

Grief in Children

Stephanie Eckhaus, LCSW

Dr. Desai: Hello. Welcome to the Kaiser Permanente health cast. Today, we're going to be talking about grief, part two. You may recall from our last podcast we talked about some general topics in grief. This time we're going to be talking about grief in children. And we have again, Stephanie Eckhaus, Bereavement Coordinator of the Kaiser Permanente medical center in Hayward, also licensed clinical social worker here again today. Welcome, Stephanie.

Stephanie Eckhaus: Thank you, good morning.

Dr. Desai: So, today, again as I said, we're going to be speaking about grief in children. Let's begin by talking about how does grief differ in children in that of adults.

Stephanie Eckhaus: I think one of the most noticeable differences around children's grief is that children tend to do grief in small bits and pieces; they sometimes can be called a grief spurt. Maybe they'll be sad for ten or fifteen minutes at a time and then they'll go about acting as if nothing is different or unchanged in their lives. And then, those spurts might be as often as weeks or months apart. But then, all of a sudden they'll burst into tears all over again or have a whole new host of questions they have about what happened. Another way that children experience grief different than adults do is their understanding of death is different than adults. Especially in younger children, this notion of death being forever or death being a normal or natural part of the life experiences is really different. And so the loss is real to them, but real differently than how adults understand it. And for children who lose a major figure in their life, whether it's a parent or a very involved grandparent, as they get older and understand death in a new and different way, they will have to do their grief sort of all over again: they'll be re-grieving that loss. One of the other differences in children, children's grief, rather than adult's grief, is which death they'll grieve harder. So, for example, in my family, the loss of a beloved uncle was grieved much, much less than the loss of the family pet by the children. And that was definitely different than how adults perceive those two losses.

Dr. Desai: And that varies depending on age, right? So, what are the ways that children understand grief at different ages or deal with grief at different ages?

Stephanie Eckhaus: Well, the youngest of our children, babies and children up to age two or so are much less likely to have any understanding about death and the permanence of death, but they very much react to the world around them. So, for babies whose care givers are acting differently; maybe a parent is sad or irritable or less physically available, they will react to that change. Children will certainly react to any changes in their routines. And then finally, for children whose primary caregiver dies, these affects will be very long lasting as they need to adjust to a new primary caregiver. Toddlers and little kids are less likely to really understand the notion of death being forever. As children start elementary school, forever starts making more sense, but two and three and four year olds are known to squash bugs as trying to really grasp what dead means, that, they both toddlers and young children have sort of magical thinking of tooth fairies and Santa Clause, and so when we talk about

someone passing away, and especially if you talk about them going to heaven or going to God, they're going to really think about that in a very concrete, real way. They're going to want to take a train to go visit grandma in heaven or they're going to want to send an email just as they might write Santa Clause a letter, so we have to be really careful about our language with children. Older kids and teenagers are more able to understand death as a permanent state and understand the idea of forever. They do, however, have less understanding than adults about how to manage big, hard feelings, how to manage hard things happening in their life. Also, their peers are very important to them, just as adults sometimes wish their friends knew what to say and what not to say. Children will very much encounter their peers saying sort of the wrong or the unhelpful thing, and not have any idea how to manage that part of that social interaction.

Dr. Desai: Okay, so how do children manifest their grief? What are the symptoms? How do we know that they're grieving?

Stephanie Eckhaus: Well, there will be changes in all their levels of being just as in adults, but those changes might look different. So, for adults they might have ongoing eating and sleeping issues. Children will also having changes in eating and sleeping. They may have moments of crying, again, more likely in spurts than ongoing, but that you're also likely to hear about tummy aches, headaches, and 'I don't feel good' and 'my arm hurts' and if there's a body part associated with the one who passed away that got sick, like someone had cancer and it was in their liver they might manifest that same sort of symptomology. Cognitively, children are very likely to think that it is their fault. They'll be sure that if they had just written that card then grandma would be better or if they hadn't made mommy mad then mommy would still be here. It's really important to listen because they're unlikely to say so in those very clear words, but it's important for us to reassure our children that they had nothing to do with someone's death. They might have difficulty in concentrating, they might be distractible. Children will say things like, 'there's just no more room in my brain; grief takes up all this space.' Children, as I said earlier, will do a lot of their emotional work in short bits, so there might be a child who's crying on the floor and say they'll never be happy again and then twenty minutes later they're playing just normally. It's important to remember in our spiritual life and our spiritual worlds that children's belief about God and heaven is very, very concrete and it's important to reassure them that their primary caregivers or their parents are safe, that God won't necessary pluck somebody else out of their life the very next day. Socially, especially with older children and teens, they're going to feel different from their friends and peer support is so important to children and so part of them feeling normal that it's important to address with the kids and the kid's friends that they are the same in some ways and that they may be different in this way, or even connect them with other children who've had a loss. You might see some regression. That's incredibly common, especially with the younger children. Children who never did bed wetting for a long, long time may go back to bed wetting, children who've recently gotten potty trained may have more accidents, children who have been sleeping in their bed all night might need to sleep with you. Again, in older children you might see changes in their grades, 'why should I do my homework', 'why does it matter'. It might be hard for them to participate in activities, 'I can't possibly go play soccer because I never played soccer without somebody, you know, my special somebody there watching my game'. So, there's definitely some withdrawal as well in their behavior.

Dr. Desai: So, if we see these symptoms in our children, what is it we can do about them?

Stephanie Eckhaus: Well, the first is that we need to do our best to understand these as normal and natural expressions of grief, that, children need to have extra patience and extra support. Now, I realize as I'm saying that, but sometimes the person who is the primary caregiver for children who are acting out in their own grief, children are regressing or that children aren't doing well in school, and now I'm asking a parent who is also grieving to be extra patient. And so, the first thing we can do as caregivers is just to give ourselves a break and know we're doing the best we can, that we'll do our best to be extra patient, and it's hard when we're grieving, too, not to be less irritable and less patient. It's also a great idea to get support either for yourself or for your children from someone a little more removed from the situation, who will be more patient. I think that you have to expect and tolerate some of that regression, so someone who goes back to bed wetting or thumb sucking, somebody who's extra clingy and needs your extra attention and extra reassurance, as much as you can, tolerate and allow for that. Most of it will probably disappear sometime in the first few weeks, and often, within the first few months. I think, given that children's thinking is really different than ours, we need to give them clear and concrete information, we need to be really honest, but keep it sort of simple. One of the best examples I know of that is a child who kept asking, well when do they cut the head off of the dead body, and the adults around this child were all sort of appalled at the question, but the child assumes that the head goes in the headstone, and it made perfect sense to her that that's how it would go, and until an adult was, you know, patient enough to ask her why she was asking that question, the adults around her weren't able to understand her need for that kind of information. So, don't assume that you know what they're thinking because they have really different ideas about how the world works than we do. When it comes to funerals or memorial services, or even being with a loved one whose death is anticipated, I think it's really important to invite and allow children to participate. Give them as much information as they can about what they might see or what might happen. And if they are not interested, or able, or feel safe about being present, give them other ways to participate, so either visit with a dying person or make a card for them, either come to the funeral, or make a card to go, or a picture to go, at the funeral. Also for children, especially younger children who are attending, if you are a primary mourner, if it's your spouse or your parent who passed, allow yourself to be the primary mourner and assign a really trusted adult to each child in the family so that you know that child is being taken care of, that child can take a break or get water or get extra hugs without you feeling like you need to be in charge of them at that moment. And then it's really important to continue to talk about your loved one, share your beliefs about what happens after someone passes. You can create an alternate house with them or a memory book with them or some other ritual, but remember especially early on, transitions are really, really hard for children and so one really helpful thing is to create a bed time ritual or a transition ritual for times that it's hard for that child so if a child has a hard time going to a soccer game without their loved one, create a ritual, maybe bring that loved one's picture or an article of clothing. At bed time allow for either an extra story or a feeling check-in or some other ritual that will help them. Sometimes our children have good ideas about what they need and if we remember to ask them, "What would you like us to do at bedtime?" or "What would you like to do before we go to the soccer game?" They often can tell us.

Dr. Desai: What about the symptoms, especially the disruptive ones, how long is it okay for it to go on? How do we know at what point this has gone beyond the normal routine of grieving? Is there a normal? A year? Six months?

Stephanie Eckhaus: Yes. Time frames are really hard because each child sort of comes to the experience with their own personality and each child's relationship with the person who passed is different so there aren't a lot of really hard set rules. I mean, a child will grieve the loss of an important person forever and as they go through more developmental stages they will re-grieve those losses. However, I would say that we want them to be able to manage and function in their day to day world and manage and function in the family. So, the first few weeks, sort of, there's no rules about how they're doing, they are just all surviving the first few weeks. Within the first month or two, if concentration at school is still severely disrupted, if their sense of isolation is still really large and they don't want to go and see their old friends, or they're starting to make new friends, especially with teenagers and friends that you think are not a good influence on them, if their anxiety of being separated from a caregiver hasn't started to resolve, even if it's not fully resolved, I would say that would be a good time to seek extra help and sometimes children are doing their own work through art or through play. Children will most certainly play funeral over and over again or play doctor over and over again, which can be uncomfortable for the adult, but very normal for the children. But take that belief that children can work out what's going on with them through expressive art or through play and definitely feel, especially for younger children, that within a month or two if things aren't feeling more settled in to connect with a professional and with teens especially and older kids, there are a lot of wonderful groups for children who have had similar losses that allow them to get connected into a place where they feel normal again. So, the general answer to your question, I guess, is any symptoms within the first few weeks are not really a concern. Symptoms that are severe and aren't beginning to improve within the first one to two months, that would be a good time to check in with a professional and get a further assessment.

Dr. Desai: Great. Stephanie, that's really good information. I hope it really helps people out there that have children that are grieving and are in the process of grieving. What if our audience wants more information or wants to get more help?

Stephanie Eckhaus: Well, if you are within Kaiser, our Kaiser Member health education library is always a wonderful resource for information, both written materials as well as access to community resources. A child's primary care physician is also always a good resource about checking in about some of these symptoms, as well as referrals to further professional help in the area. And all of the hospice agencies, even if you are not local or even if you're not a Kaiser Member, have a Bereavement Coordinator who can refer you to community resources for children and grief.

Dr. Desai: So, the website would be the KP.org website to begin some of this, looking up some of this information in the health library?

Stephanie Eckhaus: Yes. Your KP.org website will certainly get you the information and phone numbers for your local health education library.

Dr. Desai: Great. Again, I want to thank Stephanie Eckhaus for being here and speaking to us about grief in children. Thank you, Stephanie.

Stephanie Eckhaus: Thank you very much.

Dr. Desai: Once again we come to the end of another Kaiser Permanente health cast. We hope you enjoyed our podcast today and got some good information. As we've mentioned, please go to KP.org if you'd like further information about this topic or our many other topics. We also have a series of health casts available at the Kphealthcast.org website. This is Kavın Desai, your host signing off, hoping you have a healthy tomorrow and continue to thrive.

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