

Counselor's Corner

This has been a very sad week for the Loyola Catholic School Community. The deaths of Aaron Pfeffer (Class of 1998), Trung Ho (Class of 2005), Mrs. Betty Young (Mother of Dion Young (Class of 2012)), have greatly effected the students, staff, and their families. Everyone, children and adults, deals with grief in their own ways. I have included information on how to talk with your children about death and dying; information regarding the needs of grieving children and warning signs for you to be aware of. I hope this information will be helpful. Give your children a few extra hugs. I will be praying for all of our families asking for help to heal.

Ann Klasen

- * Communication about death, as with all communication, is easier when a child feels that she has our permission to talk about the subject and believes we are sincerely interested in her views and questions. Encourage her to communicate by listening attentively, respecting her views, and answering her questions honestly.
- * Every child is an individual. Communication about death depends on her age and her own experiences. If she is very young, she may view death as temporary, and she may be more concerned about separation from her loved ones than about death itself.
- * It is not always easy to “hear” what a child is really asking. Sometimes it may be necessary to respond to a question with a question in order to fully understand the child’s concern.
- * A very young child can absorb only limited amounts of information. Answers need to be brief, simple, and repeated when necessary.
- * A child often feels guilty and angry when she loses a close family member. She needs reassurance that she has been, and will continue to be, loved and cared for.
- * A child may need to mourn a deeply felt loss on and off until she is in her adolescence. She needs support and understanding through this grief process and permission to show her feelings openly and freely.
- * Whether a child should visit the dying or attend a funeral depends on her age and ability to understand the situation, her relationship with the dying or dead person, and, most important, whether she wishes it. A child should never be coerced or made to feel guilty if she prefers not to be involved. If she is permitted to visit a dying person or attend a funeral, she should be prepared in advance for what she will hear and see.

Needs of A Grieving Child

- * information that is clear and understandable at their development level.
- * to be reassured that their basic needs will be met.
- * to be involved in planning for the funeral and anniversary
- * to be reassured when grieving by adults is intense
- * help with exploring fantasies about death, afterlife, and related issues.
- * to be able to have and express their own thoughts and behaviors, especially when different from significant adults.

- * to maintain age appropriate activities and interests.
- * to receive help with “magical thinking.”
- * to say good-bye to the deceased.
- * to memorialize the deceased.

Before the Death

- * help with anticipatory grief
- * to be given information about the physical, emotional, and mental condition of the terminally ill person and given a choice of visiting or remaining away.
- * to be allowed to care for the dying person.
- * to participate in meaningful ways of saying goodbye.
- * to have schedules and boundaries as close to normal as possible.
- * to receive affection and be listened to.

Signals for Attention From a Grieving Child

- * marked change in school performance.
- * poor grades despite trying very hard.
- * A lot of worry or anxiety manifested by refusing to go to school, go to sleep, or take part in age appropriate activities.
- * not talking about the person or the death. Physically avoiding mention of the deceased.
- * frequent angry outbursts or anger expressed in destructive ways.
- * hyperactive activities, fidgeting, constant movement beyond regular playing
- * persistent anxiety or phobias.
- * accident proneness, possibly self-punishment or a call for attention.
- * persistent nightmares or sleeping disorders.
- * stealing, promiscuity, vandalism, illegal behavior
- * persistent disobedience or aggression (longer than six months) and violations of the rights of others.
- * opposition to authority figures.
- * frequent unexplainable temper tantrums.
- * social withdrawal
- * alcohol or other drug abuse.
- * inability to cope with problems and daily activities
- * many complaints of physical ailments
- * persistent depression accompanied by poor appetite, sleep difficulties, and thoughts of death.
- * long term absence of emotion
- * frequent panic attacks
- * persistent symptoms of the deceased.

Characteristics of Age Groups (to be used only as a general guide)

Infants - 2 Years Old:

- * Will sense a loss
- * Will pick up on grief of a parent or caretaker
- * May change eating, sleeping, toilet habits.

2-6 Years Old:

- * Family is center of child's world
- * Confident family will care for her needs
- * Plays grown-ups, imitates adults.
- * Functions on a day-to-day basis.
- * No understanding of time or death
- * Cannot imagine life without mum or dad
- * Picks up on nonverbal communication.
- * Thinks dead people continue to do things (eat, drink, go to the bathroom), but only in the sky.
- * Thinks if you walk on the grave the person feels it.
- * Magical thinking
- * you wish it, it happens (bring the dead back or wishing someone was dead)
- * Death brings confusion, guilt [magically thought someone dead]
- * Tendency to connect things which are not related.

6-9 Years Old:

- * Personifies death: A person, monster who takes you away
- * Sometimes a violent thing.
- * Still has magical thinking, yet begins to see death as final, but outside the realm of the child's realistic mind.
- * Fails to accept that death will happen to them - or to anyone (although begins to suspect that it will).
- * Fears that death is something contagious.
- * Confusion of wording [soul/sole, dead body, live soul].
- * Develops an interest in the causes of death (violence, old age, sickness).

9-12 Year Old:

- * May see death as punishment for poor behavior.
- * Develops morality - strong sense of good and bad behavior.
- * Still some magical thinking.
- * Needs reassurance that wishes do not kill.
- * Begins an interest in biological factors of death.
- * Theorizes: People die to make room for new people.
- * Asks more about "what happened"
- * Concerns about ritual, burying
- * Questions relationship changes caused by death, life changes.
- * Worries about who provides and cares for them.
- * May regress to an earlier stage
- * Interested in spiritual aspects of death.

Teenagers:

- * Views death as inevitable, universal, irreversible.
- * Cognitive skills developed
- * Thinks like an adult
- * Questions meaning of life if it ends in death
- * Sees aging process leading to death
- * Sees self as invincible - it will not happen to me.
- * Sees death as a natural enemy
- * Need for adult guidance (grief process, coping skills).

- * Needs someone to listen; to talk with.
- * May feel guilt, anger, even some responsibility for death that occurred.
- * Not sure how to handle own emotions [public and private].