

Understanding Sudden Loss and Traumatic Grief at School

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Everyone attending this session brought to it some history of loss. It could have been the death of a student or teacher, a friend or family member. School nurses support students who are grieving after a loss and students who anticipate grief while living with a family member who is dying. Nurses need to know how to respond after a car crash, a suicide, a homicide, or a terrorist act. They need to know how to help when parents are going off to war or military deployment. This session focused on ways to help the grieving child.

School nurses deal with many types of loss. To do so, nurses must know their own comfort levels in talking to students about grief, death dying and other losses. A study of 440 students, mostly female, around the age of 23, who were enrolled in a class about death and dying, explored how adults view their childhood bereavement experiences. Subjects were asked to recall their first childhood death experience. On the average, the first memorable experience occurred when the subjects were about 8 years old. Most remembered the deaths of relatives, such as grandparents, and pets. The feelings reported were relief, confusion, fear, anger, happiness, sadness, emptiness, shock, and guilt. Some people are surprised when they see the word "relief." Why would someone feel relieved when his loved one is dying? The relief comes from

seeing the relative in physical pain, or lying in bed at 70 lb., or not understanding the tubes going in and out of the body. So there is relief, but with relief comes guilt. In this study the majority of subjects believed that the deceased was going to heaven and that brought them great joy. They also reported some traumatic experiences—being forced to kiss a dead relative, watching a pet die, or having to wash a dead sister's body. Commonly mentioned recollections of funerals were that the deceased appeared to be sleeping.

Part of life is experiencing losses. Some losses are related to death, but there are many others—having to move to a new school, getting sick on the night of the prom, finding the new car has been stolen. The most common death and non-death related losses for children and adolescents are pets, divorced parents, moving to a new school, a friend that moved away, and a grandparent's death. Each death or loss adds to the understanding of death we have as adults. Not unlike adults, some children appear unaffected by a loss while others do not respond at all, and others emote freely with tears and anger. Each person grieves in his own way. However, children model adults' behavior, so it is probable that the child's response to loss is similar to the response of the child's family members at home.

Grieving Children Aged 5 – 9

For school nurses working with children between the ages five and nine it is important to understand how this age group un-

derstands death. At this age they begin to understand the finality of death. They give death a personality—perhaps, the "boogie man." They fluctuate from showing a little emotion to showing a great deal of emotion to showing no emotion. They act out. They may revert to old childhood behaviors. They might feel lonely or abandoned or they might act as if the death never happened. They also believe that they caused the person to die—what a burden for a 5-year-old who thinks his anger caused Mommy to be hit by a car. This child truly feels responsible for the death.

Lisa Murphy, a staff nurse at Blessing Hospital in Illinois, was caring for a female in her thirties who was dying of cancer. She attempted to explain to the patient's 9-year-old son that his mommy was dying. The nurse knelt down to his eye level and she said, "This is what dying is, Jay. Your Mommy is dying. She doesn't want to, but she can't help it and she can't stop it. Your Mommy can't talk with you now, but she can hear you. She can't reach out and hug you, but she can feel you touch her." The nurse put the child on the bed next to his mother and held his hand. He cried and asked, "Mommy are you sleeping? Mommy, Mommy don't leave me. I promise I'll be a good boy. I promise I'll do better in school." His mother could not respond and before jumping off the bed and running into his father's arms he said, "Mommy, I love you." What a gift this nurse gave this child by giving him the opportunity to say, "Mommy, I love you."

For children in this age group there are several issues and children respond in very much the same way:

- **Non-functionality**—means that all life-sustaining functions cease with death. Children might ask questions such as, “What do you do all day when you are dead?” or “Can you see anything, hear noises, or feel heat or cold when you are dead?”
- **Irreversibility**—the finality of death. This might prompt questions such as “How long do you stay dead after you die?” or “Can dead persons become alive again?” They may use terms such as “deaded,” “deader,” or “deadest.”
- **Universality**—the inevitability that all living things will die. The child may ask, “Does everyone die?” “Do children die?” “Do animals die?” “Can some people escape death?” “Can I or people I know and love avoid dying?” “When will you die?”
- **Causality**—what causes death. Here the child might ask “Why do people die?” “What caused my little dog to die?” When Mommy was mad at me and said, “You’ll be the death of me someday,” does that mean that I caused my Mommy’s death?
- **Personal Mortality**—the realization that not only all living things die, but that “I” will die.

Grieving Adolescents

The school nurse can help grieving adolescents by validating their feelings and exploring their attachments. The nurse needs to understand that the adolescent’s self-concept may change. Do they view themselves differently since their loved one died? Provide open and honest communication. Talk to them as you would your own child. Understand that they will be experiencing feelings of shock and guilt, perhaps thoughts of suicide. Address how they are feeling. Share your own feelings about the loss if it affected you. Let them know if the loss has hurt you, too.

Some things may complicate the child’s grief. For example, the type of death—was it violent or stigmatized as in suicide or AIDS? The child’s characteristics can complicate grief. Is he shy? Is this the

first loss she has experienced? Is there any social support available—is anyone talking to this child? Are the child’s friends talking about the death? Are there multiple losses—perhaps several members of a family or of both parents?

Is the death or dying that of a significant person in the child’s life? An example might be when “Grandma” is dying and the student is seen in the nurse’s office more frequently with stomach complaints. The child might be dealing with conflicting demands. On one hand he might want to hold on to her versus letting her go. He might struggle with planning for life after she dies versus not wanting to betray her by planning for life in her absence. He might be experiencing the full intensity of feelings involved in the anticipatory mourning versus becoming overwhelmed by the fact that grandma is going to die. He might be acknowledging the terrible reality of the death and its implications versus trying to maintain some hope. Hope does not always mean wishing for recovery. A person might hope for a peaceful death for the loved one or hope that after dying the loved one will be reunited with other loved ones who have passed. A person’s belief system can provide opportunities for hope. Adolescents might be conflicted about paying attention to what is happening and how to cope with it versus wanting to avoid thinking about it, ruminating about, or obsessing about it. They might be balancing support for dependency with autonomy—for example, having to help grandma get dressed while knowing grandma would rather dress herself but is not able to do so. If an adolescent has taken over tasks that the dying person usually did, she might be reminded every time she does the task that the loved one is dying.

Death Awareness Context

What are parents telling the child about the death? Does the child even know that the loved one is dying? Who is aware of it? There is a concept called “death awareness context.” Sometimes there is “closed” awareness which means that everyone in the family is aware of the death except the person who is dying. This is very difficult for the child because he feels like he is

keeping a secret. Then there can be “suspected” awareness. In this case the dying person suspects that he is dying as illness and symptoms progress. He might want to know, but no one tells or talks about it. How is the child feeling in this situation? “Mutual pretense” is another form of death awareness in which everyone pretends that the loved one is not dying and no one talks about it. The healthiest approach to death is “Open Awareness” in which the dying loved one and everyone involved prepares for the death and they discuss it.

Unnatural Deaths, Losses, and Deaths with Social Stigma

Sometimes families do not want to discuss death, especially deaths from AIDS, suicide, and homicide. However, there are clinical issues related to AIDS. It is a true wounding experience for a child. The child has to live with the stigma of AIDS and that stigma and shame can be barriers to successful mourning. The child may have a new damaged and devalued self due to the perceptions of society. What are the community attitudes? Does the child feel humiliated by friends and others? Is the child keeping it a secret or disclosing that someone she loved has died of AIDS or is dying of AIDS? Does the child feel isolated? Are there multiple losses in the family due to AIDS—mother, father, sibling?

Helping students grieve following deaths in a car crash is a challenge that often befalls the school nurse. This is difficult because the death is sudden, without warning. It may be unnatural, premature and involve many children and many feelings. It may be related directly to an alcohol-related crash.

Often people say the wrong things and ask the wrong questions. “Was she wearing a seatbelt?” “Was his body crushed upon impact?” “Sorry your husband died. Maybe you should get a dog to keep you company.” After a homicide there is the police investigation, traumatic reactions and media attention. Sometimes the child does not know who the murderer is or sometimes the murderer is a member of the victim’s own family. This type of situation can intensify a child’s grief. There can be intensified symptoms, so-

matic reactions, and true traumatic rage. The child might have repetitive thoughts about how the loved one died. He might feel absolutely numb, with no energy, and impaired concentration. How will this child go to school and function? What about homework and assignments? Expect to see this child in your office complaining of restlessness and nightmares, feeling sad and guilty, anxious, agitated, and helpless.

After a terrorist act children will have recurring thoughts of the incidents and develop new fears. They may not want to leave the house or go out to play. They might have survivor guilt if another child died. They might be reluctant to express feelings because their parents may not be able to handle the grief and are upset whenever the incident is discussed so the child does not talk about it.

How do children feel if parents are alive and well but now serving in the armed forces? Military deployment is a loss and the child is likely living in fear that a parent might not come home. How does the school system support these children?

Whether a school-age child or an adult, each of us is a grieving child in some way. Each of us has suffered loss and each of us has experienced the pain. What is our role in supporting people who have suffered loss, especially loss from suicide? Help them to reality test. Help them to work through their pain. Explore their issues of responsibility and assess their ability to cope. Survivor grief is tough. There might be denial and the question, "Why?" But the survivor is not asking for answers based upon research and data. They already know that. They are really looking for someone who will listen and allow them to ask their questions over and over again; what is needed is someone who will listen as they blame everyone, search for issues of accountability, rejection and guilt, anger and rage, shame and stigma and avoidance and all the feelings they are experiencing. When helping suicide survivors, do not avoid the word "suicide." Do not try to answer the "Why" question. Remember that their anger is not directed at you. They are just angry that their loved

one killed himself. Their faith may also be shaken to the core.

What to Say and Do to Help the Grieving Child

How do you respond when you don't know what to say to a grieving child? Here are some questions and concepts that can be applied to any loss.

- Where were you when your loved one died? This question can open a Pandora's box and may uncover feelings of guilt with questions such as "Why wasn't I there?"
- How does the word "suicide" (AIDS, car crash, etc.) make you feel?
- Draw a picture of what you feel now—the critical word being "now." Every time you ask a child to draw a picture, it will change depending upon the circumstances.
- What changes have occurred at home?
- Do you have something that belonged to your loved one? Linking objects can bring comfort to the grieving person.
- Where do you think your loved one is now? This question gives the nurse insight into the person's beliefs about the after life.
- Draw a picture of yourself really angry.
- Write a poem.
- List the people in your life whom you can talk to about death. This will inform the nurse about who provides emotional support for the child.
- What is the biggest problem you have right now?

Linda Goldman, author of the book, *Raising Our Children to Be Resilient*, developed a model for a class meeting that could be used after a school shooting. First ask the child what she knows about the shooting. This avoids giving the child too much information. Find out what the child already knows. Make it clear to the child what happened. Offer reassurance that the adults are keeping them safe. Review the existing school procedures for a traumatic time for children and let them know what to expect. Tell them the plan

for keeping them safe. Allow children to brainstorm—kids can come up with fabulous ideas about how to stay safe if a school shooting should occur. Discuss ways to stay safe. Remind students that they are responding normally to an abnormal event. Encourage them to find ways to feel better. It is okay to play. It is okay to play in the schoolyard with friends. Ask if they have questions and be prepared to answer them honestly. Support the children. Learn who the positive people are in their lives that they can go to. Invite them to draw, write, and do things that will provide comfort.

Some common themes about surviving children have been noted among parents who have lost children. They indicate that they fear if one child died of AIDS or in a car crash, that their surviving child could also die. This changes their relationship with the surviving child. They felt their surviving children were sadder than usual and more easily upset. They noted that their children hold feelings in and are more anxious. They find that the whole family was struggling to find meaning in the loss. Some felt that their child was having difficulty moving on and didn't anticipate having a future. They report that some children wondered what the future would have been like for the lost sibling. Some children feel like they lost their best friend, or like they were abandoned. They missed the dead sibling at family events. They were pained at comparisons to their sibling. They had work, school, and relationship problems as well as physical symptoms. They avoided religion.

In identifying and assessing bereaved children, it is necessary to understand that children move in and out of their grief and react to loss in their own way. How is the adult in the child's life coping? It is likely that if the adult is unable to cope with the death of the loved one, the child will have a very difficult journey of grief. Common emotional problems for children are numbness, sadness, helplessness, feeling withdrawn, anger, self-blame, even silliness. They might have impaired concentration, preoccupation, and nightmares. Physical symptoms include rashes,

headaches, changes in appetites, and stomach problems. Behavioral reactions can include clinging, hoarding, defiance, and even self-destructive behaviors.

Spiritually, the child may feel judged by God, disconnected, lost, and empty. There may be resentment toward God. Children need to turn the loss into something meaningful. It is up to the adults to help the child find meaning in the loss and the death. A good question to ask the child is “What did your loved one’s death mean to you?” It might mean “no one will be watching at my baseball games” or “no one will walk me down the aisle when I get married.”

According to William Worden, there are specific tasks that can help children with their grief. Worden’s Four Task Model encourages families to:

1. Share the acknowledgement of the reality of the death. Emotionally, one must accept the finality of the loss—the person really is gone and is not coming back.
2. Share the experience of pain. Everyone in the family is talking about it openly, crying, holding each other, remembering, sharing feelings together and not hiding their feelings in front of the children.
3. Re-organize the family system. Accept that the family will never be the same. Re-align old relationships and delegate new role functions.
4. Re-direct the family’s relationships and goals. Imagine the future without the deceased, including holidays and special events (for example Halloween without a sibling or Thanksgiving without Mommy).

Preparing Yourself to Talk to a Grieving Child

First, be present. It is a gift to be present. It is also necessary to examine your own feelings. Are you comfortable clarifying the child’s misconceptions? Can you help the child with his questions? What is suicide? What is homicide? What does it mean that Mommy died of AIDS? Can you be honest? So many of us are afraid of talking about death and dying. Many of us are uncomfortable with tears. We need to look at

our own losses and responses and ask ourselves, “Can I do this?” “Can I hold a child who is so sad that his mommy died when I am still dealing with the death of my own mommy?” Work through your own issues before you try to offer assurance. Think about your own background. Was death talked about in your family when you were a child and who talked about it?

Telling a Child About the Death of a Loved One.

If it is up to you to tell children about the death of a loved one, use age-appropriate language and tell them what happened. Offer reassurance and tell them that their feelings are normal. Inform them where the body is. Today we understand that

is not helpful for the child to think that grandma is able to watch all that the child does. The *middle phase* task for children is the emotional realization of all that is lost because the person died. Children might ask, “Who will take care of me now? Where am I going to live? Who will take me to my baseball game?” They realize that they will never again see the person on this earth. They re-evaluate the relationship with the person and review the good and the bad memories and they deal with the pain very, very slowly in small tolerable doses. They will go out to play and then be tearful, go out to play and then want to talk about it. Play is good for children (and adults) even in grief. In the *late phase* task the child forms a new

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attending funerals allows children the opportunity to say good-bye and is a healthy way to heal. Do not assume that they know what a funeral home is not what it is like. Advise the adults in the child’s life to review the customs of their faith before they get to the funeral home. What do they believe? What will they see and feel? Involve the children in the funeral planning. Encourage them to talk about their loss and share their story. Focus on the reality of the death, what it means to them and how the family is coping.

Most of us do not feel ready to help children cope with death. We worry about what will happen. What will they say? What if I say the wrong thing? What if they get violent? What will I do if...? The thing to do is just be there and be present. Consider their grief tasks. The *early phase* task for children is just to understand that their loved one died. Sometimes people attempt to protect children and say something like, “She’s in heaven, but she’s watching you all the time.” It

personal identity. She might choose not to drink if the parent was an alcoholic. A boy might develop behavior problems in school because his sister was an angel. Children experience upsurges of grief, as do adults, and they learn to cope. These are times when memories return and sometimes are overwhelming. These reactions are normal.

There are some common themes in grief, but grief is also individual and personal. There is no right or wrong way to help a child with grief. How you help a child will be determined by your own experiences, your education as a school nurse, your experiences with death in your childhood, your experiences in your own family, and how comfortable you are talking about grief and loss, death and dying.

When helping adolescents, use the right words—death, suicide, murder. Let them know that they can use the words, too. Identify who died and what the relationship was like. Often adolescents believe they are not being told everything. Some-

times reviewing the hospital records can be helpful if they want to see them. Ask them where they were when their loved one died. Ask them what happened when that person died. What do they know? Identify the most significant problems in the child's life at this time. Identify some "linking" objects, something that belonged to their loved one that they can keep. Look at pictures of the deceased with the child. Review newspaper articles and obituaries. Ask them what they remember about their loved one. Assist them with their feelings and encourage them not to hide feelings. Identify any previous losses. Find out if this is the first loss in their family, or if there have been others. Review death certificates. Encourage them to ask questions and to speak to you.

Is Your School Ready to Cope With Trauma?

When a death affects many members of the school community, there are lots of ways to help students work through their grief. Some schools put up a wall of thoughts—a wall with plenty of paper and markers and time for students to write their thoughts. Class discussions about bravery, honor, prejudice, and war can be useful if someone died a war-related death. A poster contest on what it means to be an American or what it means to go

to war, or whatever might help to express their thoughts can be helpful. Students can write poems or songs. They can draw pictures, create a memory book or write a letter to the dead person. Memorials might be appropriate as are beautification projects dedicated to the deceased.

One strategy for assisting individual students is a *loss inventory*. This is an instrument that needs to be carefully developed prior to the beginning of the school year and completed by the parent and child at the beginning of the school year. It would include carefully worded questions to obtain information about any deaths or losses the child might have experienced recently such as the death of a relative or pet, serious illness in the family, or changes such as divorce or military deployment. This information could be shared with the counseling department and teachers and reviewed mid-year. Not all parents inform the school when a death in the family occurs, so having this information might reveal why a student's behavior has changed or grades have declined.

Getting in touch with one's own feelings about death, dying, and loss is absolutely necessary before helping a child with the tasks of grieving. Time spent examining our own feelings about grief can be time well spent. 🐼

AUTHOR'S NOTE

It is not uncommon for the grieving child to be sent to the nurse at school. I remember a time during my first year in school nursing, in a small K – 5 school, when two teachers on our faculty died over the same weekend. One death came after a long illness and was expected. The other came unexpectedly as a result of a fatal heart attack. Some of my students had classes with both teachers. Our faculty gathered on Monday morning to be told the sad news by an administrator who advised teachers to send any distraught students to the nurse. In the midst of my own shock and grief I was assigned to be the school's grief counselor and I felt woe-fully unprepared. I was better prepared than I knew. To my surprise, only a few students came that day and what they needed most was someone to listen. What I said to them was not important. What was important was that they had time and a safe, quiet place to cry, to talk, and to share memories with someone who would listen.