

not feel grief. Communicate that grief lasts far longer than anyone expects although the intensity usually subsides. Certain events such as birthdays and holidays may result in a 'revisitation' of grief.

- Include them in the funeral rituals. In an age appropriate manner explain the events surrounding the funeral. Avoid euphemisms (sleeping, passed away) rather use the words death/dead.
- Provide family reassurance and support. When a parent dies, most children are fearful about what might happen to them should the remaining parent die. They may need repeated gentle assurance that although their parent or relative has died and will not return, other family members will look after them. It is essential that all efforts be made to prevent any further breakup of the family after bereavement.
- Children often express their concerns through play but be available if the play leads to discussion. Get down to the children's level (play on the floor if necessary) and see the world through their eyes.

While the following commonly occur in the grief experience, it is important to remember that grief does not follow a defined pattern. These stages may be experienced repeatedly, in differing sequence and with differing intensity.

DENIAL tends to be a shock absorber which temporarily reduces the full impact of the crisis. This might involve a person's unwillingness to talk about the loss. Young children do not understand death and its finality. In the early stages denial isn't something that is wrong, needing correction, however problems can occur if it continues. Give permission to feel the feeling.

ANGER/GUILT often occur due to a person's feeling of powerlessness over losing something or someone. Conscious or unconscious questions include: How could he/she do this to me? Why would God allow it? How could the doctors be so incompetent? Blaming others can also be a common response. It is important to admit the anger,

identify the real source of the anger, understand that it is okay to be angry and then seek healthy ways to express it. This might include strenuous physical activity, journaling, drawing, playing with sand, water or play dough etc. Children may feel that they somehow created the situation. "If only I had done/hadn't done, then...". **Reassure that death and loss are not the child's fault.**

SORROW/DEPRESSION are the most recognizable stages in the grief process. Marked by some or all of: crying, isolation, silence, a loss of energy, and an inability to sleep. Allow and encourage expressions of grief. Boys may particularly need permission to cry. Emphasize that crying is not a sign of weakness rather it can be a sign of strength. It is the facing and acknowledgement of loss; e.g. "It's okay to cry now. You've got a lot to cry about, so go ahead." Activity is helpful for depression although sometimes depression is so deep that even activity seems too difficult. Referral to the family physician is encouraged for this type of depression and depression that persists.

BARGAINING is a means of trying to regain control or to make sense of what has occurred. This often takes the form of a promise to God that things will change if only He does something. The question "Why?" is very naturally asked through all stages but is perhaps most prevalent in the anger and the bargaining phase. Unfortunately, in almost every situation the "why's" have no satisfying answer. The real problem cannot be faced until the "why" is abandoned and the person looks at "who, when, where and how" things happened. The reality of what has happened cannot be changed.

ACCEPTANCE and admission of our powerlessness in the situation is not quickly or easily reached. Having grieved, we can move on with life. Emphasize that acceptance is not a matter of forgetting the person or minimizing the pain of the loss. In fact, it is a full acceptance that the loss was real, significant and painful.

Other sources of help

Loss and disaster wound many, even those who seem not to be touched by what occurred. There is no shame in expressing your pain as well as the pain felt by your children. There is also no shame in seeking help from people in the community. School counsellors, counselling clinics, Health Department personnel, the clergy etc. are just some of the resources available to assist you and your family. The Crisis Center has trained counsellors and is a helpful resource (279-7077, 24 hour line: 279-7070).

Caring for the caregiver

Disaster and loss can have a profound effect far beyond anything this brochure can address. Those in the midst of crisis understand that it is one thing to know helpful ideas; it is quite another issue to practise them. At these times, even the simplest steps can seem almost impossible. Calming the distressed child or feeling confined by the clinging child can be emotionally draining in the extreme.

Walt Whitman said, "I do not ask the wounded person how he feels, I myself become the wounded person." At one level Whitman is describing the attitude needed to help people in pain but his words also point out that the wounds felt by those we love, are felt by us as well. In order to take care of yourself, be certain not to put unreasonable demands on yourself by trying to be all things to all people. Expectations and normal daily activities may need to be scaled down. Sleep needs to be taken.

In conclusion it is important to reinforce two points: 1. Grief usually lasts longer than anticipated. Most response occurs in the first days and weeks but the effects of grief are often revisited for some time. 2. Most of your children's reactions are normal responses to disaster or loss.



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A PARENT GUIDE

When does the hurting stop?



Assisting children (0-11) through trauma and loss

The events of recent days have, no doubt, been upsetting for you and your child. Traumatic events shake the world that we had considered safe and predictable. These events also create a high level of confusion and apprehension. Discussion on the news and in the playground often adds to the disruption. We recognize the expressions of the crying child, but we aren't always able to recognize the signs and needs of the angry child or the withdrawn child. Sometimes we don't connect certain behaviour to the tragedy. This brochure is intended to help you, as a parent, to understand and help your children through this difficult time.

Children exposed to a loss or a sudden violent event experience intense feelings, including anxiety and fear. These feelings are very normal responses. They fear injury, death, being separated from family members, being left alone and experiencing a similar loss. These fears are very real to the child and should be accepted at face value by parents. This isn't to say that these reactions won't be upsetting or confusing but remember the following reactions which occur as a result of loss are normal.

Possible reactions by children under six

Disruption of family routines can make children irritable, angry and confused, or quiet and withdrawn. They long for things to be as they were. Some behaviours include: whining, wetting themselves, asking to be fed or dressed, not allowing parents out of their sight, terrified of crowds and a need to be continually held. Children who cling to their parents are expressing fears of separation in a very natural way. Because their security has been threatened (trauma; loss - death, separation, a move), they are trying to prevent anything from disrupting their feeling of being safe and protected. Security and comfort are provided by attaching to special blankets, animals etc. or habits such as thumb sucking and nail biting.

How you can help

- Understand your child's regressive behaviour is normal and is usually temporary.
- Try not to overreact. Relax. Over concern, nagging and punishment often cause undesirable behaviours to last longer.
- Acknowledge, encourage and praise appropriate and positive behaviour.
- Spend extra time with your children. Show them they are understood and loved and that you aren't upset by their regressive behaviour.
- Clinging children need to know that you will come back. Be patient. Leave when necessary but don't go without telling them where you are going and that you will return. Give lots of extra praise, love and attention.
- Keep the family together especially in the early days after a traumatic event such as disaster or loss. It is natural to want to protect your children and send them away from unpleasant situations, but this may add to their fears, not lessen them. Children need their parents or familiar adults around them as much as possible.
- In the case of disasters, including your children in the clean up helps give needed activity.
- Return to regular family routines as soon as possible. This includes re-establishment of bedtime schedules and having playmates over. Familiar routines are comforting for a child.

Possible reactions by children (6-11)

At this age fears and anxieties are based on an increasing awareness of real danger. Loss of prized possessions, especially pets, seems to hold special meaning. Imaginary fears that seem unrelated to the loss may appear as well. Regressive behaviour may appear such as bed wetting, clinging, and nightmares, sometimes to a marked degree. Where the loss is associated with a disaster such as a fire, flood etc.; weather conditions (thunder, lightning, heavy winds) may trigger fears that the disaster will recur. Other reactions can include: irritability, disobedience, depression, headaches and visual or hearing problems.

How you can help

- Take your children's fears seriously. A child's fear doesn't have to make sense. A child who is afraid is truly afraid. Don't be angry or make fun. Don't say, "It's silly to be afraid." rather say, "I can see you are afraid." or "It is a scary feeling when you think you're all alone." Being told that it is normal to feel afraid is reassuring.
- Listen to what your children tell you. Knowing their fears will help you understand the situation.
- Don't force your children to be brave or face what frightens them. Help by easing them out of the fear. The stronger the fear, the greater the need to confront it gradually and the longer it will take to overcome. Help by providing: a night light, gradually moving it away, a flashlight by the child's bed or a friend to sleep overnight.
- Explain the situation as best you can. Situations which are not understood cause the greatest fear. Information helps normalize the event.
- Provide an atmosphere in which children can talk freely about their fears. Often parents are reluctant due to the belief that this keeps painful memories alive and harms them. Children who think that their parents don't understand their fears feel ashamed, rejected, unloved, consequently, even more afraid.
- While it is important to demonstrate strength and control to your children, it will not harm them to let them know that you experience fear. Put these feelings into words such as, "It is a scary feeling when it rains/thunders etc." This encourages children to talk about their own experience.

Bedtime problems

Children may refuse to go to their rooms or be reluctant to sleep by themselves. When they go to bed, they have difficulty falling asleep. Once asleep, they may awaken frightened, crying, screaming or shaking with re-experienced terror. Once awake they may insist on sleeping with their parents or have someone stay near them. They may also express fears of darkness.

Understanding children's nighttime fears

Traumatic events and loss naturally increase children's fear of separation from parents. It is normal for children to seek the comfort of their parents' presence. Nightmares provide a way for children to work through the strong emotions that are within. The frightening creatures and events encountered are as real as daily life.

How you can help

- Increased time with your children during waking hours will help them feel more secure at night.
- Providing opportunity for exercise and vigorous play helps burn off excess tension and creates needed fatigue.
- Providing a comforting bedtime routine (quiet play, telling a story, comforting toys) contributes to a sense of well being needed to reduce stress. This time also enables children to share anxieties and fears with their parents.
- If your children get out of bed, lead them calmly back, reassuring them of your presence: "I'm here and I love you but it's time to go to sleep now."
- If your children call to you or cry after being put to bed, go and offer hugs of reassurance. Acknowledge their fear of separation, "It can be scary when you are by yourself." Reassure them of your presence: "We are here. We will protect you and make sure that no harm comes to you." It can be helpful to have a nightlight on and the door left open.
- If your children wake up frightened, go to them at once and provide comfort. Try not to turn on a light or talk in a loud voice. Acknowledge the fear, "You must have had a very scary dream."

Tell me what it was about." Listen without interruptions. **Do not deny the fear** by saying, "There's nothing to be afraid of." To calm your children, help by differentiating what is real and what is fantasy. To do this you need to hear what the nightmare was about. Validate their experience by saying, "That sounds like a frightening experience. I don't blame you for hiding/crying/screaming/" Reassure them that you are near and they are safe. If possible, stay until they are asleep. Allowing children to sleep on a mattress in your bedroom or in another child's room on a temporary basis might be of help.

- If children are having increasing numbers of nightmares or are extremely upset, seek the help of a school counsellor, family doctor or public health nurse.

School avoidance

Children may refuse to go to school, have behaviour problems at school and/or experience difficulty concentrating. One reason for not going to school may be a fear of separating from parents. High achieving children may be afraid of doing poorly while low performers may find concentrating more difficult.

Death and grieving

- Tell children about the death of a loved one. Sometimes parents are so preoccupied with their own grief that they fail to consider their children's grief. This is particularly true when children do not demonstrate what we often consider the obvious signs of grief. Others want to protect children from pain and sadness. These motives are understandable but providing children with simple, honest, age appropriate information, gives them the right to grieve. Crying and other forms of grief are healing and are not a symptom to be controlled. Children should be encouraged to ask questions and respond as they feel. It is important to remember that the absence of tears does not mean they do