



**DEALING WITH  
TRAUMA  
AND  
LOSS**

**Salford Educational Psychology Service**

## Helping the Bereaved Child

### **Introduction**

These notes have been prepared for teachers (and other adults) who are faced with an individual or group of traumatised children. They are **not** designed to make you into specialist grief counsellors, but try to address the very practical questions that are likely to face you in this situation. These are intended to be used in conjunction with the booklet for children.

Children are all different and they will all react to the loss, trauma and bereavement in their own very unique way. The differences in their levels of awareness, understanding, age, emotional maturity, security and not least, their relationship with the deceased, will also have significant effects.

As adults, we have become more sophisticated and prepared to accept the shades of meaning in explanations but children, and even older teenagers, still see things in terms of black and white. The result is that their questions may be disconcertingly direct and blunt and we may find ourselves being upset by the form of the question, or our inability to answer it fully.

Remember that in the matter of loss and/or death (particularly when it is unexpected or illogical) we can only provide **some of** the answers and certainly not make it better (*merely make it less bad or less painful*). The same questions may be asked again and again and you must be prepared to keep repeating your answers.

If the child feels secure in a relationship with you, it is likely that they will come to **you specifically** for comfort or enlightenment and you should have given some thought as to how you should respond.

**NB:** Not all points below will apply to your particular situation but hopefully will give you a framework from where you might consider your own responses.

### **1. When should you tell the child/children someone has died?**

The child/children should be told **as soon as possible** to prevent him/her learning from some other, and often inappropriate, source. Try to use a normal tone of voice and clear direct language and avoid hushed whispers which may convey spooky, unnatural feelings.

### **2. How should you tell them?**

Whenever possible, children should be told by someone close to them, in familiar surroundings where the child will feel more secure. Both you and the child may feel uncomfortable and uncertain of yourselves, and you may feel that holding or hugging the child will help to reduce some of their fear and insecurity.

### **3. What should you tell them?**

It is very important to tell the truth as far as you know it. Even white lies will have to be renegotiated later on and the truth is the best counter to rumour and fantasy which may build up. This information will stay with the child for a very long time and, if challenged later, may destroy the trust between you and the child if it is incorrect.

They may not take it all in at this stage, but will go over and over the facts later, asking more questions and gradually assimilate more of the information. Do not worry about having to keep on giving the same answers.

### **4. How much should you explain?**

As mentioned above, children will vary their ability at any time to take in particular explanations. If your information is limited, then tell them what you know and then make every effort to find out more.

In the absence of facts, our minds tend to fantasise and children may begin to believe that what they were doing might be related to the person's loss. These fears may need to be brought out and talked about later.

Children and adults may well have to accept a long period of continuing uncertainty.

## **5. What if I feel very upset myself and find it very difficult to talk?**

It is important to let children know that it is natural, and acceptable, to be upset and to cry (even for adults). It is better to share feelings rather than to deny them, e.g. crying together.

Sometimes, however, it may be better to protect a child from the extreme adult grief reaction, and adults who are prostrate with grief may need some time and space initially to release their most extreme reactions.

## **6. How can I explain some of the feelings?**

You may wish to tell the child that you both may experience some strange and confusing feelings. Sadness and emptiness will predominate, but he/she may also feel guilty about the feelings of anger, jealousy and resentment which may occur. Point out that this confused mixture of feelings is normal and will eventually subside.

Try to get the child to talk about some of these feelings, perhaps by sharing some of yours with them.

## **7. How do I talk about what trauma, loss and death means?**

The meaning will vary according to the child and family's religious beliefs. However, by listening to the child you might be able to ascertain whether the child has developed bizarre or odd ideas about the trauma (older children may have frightened the child, or more likely, the child may have picked up some distorted picture from watching TV).

Encourage the child to ask questions and tailor your answers to the child's level of understanding, within his/her home religion or culture and your own belief system.

Some children will ask the same questions again and again, but be patient as it is their way of coming to understand the complexity of the situation and is a healthy part of the normal grief reaction.

This may be the first time that the child is confronted by his/her own mortality.

## **8. What if the child sees a ghost?**

Children have the ability to recall very strong and real images or memories of people (including smells, language etc) and these are often interpreted by other adults as ghosts. It is very normal to experience a strong after-impression of someone you are close to and it is important to enjoy this experience (which is a very vivid memory) rather than be frightened by it. These recollections become less strong over time, although they are disconcerting because they arrive at unpredictable intervals.

The author has used this experience positively by suggesting that the child might like to talk to the person about their worries or concerns.

## **9. What if the child feels that they are too big to cry?**

Some children may have been brought up not to show their emotions and maintain a stiff upper lip. Others, particularly those in their teens may repress grief as they see crying as a babyish emotion which means that they will lose face in front of their friends.

These inappropriate coping strategies (see appendix) can only work for a while and often leave some children out of synch with their peers, i.e. appearing in control when all the others are upset and later cracking up with grief and guilt when all others have come to terms with the loss.

It is important that the adults give children permission to grieve as well as the opportunity and support, without trying to force them to behave in a prescribed manner.

## **10. In what way are adolescents different from other children?**

During their adolescence, young people have very confusing feelings about themselves and the world about them. Grief tends to heighten these feelings, increase the confusion and may mean the onset of severe and very deep depressions.

Talking about these feelings with a caring and supportive adult (who is available when required) is a useful approach rather than trying to be forcefully helpful. However, at this time, the individual may be orienting more towards his/her peers and away from their family so do not feel rejected if they look to their friends for their support and comfort. Just be available and tell them so.

Art, music and sport may be an effective way of expressing these feelings and should be encouraged.

### **11. How long does it take to come to terms with the traumas?**

There are several phases of grief (see *appendix*). The initial stages of disbelief usually pass quickly, but many individuals are in this stage for some considerable time. The feelings of depression have to be passed through, even fleetingly, before the individual can begin again to look positively.

This makes it particularly difficult when several children are going through the grieving process as they will all be at different stages at the same time and it should be allowed to run its natural course.

### **12. Are some children more vulnerable than others?**

This varies according to age, developmental level and personal circumstances.

Very young children (under 5 years) are beginning to develop their independence from the security of the home, and the loss can be particularly damaging to them. They may also express their disturbance in indirect ways (e.g. bed wetting, nightmares, phobias etc.) and should be reassured and comforted.

Other vulnerable children are those from already insecure backgrounds i.e. broken families, marital instability, chronically ill relative, etc. and these children may overreact to the new loss.

All children can come to terms with the loss and the aim is to provide support and comfort so that the trauma is gradually overcome, rather than remain a permanent block to their emotional development.

### **13. Can we help by seeing the positive side of the trauma?**

There is a temptation to talk about new responsibilities within a family of the man of the house or the little mother. This approach may diminish the acceptance and importance of the child's own grief, whereas regression to earlier behaviour (for a short period) may be acceptable and desirable.

It is desirable, however, to talk positively about the absent people and in particular, events involving him/her and them.

These more positive aspects are only really appropriate in the later stages of the grieving process (see graph) and should be thought through carefully.

**14. How can I distinguish children who are attention-seeking from those who are grieving?**

This is the most difficult question to answer and really depends upon your knowledge of the child. It is true that some children, seeing the legitimate care and attention that genuinely upset children are getting, will try it on for attention. It is also important to remember that children who are usually attention-seeking also need to grieve and be handled sensitively.

It is very important that all children, even those most upset, have boundaries set and know what is expected of them. This will give them the required security and a realisation that not all the world has changed i.e. you might end a teaching session talking about the people who have died, but then start the next day a session without a carry-over of emotions.

**15. How should I manage the grieving child?**

The child needs to be part of a group and not singled out and it is an advantage if he/she is part of a group of grieving children. The children should be expected to work, although it may be appropriate to inform them that you do not expect the same standard of performance (they could get very upset if they fall below par).

The other members of their peer group can be mutually self-supporting, although you may choose to intervene in a helpful way if they appear to be simply upsetting one another.

**16. Can a school or family religion be helpful?**

It can be particularly helpful as it can provide explanations, support and, above all, structure for the child.

A particular problem may occur if the child begins to question the religious explanation. You may need guidance from a religious advisor at this stage.

**17. What practical things can you do?**

There are a number of practical things that children may choose to do (see children's booklet – "Things you can do to help with your feelings").

If you are dealing with a class, then a frank discussion of these ideas will utilise the natural creativity of children, and they will probably come up with what is right for themselves and their late friend.

Should you find it personally difficult, talk it over with people you are working with or seek further help.

**18. What is the overall message in helping traumatised children?**

- Try to maintain feelings of security, of being cared for, of being loved.
- Maintain all the necessary practical care.
- Be honest at the child's level of understanding.
- Continue to talk and communicate.
- Do not pretend to believe what you don't believe.
- Try to understand the child's feelings and reassure where possible.
- Don't be afraid to say I don't know!
- Don't be afraid to share your own feelings.
- Remember there are others who can help.
- Don't be afraid to admit to colleagues, family and managers that you can't cope at any particular time.

**19. Who is available to provide help?**

Friends and family members (your natural support system)

Colleagues in the work situation (peers and management)

Religious groups (child's, family's, your own, school's, and any other)

Educational Psychology Service

Medical Services (GP, Child Psychiatry, Adult Psychiatry, Counselling)

Social Services

Voluntary Agencies

Based on material produced by Dorset LEA

References:

Dr Kay Clymo

Nick Beard

For further advice contact:

Wigan Educational Psychology Service

01942 486238

Winston's Wish

<https://www.winstonswish.org.uk/>

08088 020021

## **STAGES OF GRIEF**

Grief is how people respond to the loss of a loved one. It consists of several emotions which may be conflicting. There appear to be a series of stages that individuals go through in a set order.

**NB:** Do not worry if you do not feel any or all of these emotions, or if you go through the stages in a different order. Everyone is different.

### **1. Shock**

Usually the first response either in the form of physical pain or numbness, but more often consisting of complete apathy or abnormal calm.

### **2. Denial**

Behaving as if the dead person is still there, e.g. planning for them, not accepting the evidence of their absence.

### **3. Depression**

As the denial lessens the bereaved person begins to feel despair, emptiness and the pain of loss. It may be accompanied by emotional release such as crying which may eventually ease the pain.

### **4. Guilt**

This may be felt for real or imagined negligence or harm inflicted on the person who has died. The bereaved often have a need to feel responsible, may feel they were wrong to be spared, should have shown more love etc.

### **5. Anxiety**

This occurs when full realisation of the loss penetrates the protective mechanisms of the individual. The person begins to accept the reality of the loss and becomes anxious about the changes and loneliness ahead. This can also lead to panic and possible suicide thoughts.

Often people think that they are abnormal because of the severity of their emotions, over which they have no control and which are alien to them.

### **6. Aggression**

This is often felt against those individuals who were unable to prevent the loss e.g. adults, family. Sometimes, in the later stages, aggression may be felt against the lost person for the pain and upheaval resulting from the loss.