

Trusting the Tears

**Exploring Grief Across the
Developmental Span**

Presenter: Dr. Deborah Bell,

Registered Psychologist

January 30, 2020

Everyone
grieves, no
matter how
young.

But grief can
look different
depending on
how old a
person is.

There is no
one right way
to grieve.

No one is
immune to
grief

Grief across
Development

Grief across Development

There is grief throughout the foster care system, including systemic grief; grief from loss from death, family, culture; grief from exposure to trauma; grief from children moving.

Indigenous people in Canada are coping with current grief and loss as well as the grief from across the generations.

Everyone grieves differently:

- Children's reactions to loss or death will be impacted by a variety of factors:
 - Age and developmental level of the child
 - The relationship, if any, with the person who is gone
 - Previous experiences with death and other types of loss

- Support systems available to them
- Modeling of grief responses from those around them
- The nature of the loss: anticipated vs. expected, violent, sudden, long term illness, foster care

Infants: Grief

- Infants who have been separated from their primary caregiver may become:
 - sluggish and quiet
 - Floppy
 - They may become less responsive
 - may not respond to a smile or a coo
 - May experience weight loss, developmental regression
 - May have sleep disturbance

Infants: Understanding Death

There is no cognitive understanding of death for an infant.

But infants do notice loss of or separation from a loved one.

These are the earliest beginnings of understanding death and loss.

Age 2-3 Years: Grief

- They may become anxious and become scared of losing another caregiver. The world might feel unpredictable and scary.
- As such, it is common to see an increase in crying and clinging and reluctance to do new things or be nervous in unfamiliar places.
- Regression is common (e.g., stop talking)
- May develop Separation Anxiety

Age 2-3 Years :
Understanding
Death

At this age children do not have a sense of time, so this means they cannot understand the idea of “forever.”

Because of this, they may still confuse death with sleep.

3-6 Years: Grief

- Regression is common: They may become anxious and become scared of losing another caregiver. The world might feel unpredictable and scary.
- As with younger children, it is common to see an increase in crying and clinging and reluctance to do new things or be nervous in unfamiliar places.
- May develop Separation Anxiety

3-6 Years: Understanding Death



Still see death as a kind of sleep.



Might feel confused. *“If they are buried, how do they play?”*



The concept of time is still not developed.



At this stage, magical thinking is still a part of their cognitive development, so they might think that they can bring them back to life, or that something they did, thought or said caused the person’s death.

6-9 Years: Grief

- Regression may still occur.
- Children who are grieving may become scared of school or develop learning problems.
- They might become anxious, worry about their own health, even begin experiencing symptoms.
- They might show aggressive behaviours.

6-9 Years: Understanding Death

At this stage children can be really curious about death. They may have a lot of questions about what happens to the body after death.

They begin to see the spirit and the body as 2 separate things, but may also think of the person who died as a skeleton, a ghost, or a zombie. This can be scary to think about.

This is a tough developmental stage because this kind of questioning from a child might feel strange, intrusive, and/or upsetting.

They begin to understand death as final, but think about it as something that happens to the old.

9 to 12: Grief

- They may still have some of the worries that happen at earlier developmental stages.
- This means you may see an increase in behavioural challenges, both anxious behaviours and explosive behaviours.
- Regression may still be seen.

9 to 12: Understanding Death

Children at this age begin to understand death as something that is inevitable and part of life.

They do not see it as a punishment.

By age 12, children understand death as final and that it happens to everyone.

Adolescents: Understanding Death

- In adolescence, young people do not need help understanding the concept of death, but they may have a hard time articulating their grief.
- While you might expect a teen to grieve like an adult, it is actually quite different.

Adolescents:
Grief

- Grieving Adolescents may:
 - Shut down (withdraw)
 - Become aggressive
 - Engage in risk taking
 - Use drugs and alcohol
 - Become promiscuous
 - Become anxious
 - Self harm
 - Become distracted and have trouble thinking
 - Become concerned with their own mortality

Adolescents: Grief

- Difficulty focusing or concentrating
- Declining grades/performance
- Increased performance, high achievement, emphasis on perfection
- Incomplete work, or poor quality of work
- Increased absences or reluctance to go to school
- Forgetfulness, memory loss
- Language errors and word finding problems
- Inattentiveness/Daydreaming
- Difficulty watching movies or reading books related to death or trauma

Adolescents: Grief

- Stomach aches, headaches, heartaches
- Frequent accidents or injuries
- Increased requests to visit the nurse
- Nightmares, dreams or sleep difficulties
- Loss of appetite or increased eating
- Low energy, weakness
- Nausea, or upset stomach
- Increased illnesses, low resistance to colds and flu



They might worry about losing the other parent, a foster parent, a sibling, or a friend.



They might feel abandoned by the parent even if their living situation was not safe.



They might worry about something bad happening to themselves.



They might think a lot about dying.



They might be scared about who will take care of them.

Common fears for Grieving Children Across the Developmental Span

For children in foster care, these feelings may not ever improve because the loss is pervasive, continuous, and often feels unpredictable.

Common Misunderstandings

- Often adults believe that if the child is not talking about the loss that this means that the child/youth isn't bothered by it.
- If children are laughing and playing after a death, or removal into care this is also interpreted as not being effected.
- The truth is that children are not capable of sustained emotion, and have to cycle in and out of it.
- Play helps children process what they have experienced.

Common Misunderstandings

Sometimes when adults feel the child isn't bothered by the loss, they may forget to check in with the child or not leave enough space to invite them to share when they need to.

Adults might feel that behaviour shown by teens is disrespectful and not caring, and get angry at the young person instead of recognizing the grief.

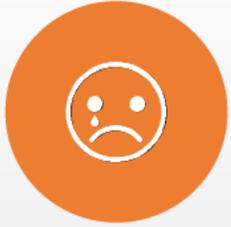
What can you do?

- Understand what grief can look like at different ages.
- Do not avoid talking about death, loss or the person (or people) who left.
- Don't get upset if the questions or behaviour seem inappropriate.
- Extend the invitation to talk when you can:
 - Don't ask direct questions
 - Remembering
 - Share
 - Relate to what they might be feeling

What can you do?

- Because you don't see it, don't think it is not there.
- Use stories, personal examples, to let them know you understand.
- If dangerous or extreme behaviours emerge, try to connect them to more resources.
- Often, having someone notice the change and connecting through invitation can make a big difference to pulling the youth back from negative behaviour.
- Especially if that person is a caregiver.

Symptoms of Grief in Adults



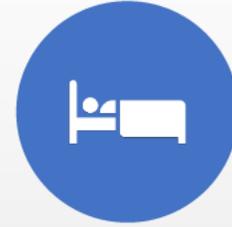
PERVASIVE
SADNESS



NUMBING
OUT



SPACING OUT



DIFFICULTY
SLEEPING



QUICK TO
ANGER



QUICK TO
CRY

Symptoms of Grief in Adults



Feelings of not caring any more



Lack of energy/lethargic



Drinking more



Chronic pain



Feel angry or annoyed by those around you, including the children in your care.

These are also the symptoms of **Burnout**

So it is important to take care of yourself

What is Vicarious Trauma (VT)?

Vicarious trauma refers to trauma that is held in a person's body, but that is not derived from their own direct lived experiences. In essence, they are experiencing someone else's trauma vicariously.

Vicarious Trauma may take many forms, such as:

- An emotion
- A piece of memory or flashback
- Mental illness
- Suicidal ideation
- Physical illness

“We are wired to connect”
(Goleman, 2006).

Children may not have clear self/other boundaries and may not be able to differentiate between what happened to them or another.

Potential Risks for Helpers

Skewed perspective on the world;

Absorbing of client/community troubles - ruminating, worrying, dreaming;

Leaking into one's own family;

Mirroring troubles means experiencing them directly - this happens automatically (nobody is immune);

Burnout;

Illness.

Building Awareness

- Vicarious and Intergenerational trauma is prevalent;
- Self care and de-tanking are crucial;
- Vicarious and intergenerational trauma can be cumulative;
- Notice how you feel about the children you are working with and/or your co-workers—be curious about where the feelings are coming from;
- People may be impacted differently according to where they are along their developmental/healing journey.

- Often VT moves aside easily once it is clear it is vicarious;
- Notice what happens once you recognize the VT--this might change/heal the relationship;
- Put the VT in context (then vs. what is happening now);
- May need a spiritual way of setting aside;
- Ritual can be helpful;
- The body will find the right thing to do with what is vicarious. It is unique to each person's body and the nature of what they're carrying. Sometimes it dissolves easily once there is awareness, and sometimes one may choose to hold on to it, or a piece of it, for someone or the family;
- *With awareness, there 's choice.*

Ideas for Helpers

- Get up and move;
- Water as helper: wash hands after/during class, bath, swim, shower and imagine the water carrying away the load of VT;
- Laugh, joke, blow off steam at work and after;
- Set boundaries: be aware of not taking the trauma home with you;
- Smudge;
- Physically shake off before moving on;
- Move the trauma/energy out of the room you work in, clear the air;
- Exercise: walk, run, dance;
- Meditation, mindfulness and/or yoga;
- As a daily affirmation try saying something like: I am setting down what is not mine, and taking back what is. Perhaps ask for what you set down to go to it's rightful place already healed;
- Training, supervision, personal growth work (therapy).



Self-Regulation Anchor

What is Self-Regulation?

-Canadian Self-Regulation Initiative

- We take a broad and inclusive approach to self-regulation. But, generally speaking, we view self-regulation as the capacity to:
 - ***Meet life's challenges***, responding to life's stressors, returning to a calm and alert state, ready to deal with new circumstances; and
 - ***Rise to life's potential***, supported by optimal conditions for learning, mental health & well-being, social engagement, and thriving.



Self-Regulation Anchor

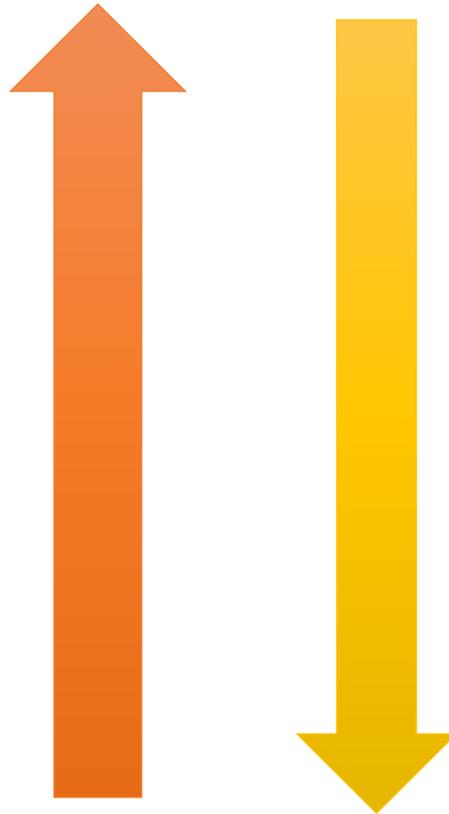
- When a child is upset or poorly regulated, imagine that their inner self is like a boat caught in a tornado or storm.
- Without an anchor to hold it in place, that inner self is lost in the storm.

Self-Regulation Anchor

- When we are in a storm of our own emotions, it is always helpful to have an anchor.
- When it is children in a storm of their own emotions or impulses, **they need to have an anchor.**
- Children cannot be their own anchor.
- They need a “big person” to be that for them.
- If we are not able to be the anchor, the child becomes like the boat lost in the storm.
- It is the process of being the anchor that teaches children how to self-regulate.
- Because their brains don’t know how to do that yet.

The “Arrow Down”

**Child
Challenging Behaviour
(increasing intensity)**



**Caregiver
Response
(decreasing intensity)**

The more intense the child’s behaviour, the more calm the care giver response – it’s an inverse relationship.

**When you Arrow
Down,
you are being the
anchor of self-
regulation.**



- Repetition is the key to success. Waiting until you need it, or you feel overwhelmed is too late.
- Practicing self-regulation is a life skill—we all need it.
- Model adaptive anger management behaviours in yourself.
- Get up and move every 20 minutes, even if it is just 60 seconds of stretching at their desk.
- Regular exercise

Square Breathing

- Imagine a square. Breathe in slowly. Hold the breath. Breathe out slowly. Hold the breath.
- In. Hold. Out. Hold. The four sides of the square.
- Focus on the out breath to activate the parasympathetic nervous system.

This is also known as “Belly Breathing.”

At Sand Story we do “bubble breathing”



*Dr. Deborah Bell, R. Psych. & Associates
#212- 2902 West Broadway, Vancouver,
BC Canada*



@sandstory

deborah@sandstory.ca