Grief – A Natural Process

Death and loss are a part of life and are experiences that come to all of us during our lifetimes. The following are some basic concepts related to the grieving process, as well as some suggestions about how to care for your child and yourself during a time of grieving.

1. Grief is a natural response to loss.

   People of all ages have emotional and physical reactions to the death of people that are close to them. While this is natural, it often feels out of control and frightening. It can be helpful to remember that it is healthy to experience these feelings.

2. Each child's grief experience is unique.

   While there are many theories of grief tasks, each person walks an individual path of grieving. Support is often best offered in the role of a listener and a learner, allowing the griever to teach us about their journey.

3. There are no “right” or “Wrong” ways to grieve.

   During the grieving process people often have “crazy” feelings, thoughts, and impulses. Many people will offer advice and recommendations at times like this. While keeping a child safe from destructive behaviors is always a priority, helping a grieving child is often achieved by non-judgmental listening.

4. Every death is different and will be experienced by the child in different ways.

   Depending on the relationship and the type of death, we all experience each death differently. Respect for each child’s experience and coping style is helpful for grieving Children.

5. The grieving process is influenced by a multitude of factors.

   Support systems, nature of the death, nature of the relationship, “unfinished business” between the child and the person who died, developmental age of the child, and community views of death are just some of the many factors that will influence the child’s grief experience.

6. Grieving never ends. It is something the child will never “get over”.

   This is one of the least understood aspects of grief in our society. When a family member dies, life will never be the same for that family. Life goes on, but grief is experienced over the life span, especially at each new stage or
developmental level, and even at each new experience of growth and accomplishment.

How to Help a Grieving Child

Be a good listener.
Follow routines.
Set limits.
Be aware of and sensitive to trigger events or memories.
Allow for grief, sorrow, anger, and other feelings.
Allow for all questions and give concrete examples about death.

Common Mistakes – Things to Avoid

DO NOT suggest that the child has grieved long enough.
DO NOT indicate that the child should get over it and move on.
DO NOT expect the child to complete all responsibilities on a timely basis.
DO NOT act as if nothing has happened.
DO NOT say things like “It could be worse, you still have a sister”, “I know how you feel”, or “You’ll be stronger because of this”.

Taking Care of Yourself

Make time to talk to other adults about the grieving child.
Talk to those you trust about your own feelings.
Remember that grief takes time, and there is no set time frame.
Seek professional help when necessary.
Get physical activity, sleep, and reflective time.
Drink plenty of water.

CIRCLE OF CARE, a grief and illness support center, (510) 531-7551
# Developmental Implications for Children's Understanding of Death

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<tr>
<th>Age</th>
<th>Expect to See</th>
<th>Helpful Response</th>
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<tbody>
<tr>
<td>Infant – 2 yrs</td>
<td>General distress, shock, protest, despair. Withdrawal and detachment. Sleeping and/or eating problems. Even infants respond to mother’s grief.</td>
<td>Presence of a consistent nurturing figure to replace or supplement the mother’s care.</td>
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<tr>
<td>6 – 11 years</td>
<td>Understands about death, but “won’t happen to me”. Denial, anger, general distress, somatization. Fear of losing control around others. Morbid curiosity; magical thinking, irrational beliefs; primitive superego, residues of concrete thinking. “Selfish” anxiety about security needs.</td>
<td>Simple, direct responses to questions. Be alert for distortions and feelings of responsibility. Reassure about security needs and plans for future. Be appropriately honest about your feelings. Create special rituals for anniversaries, birthdays, etc.</td>
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<tr>
<td>12 years +</td>
<td>Shock, anxiety, distress. Façade of coping, emotional withdrawal. Difficulty in sharing feelings. Disruption of relationships with peers and/or family. Anger, depression. Reactions may often be similar to those of adults.</td>
<td>Encourage sharing of feelings and peer support. Groups are especially helpful. Acceptance of usual teen behaviors. Readings and psycho-ed materials. Be alert for self-destructive behaviors or over parentification</td>
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COMMON RESPONSES OF THE GRIEVING CHILD

Academic

♦ Inability to focus or concentrate
♦ Failing or declining grades
♦ Incomplete work, or poor quality of work
♦ Increased absences or reluctance to go to school
♦ Forgetfulness, memory loss
♦ Overachievement, trying to be perfect
♦ Language errors and word finding problems
♦ Inattentiveness
♦ Daydreaming

Behavioral

♦ Noisy outbursts, disruptive behaviors
♦ Aggressive behaviors, frequent fighting
♦ Non-compliance to requests
♦ Increase in risk-taking or unsafe behavior
♦ “Hyperactive-like” behaviors
♦ Isolation or withdrawal
♦ Regressive behaviors to a time when things felt more safe and in control
♦ High need for attention
♦ A need for checking in on surviving parent

Emotional

♦ Insecurity, issues of abandonment, safety concerns
♦ Concern about being treated differently from others
♦ Fear, guilt, anger, rage, regret, sadness, confusion
♦ “I don’t care” attitude
♦ Depression, hopelessness, intense sadness, confusion
♦ Overly sensitive, frequently tearful, irritable
♦ Appears unaffected by the death
♦ Preoccupation with death, wanting details
♦ Recurrent thoughts of death or suicide
Social

♦ Withdrawal from friends
♦ Withdrawal from activities or sports
♦ Use of drugs or alcohol
♦ Changes in relationships with teachers/peers
♦ Changes in family roles (e.g. taking on the role of a deceased parent)
♦ Wanting to be physically close to safe adults
♦ Sexually acting out
♦ Stealing, shoplifting
♦ Difficulty with being in a group or crowd

Physical

♦ Frequent stomachaches, headaches, heartaches
♦ Frequent accidents or injuries
♦ Increased requests to visit the nurse
♦ Nightmares, dreams or sleep difficulties
♦ Loss of appetite or increased eating
♦ Low energy, weakness
♦ Hives, rashes, itching
♦ Nausea, upset stomach
♦ Increased illnesses, low resistance to colds, flu
♦ Rapid heart beat

Spiritual

♦ Anger at God
♦ Questions of “Why me?” and “Why now?”
♦ Questions about the meaning of life
♦ Confusion about where the person who died is
♦ Feelings of being alone in the universe
♦ Doubting or questioning previous beliefs
♦ Sense of meaninglessness about the future
♦ Change in values, questioning what is important

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