

Ivette Hidalgo, PhD, ARNP, PPCNP-BC, JoAnne M. Youngblut, PhD, FAAN, Dorothy Brooten, PhD, FAAN, Jean Hannan, PhD, ARNP, FAAN, Whitney Bauman, Associate Professor of Religious Studies

Children's Spiritual Coping and its Effects on Children's Grief, Personal Growth, and Mental Health 2-24 Months after the Death of a Parent, Grandparent, or Sibling.

Significance:

In 2016, the Centers for Disease Control and Prevention (CDC) determined that in 2014 the United States had a total of 23,215 deaths that occurred in infants under age one year. The annual death rate among children was 3,830 per 100,000 children 1 to 4 years; 5,250 per 100,000 children 5 to 14 years; and 9,586 per 100,000 adolescents 15 to 19 years (CDC, 2016). This large number of child deaths each year also affects a larger number of siblings (Fletcher, Mailick, Song, & Wolfe, 2013). This supports the need for research on children's responses to sibling death. In 2014 there were a total of 2,626,418 adult deaths in the US (CDC, 2016). Therefore, many children may experience death of a parent or grandparent. The majority of the research focuses on the effects that children's deaths have on parents, with little attention to the emotional, psychological, and behavioral grieving responses that a parent's, grandparent's, or sibling's death during childhood has on the surviving children. The literature often refers to surviving children as "forgotten grievers" since their loss is insufficiently acknowledged (Crehan, 2004; Horsley & Patterson, 2006). Parental death can have a negative impact on children's lives through changes in economic resources and residence, loss of contact with friends and neighbors, change in caretakers, and diminished time with the surviving parent (Wolchik, Tein, Sandler, & Ayers, 2006). Research on the effects that the death of a grandparent has on the child is limited. The death of a sibling signifies the loss of a role model, friend, confidante, and playmate (Woodgate, 2006). Children that are bereft of a parent, grandparent or sibling ultimately have to cope with such a loss at a time where they are most vulnerable due to the developmental, psychological, and cognitive changes they are experiencing. Research has found that religious and spiritual forms of coping are important in promoting positive posttraumatic growth in children (Bryant-Davis et al., 2012).

Purpose:

The purpose of this study was to identify 1) differences in the spiritual coping strategies used by children across age groups, gender, race/ethnicity, participation in religious rituals and practices, and the relationship of the deceased to the child (parent, grandparent or sibling), and 2) the relationship between children's spiritual coping strategies and grief, personal growth, anxiety, and depression after the death with and without controls for child's age, gender, race/ethnicity, participation in religious rituals and practices, and relationship to the deceased.

Sample:

The sample consists of 97 children who had experienced loss of a parent (n=39), grandparent (n=31), or sibling (n=27) within the past 2 years. The sample consists of 97 children who had experienced loss of a parent (n=39), grandparent (n=31), or sibling (n=27) within the past 2 years. Children ranged in age from 8 to 18 years, with most being school age; about half were

boys. Most were Hispanic, followed by Black, then White; 1 child was a Pacific Islander (Table 1). Most children participated in religious rituals around the time of their parent's, grandparent's, or sibling's death.

Methods:

Data on children's grief, personal growth, and mental health were collected within 2 to 24 months after the parent, grandparent, or sibling's death. The parents completed a demographic information form and the children completed child questionnaires which consisted of: Spiritual Coping Strategies scale (measured religious and spiritual coping strategies), Hogan Inventory of Bereavement (measured grief and personal growth), Spence Children's Anxiety Scale, and Children's Depression Inventory.

Results:

Religious coping strategies were lower for children who participated in religious rituals than those who did not participate. Greater Personal Growth was related to greater use of spiritual coping and greater grief.

Greater Anxiety was related to younger age, being Black, greater use of spiritual coping, and greater grief.

Depression was related to greater grief.

Conclusion:

Children who participated in religious rituals used less religious coping strategies than children who did not participate. Greater use of spiritual coping, but not religious coping, and greater grief were significantly related to greater personal growth and greater anxiety when child's age, gender, race/ethnicity, participation in religious rituals and practices, & relationship to the deceased controlled. Younger children and Black children had significantly greater anxiety. Only grief was significantly related to depression. Children who experienced the death of a parent, grandparent, or sibling had similar outcomes

Nursing Implications:

- Results of this multicultural/multiethnic study on children's use of spiritual coping strategies assists healthcare providers to identify activities or coping strategies that children find helpful in dealing with a loved one's death.
- Learning how children's spiritual coping strategies increases their personal growth as well as the age and racial differences that exist with respect to grief and anxiety in bereft children will enhance the healthcare providers knowledge base with respect to the grieving process in children.

Sample Demographics

Characteristic	Total Sample (<i>N</i> = 97)	Grandparent (<i>n</i> = 31)	Parent (<i>n</i> = 39)	Sibling (<i>n</i> = 27)	Statistic
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>F</i>
Age	11.9 (3.31)	12.2 (3.39)	11.0 (3.05)	12.8 (3.41)	2.72
	<i>N</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	χ^2
Age Groups					7.17
School age	59 (60.8)	16 (51.6)	30 (76.9)	13 (48.1)	
Adolescents	38 (39.2)	15 (48.4)	9 (23.1)	14 (51.9)	
Gender					1.12
Males	51 (52.6)	18 (58.1)	21(53.8)	12 (44.4)	
Females	46 (47.4)	13 (41.9)	18 (46.2)	15 (55.6)	
Race/Ethnicity					2.15
White	13 (13.4)	4 (12.9)	6 (15.4)	3 (11.1)	
Black	22 (22.7)	9 (29.0)	9 (23.1)	4 (14.8)	
Hispanic	62 (63.9)	18 (58.1)	24 (61.5)	20 (74.1)	
Participation in religious rituals					1.08
Yes	75 (73.3)	22 (71.0)	31 (79.5)	22 (81.5)	

No	22 (22.7)	9 (29.0)	8 (20.5)	5 (18.5)	
----	-----------	----------	----------	----------	--

*p < .05 **p < .01

Differences in Spiritual Coping by Person Factors

Characteristic	Spiritual Coping M [SD]	F value	Religious Coping M [SD]	F value	Total SCS M [SD]	F value
Age group		1.54		1.84		1.94
School Age	25.2 (4.84)		16.0 (6.34)		41.1 (9.04)	
Adolescent	23.5 (5.98)		13.2 (7.70)		36.6 (12.16)	
Gender		0.06		0.81		0.57
Males	24.5 (4.10)		14.3 (7.43)		38.8 (10.06)	
Females	24.5 (6.49)		15.5 (6.50)		40.0 (11.08)	
Race/Ethnicity		0.95		2.93		0.38
White	25.3 (4.87)		13.2 (7.18)		40.0 (10.04)	
Black	23.2 (6.88)		17.9 (6.62)		41.1 (12.03)	
Hispanic	24.9 (4.77)		14.1 (6.91)		39.0 (10.04)	
Participation in religious rituals and practices		0.08		2.24*		1.51
Yes	24.4 (5.52)		13.8 (7.15)		38.2 (10.99)	
No	24.6 (4.79)		17.5 (5.60)		42.1 (8.16)	
Relationship of deceased		1.25		0.94		1.33

Parent	24.8 (4.10)		14.5 (7.29)		39.4 (9.34)	
Grandparent	23.2 (6.57)		13.9 (7.76)		37.1 (12.33)	
Sibling	25.3 (5.38)		16.3 (5.33)		41.6 (9.72)	

*p<.05

**p<.01

Multiple regression analyses for grief, personal growth, anxiety, and depression

Independent Variables	Grief		Personal Growth		Anxiety		Depression	
	$\beta 1$	$\beta 2$	$\beta 1$	$\beta 2$	$\beta 1$	$\beta 2$	$\beta 1$	$\beta 2$
Age	-.28*	-.25*	.04	.08	-.48**	-.46**	-.23*	-.22
Gender	-.04	-.01	-.09	-.09	-.08	-.08	.03	.04
Hispanic	-.03	-.04	.03	.05	.12	.13	-.06	-.07
Black	.22	.15	.13	.19	.35*	.35*	.18	.14
Participated in religious rituals	-.001	.04	-.14	-.13	-.01	.002	.07	.09
Sibling	.06	.03	.15	.03	.04	.001	-.07	-.07
Parent	.06	.07	.09	-.003	.06	.03	.07	.08
Religious Coping		.19		.09		.07		.09
Spiritual Coping		-.07		.56**		.14		-.10
F	2.08	1.86	.61	6.13**	5.37**	4.73**	1.92	1.55
Adj R ²	.08	.08	<.001	.33	.25	.27	.07	.05

*p<.05

**p<.01

Multiple regression analyses for the outcomes of personal growth, anxiety, and depression

Independent Variables	Personal Growth		Anxiety		Depression	
	β_1	β_2	β_1	β_2	β_1	β_2
Age	.05	.14	-.47**	-.28**	-.23*	-.02
Gender	-.09	-.09	-.09	-.09	.03	.05
Hispanic	.03	.06	.12	.16	-.06	-.03
Black	.13	.16	.35**	.26**	.18	.02
Participated in religious rituals	-.15	-.14	-.02	-.04	.07	.06
Sibling	.15	.02	.04	-.04	-.07	-.09
Parent	.09	-.01	.05	-.04	.07	.03
Religious Coping		.04		-.09		-.07
Spiritual Coping		.57**		.21**		-.04
Grief		.22*		.69**		.80**
F	.61	6.39**	5.28**	21.90**	1.92	17.41**
Adj R ²	<.001	.37	.25	.69	.07	.64

References

- Bryant-Davis, T., Ellis, M. U., Burke-Maynard, E. Moon, N., Counts, P. A., & Anderson, G. (2012). Religiosity, spirituality, and trauma recovery in the lives of children and adolescents. *Professional Psychology, 4*(4), 306-314.
- Centers for Disease Control (2016). Retrieved on May 25, 2017 from https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf
- Centers for Disease Control (2016). Retrieved on May 24, 2017 from <https://www.cdc.gov/nchs/data/databriefs/db229.pdf>
- Crehan, G. (2004). The surviving sibling: The effects of sibling death in childhood. *Psychoanalytic Psychotherapy, 18*(2), 202-219.
- Fletcher, J., Mailick, M., Song, J., & Wolfe, B. (2013). A sibling death in the family: Common and consequential. *PubMed Central, 50*(3), 803-826.
- Horsley, H., & Patterson, T. (2006). The effects of a parent guidance intervention on communication among adolescents who have experienced the sudden death of a sibling. *American Journal of Family Therapy, 34*(2), 119–137.
- Wolchick, S. A., Tein, J. Y., Sandler, I. N., & Ayers, T. S. (2006). Stressors, quality of the child-caregiver relationship, and children's mental health problems after parental death: The mediating role of the self-systems beliefs. *Journal of Abnormal Child Psychology, 34*(2), 221-238.
- Woodgate, R. L. (2006). Sibling's experiences with childhood cancer: A different way of being in the family. *Cancer Nursing, 29*, 406-414.