Phases of Childhood Grief

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Grief is a personal experience which no two people experience the same way. *Phases of Childhood Grief* explains the possible reactions or feelings that a child may have following the death of a loved one. It is important to remember that this list is a guide, not a formula. Some children will experience many of the phases, while other children will not experience any of the phases. It is important to remember that grief is a forever process that may occur at the time of the death and at other times of loss or change.

Shock/Denial/Numbness/Disbelief- At the time of a crisis, the mind can block out what is traumatic in an effort to protect the psyche. The ability for our minds to keep out what is overwhelming is normal and healthy. As children begin to been safer, they also begin to accept the reality at their own pace and begin to move towards healthy grieving. Adults can be instrumental in creating a "safe" environment and encourage the expression of emotions.

Lack of Feelings- Children are children first and grievers second. They often resort to typical, carefree, and child-like behaviors as a way to protect themselves. What may appear as indifference is actually a self-protecting measure.

Physiological Change- It is common to see somatic behaviors in grieving children. Such physiological symptoms include: headaches, stomachaches, tiredness, sleeping disturbances, change in appetite, tightness in the throat, and general nervousness. These should be recognized as normal and temporary. A child may assume the sick role in an attempt to sympathize or relate to the ill person. Somatic complaints often occur in children who have not been given the message that it is safe to express their feelings.

Regression- Under stress, children often wish to return to the feelings of safety they experienced at earlier stages in their life. Children may become overly dependent on the parent, want to sleep with the parent, throw a tantrum when separated from a parent, use baby talk, or refuse to work independently on tasks that they had previously mastered. Regressive behaviors are also normal and should be handled sensitively. If behaviors continue for a long period of time, it may indicate the need for additional intervention.

Big Man/Woman Syndrome- This is the opposite of regressive behavior. It is when the child attempts to grow up too quickly and assumes adult responsibilities. Adults should monitor appropriate roles and responsibilities for their children.

Disorganization and Panic- When a child is completely overwhelmed, he/she can become unable to handle basic situations or emotions. Children appear irritable and restless. During this phase, children primarily need reassurance, security, and a routine. They may need reaffirmation that what they are going through is normal and necessary for healing.

Explosive Emotions- Overwhelming emotions such as anger, hatred, or terror may be directed toward anyone or anything (physician, clergy, friends, God, parent, or the world in general). Behind such high emotions are the child's primary feelings of pain, helplessness, frustration, and hurt. Adults need to communicate that the anger and frustration are normal, and are often shared by adults. Expression of such feelings should be encouraged through active listening and empathy. However, children should not be permitted to abuse others as a way of expressing their emotions. It is important for children to have healthy outlets for expression.

Acting Out Behaviors- Acting out can be the result of explosive emotions. Children should be reassured that it is ok to be angry or frustrated, but that it is not ok to hurt others or themselves.

Fear- When illness or death occurs, suddenly the world seems even more vulnerable and unpredictable. When the life of someone important becomes threatened by illness, the child may fear whether there will always be someone there to care for them or the possibility that they too could become sick or die.

Guilt and Self-Blame- Many children suffer from guilt and self blame. Developmentally, children may not fully understand cause and effect relationships. Children may believe that thoughts can cause actions and they blame themselves for the illness or death (most children can remember a time saying, "I wish you were dead!)" Children may assume all responsibility for the illness/death and never say it out loud. Adults need to be particularly aware of this. To prevent such guilt, children should be made aware of the reality of the illness/death and repeatedly be reminded that they were not responsible for the death.

Relief- This feeling can be the most difficult for a child to admit, although it is quite normal for a child to feel relief when the daily pain is over. For example, a child whose sibling has been sick for several years and whose parents spent most of the time in the hospital may feel some sense of relief after the sibling dies and the parents return home. It is imperative that the message be given that it is a natural and normal reaction and is in no way indicative or lack of love.

Loss/Emptiness/Sadness- During this phase, children fight to accept the reality of the situation. A natural response is for the children to become depressed. They may demonstrate a lack of interest in themselves or others, a change of appetite, prolonged withdrawal, nervousness, or low self-esteem. A caring adult needs to reinforce to the child that releasing their emotions will help the child to feel better. Be respectful that some children will not be able to speak about their emotions, but encourage them to draw or physically release the energy.

Reconciliation- This phase of childhood grief occurs when the child's grief ceases to overwhelm their daily existence. The child begins to look toward his/her future with a sense of hope and anticipation. Adults need to be careful to not put a timetable on how long a child should grieve. It is a process, not an event.