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## Community Care Team News

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#### In This Issue

This issue examines children and grief and is taken from the *Children's Bereavement Network Directory and Resource Guide* (2005-2006). Healing grief is a long term process, but tends to unfold in episodes of varying length and intensity. It is highly individual, yet common ground can be found among those who grieve. It cannot be held to a schedule yet it does follow a broadly general course. Multiple losses cannot be processed en-mass. Each loss has its own process. Ultimately the experience of loss blends in as part of life, but has a lasting impact.

Grief in children is often more intense, especially where trauma is involved. Youth re-process grief as they mature and view their loss from new vantage points. Unlike adult grief, grief in children may be enmeshed with other developmental issues, often requiring different approaches to grief.

#### Developmental Needs & Expectations

**Infancy:** Infants have no understanding of death, yet are directly affected by separation from their nurturer or their caregiver's emotions, especially anxiety. Distress is visible when an infant is suffering a loss, although infants can usually be soothed. Symptoms include crankiness, crying and clinging.

**2-5 years:** Death is seen as temporary. It can be interpreted as punishment, violent

and sudden. Young children have magical thinking powers and fantasize about the return or healing of the person who has died (e.g. Sleeping Beauty). Children may think they can catch the same illness and die. They also need to talk often about the illness or death in an effort to understand the words or concepts. Symptoms may include regression, separation anxiety, bed wetting, bad dreams, baby talk, clinging and temper tantrums.

**5-9 years:** Children in this age group may hide their feelings to avoid appearing babyish, to protect others from feeling sad, or if they are unable to tolerate the pain of grief. Death is seen as possible, but the child continues to see themselves as invincible. These children often seek out very concrete information about the death, although they also have a strong fantasy life that they use to make everything as it was before the death. Symptoms include: regression, crying, anxiety, headaches, stomachaches, denial of death, hostility toward the deceased, school problems, inability to concentrate, and bad dreams.

#### **9-12 years:**

Children in this age group begin to truly understand the irreversibility of death. Children may seek information about the details of the illness or death and need explicit explanations. The child's independence is fragile and when threatened, the child may respond with

anger toward the deceased, themselves or other survivors. New fears and phobias are common. Symptoms include: anxiety, physical pain, hostility towards others, guilty feelings, lack of attention, daydreaming, school problems, fear of additional loss, and fear of dying.

### **12-18 years**

Many adolescents would like to retreat to the safety of childhood, yet society does not permit it. They are compelled to act like adults, where their coping mechanisms and ability to understand death may be more similar to a child's. Often they assume different roles to maintain balance within the family. They are overly concerned with acceptance by others and often suppress their own needs in order to fit in. The main goal of this age group is to feel normal. Adolescents are often more susceptible to unresolved grief. They use denial as a means to avoid losing control. Symptoms include: withdrawal, acting out, assumption of adult roles, regression, preoccupation with death or the details of the death, anger and difficulty maintaining relationships with family.

### Phases of Childhood Grief

It is important to remember that this list is a guide, not a formula. Some children will experience many of the phases, while other children will not experience any of the phases.

### **Shock/Denial/Numbness/Disbelief**

At the time of the crisis, the mind can block out what is traumatic in an effort to protect the psyche. The ability for our minds to keep out what is overwhelming is normal and healthy. As children begin to feel safer, they also begin to move towards healthy grieving. Adults can be

instrumental in creating a "safe" environment and encouraging the expression of emotions.

### **Lack of Feelings**

Children are children first and grievers second. They often resort to typical, carefree and child-like behaviors as a way to protect themselves. What may appear as indifference is actually a self-protecting measure.

### **Physiological Change**

It is common to see somatic behaviors in grieving children. Such physiological symptoms include: headaches, stomachaches, tiredness, sleeping disturbances, change in appetite, tightness in the throat, and general nervousness. These should be recognized as normal and temporary. A child may assume the sick role in an attempt to sympathize or relate to the ill person. Somatic complaints often occur in children who have not been given the message that it is safe to express their feelings.

### **Regression**

Under stress, children often wish to return to the feelings of safety they experienced at earlier stages in their life. Children may become overly dependent on the parent, want to sleep with the parent, throw a tantrum when separated from the parent, use baby talk, or refuse to work independently on tasks they had previously mastered. Regressive behaviors are also normal and should be handled sensitively. If behaviors continue for a long period of time, it may indicate the need for additional intervention.

### **Big Man/Woman Syndrome**

This is the opposite of regressive behavior. It is when the child attempts to grow up too quickly and assumes adult responsibilities. Adults should monitor appropriate roles and responsibilities for their children.

### **Disorganization and Panic**

When a child is completely overwhelmed, he/she can become unable to handle basic situations or emotions. Children appear irritable and restless. During this phase, children primarily need reassurance, security, and a routine. They may need reaffirmation that what they are going through is normal and necessary for healing.

### **Explosive Emotions**

Overwhelming emotions such as anger, hatred, or terror may be directed toward anyone or anything (physician, clergy, friends, God, parent or the world in general). Behind such high emotions are the child's primary feelings of pain, helplessness, frustration, and hurt. Adults need to communicate that the anger and frustration are normal, and are often shared by adults. Expression of such feelings should be encouraged through active listening and empathy. However, children should not be permitted to abuse others as a way of expressing their emotions. It is important for children to have healthy outlets for expression.

### **Acting-Out Behaviors**

Acting out can be the result of explosive emotions. Children should be reassured that it is OK to be angry or frustrated, but it is not OK to hurt others or themselves.

### **Fear**

When illness or death occurs, suddenly the world seems even more vulnerable

and unpredictable. When the life of someone important becomes threatened by illness, the child may fear whether there will always be someone there to care for them or the possibility that they too could become sick or die.

### **Guilt and Self-Blame**

Many children suffer from guilt and self blame. Developmentally, children may not fully understand cause and effect relationships. Children may believe that thoughts can cause actions and they blame themselves for the illness or death (most children can remember a time saying, "I wish you were dead!"). Children may assume all responsibility for the illness/death and never say it out loud. Adults need to be particularly aware of this. To prevent such guilt, children should be made aware of the reality of the illness/death and repeatedly be reminded that they were not responsible for the death.

### **Relief**

This feeling can be the most difficult for a child to admit, although it is quite normal for a child to feel relief when the daily pain is over. For example, a child whose sibling has been sick for several years and whose parents spent most of the time in the hospital may feel some sense of relief after the sibling dies and the parents return home. It is imperative that the message be given that it is a natural and normal reaction and is no way indicative of a lack of love.

### **Loss/Emptiness/Sadness**

During this phase, children fight to accept the reality of the situation. A natural response is for the children to become depressed. They may demonstrate a lack of interest in themselves or others, a change of appetite, prolonged withdrawal,

nervousness, or low self-esteem. A caring adult needs to reinforce to the child that releasing their emotions will help the child to feel better. Be respectful that some children will not be able to speak about their emotions, but encourage them to draw or physically release the energy.

### **Reconciliation**

The final phase of childhood grief occurs when the child's grief ceases to overwhelm their daily existence. The child begins to look forward toward his/her future with a sense of hope and anticipation. Adults need to be careful not to put a timetable on how long a child should grieve. It is a process, not an event. And it is life long.

### Ways to Help a Grieving Child

1. Listen...and listen some more.
2. Let the children ask questions. Be honest and answer truthfully, even the hard ones. But it is also OK to say, "I don't know."
3. Keep explanations short, simple and truthful.
4. Encourage everyone to use proper words, such as dead/dying. Avoid euphemisms, such as "sleeping", "lost", or "long trip."
5. Be a good model of grieving and share your feelings with your child. If you hide your grief, they will learn to hide it too.
6. Talk about and remember the person who died. Use their name!
7. Expect and allow all kinds of emotions...sadness, numbness, anger, fear, guilt, frustration, happiness.
8. Don't misunderstand what may appear to be a lack of feelings when a loved one dies. Children are children first and often can tolerate only small doses of grief at one time.
9. Get out the crayons, pens, pencils, paint and chalk; children often express their grief through artwork. Provide opportunities for the children to express themselves. Art, music, play, games and books can be wonderful tools for expression and communication.
10. Run! Jump! Play! to release energy and emptiness.
11. Try to keep routines as consistent as possible.
12. Set limits/rules and enforce them.
13. Give the child choices whenever possible.
14. Realize that children's bodies react when they experience grief. Anticipate eating and/or sleep disturbances and some changes in their behavior.
15. Be especially supportive at bedtime; sleep can be different for grieving children.
16. Respond with nurturing to physical aches and pains that often represent emotions connected to grief.
17. Hug with permission.
18. Practice patience.
19. Inform teachers and all important people in the child's life about death.
20. Don't force children to talk.
21. Resist being over-protective
22. Remember special days that are important to the child (holidays, birthdays, etc.) and expect a variety of feelings on those days.
23. Plan family days together.
24. Seek additional professional help for the child if needed.
25. Remember that "playing" is "grieving" for children.
26. Make each child feel SPECIAL and IMPORTANT.