

Children, Young Adults and Grief*

In working with children and young adults we are often confronted with situations where the youth has been impacted by some type of loss. That loss may be in the form of death, (immediate family members, extended family members, friends or acquaintances. Other types of loss besides death can dramatically impact youth and impair functioning. **Losses can typically be categorized into 3 major types;**

1) Loss and change of self: Losses in this area would include any type of event or situation that challenges the status quo experience and definition of self or role in the family.

2) Loss and change of security: In this type of loss the sense of physical and emotional security is disturbed. This can originate with financial shifts, the 911 attacks or may result from a personal assault, such as rape, beating, burglary or any event that challenges the myth of safety.

3) Loss and change of meaning: core definitions of how life works, personal goal and the “meaning of life” in general are challenged. This shift can be brought about by death, loss of job, any major change that is unwanted and unpredicted. Generally speaking if the a death is the result of a long illness or if the shift in living arrangements/job has been anticipated the degree of discomfort is lessened.

Factors influencing resiliency:

a) type of death(s) experienced has a marked influence on the impact that is generated. Terrorism, sudden unanticipated death, or death from suicide, AIDS or homicide may complicate the grieving process by adding elements of fear, humiliation or shame.

b) physical/emotional functioning of the adult/parents central to the youth’s life: We know that most children attach meanings to events based on how they see their parents react. So the modeling that parents and teachers do is somewhat foundational to how the youth will choose to experience the loss.

c) age/socioeconomic status: the ability to understand and process the loss may be impaired by lack cognitive abilities with younger children or some families may be hampered in the lack of ability to access resources based on geography etc.

d) individual temperament/personality: usually during a crisis period particular personality traits may be amplified and so an adaptable, practical youth may move through grieving rather quickly as compared with a subjective, fearful youth.

e) pre-existing conditions: take into account conditions such as learning disabilities, mental illness or poor social functioning. All of these may contribute to difficulty working through a grieving process.

f) family structure, functioning and relationships: families with a more open style of communication that allows for self examination and emotional expression provide a more stable foundation for a child/youth to grieve. Conversely, families that tend to be more closed and disallowing or disapproving of emotional expression tend to dampen the ability of the youth to be able to move through the grieving process.

g) concurrent life stressors: financial problems, illness, difficult living conditions, involvement with juvenile court, difficulty academically, etc. All of these conditions usually add to the sense of loss, in that the loss is often seen as ADDED EVIDENCE that the world is not safe, not ok, is not working well, etc for the youth. The meaning attached to the core loss is amplified by the concurrent stressors.

h) support services: if a youth has a specific support person to talk with and be there for them, there seems to be a softening of the symptoms.

Typical General Responses

We have come to expect certain reactions from youth and children when dealing with death. Their fear, anger, sadness, and guilt are related to their:

- 1) ability to understand the situation
- 2) worry about others emotional and physical well being
- 3) desire to protect others
- 4) reactions to changes in the home life
- 5) changes in roles/expectations
- 6) feelings of being different, alone, isolated
- 7) sense of injustice
- 8) concern about being taken care of and about the future

children express grief by their

- 1) behavior, 2) emotions, 3) physical reactions, & 4) thoughts

Predictable ways that children understand and respond to death/loss at different ages:

Infants and toddlers: before the age of 3

Because this group has very little understanding of the cause or finality of death, they are more apt to react to the physical separation of a significant person and changes in their immediate world. Their distress is usually displayed by

- 1) crying
- 2) searching
- 3) change in sleep and eating habits

Preschoolers/young children 3 –5 years old

At this age, death is usually equated with punishment and as such children in this age group will usually attach meanings of punishment to a death/loss. There is usually a sense of “reversibility” at this age, so the child may believe that the dead person will

come back to life. Playing cops/robbers, cowboys/Indians, etc may add to this sense of reversibility. Feelings will most often be communicated by:

- 1) tantrums
- 2) crying
- 3) clinging
- 4) regression to earlier behaviors (thumb sucking, nightmares, bedwetting, etc)
- 5) separation fears
- 6) magical thinking that the person will reappear
- 7) acting/talking as if the person is still alive

Early school age children 6 – 9 years of age

Children this age has the vocabulary and ability to comprehend simple concepts relating to germs, disease, guns, etc. At this age there is usually a fascination in organizing concrete details. When talking about 911 they might respond with a focus on how the firefighters climbed up the stairs and what the fire trucks looked like on CNN. They will often notice details that older children and adults ignore as being irrelevant. They are most likely to display:

- 1) anger
- 2) denial
- 3) irritability
- 4) self blame
- 5) fluctuating moods
- 6) withdrawal
- 7) earlier behaviors
- 8) school behavior problems (avoidance, lack of concentration, etc)

Middle school age children 9 –12 years of age

By this age most children have a mature understanding of death. They will usually know at this age that death is 1) permanent, 2) cannot be reversed, 3) once you have died your body is not longer able to function, 4) It will happen to everyone sometime, 5) it will happen to them. With this more mature understanding comes the possibility with some children of a more adult-like response, such as being protective of others, having a sense of responsibility (response – ability) to the situation. Most common reactions at this age are:

- 1) crying
- 2) aggression
- 3) longing
- 4) resentment
- 5) isolation, withdrawal
- 6) sleep disturbance
- 7) suppressed emotions
- 8) concern over physical health
- 9) academic problems or decline

Early teens adolescents

Clearly able to understand the significance of death, teen's responses are directly related to their developmental tasks. As they struggle towards independence, they may feel resentful and unsure of themselves, yet pressured to fulfill an adult role. They have a view to the future, question their own mortality and ask themselves "what if?" They may be afraid of exposing their strong feelings and thus may be denied or ignored and replaced by teenage rebellion. Common reactions include:

- 1) numbing
- 2) anger
- 3) resentment
- 4) anxiety
- 5) guilt
- 6) sense of increased responsibility
- 7) self involvement
- 8) risk taking and acting out
- 9) avoidance of feelings
- 10) distance
- 11) fear of death
- 12) appetite and sleep changes
- 13) physical compliant
- 14) academic decline or apathy

Summary

Most children and youth are at the greatest vulnerability in the first year after the event, with 10 – 15% at risk for problems, (most likely in the form of depression). Research suggests that most teens have adjusted to a specific death within one year of the event. **Part of the problem with the 911 events is that the impact of the terrorist is not a single event, but rather a process of ongoing events that continue to stimulate the sense of loss.** This additional factor exacerbates some of the symptoms due to the sense of not being able to get over it. . .the chronic nature of the situation contributes to low grade symptoms in more youth/children than a single incident death might. In particular, depending on the child's age, situation, intensity, frequency and manifestation of certain symptoms, causes for concern include:

- 1) long term denial or avoidance of the topic
- 2) sleep, appetite, weight changes
- 3) extended periods of sadness, loss of interest in activities, feelings of helplessness and hopelessness, inability to experience moments of joy, profound emptiness
- 4) vague and generalized feelings of guilt and depression rather than sadness connected with the event
- 5) inability to respond to comfort, rejection of support
- 6) purposeful withdrawal from friends, loss of sociability
- 7) inability to sleep, loss of appetite, prolonged fear of being alone
- 8) prolonged rather than transient symptoms
- 9) acting younger for a prolonged period of time
- 10) destructive outbursts
- 11) inappropriate euphoria
- 12) accident proneness
- 13) inappropriate/illegal behavior
- 14) decline in school performance, refusal to attend school
- 15) persistent anxieties about one's own death or illness
- 16) excessive grief, difficulty weeping or uncontrolled weeping
- 17) repeated statements about the desire to join the deceased that suggest intent to cause self injury rather than a just longing to be reunited

Coping Tasks

Rather than believe in a certain set series of stages that one must pass through, the work is conceptualized as different tasks with which one must cope or which one must resolve. The tasks for mourning for children and adults are as follows;

Adults

- 1) need to accept the reality of the loss people/person has

Children

- 1) need to understand that actually died.

2) work through the pain of grief associated with loss

3) adjust to the new environment and identity based on the loss

4) emotionally relocate the person who has died and preserve sense of the person

2) experience feelings

3) adjust to the new modify

4) reevaluate the relationship an internal

then continue on with normal developmental tasks

How You Can Help Children/Youth with Grief Process

- 1. Tell the truth, but avoid any unnecessary information.** Look at why you tell what you tell. . . ask yourself what is your purpose. That will help you separate out any of your internal agendas.
- 2. Be simple and direct, use correct words and language,** call it what it is without embellishment.
3. Reassure children that **they are not to blame.**
- 4. Model appropriate responses, do not hide emotions.** Explain feelings as a way to help children understand their own, but keep expressions of strong dramatic feelings for private times with other adults.
- 5. Find ways for the children to be involved.** Participation in positive acts will engender a sense of control and forward movement. It will also help to combat the sense of helplessness/hopelessness that so often accompanies loss.
- 6. Encourage the child/youth to talk and ask questions.** Find out what the child thinks and feels and correct any misconceptions or misinformation.
- 7. Become attuned to and respond to the child's own pace for revealing feelings.** Offer opportunities for comfort by being available whenever the child/teen is ready or experiencing strong emotion.
8. Allow and **encourage expression in private ways, such as journals, art projects, etc.**

9. Acknowledge and **affirm the children's expressions**. Accept and normalize their responses.
10. **Have more than one conversation**. As the processing of the event continues, the child's needs and views may change and ideally you will be attuned to those evolving needs.
11. **Provide understanding, support and extra guidance** or assistance with school assignments, home chores, social obligations as necessary over time.
12. **Explore their feelings about the death(s)/loss**. Understand their beliefs and how being confronted with death can stimulate related personal feelings. Especially with the 911 attacks this step has become very important due to the idea that our families and each one of us can be a target.
13. **Realize that most children will make comparisons** and want things to be the way that they used to be. There may be lots of talking about how things were before the loss. **Do not react negatively to this condition** but understand that it is usually part of the healing process for most children.
14. **Talk to and enlist the support of other adults for the child/children**. Most children do better with a team that they can depend on.
15. **Become familiar with the cultural and religious beliefs and practices of the child**. Being sensitive to specific rituals and customs is important for understanding how to respond, how to tailor comfort, what is within the realm of expected behavior, and how to prepare and involve classmates.
16. **Monitor a child's response over time and check out any concerns with a mental health professional**.
17. **Encourage the child to collect memories and appropriately use them**. (can be a source of comfort, guidance, etc, not designed to add to avoidance)

*taken from the work of Robin F. Goodman Ph. D

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