

Assisting grieving children

This article relates to children/adolescents who are grieving the death of a loved one.

The early 20th century saw the removal of death from the everyday lives of children. Medical advances averted death, the sick and dying were institutionalised and the deceased, once cared for in the family home, were removed to funeral homes. For children, death became a secret or taboo subject; hence children were shielded from the experience of death and its accompanying psychic pain. This misguided protection and avoidance has served to disempower both parents and children, as parents can often feel ill equipped to converse with children about death. As a consequence, children can be denied the opportunity to gain control of the chaotic and painful world in which they find themselves.

Thankfully society has moved from this stance. Research and the lived experience demonstrate that protection in the form of denial or secrecy, rather than alleviating children's/adolescents' distress, only serves to exacerbate it with potential to harm their development. The vitally important role of parents, guardians, families, peers and other support persons in both acknowledging and supporting children's/adolescents' grief, cannot be overestimated in achieving healthy outcomes for them. By far the majority of children with this support will emerge from their grief experience psychologically sound, without the need for professional intervention.

It is helpful to understand that grieving does not follow a set pattern, and two children or adolescents of the same age group will not grieve in the same way. The interpretation and processing of loss and grief for children/adolescents is governed by their level of emotional and cognitive abilities together with their limited life experience. Their grief will also be influenced by a multitude of factors, including, but not limited to, their age, personality, family support, and culture (both familial and ethnic). These factors expose them as psychologically vulnerable grievers. The main challenge then for those caring for these children/adolescents is to ensure that their support is attuned to the aforementioned so as to minimise psychological damage and affirm them as legitimate grievers.

Children have insufficient internal resources and limited capability to seek external resources beyond their immediate environment. They are further limited by their dependence upon adults and their inexperience to appreciate that their pain will subside and to be hopeful that life and its pleasures will go on. Children are at risk of being disenfranchised grievers due to their inability to tolerate or sustain unrelenting psychic pain, which may cause adults to believe that they are not grieving or not seriously affected by the loss in the long term. The younger they are, the more this is so. Truth is critical for children/adolescents in loss. Protecting them from the pain of loss by significant limiting of information also has the power to affect their coping skills and adjustment as well as adding to their sense of being disenfranchised. With sensitive preparation and support they should be encouraged to participate in family grief and rituals surrounding loss eg vigils, funerals and intimate time with the dying.

Immediate needs: In death, the child's/adolescent's sense of safety, mastery and control is threatened; the severity of the threat is governed by the intensity of the loss. While ever the child's safety or perception of safety is denied them, they will be unable to grieve and successfully adapt. The pervasive sense of danger makes the child fear for his/her life, that of others and/or family life. Therefore, it is vital that physical and emotional safety and stability of familiar life structure is immediately assured and maintained optimally by the primary care givers, especially the parents. Prompt, truthful explanation of the death is vital to maintain the child's trust and ensure that the child will not be scared or confused with misinformation. Additionally, it is essential to normalise their thoughts and feelings so that they will be less frightened by this new experience.

Assumptive world: The individual's natural instinct is to appreciate one's self worth, to view others as good/kind/friendly and the world as structured and predictable. Significant loss has the potential power to demolish this internal assumptive world. As a result, children's/adolescents' sense of safety, meaning, control, self worth and trust is rendered fragile, leaving them feeling disconnected and powerless with shattered self esteem and a pervasive sense of fear and anxiety. In order to restore a healthy psyche it is imperative that their assumptive world

is restructured to allow them to successfully integrate their loss. It is helpful for adults to have some understanding of this world.

Preschool children are highly egocentric ie everything is in relation to them, so their central concern involves abandonment and separation from their primary care givers. Thus these little ones, in order to grieve, must firstly be assured that they will be cared for emotionally and physically. They have difficulty appreciating cause, permanency, universality and irreversibility of death, so the concept is difficult for them.

- As they live in a world of magical and fanciful thinking, they are very likely to believe their thoughts, words or actions were the cause of death. It is important to explore such belief and relieve any guilt.
- They attribute life to both living and inanimate objects. Their world can appear circular, for example, they believe as cartoons depict, that the dead will bounce back to life. It is therefore, necessary to wisely consider your words when you explain the death and what it means. Avoid phrases like "...is having a very long sleep", or "...has gone on a wonderful journey", as the child may be frightened to go to sleep or have loved ones sleep. Similarly they may panic when someone they love later says they are going on a wonderful holiday. If telling them the loved one died from illness, be sure to tell them that not all illnesses lead to death.
- They believe that normal bodily functions continue in death. So it is helpful to tell them that the dead no longer need to eat, breathe, and so on.
- Their mild or non-existent reaction to being told of a death is due to their lack of understanding.

Ages five - ten are less egocentric. They are able to appreciate that others have feelings, hence they are sensitive to the distress of others.

- Magical thinking is still a part of their psyche so they may feel guilt that they somehow caused the death. They may try to behave in ways to please the deceased.
- They have an evolving understanding of cause, permanency, universality and irreversibility of death and their concepts of cause and effect are developing. They understand external and internal causes of death as in accident and disease. It is also helpful to tell them not all illnesses lead to death.
- Still think in concrete terms but are able to more readily benefit from explanation. They are likely to be concerned about the decomposing of the body.
- They are developing reluctance to show feelings, particularly boys.

Ages 11 - adolescence Five core developmental issues are directly affected by the grief of adolescents, namely, "trusting in the predictability of events, gaining a sense of mastery and control, forging relationships marked by belonging, believing the world is fair and just and developing a confident self-image".

- Understand death to be permanent, irreversible and universal though they may test universality by engaging in risk taking behaviour.
- The implications and long term consequences of death are better understood.
- Grief reactions may be intense due to their biological, psychological and social fragility.
- Analytical powers allow them to review and critically evaluate received information and detect inconsistencies therein.

According to their developmental capacity, children/adolescents grieve intermittently and information is not taken in as a whole; it is only able to be obtained in segments. This combined with their inexperience means questions are a constant in understanding the death and its implications. Keep communication open and free for them. As they lack sufficient language and processing skills they are not able to express their feelings as well as adults and so need to be regularly provided with opportunities and support to express their grief. Encourage expression in keeping with their age eg play, drawing, writing.

One of the most important tasks is to *listen* to children/adolescents, both for what is said and what is not. Young people need to ask questions in order to understand and make sense of the death and how it affects them. Such information affords them the opportunity to gain control in their world of sudden chaos. Carers need to provide information and utilise their instincts and knowledge of their child's/adolescent's personality in choosing language that is most appropriate to their age and cognitive ability to explain the death. Honest, patient, succinct, factual explanation that is patient with a child's repeated questioning shores up their sense of safety and allows them to incrementally understand and test the reality. It also assures them that their needs will be met, they are legitimate grievers and their grief is valid. Short answers are best. Always check with the child/adolescent about their

interpretation of the received message. Also, be aware of the influence of non-verbal communication. Children are highly perceptive and will take messages from this mode. Additionally, some children may hide their feelings in order to avoid distressing their parents.

Modelling coping skills Though numerous intrinsic and extrinsic factors influence a child's grief outcome, coping with loss together with the expression and permission to grieve is fundamentally learned from the modelled behaviour of the child's/adolescent's family. Naturally, those children/adolescents witnessing adaptive expression that they can emulate (and are supported to do), adjust well. Given that they are limited by their life experience in applying logic and are therefore dependent on adults to furnish their reasoning, trusted adults who converse, express their sorrow and demonstrate problem solving skills in a wholesome manner, restore hope for the child/adolescent that they too can cope, regain control, find meaning and re-establish their sense of identity.

Young children may believe those close to them may never die. Parents etc falsely tell children they will *always* be there for them.

Young children are more ego centred in their need for assurance of safety from their primary care givers and their development does not permit them to gain safety and emotional support from their peers. Peer group support for adolescents can play a vital role in their processing of grief, together with family support.

Finally, it is vital to understand that grief is not an illness and does not need to be fixed. Rather, it is a normal reaction to loss that will progress wholesomely if children feel they are listened to and encouraged to express their feelings, provided with safety, truth and healthy modelling. More often than not this support is able to be provided by allowing children to grieve in the supportive care of their primary care givers.

In addition a resurgence of grief and reappraisal of the relationship with deceased occurs during different stages of maturation.

Consider facilitating opportunities to engage in activities that the child/adolescent enjoyed with the deceased as this helps to bring the memory of the loved one closer.

When companionship children/adolescents it is helpful to be aware of and acknowledge for them the multiple secondary losses (temporary or permanent) that come with the death of a loved one. For example if a parent has died, the child/adolescent may experience:

- Loss of expressions of love
- Loss of confidant/e
- Loss of safety/protection
- Loss of mentor
- Loss of support
- Loss of innocence
- Loss of childhood
- Loss of place in family
- Loss of home/school – if family forced to move
- Loss of friends
- Loss of privacy
- Loss of place with peers – is now 'different'
- Loss of self esteem
- Loss of joy
- Loss of physical contact with parent
- Loss of trust if not treated with honesty and inclusivity
- Loss of rituals
- Material losses – if parent contributed to income.

For more information please visit <http://www.mn.catholic.org.au/diocesan/seasons.htm>