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Prolonged Grief Disorder and Early Onset Depression in Children

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ABSTRACT: Children who experience the death of a significant attachment figure, such as a parent or grandparent, are particularly vulnerable to Prolonged Grief Disorder (PGD) and early-onset depression. Unlike adults, children may manifest grief through somatic symptoms, irritability, or behavioral disturbances rather than overt sadness. The grief process in childhood, if not properly addressed, can disrupt emotional regulation, cognitive development, and psychosocial functioning. This case report discusses a 10-year-old boy who developed depressive symptoms following the loss of his grandfather, with whom he had a strong emotional bond. His symptoms included persistent sadness, social withdrawal, emotional dysregulation, and somatic complaints. These were compounded by environmental stressors such as parental divorce, an emotionally invalidating caregiving environment, and exposure to an aggressive alcoholic family member. Assessment involved clinical interviews, psychiatric evaluations, and a comprehensive review of literature addressing grief and child mental health. The patient met the diagnostic criteria for PGD and showed comorbid early-onset depression, highlighting the interconnected nature of grief and affective disorders in children. Neurobiological factors, particularly dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, were considered in the etiology. The case underscores the importance of early recognition, family-centered psychosocial interventions, and integrative therapeutic approaches including cognitive-behavioral therapy (CBT), expressive arts, and complementary methods such as aromatherapy. This report emphasizes the urgent need for culturally sensitive, trauma-informed strategies to help bereaved children navigate loss and prevent chronic psychiatric outcomes. Early intervention plays a critical role in promoting resilience and long-term mental well-being in grieving children.

Keywords: Grief, Early Onset Depression, Children.

INTRODUCTION

Grief is a natural emotional response to the loss of someone significant in one's life. In children, grief is often underrecognized and undertreated due to its atypical presentations compared to

adults. While adults may verbalize sadness and despair, children often exhibit behavioral changes, somatic complaints, and academic decline. These manifestations are shaped by their developmental stage, understanding of death, and the emotional responses modeled by caregivers. When grief becomes prolonged or complicated, it may evolve into a clinical condition known as Prolonged Grief Disorder (PGD), a diagnosis now recognized in ICD-11 and DSM-5-TR.

Children who experience the death of a loved one, particularly a parent or primary caregiver, are at heightened risk for psychological disturbances such as anxiety disorders, conduct problems, and depressive symptoms. The World Health Organization and numerous child psychiatry bodies emphasize the importance of recognizing bereavement as a significant psychosocial stressor with the potential to derail developmental trajectories (Institute, 2023). The mourning process in children is often nonlinear, influenced by cognitive maturity, personality, and family dynamics. Without appropriate support, grief may result in long-term psychological consequences, including early-onset depression.

In Indonesia, child mental health remains a critical public health concern. Despite growing awareness, stigma and limited access to child mental health services hinder early diagnosis and intervention. According to the Indonesian Ministry of Health (2023), approximately 1 in 20 children aged 10 to 17 years suffer from mental health problems, yet only a small fraction receive adequate treatment. Cultural perceptions of childhood resilience may further downplay the severity of grief responses in children. Understanding how grief intersects with depression in the pediatric population is essential for developing effective prevention and intervention strategies tailored to local contexts.

Emerging studies have shown that grief can alter neurodevelopmental processes. The emotional upheaval following a significant loss affects not only the psychological but also the biological systems of a child, particularly the stress regulation pathways involving the hypothalamic-pituitary-adrenal (HPA) axis. Prolonged activation of this system has been implicated in the onset of various affective disorders, including major depressive disorder (MDD). Therefore, PGD and early-onset depression are not merely coexisting conditions but may share overlapping pathophysiological mechanisms. This necessitates a holistic approach that incorporates medical, psychological, and socio-environmental interventions.

Additionally, grief in children is closely tied to their stage of cognitive development. Children under 7 years may not fully comprehend the permanence of death, which can cause confusion, magical thinking, or guilt. School-aged children, such as the subject of this case report, begin to understand death as permanent but may struggle with expressing emotions, leading to internalizing behaviors like somatic complaints. Adolescents may experience existential distress and may be more vulnerable to risky behaviors or suicidal ideation if grief is unresolved (Dalton & Horne, 2020; Zisook & Shear, 2016). These developmental variations make it crucial to tailor interventions according to the child's age and cognitive-emotional maturity.

This article presents a case report of a 10-year-old boy who developed depressive symptoms after the loss of his grandfather. The report explores how environmental stressors, family dynamics, and unresolved grief collectively contribute to early-onset depression. Through clinical

observations and a comprehensive literature review, this case underscores the need for early recognition and multi-modal support systems to prevent the escalation of grief into debilitating psychiatric conditions.

METHOD

This study is a qualitative case report focusing on a 10-year-old boy who developed depressive symptoms following the death of his grandfather. Data were collected using multiple methods to ensure triangulation and depth of understanding. First, family interviews were conducted with the child's mother and grandmother to explore the home environment, parenting style, and family stressors. Second, clinical observations of the child were performed during outpatient visits, focusing on affect, behavior, and interaction with caregivers. Third, psychiatric evaluations were undertaken using standard diagnostic criteria aligned with DSM-5-TR and ICD-11 guidelines for Prolonged Grief Disorder (PGD) and early-onset depression.

Additionally, a literature review was conducted to support clinical interpretations and intervention strategies. The review focused on peer-reviewed journals and authoritative sources in child psychology, psychiatry, and grief counseling. Key databases such as PubMed, PsycINFO, and Google Scholar were utilized to identify relevant studies from the past decade. Findings from this review helped contextualize the case and inform appropriate treatment recommendations. Ethical approval was obtained through institutional review, and informed consent was granted by the child's legal guardian for publication.

RESULT AND DISCUSSION

Case Presentation

A 10-year-old boy was brought by his mother to a psychiatric clinic following a pediatric referral due to recurring gastritis and unexplained physical complaints. These symptoms became more prominent after the death of his grandfather, a central attachment figure in his life. Following the loss, the child displayed increasing emotional withdrawal, frequent crying, sleep disturbances, and reluctance to attend school. He also showed irritability and aggression toward his younger sibling, hitting and yelling without provocation. Clinical observation revealed flat affect, reduced speech, and poor eye contact. Family history indicated a turbulent environment: his parents were divorced, his father had remarried, and he currently lived with his mother, grandmother, and an uncle with alcohol use problems. The grandmother was reported to be verbally critical, and the child's emotional needs were largely invalidated.

Psychiatric evaluation based on ICD-11 and DSM-5-TR criteria confirmed that the boy met the diagnostic threshold for Prolonged Grief Disorder (PGD), with comorbid early-onset depressive disorder. He showed persistent yearning for the deceased, low mood, anhedonia, and social

withdrawal extending beyond a 12-month period. Psychosocial assessments further revealed impaired family attachment, unresolved grief, and poor coping strategies. These findings underscore the complex interplay between loss, family dysfunction, and the emergence of psychopathology in bereaved children.

Clinical Presentation and Diagnostic Features

The clinical trajectory observed in this case aligns with research showing that children who experience significant loss are vulnerable to developing symptoms that mimic other disorders, such as somatic symptom disorder, oppositional defiant disorder, or anxiety disorders (Revet et al., 2020). In this case, the initial presentation of recurrent gastritis highlights how grief can be masked as physical illness. Careful differential diagnosis and the inclusion of psychosocial history are essential to accurately identify the underlying emotional distress.

Additionally, children may lack the language to articulate feelings of sadness or hopelessness, leading to misinterpretation of symptoms by caregivers or clinicians. This underscores the importance of age-appropriate diagnostic tools, such as the *Child Behavior Checklist (CBCL)* and structured interviews like the *Kiddie-SADS-Present and Lifetime Version (K-SADS-PL)*, which help assess internalizing symptoms in pediatric populations.

Distinguishing Prolonged Grief Disorder and Depression in Children

PGD and depression often co-occur but are distinct in symptomatology. PGD is characterized by yearning, disbelief, and identity disruption following bereavement, while depression involves pervasive low mood, anhedonia, and cognitive impairments. However, longitudinal studies suggest that untreated PGD can evolve into depression or worsen existing depressive symptoms(Boelen & Lenferink, 2020; Wen et al., 2022). The emotional overlap between the two conditions can obscure the clinical picture, especially in younger patients. In children, PGD may manifest as regressive behaviors, academic decline, or irritability, while depression may show as diminished interest in play, fatigue, and self-critical thoughts.

The overlap also has implications for treatment. While grief-specific therapies target the processing of loss, depression-focused therapies aim at mood regulation and behavioral activation. An integrated model that addresses both grief and depressive symptoms has shown promise in pediatric populations (Lobb & Kristjanson, 2021).

Neurobiological Correlates and Developmental Impact

Neurobiologically, grief activates brain regions involved in emotional regulation, such as the amygdala, anterior cingulate cortex, and prefrontal cortex. Studies using functional MRI have shown heightened amygdala activity in individuals with PGD, suggesting heightened emotional reactivity and reduced cognitive control (O'Connor et al., 2008). In children, whose neurodevelopment is still ongoing, such dysregulation may manifest as behavioral problems, mood swings, and impaired academic performance. Additionally, stress-induced cortisol elevation can disrupt sleep, appetite, and memory formation—critical aspects for a school-aged child's functioning (Kaplow et al., 2021).

Prolonged exposure to such stressors during sensitive developmental windows has been associated with structural and functional changes in the brain, including reduced hippocampal volume and decreased connectivity in emotion-regulating networks. This neurodevelopmental vulnerability may explain why some children, especially those in unstable environments, fail to recover from grief and instead spiral into chronic affective conditions (Liu et al., 2022).

Psychosocial and Environmental Contributors

Environmental factors play a critical role in either mitigating or amplifying grief responses. Supportive parenting, secure attachments, and open communication about death are protective factors against complicated grief (Spuij & Houwen, 2020). In contrast, the absence of emotional support, exposure to familial conflict, and inconsistent caregiving can significantly impair a child's ability to process loss. In this case, the lack of psychological safety and validation from caregivers further intensified the child's distress. These dynamics underscore the importance of viewing grief within the ecological context of the child's home, school, and community settings (Dyregrov, 2017; Ramsden & Crimmens, 2019).

Furthermore, cultural beliefs about grief and emotional expression can influence how children internalize loss. In many collectivist societies, including Indonesia, emotional restraint is often valued, and open displays of sadness may be discouraged. This can lead to suppressed grief, which may later manifest as psychosomatic or behavioral issues (Parebong, 2021).

Therapeutic Interventions: Multimodal Approaches

Culturally sensitive therapeutic strategies are paramount. Cognitive-behavioral therapy (CBT) remains a cornerstone in treating child depression and complicated grief. CBT helps children identify and challenge maladaptive thoughts while promoting emotional regulation and problem-solving skills (Chand & Arif, 2023). Expressive therapies, such as art and play therapy, offer alternative modalities for children who struggle with verbal expression. Art therapy, in particular,

aligns well with this patient's interest in animation and provides a non-threatening outlet for grief processing and self-expression (Seputro, 2022; Worden, 2018).

School-based interventions are another crucial domain. Teachers and school counselors play an important role in early identification and support. Group counseling sessions and classroom-based psychoeducation about grief can normalize children's experiences and reduce stigma. Evidence suggests that children who receive school-based grief interventions demonstrate better emotional regulation and peer relationships.

Pharmacological intervention should be cautiously considered. Antidepressants such as selective serotonin reuptake inhibitors (SSRIs) have shown efficacy in some pediatric cases, but their use must be closely monitored due to potential side effects and risk of suicidality (Bridge et al., 2007). In this case, non-pharmacological strategies are prioritized given the age and contextual factors.

Complementary and Family-Centered Interventions

Complementary therapies like aromatherapy with lavender essential oil may provide adjunctive benefits. Evidence suggests that lavender can reduce anxiety, promote sleep, and support emotional regulation through its action on the limbic system(Algristian, Azizah, et al., 2022; Hritcu et al., 2012). While not a substitute for formal psychotherapy, such interventions can enhance the overall treatment experience when used appropriately.

Psychoeducation for caregivers is essential. Educating families about grief, child development, and emotional expression helps reduce stigma and encourages active involvement in the therapeutic process. Family therapy can facilitate communication, restructure dysfunctional dynamics, and rebuild trust (Algristian, et al., 2022; Corr et al., 2018). The integration of familial, clinical, and educational supports is crucial for effective, sustained recovery.

In conclusion, this case emphasizes the complexity of childhood grief and its progression to depression. Early recognition, trauma-informed care, family engagement, and culturally appropriate interventions are crucial in mitigating long-term consequences. As the understanding of PGD in children continues to evolve, mental health practitioners, educators, and caregivers must collaborate to create a supportive ecosystem for grieving children(Alsaad et al., 2023; Eisma & Lenferink, 2023).

Long-Term Implications and Public Health Perspective

The long-term impact of unresolved grief in children is not only personal but also societal. Children who develop chronic affective disorders due to unprocessed grief are more likely to struggle with educational attainment, interpersonal relationships, and future employment stability. They may exhibit increased risk of substance use, suicidal behavior, and delinquency in adolescence and early

adulthood (Pham et al., 2018). Hence, addressing grief in children should not be seen solely as a clinical task, but as a public health priority.

Public health initiatives should aim to integrate grief screening into school health programs and primary care settings. This would allow for early identification and referral, especially in communities with limited access to child psychiatrists. Training teachers, pediatricians, and community health workers to recognize grief-related symptoms can bridge the gap between children in distress and mental health services. Additionally, campaigns to reduce stigma around childhood emotional problems are essential to encourage help-seeking behaviors.

Policymakers should also consider the inclusion of grief-sensitive policies in educational and healthcare systems. This may include mandatory grief response protocols in schools following the death of a student's family member, training modules for educators, and the development of referral networks between schools and local mental health providers. In low-resource settings, digital interventions—such as telepsychiatry and mobile-based psychoeducation—may offer scalable solutions to support bereaved children and their families.

A systemic approach involving government agencies, schools, healthcare providers, and families can form a cohesive support network(Djelantik et al., 2020). Such an approach not only reduces the burden on individual clinicians but also fosters a compassionate, grief-informed society where children can process loss without fear of shame or abandonment.

Ethical Considerations in Child Grief Research and Practice

When dealing with childhood grief, especially in research or clinical practice, ethical considerations must take precedence. Children are a vulnerable population, and any intervention or study involving them must ensure minimal risk, emotional safety, and informed consent. In the case presented, informed consent was obtained from the child's legal guardian, and assent was sought from the child using developmentally appropriate language.

It is essential that mental health professionals practice cultural humility and sensitivity, particularly when exploring grief-related beliefs and practices within diverse families. For example, some cultures may discourage direct discussion about death or promote spiritual explanations that should be respected during therapy. Clinicians must find a balance between evidence-based practices and respecting family traditions to build trust and enhance treatment engagement.

Confidentiality is another critical concern. Children may share emotions in therapy that they are uncomfortable disclosing to caregivers. Therapists must clearly communicate the limits of confidentiality and help the child navigate appropriate ways to express their feelings within the family context. Furthermore, institutional policies must ensure that mental health services for grieving children are affordable, accessible, and grounded in ethical standards.

Ethical frameworks such as beneficence, non-maleficence, and justice must underpin all actions taken on behalf of bereaved children. Multidisciplinary teams—including psychiatrists, psychologists, pediatricians, teachers, and social workers—must work collaboratively to uphold these principles while delivering holistic and compassionate care.

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CONCLUSION

Losing a loved one, such as a parent or close family member, is one of the most overwhelming and stressful experiences, especially for children. The death of a caregiver during formative years can interfere with a child's emotional, cognitive, and social development. This case report illustrates how unresolved grief, when combined with environmental stressors such as family dysfunction and lack of emotional support, may escalate into Prolonged Grief Disorder (PGD) and early-onset depression.

Timely recognition of grief-related symptoms and access to integrative care can significantly influence the child's recovery trajectory. Mental health professionals must be trained to distinguish between normal bereavement and pathological grief in children. Intervention should not only

address the child but also involve family systems, school environments, and community resources. Techniques such as cognitive-behavioral therapy, expressive arts, psychoeducation, and supportive parenting can play a transformative role in helping children navigate the grieving process.

Future research is needed to further explore the developmental implications of PGD in diverse cultural contexts and to evaluate the efficacy of multimodal interventions. This case reinforces the necessity of a comprehensive, child-centered approach to loss that prioritizes mental well-being, builds resilience, and supports children in rebuilding emotional security after bereavement.

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