

The Child's Loss: Death, Grief and Mourning

How Caregivers Can Help Children Exposed to Traumatic Death



Bruce D. Perry, M.D., Ph.D.
Jana Rosenfelt, M.Ed.

This booklet is one in a series developed by The ChildTrauma Academy to assist parents, caregivers, teachers and various professionals working with maltreated and traumatized children.

Introduction

For most children, death is a new experience. And like all new experiences, the unknown can be confusing and frightening. Most children do not know what to expect following the loss of a family member or friend. Young children may not understand what death really means and may be confused or even frightened by the reactions of other family members. In the case of traumatic death, the confusion and fear is even greater.

For adults, death is more familiar and the grieving process is something many adults know first hand. Most adults have experienced the range of feelings that often come with traumatic loss - anger, confusion and sadness, and have learned ways to cope with loss. This may not be the case for children, particularly young children.

At the same time, children will seek answers and comfort from their caregivers and other adults in their lives. Yet in the face of traumatic death, caregivers often feel helpless in this role. While adults can not have answers to all the questions that children may have about death, they can help children better understand the grieving process.

This guide addresses some of the key issues related to the child's complex set of reactions

that often follow traumatic death. While focused on traumatic death, this information may be helpful to families, caseworkers, teachers and other adults working and living with any grieving children.

This simple guide is intended to inform and provide general principles. It is not intended to be comprehensive or to exclude other observations or approaches to helping grieving children.

Frequently Asked Questions

1. Should I talk about the traumatic event?

Don't be afraid to talk about the traumatic event. Children do not benefit from 'not thinking about it' or 'putting it out of their minds.' If a child senses that you are upset about the event, she may not bring it up even if she wants to. In traumatic death, there are two central challenges for the child, processing the actual traumatic event (e.g., the shooting, the accident, the fire) and coping with loss of the loved one. In the immediate post-traumatic period, the intrusive images and thoughts of the child will be dominated by the terrorizing event. The loss of the loved one looms as a shadow in these first weeks. Over time, however, the child's thoughts and feelings will be dominated by loss. The primary emotion of the first phase is fear; the primary emotion of the second is sadness.

In the long run, without freely talking about the loss or expressing sadness, anger and confusion, the child's recovery will be more difficult. Children model their emotional expression and behavior after their caregivers. It can be very helpful for a child to know that you feel sad and for you to share with them how you cope with your sadness – "Sometimes, I miss Daddy so much. I get so sad and just cry. And whenever that happens, I remember how happy he was when you were born. Do you remember the time you and Daddy..." Overtime, helping the child keep part of the loved one with them in memories, rituals, habits, beliefs and behaviors can be very useful. The formal mourning rituals and beliefs of your culture or religion can be very helpful for children.

With that said, in traumatic death, especially if the child was a witness to the traumatic event, until the child can cope somewhat with the traumatic event, their capacity to mourn the loved one can be impaired. That is why it is not only ok to talk about the traumatic event, it is critical for the child long-term recovery of the child. The central issue becomes how you talk about it.

2. How should I talk about the event?

In the first few days or weeks following the trauma, the caregiver should sit down with the child and tell them how it is very normal to think about the traumatic event. Share some of your feelings and thoughts about the event. Use age-appropriate language and explanations. The timing and language used are important. The child will very likely be very quiet. Don't worry about that. Immediately following the death, the child will not be very capable of processing complex or abstract information. Invite them to come and talk about it anytime they want. And from then on, let the child take the lead as to when, how long and how much you talk with them about the trauma. Each child will have a different style of coping – some children will not talk much, some will talk about it to strangers. It is not

unusual for a six-year-old to announce to her new kindergarten teacher "My mother got shot." And it may not be unusual for a fifteen-year-old boy to never talk to *any* adults about the traumatic murder of his brother.

As the child gets further away from the event, she will be able to focus longer, digest more and make more sense of what has happened. Don't be surprised if the child even acts as if the loved one is not dead or that "Mommy" will be coming back. Sometimes young children act as if they have not 'heard' anything you have said. It takes many individual moments of sad clarity for the reality of the loss to actually sink in for young children. Between these moments of harsh reality, children use a variety of coping techniques – some of which can be confusing or upsetting for adults.

Listen to the child, answer their questions (even if they are very painful – "Did Mommy get burned up?"). As you answer you can provide comfort and support. We often have no adequate explanations about senseless or traumatic death. It is just fine to tell children that you do not know why something happened or that you get confused and upset by it, too. In the end, listening and comforting a child without avoiding or over-reacting will have critical and long-lasting positive effects on the child's ability to cope with traumatic loss.

During this long process, the child continues to 're-experience' the loss. In play, drawing and words, the child may repeat, re-enact and re-live some elements of the traumatic loss. Surviving adults will hear children ask the same questions again and again. A caregiver may be asked to describe 'what happened' again and again. The child may develop profound 'empathic' concerns for others experiencing loss, including cartoon characters and animals. "Where is Mickey Mouse's mother?" Or seeing a dead bird they may ask – "Who is taking care of the baby birds now?"

The child will experience and process the very same material differently at various times following the death. In the long run, the opportunity to process and re-process many times will facilitate healthy coping. This re-processing may take place throughout the development of a given child. Even years after the death of a mother or a sibling, a child may 'revisit' the loss and struggle to understand it from their current developmental perspective.

One of the most important elements in this process is that children of different ages have different styles of adapting and different abilities to understand abstract concepts such as death. Children at different ages have very different concepts of death. Very young children may have little appreciation of the finality of death. **Do not to associate sleep and death.** When these two become associated, it is not surprising that children become afraid of sleep. Children may become afraid of loved ones going to sleep. Try to get some understanding from the child of what she thinks death is – does she have a view of afterlife, are there specific fears about death and so forth. The more you understand about the child's concept of death, the easier it will be for you to communicate in a meaningful fashion.

3. Should I talk to others about the traumatic event?

Yes. Inform adults and children in the child's world what has happened. Let teachers,

counselors, parents of the child's friends and, if appropriate, the child's peers know some of the pain that this child is living with. In some cases, older children can benefit by participating in this process. Sometimes this can help the people in the child's life be more patient, understanding or nurturing. People can often be intolerant or insensitive when dealing with the pain of a grieving child *"Isn't it about time he got over this?"* When you see that this is occurring don't be shy about taking this person aside and educating him.

4. What is the difference between grief and mourning?

Grief is the label for the set of emotional, cognitive, behavioral and physical reactions that are seen following the death of a loved one. Normal grief responses may include denial, emotional numbing, anger, rage, rushes of anxiety (pangs), sadness, fear, confusion, difficulty sleeping, regression in children, 'stomach' upset, loss of appetite, hysterical materializations (transient visual or auditory misperceptions of the loved one's image or voice) and many other potential symptoms. These symptoms are similar to those often seen in the acute post-traumatic period.

Mourning is the formalized process of responding to the death. This includes memorial services, funerals, wakes, mourning dress and so forth. These semi-ritualized approaches are very useful in organizing and focusing the grief reaction in the immediate post-death period. It is important to allow children to participate in elements of this process. A major healing element of mourning is that it allows the grieving person to 'have control over' the way in which trauma and loss are experienced. Rather than sitting alone with recurring intrusive thoughts about the death, one can, in a controlled fashion recall the lost one without focusing on the death event. The degree of control in coping with a traumatic event is very important in determining how destructive the event becomes over time.

5. How long should grieving last?

Grief is normal - persisting grief reactions are not. In the same way that a persisting acute reaction to trauma can signify major problems so can persisting grief reactions. If symptoms listed above persist beyond six months or if the symptoms interfere with any aspect of functioning, they need to be addressed. If the child is in therapy, communicate this with the therapist. Find out if school performance has been affected. Watch for changes in patterns of play and loss of interest in activities. Be observant. Be patient. Be tolerant. Be sympathetic. These children have been hurt and are in continuing pain.

6. Should I be concerned when a child says she hears her deceased father's voice?

Expect unusual 'sensory' experiences. Over the six months following the loss, children (and adults) will often experience unusual visual, auditory or tactile sensations. A child may think she hears her dead mother's voice in the next room -- she may catch a glimpse of her mother in a crowded mall -- out of the corner of her eye the child may catch mother's reflection in a window. At bedtime or when awaking, these misperceptions are more common. They may be disturbing to parents, caregivers and the child. Reassure the child.

These 'visions' are often interpreted in context of a religious belief system -- 'Mommy came back to tell me it was okay -- she is still with me.' This can be important for the child and there is no reason to undermine these feelings. These 'hysterical materializations' are common and often mislabeled as visual or auditory 'hallucinations'. If you have questions about these symptoms contact an experienced mental health professional or physician.

7. Do children understand events accurately?

Young children often make false assumptions about the causes of major events. Unfortunately these assumptions may include some sense that they were at fault for the event -- including the death of a loved one. Adults often assume that causality is clear -- dying in a car accident, being shot in a drive-by shooting, dying in a fire. The child may very easily distort an event and make the wrong conclusions about causality. *Mom died in the car accident because she was coming to get me at school. The other driver was mad at her. My brother is dead because he was helping me with my homework. The person that shot my brother was shooting at me and hit my brother because he was in my room. The fire was God's way of punishing (or martyring) my family* In many of these distorted explanations, children assume some degree of responsibility for the death. This can lead to very destructive and inappropriate feelings of guilt. Try to correct any misperceptions immediately. And be prepared to correct these false, destructive ideas again and again.

Be clear. Explore the child's evolving sense of causality. Correct and clarify as you see false reasoning develop. Over time, the ability of the child to cope is related to the ability of the child to understand. While some elements of death and tragedy will always remain beyond understanding, explain this to the child -- "I don't know, some things we can never really understand, honey." If the child feels that they share the unknown and unknowable with a caregiver, they feel safer. Don't let the child develop a sense that there is a secret about the event -- this can be very destructive. Let the child know that adults can not and will not understand some things either.

What Can I Do To Help?

1. Be honest, open and clear. Give children the facts regarding the death. While there is no need to describe great lingering detail, the important details should be given. These often are horrifying but it is important to give factual information to the child. The imagination of a child will 'fill in' the details if they are not given. Too often these imagined details are distorted, inaccurate, more horrifying than the actual details and can interfere with the long-term healing process.

2. Do not avoid the topic when the child brings it up. Similar to other trauma, the adults around the child need to be available when the child wants to talk but avoid probing when the child does not want to talk. This may mean answering one question -- it may mean struggling with a very difficult question. "Does it hurt when you burn to death?" Don't be surprised if in the middle of your struggle for the 'right' answer the child returns to play and acts disinterested. The child has been unable to tolerate the level of emotional intensity and is coping with it by avoiding it at that point.

Children will sense if the topic is emotionally difficult for adults around them. A child will try to please caregivers - either avoiding emotional topics or persisting with topics that she senses the caregivers find more pleasant. Try to gauge your own sense of discomfort and directly address this with the child. It is reassuring to children that they are not alone in some of their emotional upset.

Children look to adults to understand and interpret their own inner states. Younger children will even mirror the nature and intensity of an adult's emotions. So if you feel you will be unable to control your emotions when you are trying to help the child, you will need to use some coping strategies yourself. Take a few moments, collect yourself and then try to help the child. It is only human to lose control and be very emotional in these moments. That is not bad for the child if, after you feel more composed, you can help the child understand how you were overcome with emotion - "Just like you feel sometimes." Explain that you struggle to understand too - "We need to help each other when we are sad."

3. Be prepared to discuss the same details again and again. Expect to hear things from the child that seems as if he didn't 'hear' you when you told him the first time. The powerful, pervasive implications of death for the child can be overwhelming -- a traumatic event. The child's responses to death of a parent, sibling or other loved one will be similar to the child's responses to other traumatic events. This will include emotional numbing, avoidance, sadness, and regression, episodic manifestations of anger, frustration, and fear of the unknown (future), helplessness and confusion.

The child will have recurring, intrusive and emotionally evocative recollections of the loved one and about the death of the loved one. If there is no clear image of the death, the child will 'imagine' various scenarios. These images will return and return. As they do, the child (if she feels safe and supported by the adults around her) will ask about death, the specifics of the death and the loved one. Patiently, repeat clear, honest facts for the child. If you don't know something - if you also have wondered about the nature of death or a detail in this specific loss - tell the child. Help the child explore possible explanations, let the child understand that you and others can and, often, must live with many unknowns. In this process, let the child know, however, that there are things we do know - things we do understand. Bring positive memories, images and recollections of the loved one into the conversation.

4. Be available, nurturing, reassuring and predictable. Do your best to be available, loving, supportive and predictable. All of these things make the child's work easier. She feels safer and cared for. The loss of parents, siblings and other loved ones is extremely traumatic and will forever change these children's lives. The child has, in some sense, a life long task of working, re-working - experiencing and re-experiencing the loss of these loved ones. Each holiday -- each 'family' occasion-- will bring the loss, the death and the ghost of the loved one to this child. Available, nurturing and caring caregivers, teachers, therapists and caseworkers will all make

this journey easier.

5. Understand that surviving children often feel guilty. A child surviving when family members die may often feel guilty. This can be a very destructive and pervasive belief. The guilt children feel is related to the false assumptions they make about the event. An important principle in this process is that children do not know how to verbalize or express guilt in the same fashion as adults. Guilt, as expressed in children, may often be best observed in behaviors and emotions that are related to self-hatred and self-destruction. The child will not likely be able to articulate that survivor guilt is intimately related to their sense of worthlessness, self-abusive or destructive behaviors.

The children surviving a parent's sudden death will have great survivor guilt. *Was there something wrong or bad about me? I could have been there -- I should have been there.* These thoughts will recur in any variety of permutations. And most of the time the outcome of these thoughts will be guilt. If these children's caregivers, therapists and teachers can minimize these potentially escalating and destructive ideas, the child's recovery will be eased.

6. Take advantage of other resources. There are many other well-trained professionals willing to help you and the child in your care with these problems. Take advantage of them. If the child is in therapy, talk to the therapist. Always remember that the loss does not go away but the way children experience loss will change with time, hopefully maturing in ways that make it easier to bear. The traumatic loss of a parent, a sibling, a peer will always be with these children. With time, love and understanding, however, children can learn to carry the burdens of traumatic loss in ways that will not interfere with their development.

The ChildTrauma Academy

The ChildTrauma Academy is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education.

We recognize the crucial importance of childhood experience in shaping the health of the individual, and, ultimately, society. By creating biologically-informed, child and family respectful practice, programs and policy The ChildTrauma Academy seeks to help maltreated and traumatized children.

A major activity of the CTA is to translate emerging findings about the human brain and child development into practical implications for the ways we nurture, protect, enrich, educate and heal children. The "translational neuroscience" work of the CTA has resulted in a range of innovative programs in therapeutic, child protection and educational systems.

Contact information:

The ChildTrauma Academy
5161 San Felipe, Suite 320
Houston, TX 77056
Phone (866) 943-9779
Fax (713) 513-5465
Email CTA@ChildTrauma.org

Primary Site www.ChildTrauma.org
Online University www.ChildTraumaAcademy.com

The ChildTrauma Academy is a not-for-profit organization.

The ChildTrauma Academy Educational Products

The ChildTrauma Academy offers a variety of didactic materials available at no cost. We also offer educational videos, PowerPoint presentations and sets of supplementary articles, handouts and teaching tools available for purchase.

For a complete listing of the products we offer, please visit our web site at www.CTAProducts.org

Videos

Series 1: Understanding Traumatized & Maltreated Children: The Core Concepts

Series 2: The Six Core Strengths for Healthy Childhood Development

Series 3: The Neurosequential Model of Therapeutics

What We Have Always Known A program presenting key teachings of the Native American culture and the important positive impact that understanding early brain development can make on the lives of children.

Trainers' Materials

Educators' Package for Series 1 This CD contains a set of six articles designed to complement and supplement the material presented in the Series 1 video series. Content is presented with images, tables, figures, and teaching points. Each article is ready to print and distribute to trainees. The package also includes teaching objectives, pre-and post-tests, additional references, handouts and resources for additional learning.

Presentation CD for Series 1 For educators and trainers wishing to use our materials for ongoing training activities, our Presentation CD provides seven PowerPoint presentations and accompanying handouts to complement Series 1.

Multimedia CD for Series 2 This CD contains nine articles, twelve handouts with exercises, one 55 slide PowerPoint presentation and short explanatory video clips designed to complement and supplement the programs in Video Series 2. Content is presented with images, tables, figures, and teaching points. Each article is ready to print and distribute to trainees. The package also provides trainers with teaching objectives, pre- and post-tests and resources for additional learning.

Place your order online at CTAProducts.org. Order by phone 866-943-9779 or email CTA@ChildTrauma.org

