

## **BEREAVEMENT**

### **Psychological Aspects of Loss**

Relationships are of vital significance to our psychological life. As babies, we arrive with a readiness for experiencing relatedness with others. Relationships play a tremendously important part in our emotional make-up from the very beginning. Therefore, the loss of someone close to us can shake the very foundations of our psychological / emotional core. It can re-activate fears about earlier losses or it stir up anxieties and fantasies about the possibility of loss, abandonment & rejection; anxieties and fantasies that we all experience at some time or other, in early infancy and childhood, as part of normal emotional development.

The way we cope with loss will depend on our own individual circumstances and will be influenced by a variety of factors, some of which will interact in complicated and sometimes unexpected ways. Losses in adult life are perhaps easier to deal with than losses in childhood; loss as the result of an accident, tragedy or illness will all have different implications for those who are left behind. Factors pertaining to the bereaved also play their part: e.g. previous losses; what else is going on in their lives? What kind of support is there? What is the cultural / family attitude to death etc? The loss of a parent, sibling, friend or class mate during childhood is particularly hard and will affect children in different ways, depending on their age & on the circumstances around the death.

Loss in its broadest sense is part of our everyday lives; part of ordinary growth & development & the cycle of life; we see it in nature & also in the journey of our own lives, through all the different stages that takes us from infancy through to adulthood. Each stage of development involves a loss; a goodbye to something known and familiar & the start of something uncertain & unknown. Bereavement is an ordinary part of life which we all have to face at some time or other. And yet, death is not generally thought or talked about a great deal. Therefore when the time comes for us to cope with the loss of someone close to us, we're often unsure about how we're 'supposed' to feel & may have little idea of what is considered 'normal'

### **The Mourning Process**

Mourning involves a range of very intense & complicated feelings which individuals experience at different times & in different ways. Sometimes these feelings are experienced in stages and sometimes they coexist alongside each other in an uncomfortable way that may pull us in opposite directions, all at the same time. Grief and mourning involve a process which has to take its course and cannot be hurried. Although our response to death will be individual, the order in which we go through the various stages of mourning is often quite similar. The first reaction is generally one of shock and numbness, even if the death has been expected. Provided it does not go on for too long, this sense of detachment or unreality is a normal part of the grieving process. Seeing the body of the dead person, attending the funeral or memorial service are all ways of beginning to come to terms with the reality of what has happened. People who avoid this because it feels too painful, often come to regret it in later years.

Once the initial numbness disappears the bereaved person may begin to yearn & pine for their loved one. 'There is a feeling of wanting somehow to find them, even though this is clearly impossible' (RCP). The bereaved person may become quite agitated, unable to relax, with difficulty in concentrating or sleeping. There can be disturbing dreams and a feeling that 'they see their loved one everywhere they go- in the street, the park, around the house, anywhere they had spent time together. People often feel very angry at this time- towards doctors and nurses who did not prevent the death, towards friend and relatives who did not do enough, or even towards the person who has left them' (RCP)

Guilt is another feeling commonly experienced. 'People find themselves going over in their minds all the things they would have liked to have said or done' (RCP) They may even think that if they had behaved differently the death would have been avoided. People may also feel guilty if there is a sense of relief when death follows a painful illness or if the relationship with the loved one who has died was particularly ambivalent: i.e. involving a mixture of positive and negative feelings.

'This state of agitation is usually strongest about 2 weeks after the death, but is soon followed by times of quiet sadness or depression, withdrawal and silence. These sudden changes of emotion can be confusing to friends or relatives but are just part of the normal way of passing through the different stages of grief.....Spasms of grief can occur at any time, sparked off by people, places or things that bring back memories of the dead person.

During this time, it may appear to others as though the bereaved person is spending a lot of time just sitting, doing nothing. In fact, they are usually thinking about the person they have lost, going over again and again, both the good times and the bad times they had together. This is a quiet but essential part of coming to terms with the death.

As time passes, the fierce pain of early bereavement begins to fade. The depression lessens and it is possible to think about other things and even to look again to the future. (Although) the sense of having lost a part of oneself never goes away entirely..... After some time it is possible to feel whole again, even though a part is missing.

These various stages of mourning often overlap and show themselves in different ways in different people. Most recover from a major bereavement within 1 or 2 years. The final phase of grieving is letting go of the person who has died and the start of a new sort of life' (RCP). But, of course, we are all individuals and it is therefore important to remember that each of us will grieve in our own individual ways, which will be influenced both by personal and cultural factors

**Children's Responses to Death** Children's responses to death will vary depending on their age and previous experiences.

**Under two's:** little language to express loss; won't understand what death means, but can become anxious and upset when someone close to them disappears; may reflect itself in cranky, clingy behavior or they may become subdued and disinterested in their surroundings. Continuity and consistency in daily routines in the presence of one main carer is particularly important at such times. Lots of cuddles and familiar toys are also important.

**Two to five year olds-** begin to understand that death is final but are not always able to fully grasp its permanence; may confuse death with sleeping or being away; may need to be given same information over and over again; may think they're somehow responsible for person's death or see it as a punishment for something they did wrong. If it is a parent who has died, they may worry about who would care for them if the remaining parent were to die; may have fears about becoming ill themselves. These feelings won't necessarily be put into words and may be expressed through clingy, withdrawn, tantrummy or challenging behavior.

Although our natural instinct is to protect children from grief and upset, not telling children what has happened will cause confusion and insecurity. Short, straightforward explanations and a willingness to answer their questions is generally the most helpful approach, as well as maintaining the usual rules and routines.

**Five to Twelve Year Olds:** gradually understand more about death and its finality; may become particularly interested (in what may almost seem a morbid way) in the biological aspects of death e.g. What caused it; what happens when someone is buried or cremated etc; may sometimes cope with a death by denying its reality. Talking about the person who has died, sharing memories and letting them see that others too are grieving can be helpful in encouraging them to express their own feelings and come to terms with their grief. As with younger children, 5 – 12 year olds may become withdrawn, aggressive and have tantrums. They may also experience physical symptoms such as headaches & tummy aches and be anxious about separations e.g. going to school or on holiday.

**Adolescents'** experience of grief is similar to that of adults. They may feel abandoned, angry, and lonely, yearn for the dead person and experience physical symptoms. All of this however will be influenced by the turmoil of adolescence itself.

### **How Can Adults Help?**

In order to answer this question we need to think about the feelings that are likely to be stirred up in us when dealing with a bereaved child.

Talking to children about the death of someone close can be very difficult because death crosses the boundary between the personal & the professional. It challenges us in both spheres. If we have experienced losses ourselves we may worry about the painful feelings or memories that will get stirred up in us. Alternately, not having experienced childhood bereavement ourselves may leave us feeling deskilled and inadequate; having to help with something that is totally outside our own experience. We may also feel very identified with the child and may worry about becoming overwhelmed with sadness when talking about the death.

In the olden days the bearer of bad news was executed; as if unconsciously there was confusion between the message & the messenger. Although it is unlikely that you would be put in a position of having to break the news yourselves, there is a way in which by bringing up a 'bad-news-subject' we ourselves can become identified or associated with the bad news and can then find ourselves at the receiving end of an angry response.

As child-care professionals we are all involved in helping children grow, develop & make sense of the world. But the death of a parent or sibling when one is very young cannot be made sense of. It cannot be fixed or made better. Given that this is so, what can we do to help?

Listening & making ourselves available as & when required (within reason) is probably the most important way in which we can help the bereaved child. However the way in which this is done is extremely important. The concept of containment is useful here; namely: the capacity to give meaning to distressing experiences through talking, thinking and reflecting on them, so that they become manageable & less overwhelming for the child. However, we are only able to do this if we can bear to be in touch with the distress, which in turn implies being open & to some extent, being vulnerable to it. In order to do this we need to have our own 'emotional' house in order. We need to be aware of our own feelings & our own grief process. We are then in a better position to model a healthy reaction to loss e.g. by expressing their feelings and seeking / receiving support from friends, family or professionals, as appropriate.

### **How to talk to children about death**

If a child care professional 'has to break the news (of a death) to children, this should be done as soon as possible to prevent them from hearing it from someone else. Use a normal tone & clear direct language. Avoid hushed whispers which convey spooky, unnatural feelings (or something too terrible to be voiced aloud.) Although it may be difficult, it is important to use the words 'death' and 'died'. Children will be confused by metaphor and euphemisms such as 'passed away' and 'has gone away for a long time'. Whenever possible, children should be told by someone close, preferably in familiar surroundings where they feel more secure. Feelings of insecurity are nearly always present in bereaved people (both adults and children). If it feels right to do so, holding children and sharing their grief may help them to feel less insecure.'(HES)

When someone dies children often worry about themselves and others dying. They need to know who would take care of them in the unlikely death of both parents dying. 'Fantasies are usually worse than reality' (HES)

They need adequate explanations of the cause of death, using accurate terms like die and dead. Vague words and trying to shield them from the truth merely adds to their confusion.

Children have magical thinking and may believe that their behavior or thoughts can cause or reverse death.

Home values/ culture need to be respected. Personal religious beliefs should be shared carefully. Children may come to fear or resent a god that takes to heaven someone they love and need.

Perhaps the most important aspect in all of this is to be prepared to listen to the child's thoughts, fears and beliefs. This will enable the child to feel that there are adults around who are strong enough to bear whatever they wish to talk about

Sometimes our wish to spare the child pain / upset gets muddled with anxiety about our own distress. E.g. is it OK to get upset or is it being unprofessional. (see below)

'As with adults, not all the issues will be grasped at once and so children will need to ask & explore until they are satisfied. If this happens in school (or nursery) it is a compliment to their relationship with their teacher & school. This is an essential part of grief work: not mentioning the death can be counterproductive. It may be tempting to rationalize that 'it is for the child's benefit' but this reaction says more about the adult's feelings. Children should be reassured if any guilty misunderstandings emerge. It is also not good practice to tell the class 'don't talk to him/ her about it; it may upset him/her'.

It is recommended that children are not isolated or insulated from death. Pupils will benefit from learning that death is a natural part of life. Opportunities such as a fallen leaf, a wilted flower, the death of an insect, bird or class pet provide useful times to discuss death as part of the life cycle, especially with primary age pupils. Class discussion times can be used. By sharing a grief, one avoids compounding the problem of school & social isolation which the bereaved often experience.' (HES)

Children need to know that it is natural, normal & acceptable to be upset and to cry. It is better, however to protect children from witnessing extreme adult breakdown and grief reactions. This having been said, it is better to err towards sharing feelings than denying them, and it sometimes helps to cry together, again according to the type of relationship the teacher has with the child.

It is helpful to provide a quiet, private place for pupils to come to whenever they need to be alone. Staff need to be aware that almost anything may trigger tears in some pupils. It is important to help pupils realize that grief is a natural and normal reaction to loss.

If appropriate, staff may wish to predict with the pupils concerned that they may feel sad at times and have strange feelings. They need to know that this is natural and to be encouraged to talk freely about feelings if this is manageable. They may feel very guilty about negative feelings such as anger, jealousy & resentment. Where possible, staff should convey that these feelings will not last forever but they may persist at least for months.

Anniversaries and birthdays may be difficult times. Where a parent has died Mother's and Father's Day may be particularly distressing, especially if the rest of the class are making cards. Staff may wish to talk to the remaining parent about someone else that a card may be sent to. This is also pertinent for single parent families.

Children may wish to hold on to photos or objects associated with the dead or injured person. Within reason, staff should be flexible and understanding about this.

The reassuring caring presence of a special and reliable surrogate person is highly desirable. It provides a sense of security and it can also offer the child a role model if the dead parent was of the same sex.' (HES) As children grow up they may need different and more detailed explanations about the death, in keeping with their current stage of cognitive and emotional development. 'It is almost always desirable to tell the truth, otherwise the children's trust will be seriously damaged if they find out later that 'cover up' lies have been told.' (HES)

### **Do's and don'ts**

Use straight forward words like dead & dying;

Avoid euphemisms; i.e. phrases like 'he's gone to sleep; gone away; passed away; we've lost Gran' etc. These phrases may be confused with everyday situations or can lead to fears about going to sleep;

Children often think that death and sleeping are the same thing, so explain the difference. I.e. when you're asleep your body is still working properly;

Explain that the dead person's body is no longer working and that they feel no pain;

Explain what happens to the body; in some families /cultures children may see the body after death and may find this helpful;

Be prepared to repeat the story of what happened many times and to answer repeated questions.

Remember that children can slip in and out of grief in ways that can be shocking and upsetting to a grieving adult.

'It is wisest not to mention new responsibilities that children may have during reorganizations within the family. Using phrases like 'man of the house' or 'just like a little mother' are unfair, inappropriate and are detrimental to the child's development and mourning. They may create another loss: that of the right to be the child that they still are. During acute grief, regression towards early behaviour is common and even adults feel the need to be childlike emotionally. Over-dependent behaviour may be quite appropriate for a while.

It is important not to misinterpret the child's changed behaviour as 'attention seeking'. This is common & may alienate others, especially when everyone in the family is bereaved and may be feeling needy too. This is a dilemma & it may be difficult to know whether to be tolerant or understanding or whether to be firm because of the child's underlying needs and also the needs of the rest of the class and the school. Children still need to have boundaries set and maybe especially so at times of increased insecurity after a parent's death. It is also important to appreciate that not all of a child's difficulties are necessarily caused by bereavement.

Some 'coping' behaviour, giving the impression that the child is adjusting well, may seem quite healthy and appropriate. However, staff need to be aware that children may be very vulnerable underneath. They may show almost exaggerated pseudo-adult behaviour, but really require to be treated as a needy child.

The time taken by each child to move through the stages of bereavement (rather than 'get over it') is entirely individual. The initial stages of shock & disbelief generally pass quite quickly, but the more complex stage of adjustment can take a long time, perhaps many years. This is why it is important to have a school policy that includes details on who will be aware and available to that child as long as it is needed, perhaps all the remaining years at the school. (It is important to ensure that knowledge of the bereavement is passed on from nursery to primary & then secondary school).

Children need to feel part of the group or class & it helps if staff expect them to continue to perform over time at an appropriate level, even though lower standard work may be acceptable in the short term. Consequently it is advisable not to single them out for special attention in groups or in the class situation. There may of course be another bereaved child in the school. The two may be able to help one another through their sad, shared experience....Where the situation affects the whole school, or a particular class, wider networks of support can be set up.

Although anything which staff are doing with the pupils specifically relating to their loss should as far as possible be done in private, it may be appropriate to talk with the child's special friends. They are likely to be upset themselves and may not know how best to help their friend. Exploring this with them and enabling them to be supportive may be an effective means of help.

During these situations, effective lines of communication with the parents or carers are essential. Keeping each other informed about the pupil's progress will help all those concerned.

It is important and appropriate for the school community to acknowledge the death of a pupil, parent, teacher or governor. Ideas include: making a scrapbook, holding a special assembly, planting a tree, putting up a plaque, having a small memorial service, having a special seat in the playground, mounting a picture done by the pupil concerned. It is an important part of the bereavement process to do something to acknowledge the death (thus giving pupils and staff permission to do the same) but the relatives should always be consulted first.

### **Summary**

The overall message in helping bereaved children is: maintain feelings of security & of being cared for and loved; maintains all the necessary practical care; be honest; continue to talk & communicate; do not pretend to believe what you do not believe; try to understand the child's feelings and reassure wherever possible; say 'I don't know' to the unanswerable & do not pretend that everything can even be explained or understood, unless you hold that belief.

Remember that you are not expected to be bereavement counselors. Almost always, if staff follow their instincts and respond naturally, they will be addressing the best interests of the people concerned.' (HES)

### **Signs of Children Grieving**

- Numbness and disbelief
- Shock, including sleep disturbance
- Denial of what has happened
- Anger: How could Dad have left me? Or why didn't the doctors make him better?
- Despair
- Guilt (something they said / did contributed to the death); feeling bad about having fun or feeling happy
- Searching for the person who has died/ expecting them to return
- Depression, loneliness and a sense of rejection as they eventually begin to accept what has happened
- Hopefully they will also eventually realize that life goes on and that although the loved person has died he/she nevertheless remains alive in their minds and imagination through the memories of past experiences. However the loss may be revisited at later stages, as part of normal development.

### **Acknowledgments**

The material in this handout has been based on a number of sources including:

HES- Guidelines for schools on managing traumatic experiences resulting from loss, death or other crises (Hillingdon Education Services, 1995)

CPT- Child Psychotherapy Trust Review (1999)

RCP- Royal College of Psychiatrists -Bereavement Leaflet

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