# **COMMON STAGES OF GRIEF\***

**DENIAL:** This stage may be expressed by feeling nothing or insisting there has been no change. It is an important stage and gives people "time out" to organize their feelings and responses. Children/adolescents may make bargains to bring the person back or hold fantasy beliefs about the person's return. children/adolescents in this stage need understanding and time.

**FEAR:** A crisis that results in death or a crisis that is the result of violence can instill fear in children. A child or adolescent might fear that their own parent/caregiver might die after a classmate's parent dies. Children need reassurance that they will be taken care of during this stage.

**ANGER:** The sudden shattering of the safe assumptions of young people lies at the root of the grief response of anger. It can be expressed in nightmares and fears and in disruptive behavior. Children in this stage need opportunities to express anger in a positive and healthy way.

**DEPRESSION:** Children may exhibit depression either through frequent crying, lethargy and withdrawal from activities, or avoidance behavior ("running away"). This can be a healthy, self-protective response that protects children/adolescents from too much emotional impact. Children need to know that others understand and that all things change, including their sadness.

**ACCEPTANCE:** Acceptance of a loss and hope as seen through renewed energy signals entrance into the final stage of grieving. Before children can return to equilibrium, they need permission to cease mourning and continue living.



\*Adults experience these stages also. Depending on individual needs, an individual, whether a child or an adult, may stay in one stage for a long time, move back and forth from one stage to another, or move through each stage in the order listed.

#### INFORMATION FOR PARENTS TO HELP CHILDREN COPE WITH DEATH

- As soon as possible after the death, set time aside to talk with your child.
- Give your child facts in a simple manner; be careful not to go into too much detail. If your child requires more information he/she will ask more questions later.
- Use the correct language such as "dead" or "died," etc. Do not use phrases such as "He's sleeping" or "He went away," etc.
- Explain your feelings to your child, especially if you are crying. Let him/her know that crying is okay to do. You are the role model for your child and it is good for him/her to see your sadness and for you to share your feelings. Read an age appropriate book about "loss" with your child.
- Talk about the "wake" and "funeral". Explain what happens at these ceremonies and find out if your child wishes to attend.
- Think about the ways your child can say "good-bye" to the person who has died. (Write a letter, poem, or card in honor of the deceased.)
- Watch for behavioral changes in your child. If they concern you, call for help.
- Sudden death, violent death, and the death of a young person are especially hard to grieve. Disruptions of sleep and daily activities, as well as loss of appetite, are normal responses to an abnormal or traumatic event
- Give children special support by keeping things fairly structured.
  In the pages following, see description of developmental stages and reactions to grief.



# Ages 3-5

Children in this age group may perceive death as "going to sleep" or some other temporary state. They do not recognize death as a final process.

#### **Common Reactions:**

- Escape into play
- Attachment to substitute people
- Giving up attachment to, or preoccupation with, the deceased
- Idealizing the deceased
- Sadness, longing, yearning
- Difficulty understanding abstract ideas (heaven, "at peace")
- Aggressiveness
- Tantrums/rage
- Nightmares
- Hyperactivity/nervousness
- Compulsive behavior
- Bewilderment
- Regression (clinging, whimpering, thumb sucking)
- Intense but brief reactions
- Present oriented

#### **Possible interventions:**

- Short interactions
- Frequent repetition
- Comforting
- Reassure that they will be cared for by adults
- Consistency is the most important issue



# Ages 5 - 9

Children in this age group may begin to understand the reality of death, yet they have difficulty with realizing they or those around them might die. There is a fear of loss of control. Children may hide their feelings. If so, they might need support and permission to grieve.

#### **Common Reactions:**

- Physical complaints, such as headaches, nausea, itching
- Sleep disturbances, such as nightmares or night terrors
- Magical thinking with resulting fear or guilt (death is caused by actions, thoughts or wishes)
- Fantasizing that the deceased is actually alive
- Fear of death, objects, persons or events related to death
- Fear of abandonment
- Trying to be like the deceased
- May play dead or play funeral
- How? Why? Repetitive questioning
- Aggressive behavior
- Disobedient, irritable
- Concerned about safety of self and others
- Possessiveness of adults
- Inability to concentrate

#### **Possible Interventions:**

- Reassure with realistic information
- Encourage expression of thoughts and feelings
- Provide opportunities for physical activity
- Lessen performance requirements, if necessary
- Encourage activities on behalf of the deceased
- Acknowledge normality of feelings and permit symbolic play
- Drawings and stories
- Pursue a medical evaluation of child, if appropriate



# Ages 10-13

Children in this age group may understand and accept both the finality and personal nature of death. They may have questions about the biological aspects of death. Confusion and self-consciousness about the emotions of grief are common. They need reassurance that they or their actions are not responsible for the death.

#### **Common Reactions:**

- Realizing one's own mortality, yet a sense of being invincible
- Delayed grief reactions
- Irritability
- Reluctance to discuss emotions
- Sadness, depression, anxiety
- Feelings of helplessness and lack of control
- Vague complaints of pains
- Complaints of visual or hearing problems
- Question how they "should" be responding
- Concerned with how others are responding

### **Possible interventions:**

- Answer questions
- Encourage expression of range of feelings
- Encourage and allow control
- Be available but allow time to be alone
- Symbolic play is appropriate
- Talk about it



# Ages 14 – 19

Adolescence can be a time of heightened and intense emotion. Death and grief may add to the emotionality. They may take an "I dare it to happen to me" stance which taken to an extreme may mean experimenting with dangerous situations. This is a period of shifting from dependence to independence. The yearning for the deceased may feel like a regression, and so may be avoided. They may be concerned about what is expected of them. Support and understanding are essential.

### **Common Reactions:**

- Sense of invincibility
- Denial of emotions
- Suppressed thinking about death
- Depression
- Somatic symptoms
- A need to talk about the death
- Anger
- Guilt

#### **Possible Interventions:**

- Encourage verbalization of feelings
- Do not try to take control
- Do not try to take grief away
- Listen
- Be available
- Accept that others outside of the family may be helpful



# Things Not To Say To Grieving Children And Adolescents:

- 1. Give advice, be judgmental, criticize, or blame.
- 2. Do most of the talking.
- 3. Use euphemisms like "gone away, resting, asleep"; do say died and dead.
- 4. Be afraid to admit to a student that you don't know all the answers.
- 5. Avoid the student.
- 6. Minimize the loss.
- 7. Change the subject.
- 8. Use clichés such as, "Oh well, we all have to die sometime."
- 9. Say, "I know how you feel." 1
- 0. Believe a young person thinks the same as an adult.
- 11. Attempt to become a substitute for the deceased person.
- 12. Think that a student's busy activity level means he/she is being disrespectful or disinterested; he/she may simply need to move.



#### COUNSELING REMINDERS: SHARE WITH FACULTY AND STAFF

- 1. Listen and empathize without judging what is being said.
- 2. Resist the temptation to comfort the students by asking them to "stop crying" or by saying "don't be sad". It is okay to encourage crying, sharing that crying is a normal process for expressing sadness for some people.
- 3. Be careful not to present your opinions as if they were facts. It is okay, however, to express your feelings authentically with students.
- 4. Encourage students to share thoughts and feelings without insisting or pressuring them to do so.
- 5. Keep the focus on the student and their issues.
- 6. Offer students honest answers to their questions. Don't be afraid to say, "I don't know," when that is true.
- 7. Respect each child as an individual.
- 8. Validate each child's grief process.
- 9. Be generous with hugs or an arm around a shoulder if the child seems comfortable with you.
- 10. Trust your instincts.
- 11. Marshal positive forces in the student's life; not everything is bad news.
- 12. Realize that not talking about loss doesn't make it go away.
- 13. Explain the normal grief process as generally being a three-stage process: shock, disorganization, and reorganization. Describe typical emotions you may experience (denial, anger, bargaining, depression, and guilt). Discuss the need we have to experience the emotions of grief so that we might feel better later on.
- 14. Encourage students to be a support system for each other.
- 15. Communicate the knowledge that all feelings are okay and need to be expressed.
- 16. Recognize that laughter and play don't mean that the student did not care about the person who died.
- 17. Remember the four T's in sympathy: Talk, Touch, Tears, and Time.

- 18. All sympathy cards and artwork should be viewed and approved by a school administrator or designee.
- 19. Refer students for help when necessary. At times, normal grief may look like mental illness. When a teacher observes behavior such as unusual swings in emotions, moods, or thoughts that indicate a loss of contact with reality, it is time to refer that student for support and assistance. •
- 20. Recognize that grief may last over an extended period of time. When grief is openly expressed, the first six months constitute the most stressful period. Recovery begins during the first year and occurs more conclusively by the end of the second year.<sup>1</sup>

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