The Good Grief Program of Boston Medical Center

What Do Children Need?

1. Children need love, care, consistency, continuity and connection.

2. Children need to feel safe in the world.

3. Children need to know that there are people in their lives who are there for them.

4. Children need to be allowed to grieve. We should be there for them as they experience their pain instead of trying to hide the death or shield them from the pain.

5. Children need us to respect where they are in their grief. All feelings should be validated. Everyone grieves in their own way and in their own time. Loss involves not only the death of the loved one but the changes in life because of the loss.

6. Children need simple, truthful, age-appropriate information. Too much information can be confusing. Find out what they know. Allow them to ask the questions that they want answered.

7. Children need us to listen to them carefully so we may understand how they are feeling and to be able to clear up fears, misconceptions or misinformation.

8. Children need us to know that they want to be included, not excluded from the truth.

9. Children need us to be authentic and share our feelings with them also. They learn by watching how we deal with loss.

10. Children need us to help them keep a connection with their loved one who has died. Give them the opportunity to remember and share your memories with them also.

11. Children need us to know that they grieve sporadically and will re-grieve the loss through each developmental stage.

12. Children need us to challenge magical thinking.

13. Children need us to help them understand that going-on does not mean forgetting or loving the person who died any less. Going-on honors the person who died because as long as we remember, the memories never die.

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I. The premise of the Good Grief Program as developed by the late Dr. Sandra Fox.

A. There is an “opportunity” as well as danger in the crisis of loss.

B. Children may experience their first “loss” in the context of the school environment. How they cope with their first loss has an effect on how successfully they are able to cope with future losses.

C. There are four psychological tasks that children and adolescents must accomplish if their grief is to be “good grief”; that is, a grief that promotes coping skills and prevents future mental health problems. They are Understanding, Grieving, Commemorating and Going On.

II. UNDERSTANDING

*Making sense of death at an age-appropriate level
*Knowing what happened and why
*Knowing the person is no longer alive and will never be part of their lives the way he or she used to be
*Requires honest age-appropriate information

A. Predictable Interferences

1. The definition of death
   a. The body totally stops working
   b. Avoid using the words lost, expired, past away, sleeping, etc.

2. The development of children’s understanding of death
   a. The understanding changes as children grow and mature: boundaries are not rigid, and many of us regress under stress.

   b. Pre-School (3-5 years)
      Death is temporary, reversible, living under different circumstances.
      Concrete and literal in their thinking.
      Want to call, write, and visit the person who died.

   c. Latency (6-8 years)
      See death as person or spirit that comes to get you. Want to know who killed the person. Three categories of people who die: elderly, handicapped, and “kluizes”; therefore they are safe.
Issues of personal concern: is it contagious, will it happen to me, why did it happen, is life safe? Interested in details: if it is unmentionable, it’s unmanageable.

d. Pre-adolescent (Ages 9 - 12 years)
   1. They have a more adult understanding of death. Death is final, irreversible and universal.
   2. They often see death as punishment for bad behavior, an acute sense of right and wrong
   3. They still revert to magical thinking
   4. They understand the biological aspects of death. Death is seen as an internal dysfunction that causes life to end.
   5. They are interested in the rituals for both pets and people.
   6. They are concerned about how their world will change due to a particular death. Questions of what will happen now? Will there be enough money, who will run the house? Concerns of practical details
   7. They tend to intellectualize death - Their thoughts are often more available than their feelings. They want to keep life calm; they do not want to lose control. Sick humor as well as words like yeah, big deal, and so what, are often used.
   8. Drawings may include broken hearts, tears or barren trees as symbols.

e. Adolescents (Ages 13 - 19 years)

   1. The normal adolescent tasks of separating from parents, establishing their own sexual identity, establishing their own value system, morality and career goals are complicated when a death occurs.
   2. They tend to distance themselves from the possibility of their own death.
   3. They defy fate by engaging in high risk activities. They drive fast, use drugs, alcohol, etc.
   4. They try to make sense out of life and death. They can be very philosophical as they “reconstruct” themselves. They need to make meaning of their tears.
   5. They observe and explore society’s attitudes about life and death. They may observe their own rituals. They need to be together with their peers.
   6. This is a time for powerful emotions vs. lifelong behavioral expectations.
   7. A death of a friend shatters all fantasies of immortality.
   8. They tend to deny the physical consequences of suicide
   9. They do not want to be different.
3. Magical Thinking
   a. Children believe they have the power to make things happen in the world both good and bad things.
   b. This magical thinking is especially true when death occurs because it is so hard to make sense out of death. Therefore, it must be the result of something they did or said or failed to do or say.
   c. Magical thinking must be challenged.
   d. Watch out for the guilt feelings - “if only”.

III. GRIEVING
   A. The style of grieving will differ depending on the age of the child, the relationship with the person who died, the suddenness of the death, etc.
   B. Grieving involves many feelings such as sadness, anger, abandonment, ambivalence, etc.
   C. There is no one way or right way to grieve. All feelings must be validated.
   D. Children grieve in spurts. They will re-grieve through adolescence. It is important to be aware of the anniversary date of the death and other significant dates to the bereaved child.
   E. Children can grieve out of sync with others in the family.
   F. Adolescents grieve with their peers.

IV. COMMEMORATING
   A. Commemorating is formally or informally remembering the person who died.
   B. Confirms the reality of the death and the value of human life
   C. Involves students/faculty in the planning of the commemoration
   D. Do not dismiss school as a commemoration.
   E. All life must be commemorated. All life has value.
   F. Prepare the children and adolescents for rituals such as wakes and funerals.
   G. Set a commemoration policy in your school.

V. GOING ON
   A. Returning comfortably to regular activities
   B. Easiest and healthiest after the tasks of understanding, grieving and commemorating, although all tasks are spiral not linear.
   C. Anticipate pain at anniversaries, and special times of remembering
   D. Going on is not about forgetting or loving that person any less
   E. Going on is a way we commemorate the life of a loved one.
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Books for Adults
Talking With Children About Loss by Maria Trotti.
Good Grief: Helping Groups of Children When A Friend Dies by Sandra Fox.
How To Go On Living When Someone You Love Has Died by Therese Rando.
Bereaved Children and Teens edited by Earl Grollman.
Helping Children Cope With Grief by Alan Wolfelt.
Accelerated Development Inc.: Indiana, 1983.
Children Mourning, Mourning Children edited by Kenneth Doka.
Teenagers: Face to Face With Bereavement by Karen Gravelle.

Books for Pre-School (Ages 3 – 5)
I Have a Friend Named Peter by Janice Cohn.
Nana Upstairs and Nana Downstairs by Tomie dePaola.
Sammy’s Mommy Has Cancer by Sherry Kohlenberg.
When a Pet Dies by Fred Rogers by Fred Rogers.
It's Not Your Fault, Koko Bear by Book Peddlers: Minnesota, 1997

Books for Latency (Ages 6 – 9) Many of the above books are also Appropriate
Sunflowers & Rainbows for Tia - Saying Good-bye to Daddy by Alesia Alexander. Centering Corp.: Omaha, NE, 1999
A Mural for Mamita by Alesia Alexander. Centering Corp.: Omaha, NE, 2002
A Quilt for Elisabeth by Benette Tiffault. Centering Corp.: Omaha, NE, 1992
Alex, the Kid with AIDS by Linda Girard. Albert Whitman: Ill., 1991.

Books for Pre-Adolescence (Ages 9-12) Also check out the books above
There are Two Kinds of Terrible by Peggy Mann. Avon: New York, 1979.
Children are Survivors Too by K. Aub.
Putting it Together: Teenagers Talk about Family Breakups by Paula McGuire.
Delacorte: New York, 1987

Books for Adolescence
Romeo and Juliet by William Shakespeare
Death Be Not Proud by John Gunther. 1949.
When Death Walks In by Mark Scriveri

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WAYS ADULTS CAN HELP BEREAVED CHILDREN

Death challenges the coping skills of children and adolescents. How can we adults help children develop and strengthen coping skills that will help them when they experience a death or other significant losses? The following suggestions may help you respond to such crises and prepare for future times of loss and grief in your classroom.

1. **Share the fact of the death with children and parents.** Tell the children what’s happened in an age-appropriate way, but share only the information that is public knowledge. Explain to younger students that a person dies when his or her body totally stops working. Call parents or send a letter home telling them what’s happened, what you’ve discussed in the classroom and encourage them to listen to their children’s reactions to the death and to talk with them about it. You might want to plan a PTO meeting so parents can learn together how to help children deal with death, dying and loss.

2. **Recognize your own feelings.** Particular events or anniversaries of losses in our own lives can make it difficult to talk with children about death. It’s all right to tell children how hard it is for you to talk about what’s happened, and it’s all right to cry. If your own grief makes it impossible for you to talk with your class find someone who can. Stay in the classroom during the discussion, however, so you’ll know which children still have questions or concerns. Be authentic!

3. **Watch particularly vulnerable children carefully.** Identify children who may be “at risk” for later emotional problems as a result of the death. For example: close friends or enemies of a child who died or children whose parents or siblings have illnesses similar to the one that caused the recent death. When someone’s parent dies, all children worry about the mortality of their own parents. The death of a classmate raises similar fears, particularly if one has the same symptoms or has done the same things as the child who died. Remind children that most people live to be very, very, very old.

4. **Address the children’s fears and fantasies.** Children’s active imaginations sometimes lead them to think something they’ve done or have not done has caused a death. Give them accurate information about the cause of the death. If a child has in any way been responsible for a death (such as challenging a friend to run across the street in front of a car or instigating play with a loaded gun) encourage his or her parent to seek immediate mental health services for the child.