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**EDUCATIONAL
PSYCHOLOGY
TEAM**



Coping with crisis

The grieving process

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www.hertsdirect.org



If you would like help and advice about the information in this leaflet, or if you require the information in another format such as large print, Braille or on audiotape, please contact our Customer Service Centre on 0300 123 4043.

You can also contact us by email at hertsdirect@hertscc.gov.uk

If you require help to translate this information, please phone 0300 123 4043.

Bengali: বাংলা, ভাষায় তথ্যাবলীর জন্য অথবা আপনার একজন দোভাষী অর্থাৎ ইন্টারপ্রিটরের দরকার হলে, অনুগ্রহ করে উপরে যে সব টেলিফোন নম্বর দেওয়া হয়েছে সেগুলোতে ফোন করে যোগাযোগ করুন।

Chinese: 如果需要漢語版本, 或需要口譯人員, 請用上述號碼聯繫。

Italian: Per informazioni in italiano, o se desidera l'aiuto di un'interprete, contatti i numeri elencati in precedenza.

Portuguese: Para informações em português ou se precisar de uma interprete é favor telefonar para um dos números acima.

Punjabi: ਪੰਜਾਬੀ, ਦੋ ਵਿਚ ਜਾਣਕਾਰੀ ਦੇ ਲਈ ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਇੰਟਰਪ੍ਰੀਟਰ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰਾਂ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Turkish: Sağlanan hizmetlerle ilgili bilgileri Türkçe, istiyorsanız ya da bu dillerden çevirmene gereksinim duyarsanız, lütfen yukarıdaki telefon numaralarını arayınız.

Urdu: اردو میں معلومات کے لئے، یا اگر آپ کو ایک انٹرمیڈیٹ کی ضرورت ہے، تو براہ مہربانی اوپر دیئے ہوئے نمبروں پر رابطہ کریں۔

Stages of grief

Grief is a normal, essential response to death. It can be short-lived or last a long time depending on the closeness of the relationship, the circumstances of the death and previous losses suffered.

In many cases, this grief can take the form of several clearly defined stages. This is not necessarily a linear process and difficulties may occur at any of the stages described.

1. Shock and disbelief
2. Denial
3. Growing awareness
4. Acceptance

1. Shock and disbelief

This happens when our model of the world is upset. The bereaved person may feel numb or overwhelmed.

2. Denial

This generally occurs within the first few weeks and can last minutes, hours or weeks. In this stage the bereaved may behave as if the dead person is still alive and the loss is not acknowledged.

3. Growing awareness

Some or all of the following emotions may be experienced:

Yearning:

The urge to search for answers, going over the circumstances of the death, trying to find a reason for the death or someone to blame, visiting where it happened.

Anger:

This can be directed against any or all of the following: the medical services, the person who may seem to have caused the death, the deceased for leaving, a god/faith for letting it happen.

Depression:

The bereaved person begins to feel the despair, the emptiness, the pain of the loss.

Guilt:

The bereaved person may feel guilty for the real or imagined negligence or harm directed to the person who has just died. They may feel guilty about things they have said or done or that they did not say or do. There is a tendency to idealise the person who has died.

Anxiety:

In some cases anxiety can become panic as the full realisation of the loss begins to come through.

4. Acceptance

This generally occurs much later in the grieving process and often after the death has been re-lived at the first anniversary. The bereaved person begins to make some sense of their loss and to adjust to life without the deceased.

**Reactions of children**

Whereas for adults grief can be an overpowering and all encompassing emotion, for children, their grieving can be transient. First reactions may range from great distress to seeming not to be interested. One minute, they may be crying and the next minute they may be asking: 'What's for tea?' However, it does not mean they care any less about what has happened.

The death of a close relative heightens our sense of vulnerability and for children death and separation are synonymous. Children may:

- become very anxious about being separated from parents for any reason
- be reluctant to go to school
- be depressed and withdrawn
- be prone to infection, i.e. colds, ear infections and tummy upsets etc
- bite nails or cuticles, pick themselves, twiddle with their hair
- develop a fear of the dark (which may last for years) or going out
- have difficulty in going to sleep
- have nightmares
- develop a phobia about hospitals, nurses and doctors

There may be instances of some developmental regression.

Concentration in school may be impaired.

Food can become important. Some children will eat and eat to fill up the emptiness they feel inside. They may hoard food while others may lose interest in eating. This phase usually only lasts a comparatively short time (i.e. approximately one or two weeks).

Sadness and anger need to be expressed but children are often afraid and confused about venting their feelings as they do not know what is 'allowed'. They may feel self-conscious about crying.

Some children may be frightened to ask questions and will only talk to 'outsiders'. They may feel reluctant to 'burden' their family with their grief. Other children only want to talk about the tragedy to their immediate family.

The duration of the grief process for children is thought to be similar to adults i.e. on average two years, but may be longer.



Difficulties in grieving

Many people do not pass through the 'stages of grief' smoothly.

The process of grieving can be made more difficult for children by the natural reaction of adults to protect them from further distress. For example, adults may avoid talking about the deceased or may discourage attendance at the funeral. However, attendance at the funeral should be carefully considered and the child offered the choice to attend as this can support their grieving process.

Sometimes children may also be surrounded by a grieving family and feel that they should not add to that distress by showing their own emotions, but being part of a grieving family can be helpful.

There are some ways that children may seek to cope with bereavement which can make the grieving process more difficult over time. For example:

Substitution:

The child may want to find a substitute mother or father figure.

Aggression:

The child may exhibit a range of antisocial behaviours both in and out of school e.g. fighting, truanting, substance abuse, self harm.

Helplessness:

The child may become overly passive which could affect motivation and impair learning and social interaction.

Sources:

Good Grief: B. Ward & Associates

Winston's Wish: www.winstonswish.org.uk