

Coping with Crises in Schools

The grieving process

Stages of Grief

Grief is a normal, essential response to the death of a loved one. It can be short lived or last a long time depending on the personality involved, 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 likely to happen whenever our model of the world is upset.

2. DENIAL

This generally occurs within the first 14 days and can last minutes, hours or weeks. In this stage the bereaved person behaves as if the dead person is still there, no loss is acknowledged.

3. GROWING AWARENESS

Some or all of the following emotions may be experienced:

Yearning - The urge to search; going over the circumstances of the death, trying to find a reason for the death or visiting where it happened.

Anger - This can be against any or all of the following: the medical services, the person who caused the death, the deceased for leaving.

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

Guilt - This emotion is felt for the real or imagined negligence or harm inflicted on the person who has just died. There is a tendency to idealise the person who has died.

Anxiety - In extreme cases anxiety can even become panic - as the full realisation of the loss begins to come through.

4. ACCEPTANCE

This generally occurs in the second year after the death has been relived at the first anniversary. The bereaved person is then able to adjust to life without the deceased and begin to invest energy elsewhere.

Reactions of Younger Children

In children, the stages of grief may manifest themselves in the following reactions:

1. Children, like adults, will enter a period of shock which will last for a few hours or up to a week. It can manifest itself by the child going through daily life mechanically, automatically smiling on cue or being apprehensive. They may have periods of panic. Alternatively, they may become withdrawn and gaze into space for long periods.
2. The death of a close relative heightens our sense of vulnerability and for children death and separation are synonymous. They may:
 - *become very anxious about being separated from parents for any reason*
 - *be reluctant to go to school*
 - *be depressed*
 - *be prone to infection, ie. colds, ear infections and tummy upsets*
 - *bite nails or cuticles, pick themselves, twiddle with their hair*
 - *develop a fear of the dark (which may last for years)*
 - *have difficulty in going to sleep*
 - *possibly have nightmares*
 - *develop a phobia about hospitals, nurses and doctors.*
3. Regression to an earlier stage of development is common.
4. Children may lose concentration at school.
5. Food can become important. Some children will eat and eat to fill up the emptiness they feel inside. They may hoard food and secrete it away. Others though will lose interest in eating. This phase usually only lasts a comparatively short time.
6. 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.

7. Some children may be frightened to ask questions and will only talk to 'outsiders'. Other children only want to talk about the tragedy to the immediate family.
8. The duration of the grief process for children is the same as adults - approximately two years

Difficulties in Grieving

Many people do not pass through the 'stages of grief' smoothly. This may be made difficult for children by the natural reaction of adults to protect them from further distress by, for example, discouraging attendance at the funeral or not talking about the deceased. Children may also be surrounded by a grieving family and feel that they should not add to that distress by showing their own emotions.

There are three ways commonly used for coping with bereavement which are not helpful over a long period of time. A child may need help in overcoming these.

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

Aggression. The child may be always fighting, or avoiding school. A variety of discipline problems both inside and outside of school, e.g. drug abuse and general anti-social behaviour, may occur.

Helplessness. This leads to a lack of curiosity and so impairs learning.

Source: "**Good Grief**" B. Ward & Associates.

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