

GRIEF REACTIONS OF CHILDREN

GRIEF REACTION

SHOCK AND NUMBNESS. This often serves as a cushion against the full impact of a tragedy as children may not be able to intellectually or emotionally process the information about the death. Some youngsters may laugh inappropriately upon hearing the news.

DENIAL. Blatant denial that the event took place is not an unusual reaction, especially among younger children.

SADNESS. Children may appear sad and tearful. This is a normal response to loss.

ANGER. Anger may be expressed at the deceased or at the event: "Why did this happen to me?" Anger might also be displaced onto adults in the environment: "How could they let this happen?"

ANXIETY. If a parent has died, a young child may experience fears of abandonment, expressed by worries about who will take care of them now. There also may be worries about the death of the remaining parent. If a peer or sibling dies, there may be fear about their own safety, that the "Death Ghost" will snatch them away, too. These anxieties may be manifest in regressive behavior, e.g. bedwetting, thumbsucking, fears of the dark. Older children may develop a foreshortened sense of their own future, and this anxiety may be exhibited in risk-taking behaviors and drug and alcohol abuse.

SHAME. Unlike most adults, children do not want to be seen as "grieving", something that makes them different from their peers.

GUILT. As a result of "magical thinking", young children may worry that they were the cause of the tragedy: "Did my bad behavior make this happen?"; "If I loved my brother more, he'd still be alive today!" Older children may worry about negative encounters they had with the deceased prior to the death. There may also be guilt related to the fact that the child does not feel he/she is as "sad" as the rest of the family about the loss.

PHYSICAL PROBLEMS. Frequent illnesses and somatic complaints are common reactions in children during the process of grieving.

ACADEMIC PERFORMANCE PROBLEMS.

Confusion, difficult in concentration, memory lapses, and preoccupation with thoughts of the deceased are common and these may interfere with academic work.

ADULT RESPONSE

SHOCK AND NUMBNESS. Provide an atmosphere which encourages the open expression of all initial reactions to the event, even the unusual ones such as laughing as a way of reacting to fear.

DENIAL. Communicate all the facts in a clear, concise way and avoid a power struggle about the truth. Children often accept tragic facts in a gradual way, and over time, they may ask repetitive questions about the event as a way to understand and gradually accept what happened. Don't get unduly concerned if denials seems to wax and wane; for children, who have immature egos, approaching and avoiding the truth is one of the ways they come to terms with painful realities.

SADNESS. Encourage them to talk about these feelings and validate them as appropriate. Initiate conversations about the deceased. This ventilation can be facilitated through the use of artwork, collages and tape recorder for younger children and the use of journals for older children.

ANGER. Accept the anger and allow children to express it. It may be helpful to encourage physical activities like athletic sports as a way to release the tension generated by angry feelings.

ANXIETY. Reassure children that arrangements have been made for their caretaking within the extended family system, even though it is very unlikely that something will happen to the remaining parent. Encourage children to resume routine activities such as scheduled meals and bed times, school attendance, and play rituals as soon as possible, since both the structure and the routine of the familiar will bring a sense of order and control to the chaos they are experiencing. Also encourage their taking part in rituals for the deceased, which will provide them with mutual sharing and the support of others.

SHAME. Encouraging normal peer activities as soon as possible can help children see that, despite their loss, they can still be the same with their friends. Recreational activities also provide them with relief from their grief and sadness, which is also very healthy. Actually, friends and peer group activities are the best medicine for younger children.

GUILT. Help children see that the causative factors were not related to their behavior; that no matter what we think or feel, we don't have power over another person's death. Reiterate that every relationship includes negative as well as positive feelings but again, our feelings cannot cause another's death. Also, clearly give permission to children to go on enjoying life and living. Because their expression of sadness and loss may be different from yours doesn't mean their grieving is any less meaningful.

PHYSICAL PROBLEMS. Create an atmosphere where children have permission to verbalize their physical concerns. For example, tolerate frequent visits to the school nurse if necessary. It may also be helpful to point out how we use our bodies sometimes to express feelings that are difficult to put into words.

ACADEMIC PERFORMANCE PROBLEMS. Provide additional help or tutoring for children of all ages. Older children may benefit from temporary reduction of their academic load.