

**“WE INHERIT GRIEF JUST BY VIRTUE OF
BEING BORN HUMAN.”
EURIPIDES – 413BC**

Being human means you will experience sorrow and grief at some point in your life. No one can escape this cycle and fact of life. This reality doesn't take away the pain and suffering. The opposite of loss is attachment – a natural genetically programmed human phenomenon to connect deeply to another in order to enrich lives and give meaning. For a child a secure loving attachment provides him with strength, resilience and a sense of safety. This becomes the building block to explore his world with greater ease.

When a child has lost a significant caregiver like a parent, the loss can shatter his world and the pain can be unbearable.

Losing a parent at a young age can deeply affect children in a profound way – their sense of their world and sense of safety is compromised and often children can't express what they're experiencing, often shutting off or changing behaviour. Often in private practice such have anticipatory fears of losing other special

1. 1 in 5 children have a learning, emotional or behavioural problem due to the family system changing.
2. A large group of nine-year-olds and younger who have been suspended from school for bad behaviour have suffered bereavement.
3. 70% of men in prison suffered a childhood broken attachment.
4. Every 78 seconds a teen attempts suicide (U.S.) and 63% of suicides are individuals from single parent families.

Helping to heal a child's broken heart

By Joanna Kleovoulou
Clinical Psychologist
PsychMatters Centre, Bedfordview
email: info@psychmatters.co.za



people displaying signs of separation anxiety and avoidance – school refusing, withdrawal from friends, nor wanting to learn new things which require the child to expand his sense of self and take risks. Clinginess towards the remaining parent manifests as a result. This is an unconscious strategy the fearful child uses as a desperate attempt to control his environment and feel omnipotent in his world.

A young eight-year-old boy lost his father in a traumatic hijacking. He came to see me for play therapy at PsychMatters Centre as he displayed severe separation anxiety and school truancy. He'd often complain of stomach aches and headaches (with no medical explanation.) He felt he needed to be home with his mother to protect her from anticipatory danger. The fear was very real for him and he was tormented with wanting to die to be with his father (as a magical reunion) but not wanting to leave his mother in an unsafe world. Children have an exceptional ability to make meaning through play, and in his therapeutic process, one of the most magical moments was when he took paper and spontaneously drew a picture of the hijackers shooting hearts at his dad, and instead of dying, people would love each other instead of hating and killing each other. He said if he were to be the president of the world he'd invent these "love-bullets."

The grieving child at risk for clinical depression:

1. Children whose parents are depressed are three times at risk.
2. Children who are not helped with their loss.
3. Children who have no one they are emotionally close to.
4. Children who display long-lasting numbness as a way to cut out the pain, are at risk of depression.

Knowing what to say to a child after losing his parent, is easier once their concept of death is better understood. All children develop at different rates and their timetables and psychological needs can be different to adults. They can't be overwhelmed by the grief adults around them feel, and need outlets such as play, being with friends, laughing, which shouldn't be perceived as being flippant of their grief.

A three to six years old's perception of death is that it's reversible and temporary, that people who die will come back. They see death like going to sleep or going to work. The child may show little anxiety due to the belief the deceased is returning.

1. "Magical thinking" is a cognitive distortion – when thoughts, actions, words caused the death; or it has the power to bring the deceased back; or death is punishment for bad behaviour
2. Still greatly impacted by parent's emotional state
3. Has difficulty handling abstract concepts such as heaven
4. Regressive behaviours; bed wetting, security blanket, thumb sucking, etc.
5. Difficulty verbalising - therefore acts out feelings and somatic symptoms displayed
6. Increased aggression - more irritable, aggressive play
7. Will ask the same questions repeatedly to begin making sense of loss
8. Only capable of showing sadness for short periods of time
9. Escapes into play
10. Hungers for affection and physical contact, even from strangers

Six to nine-year-olds understand death as a finality. They experience death as a taker or spirit that comes and gets you.

1. Fear that death is contagious and other loved ones will "catch it" and die too
2. Fascinated with issues of mutilation; very curious about what body looks like
3. Asks concrete questions
4. Excessive guilt and may blame self for death
5. May worry how deceased can eat and breathe
6. Continues to have difficulty expressing feelings verbally
7. Increased aggression and defends against feeling helpless
8. Somatic symptoms (headaches, stomach aches, bodily pains)
9. School phobia
10. Continues to have difficulty comprehending abstractions such as heaven, spirituality.



Grieving is complex but not beyond your skill as a sensitive and caring adult to help a child through it.

Providing Support:

- Talk with the child and tell them the truth in a way he can understand. It's preferable that an adult close to the child shares the sad news.
- Let the child be included in the grieving and funeral proceedings as this will assist them feeling included and will diminish their sense of abandonment.
- Let them ask questions
- Make sure the child doesn't feel responsible
- Identify specific fears
- Provide opportunity for play, drawing, art, etc.
- Normalise feelings and fears
- Address distortions and perceptions
- Be honest and tell a child if you don't have an answer
- Help to cope with impulse control
- Help them share bad dreams
- Help them with positive memories of the deceased
- Model healthy coping behaviours
- Avoid clichés; "Don't worry, things will be O.K.", "You're such a strong boy/girl"
- Use specific, concrete words - not euphemisms; Avoid "Mommy went to sleep and is now in heaven", rather "Your mom was very sick and the sickness made her die"
- Expect some regressive behaviours and delays.

Nine to Thirteen Years' understanding is nearer to adult understanding of death and more aware of finality of death and impact the death has on them.

They are more concerned with how their world will change; with the loss of the relationship, " Who will go with me to the father-daughter dance?"

1. Questions have stopped
2. Fragile independence
3. Reluctant to open up
4. Delayed reactions - at first seems as if nothing has happened, then grief reaction may show strong degree of affect
5. Beginning to develop an interest in spiritual rituals
6. Disrupted relationships with peers
7. Increased anger, guilt
8. Somatic symptoms
9. School phobia
10. Self-conscious about their fears (of own death, remaining parents)

Providing Support:

- Encourage discussion of their concerns
- Provide & encourage expressive experiences such as writing or drawing
- Address impulse toward acting out and allow opportunity to identify their feelings
- Allow for regressive behaviours
- Be honest when you do not have an answer
- Gently relieve child from attempts to take over adult responsibilities
- Model healthy coping behaviours
- Avoid clichés; Avoid "You must be strong so I don't have to worry about you", "Big boys don't cry"

Adolescents perceive death like adults. Death is viewed as an interruption. Adolescents are at risk of dangerous and impulsive behaviours as a way to reduce anxiety or to defy fate. They may drive fast, use drugs or alcohol or sexually act out. They have an amplified vulnerability due to many other changes and losses simultaneously occurring.

1. May intellectualise or romanticise death
2. May act indifferent to death of someone close as a protection against feelings
3. May show full range of effect or almost no effect
4. Wants to grieve with peers not adults
5. May need permission to grieve
6. Suicidal thoughts
7. Denial - tries not to think about it, doesn't want to talk about it or represses sadness, feels anger, depression
8. Difficulty with long-term plans
9. Somatic symptoms
10. Questions religious/spiritual beliefs

As custodians, we'd like to protect our children from pain, but we can't cocoon them from loss. As we empower them to express their feelings, help them to say goodbye and to continue living, we are helping them develop a realistic view of life and the resilience to cope. Professional help in the form of play therapy can assist a child in the grieving process and assist in providing a safe space to contain difficult feelings and behaviours and transmute the suffering into acceptance.

MHM