

When Grief/Loss Hits Close to Home: Tips for Caregivers

The nature of the loss (i.e., expected vs. sudden) will impact the way caregivers address the loss of a family member. While grief is often characterized by sadness, emotional pain, and introspection in adults, children's grief reactions will vary depending upon their developmental level. More specifically among **preschoolers** one might observe regressive behaviors, decreased verbalization, and increased anxiety. Among **elementary school aged children** one might observe decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; and repeated telling of the event. And **among middle and high school** age youth one might observe decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, and emotional numbing or depression. The death of a family member may be further complicated by the child's relationship to the deceased as well as to the surviving parent (e.g., if mom and dad are divorced). Cultural factors are important to consider when working with family members after a loss. Some families will be more open to discussing the loss whereas others based on cultural/religious beliefs may choose and request that the loss "not be addressed at all."

STRATEGIES FOR FAMILIES DEALING WITH AN ANTICIPATORY LOSS (E.G., TERMINAL ILLNESS)

- With anticipated loss, children may have had to endure weeks, months, or even years of watching their loved one deteriorate, in some cases both physically and mentally, which can significantly disrupt children's academic, behavioral and social/emotional functioning. Thus, family members should be extra vigilant to such changes. Instead of being punitive, try to address the changes through consulting with a school-employed or community-based counselor or psychologist. There are generally four phases of anticipatory grief: depression, extreme concern for the dying person, preparing for the death, and adjusting to changes caused by the death. But again not every child travels through these four phases in a linear process as with grieving in general.
- Ambiguous loss is often also a factor with anticipatory grief. As children watch the changes in their parents and loss of physical/cognitive capacities, they need to continuously adapt to both their own "new role in the family" (e.g., possibly becoming a caretaker), as well as to the changed roles in the entire family system (e.g., financial changes due to parent being unable to work; parent's compromised ability to take care of children's everyday needs).
- Strategies for dealing with "ambiguous loss" while the loved one is still physically alive but psychologically changed or absent often include adaptive creative arts therapies to encourage

children to talk more about their experiences. Although most of these strategies are appropriate in therapeutic settings, some may be adapted for parents and family members to use at home.

- Narrative therapy or helping your children “tell their own story” about their experiences can be useful. This can be done by helping your children consider “two choices” to end a story, and have them choose the one that represents a more adaptive way to deal with his or her feelings. Alternatively, if children are unable to tell their story, you can use animals or inanimate objects to personify people as these may be less threatening.
- Some activities appropriate for the home setting include “bibliotherapy”; for example, reading books such as:
 - Charlotte’s Web (EB White, 1952) which deals with the “cycle of life”
 - “The Last Lecture” (Randy Pausch, 2007) is both a book and a YouTube video in which a terminally ill professor imparts his parental wisdom to his children through a “lecture” with life lessons. This can help engage children in a family discussion about anticipatory grief.
 - Using art projects where you ask your children to “draw” their feelings about the terminally ill family member may also be useful.
- It is recommended that when seeking mental health support for ambiguous loss, the entire family be included; when possible include siblings, parents, and/or other important people in their lives.
- Encouraging children to make decisions, such as whether or not they wish to take part in funeral services (when age appropriate) is recommended.

STRATEGIES FOR FAMILIES COPING WITH SUDDEN LOSS OF A LOVED ONE

- Reactions among children may be extremely variable in cases of sudden unexpected death or loss. It often depends upon the nature of the “sudden loss” (e.g., if the sudden loss was violent or illness related death). There are generally four phases of grief: but not every child travels through these four phases in a linear process.
 1. Shock and Numbness (stunned, difficulty thinking clearly)
 2. Yearning and Searching (restless, angry, guilty, bewildered)
 3. Disorientation and Disorganization (extreme sadness, possible continued guilt and anger)
 4. Reorganization and Resolution (accept the loss)
- Suicide or drug overdoses, which are sudden and unexpected losses, may often be especially difficult for family members to cope with because of the stigma associated with these types of deaths. Especially in these instances, it is important to encourage children to talk about the death openly at home. Saying “we are not going to talk about this” will likely interfere with the grieving process. Parents should look to community resources for specialized support groups that include others dealing with a similar loss.
- **“Survivor guilt”** may be a reaction to sudden loss. It is important that this be recognized and acknowledged when we hear statements such as “I wish it were me instead.” Survivor guilt may also manifest itself in excessive self-blame. It is important to recognize and try to understand with these feelings, but also let the affected family member know that it was not their fault. For example, following a suicide death surviving family members should be told that ultimately the only person responsible for the death was the deceased.

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