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## Other sources of help

Loss and disaster wound many, even those who seem not to be touched by what occurred. Give emphasis that there is no shame in expressing pain. There is also no shame in seeking help from people in the community. Encourage openness to help from others. School counsellors, counselling clinics, Health Department personnel, and the clergy are just some of the resources available to assist you and your family.

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## Suicidal thoughts

Threats or attempts to injure or kill oneself are not uncommon among adolescents. There are many reasons for this (loss of a relationship, failure, family breakup etc.) but regardless of the reason, it is imperative to **take these feelings seriously**. Feelings of helplessness and worthlessness are strong indicators of potential suicide. Some ways these are expressed verbally or non-verbally are: withdrawal, anti-social behaviour, loss of interest, apathy, agitation, sleep and appetite disturbances, perceived loss of alternatives, poor judgement and reasoning ability. Giving away possessions can also be a sign.

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## How to help

If someone is thinking about suicide or shows other signs of being suicidal, discuss it openly and frankly. Do not feel that you must say the 'right' words or persuade the person not to think that way. Terms such as, "Everything will be okay" or "Things will be better in time" tend to communicate that the listener doesn't fully understand what the person is dealing with. Besides, these guarantees cannot be made. The greatest help is given by taking the person

seriously and being a concerned listener. In general, any person with suicidal thoughts should be referred for professional help. The Crisis Center has trained counsellors and is a helpful resource (279-7077, 24 hour line: 279-7070).

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## How you can help

- Sometimes parents are so preoccupied with their own grief that they fail to consider their children's experience. This is particularly true when teenagers do not demonstrate what are often considered the obvious signs of grief. Crying and other forms of grief are healing and are not a symptom to be controlled. It is important to remember that the absence of tears does not mean they do not feel pain. Communicate that grieving 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.
- Do not avoid talking about the person or event because you feel it might reawaken the pain. Avoidance of the topic conveys a lack of caring rather than the more likely fact that you do not know what to say. Usually your teenager is in pain and will want to talk, although it may not come in the fashion or the time you had planned. Follow their lead and be a listener.
- Try not to make any unnecessary changes during this time. Times of grief and loss are not the times to be making important decisions. Attempt to keep the situation as normalized as possible.

Perhaps the greatest challenge you, as a parent have, is to encourage and allow the admittance and healthy expression of grief.

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## 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. The whirlwind which results from pain and loss can only fully be understood by those in the situation.

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 several points: 1. Be a listener. Most help comes from genuine concern that listens rather than seeks to give the 'right' piece of advice. 2. While most helping response occurs in the first few weeks after a traumatic event, grief usually lasts longer than anticipated. The effects of grief are often revisited long after the event. These delayed, seemingly unrelated responses to grief can be baffling. It is important to keep this in mind when dealing with behaviour uncharacteristic of your child. 3. Most grief reactions are normal responses to disaster or loss, however it is imperative that suicidal thinking be treated seriously and that help is sought.



Some material is drawn from Health and Welfare Canada's Publication *Personal Services*. © Minister of Supply and Services Canada, 1990.

A PARENT GUIDE



## Making sense of the pain

Assisting adolescents (12-17) through disaster and loss

**T**he events of recent days have no doubt resulted in many questions and many changing emotions. The loss of people and things we care for is very painful and very confusing. We recognize the pain expressed by tears but the pain evidenced by withdrawal, hopelessness and anger can be much harder to detect. Sometimes we see pain and grief as a short term event consequently when certain behaviours appear, we wonder what is energizing them.

As you go through this time, it is important to remember that grief lasts far longer than anyone expects. This brochure is intended to help you, as a parent, understand and help through this difficult time.

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**The experience of a loss or a sudden violent event can produce intense feelings, including anxiety and fear. These feelings are very normal. Realities such as suffering, loss and death have shattered the teenager's sense of invincibility and immortality. Teenagers often have the need to present an image of strength and other forms of 'best face forward'. Unfortunately, this results in a tendency for emotions to be buried, only to be resurrected later, sometimes in less healthy ways.**

**The need not to reveal weakness often causes much pain and grief to go unnoticed. To make matters worse, these coping strategies can often be rewarded unwittingly with commendations such as, "You are handling things very well." While this may appear to be the case, it is often an illusion.**

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## Adolescents • ages 12 to 17

Trouble signs to watch for in adolescents following a disaster/loss may include:

- withdrawal and isolation
- physical complaints (headaches, stomach pain)
- loss of appetite
- emotional concerns (depression, sadness, tension, suicidal thoughts, confusion)
- anti-social behaviour (stealing, aggression, acting out, substance abuse)
- school problems (avoidance, disruptive behaviour, academic failures)
- sleep disturbances (sleeplessness, night terrors, withdrawal into heavy sleep)

Most of these are temporary. Teenagers who appear to be withdrawn and isolated and who isolate themselves from family and friends are experiencing emotional difficulties. They may be concealing fears they are afraid to express. The need to appear competent may work against their reaching out to others for assistance.

Loss and disaster can thrust teenagers into an adult role. Sometimes this involves increased financial and emotional responsibilities. Regardless whether these results occur, it is important that adolescents give themselves permission to grieve.

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## Grief over loss

It is important to understand that the **loss of a relationship other than by death** can be a very profound loss. Frequently our adult perspectives tend to minimize this type of loss, view it as temporary or consider it one of the minor realities of life. Teenagers, however, often give this loss a much more significant value. It is important not to underestimate the value and impact of what has occurred. The same could be said for the loss of possessions especially those with a special meaning attached to them.

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## Understanding the grief process

While the following stages 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. 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, keeping a journal, sketching or talking with people you trust either one on one or in small groups. Although more commonly seen in young children, teenagers may also feel that they have somehow created the situation. "If only I had done / hadn't done, then ..."  
**Reassure that death and loss are not the teenager'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. Males may particularly need permission to cry. Emphasize that crying is not a sign of weakness rather can be a sign of strength. It is the facing and acknowledgement of loss; e.g. "It's okay to cry now. After what you've been through, you've got a lot to cry about, so go ahead." Recording thoughts in a journal can also be very healing especially for those who find it difficult to give verbal expression to grief. 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. In fact, it is a full acceptance that the loss was real, significant and painful.