms. For some, this included using a 'box of memories' with photos and items from the deceased. For others, it could consist of looking at pictures and sharing memories.

Living with the loss and remembering the deceased

While years had passed since the loss for many of the interviewed children, they still mourned the death of their parents. Fiona (3, 6) related:

It's okay to be me today, but it's also sometimes quite difficult. Because I don't have a father. It can also be difficult sometimes when others talk about how they feel about their father, or things they've been to with their father. 'We have to ...' or 'I have to go home to my dad' when they say things like that. Then I can get pretty upset, because I can't do those things with my dad.

While talking about the deceased was part of everyday life for some children, others found the topic difficult to broach. This could lead to a fear of forgetting the look, voice, and smell of the deceased. Rana (4, 6) here commented on how it was nice when her dad was mentioned: 'It's nice when people talk about him ... because then I can better remember him'.

In some families, the grief of the adults was so severe that the children picked up on this and on how life changed. Bjørn (3, 6) confessed: 'When I was little, they were both pretty nice to me. Since I grew up and my father died, my mother has become a little more evil. Not as sweet as when I was three years old'. Although it turned out that these observations mainly related to how long Bjørn was allowed to play on his tablet, they also depicted a perception of a changed mood in the family.

Most of the interviewed children were occupied with the loss and afterlife of their parent, but two interviewed children presented the loss as no longer playing a huge role in their lives. Sofus (5, 7) said, 'I cannot remember that day [of the death] any longer. I don't really think about him that often anymore. After a couple of years, you stop thinking too much about it'.

Experiences returning to daycare

While some children returned to daycare before the funeral, all children had returned following the funeral. Many participants struggled remembering how they were welcomed back. However, Villum (5, 6) remembered the difficult feelings he experienced upon returning to kindergarten. When asked how it was to return, he said: 'Not so good, because I was missing my dad. When they [staff] asked me how I was doing, then I wasn't feeling so well'.

Many children experienced receiving extra care from the staff during this time. Maja (6, 8) talked about her return:

Irine [staff] often asked me how I was feeling, and also sometimes I was allowed to be inside, when everyone else was outside. She could always see if I was feeling sad ... Jette [staff] always hugged me when I was feeling sad ... and she once allowed me to decide what fruit we were going to have for the afternoon ... Then I chose pizza.

While staff were supportive for Maja (6, 8), Naja (4, 8) soon noted that she was different from her peers: 'It wasn't that great, because I was the only one in my kindergarten who did not have a mom'. This difference was also remarked on by her peers.

They were mean ... There are these two friends ... they sometimes teased me about having no mom ... One said 'Yay! You have lost your mom', and the other was laughing: 'You have lost your mom'. Then I would get really angry and ran away.

Opposed to this, Kirsten (5, 6) experienced having supportive friends: ‘Because of my friends ... then I start feeling, kind of, better inside. Because then I have someone to talk to and somebody who wants to be together with me and all that’. Bjørn (3, 6) also mentioned a situation in which his friend had shown much empathy: «I was home playing with my friend Konrad. While we play, Konrad tells me that if I want to I can borrow his dad, so that he can become my bonus dad. Bjørn fondly remembered this offer, much like other children were very appreciative when friends showed understanding or gestures of support.

Advice for other children

During the final part of the session, children were asked if they had any advice if they were to support a friend who had also lost someone. For some, such advice was simple. Sille (5, 6) suggested, ‘Hug your teddy, then go find an adult. You have to tell them you miss your mother’. In line with this advice, many children focused on the importance of not keeping sad feelings to yourself. Maja (6, 8), suggested:

It helps to talk to others about it and not just keep it inside, that you’re sad and you miss your mom ... And if you cry, then you have to tell others, because it feels really annoying to keep it inside. I’ve tried that once before because Dad said that sometimes it helps to keep it inside, but I don’t think it does. So you have to tell someone ... your father or mother. It depends on who’s dead.

Several of the children talked about the importance of having physical mementoes from the deceased parent. Ruben (3, 6) commented:

It’s good that you can always visit your mother at her grave. And then I think it’s also good to know that at night you have a picture of mom under the pillow. Because then she knows I’m sad when I’m asleep, and then I can take the picture, and then she’s with me here.

For Kirsten (5, 6), the most crucial advice was about how to think about what had occurred:

Even if they are going to die, you’ll always remember them, so no matter what, they’ll always be there for you. Then you can decide for yourself whether they are up in the clouds or down here with you, where you just can’t see them.

Discussion

In the following, we discuss the study findings in the categories (1) What young children remember, (2) What was important to young children; and, (3) What support young children want.

What young children remember

The stories of the interviewed children did not come in the form of long, developed narratives that recount everything from beginning to end. Instead, memories seemed fragmented and centred around emotional scenes or rituals. This was evident in Naja’s story, where her mother suddenly has needles in her arm, or when Fiona talks about her dad turning pale.

While children might not realise what was going to happen or understand the full meaning of death, they still detected the rapid change in the appearance of their parent. This fits well with research documenting that death is not fully understood before the age of 6–7 (Panagiotaki et al. 2015; Slaughter and Griffiths 2007). The majority of participants were younger than this at the time of loss. Some of the experiences were so difficult they could qualify as traumatic. Such memories are often fragmented, and this may be more pronounced among preschool children, who lack the integrative capacity of older children (Brewin 2014). It might also relate to memory processing at this age because preschool children generally fail to remember memories even when these are cued (Peterson, Hallett, and Compton-Gillingham 2018).

In the time that followed, many children struggled to recall what had occurred. Memories often seemed to be of situations full of strong emotions. They were cognizant of the changed mood in the family, how affected their surviving parent was and how this influenced their parental capacity causing them to be less attentive or ‘more evil’ as one boy called it. This implies that young children are attuned to and impacted by the feelings of people around them. However, these were not solely negative emotions, but could also be positive. For example, while Naja had clear recollections of being bullied, Bjørn remembered the time his friend offered him his dad as a bonus dad. This highlights that even at this young age peer relationships seem to play an important role.

While some of the children remembered the support that they were offered in their daycare institution, few had detailed recollections of their return following the loss. One explanation for this could be that the children were returning at a chaotic time, in which so many other unknown things were happening, that they simply forgot this experience. Another explanation might be that the children found returning to daycare to be something ‘normal’.

We have found no research exploring the memories of young children returning to daycare following a loss. However, studies (e.g. Dyregrov and Dyregrov 2011; Lytje 2017) have found that school children often find this return difficult, as they fear being seen as different or getting struck by grief while at school. Children in this study recounted no such worries. There could be many reasons for this. Several researchers (e.g. Gutiérrez et al. 2020; Harris 2011) have pointed out how young children often see death in a very biological way. As an example, they might want to know ‘how’ someone died, and with good adult support seldom find it to be a frightening topic. This contrasts with older children (aged ten and above), who often, but not always, have a more complicated and spiritual component to their grief (e.g. Dyregrov and Dyregrov 2011; Lane et al. 2016).

What was important to young children

Being involved during parental illness seemed important to all children. This is exemplified by how Kirsten, not being told the truth about her mother’s illness, resented this decision years after her mother’s death. It seems likely that those not included were left to deal with worries on their own. Other studies (Christ 2000; Hunter and Smith 2008) have noted the same tendencies when interviewing 3- to 7-year-old bereaved children. There has been a gradual acceptance (e.g. Schepers 2019) over the years that

open communication is essential and that parents must truthfully inform children about the impending death of a family member which this study seems to emphasise.

A recurring theme during interviews was also how children remembered being allowed to make decisions during difficult times. These decisions could be, which flowers to pick for the funeral, or what fruit to serve in kindergarten. Such decisions might seem unimportant during such difficult times but were remembered fondly by the children. Several authors (e.g. Abrams 2012; Schuurman 2000) have noted that children often feel helpless following a parental loss, as they had no power to stop their parent from dying. Making small decisions can thus help bereaved children re-establish control and a sense of autonomy. Children who partook in the funeral were pleased that they did so and recommended other children also to take part. Although they felt sad, it made them feel part of the family, and they were recognised as grievors alongside adults (Søfting, Dyregrov, and Dyregrov 2016).

Another theme that emerged was how the children liked to remember the deceased symbolically. While this was not the case for all interviewed children, the majority found this helpful and liked having items and pictures that helped them remember their parent. This is not a new finding, as studies conducted with older children (e.g. Nickman, Silverman, and Normand 1998; Normand, Silverman, and Nickman 1996) have highlighted that they often seek to maintain a connection with the deceased through the use of photos as well as objects and mementoes owned by the deceased parent. Our study indicates that this phenomenon also occurs among young children.

What support young children want

Unsurprisingly, one of the main areas of support that young children want is for adults to comfort them when they are sad. In our interviews, children mentioned both parents and daycare staff. While several authors (Christ 2000; Perschy 2004) note that adult comfort is more important for younger children and support from friends gains increased importance with age, we noted that many of the young children also highlighted help from friends as necessary. However, while some participants mentioned support from friends, adult support remained the most sought-after support.

Concerning practical advice, the children liked it when their supporters helped remember the deceased (e.g. talking about the dead and being told stories). Providing information that grief would not last forever, physical mementoes, visiting the grave, and not keeping sad feelings to oneself, were also highlighted as important. The children thus seem keen to preserve the bond with their parent. Being very concrete at this period in their life, they do this through practical activities and using mementoes or linking objects (Søfting, Dyregrov, and Dyregrov 2016).

Several children experienced anxiety related to losing their remaining parent. This in addition to reporting bodily reactions. That anxiety increases following a loss has been noted by several authors (e.g. Christ 2000; Silverman, Nickman, and Worden 1992). However, even for non-bereaved children, this is one of the most common fears in early childhood (Gullone 2000; Ollendick and March 2004). As such, while an increased fear of losing the remaining parent on the part of bereaved children seems logical, it could also reflect anxiety associated with the age of the children, independently of bereavement parent. Our study indicates that this phenomenon also occurs among young children.

Our study shows that young children are capable of sharing their experiences and thoughts, even at the ages of 5–8. Nonetheless, there is still room for refining and improving the methods used in such endeavours. Having more sessions with each child, and allowing for more trust and rapport to build, might help such research yield even stronger results. We, therefore, encourage more researchers to develop and help refine research tools, that can be used for gaining perspectives from young children.

Limitations

All families were intact at the time of the parent's illness/death and no families had lost to violent deaths (e.g. murder, suicide). Children who suffer sudden deaths and children from separated homes likely experience different and additional consequences related to their loss (Karam et al. 2014). Using a convenience sample, some of the families who were worse off, might not have had the energy to participate. Last but not least, the young age of our participants might have limited their ability to express what they experienced. Although the results reflect the lifeworld of the interviewed children, a broader study including other types of losses would broaden the narratives and deepen our understanding.

Conclusion

While this study has not uncovered any significant 'new' or 'unknown' ways in which young children grieve, it has included the 'voices' of the children themselves. They confirm that many of the current understandings and assumptions that we have about the nature of young children's grief are true. Children want truthful information about the illness of their parent, they want to be included in decisions and rituals, and they want to understand their loss. They appreciate support from and conversations with the remaining parent, but also appreciate support from the daycare staff and friends. While young children are still learning to understand death and its meaning in life, they can with the appropriate tools provide valuable contributions to understanding their lives and support needs.

In this perspective, perhaps the most significant insight gained from our study is that young children do have a myriad of thoughts, and recommendations that can help us understand their lived world. However, only so if we are brave enough to engage the ethical and methodological challenges embedded on this journey. We hope this study can help inspire other researchers to increase their focus on the perspectives of younger children in future research projects.

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ORCID

Martin Lytje  <http://orcid.org/0000-0002-6366-6315>

Atle Dyregrov  <http://orcid.org/0000-0003-3281-030X>

Carol Holiday  <http://orcid.org/0000-0001-6045-0589>

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