Grief and Loss from a Pediatric Perspective

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Objectives

- Discover developmental aspects in the pediatric understanding of death.
- Understand how children grieve and the impact of grief on children.
- Explore how best to support a grieving child emotionally and spiritually.
Important Reminders about Children

A person’s a person, no matter how small.
Dr. Seuss

...and a little child will lead them.
Isaiah 11:6
Ways Children Learn About Death
Components of a Child’s Understanding of Death

- Irreversibility
- Universality
- Nonfunctionality
- Causality
- Noncorporeal continuation

Kathleen Faulkner, *Children’s Understanding of Death*
Developmental Stages in Understanding Death

- Infants/Toddlers: sense sadness in adults
- Preschool: death as temporary
- Elementary school: irreversible; certain circumstances lead to death yet it happens to others
- Middle school: death as the final event; body functions stop
Support to a Grieving Child

- Use clear language appropriate to age level
- Encourage questions
- Normalize feelings
- Provide availability and security
Include child in family grieving process
Rely on religious or cultural beliefs;

beliefs of transcendence
Expressions of Grief

- Shock
- Magical thinking
- Intermittent grief
- Withdrawn
- Insecurity
- Bad dreams
- Physical distress
- Poor school performance
Regression

Mood swings

Aggression
Strategies for Working on Grief

- Drawing
- Reading
- Writing
- Craft a Memory Box
- Scrapbook
- Physical activity
- Plant a Memorial
“when families grieve”

- Video clip from SESAME STREET

This clip is an excerpt taken from sesameworkshop.org/grief, *Television special with Katie Couric*. Used with permission.
Children Facing Their Own Death

- Infants/Toddlers- normal separation anxiety heightened

Need:

- Parents to be present as much as possible, especially during procedures

- Soft and comforting words
- Preschool - misplaced guilt

Need:

- Reassurance
- Honesty
- Appropriate Limits
Elementary – learning to be logical, concrete thinkers; value fairness

Need:

- Clear, simple information
- Sense of control / choices
- Assessment of thought processes
- Reassurance
Adolescents value:
- peer relationships
- body image
- conformity
- risk-taking

Need:

- Accurate, honest information
- Active listening
- Choices/ decision making
- Empowerment
- Contact with peers
How Children Express Their Spiritual Needs

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>Examples of children's expressions of inner thoughts that may have a spiritual dimension</th>
<th>Key developmental stages (Erikson 1963, Piaget 1959)</th>
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<tbody>
<tr>
<td>First year of life</td>
<td>It is difficult to identify the infant's spiritual needs because of their limited ability to communicate on a linguistic level. However, positive experiences of love and affection, and a stimulating environment may foster aspects of spirituality such as hope and security in an infant (Bradford 1995).</td>
<td>A sense of trust can develop during infancy in response to feeling comfort and having basic needs met. A tentative link has been made between the support parents provide an infant and an ability to foster spiritual wellbeing.</td>
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<td>Late infancy and toddlerhood</td>
<td>A three-year-old was describing what happens when a person dies: 'People who die go to prison'. This little boy was an avid watcher of the A-team, where lots of 'bad guys' were blown up as a matter of routine, and somehow end up in prison' (Pfund 2000). The little boy's brother was terminally ill.</td>
<td>This is a time when young children are fascinated with magic and mystery and may express themselves in elaborate thoughts. Children at this age may take meanings very literally. In this three-year-old’s example there appears to be a link between illness and death, with punishment and wrongdoing.</td>
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<td>Pre-school years</td>
<td>Jason, a four-year-old was in hospital: ‘Jason slept very little the night of his hospital admission. The nurse brought in his breakfast tray and set it on the bed-side table in front of him. Before anyone realised what was happening Jason pushed the tray of food off his table and onto the floor’ (Steen and Anderson 1995).</td>
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<td>Junior school years</td>
<td>Jessica, a seven-year-old, told her nurse that: ‘She got cancer because she hit her brother. When the nurse explored this with her, Jessica stated that God was mad at her for being mean to her brother’ (Anderson and Steen 1995).</td>
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| Middle school years | Mary, a nine-year-old demonstrated mastery of knowledge:  
'I saw a neighbour, and he'd been in an accident, and he told my dad that he'd just as soon die' later because of all the pain he has ... the funny thing - our neighbour, he smiles, despite his troubles. He's glad he can see the sun come up in the morning, my mom says. Today I saw the sun coming up, and I was glad, and I thought, I should be double glad, because I can see it, and I love the way the whole sky becomes lit up, presto, and I don't have any pain' (Coles 1990). | At this age the child develops initiative, bringing them into contact with a wealth of new experiences. This natural need for knowledge can be fostered and developed. Mary appears to be able to reflect on this knowledge and applies it to herself when considering her neighbour. In many ways this is powerful representation of self-awareness. |

*
| Adolescence | John, a hospitalised 18-year-old, was dying of leukemia: The first day that John’s nurse cared for him, she noticed how depressed and hopeless he seemed. During a quiet moment one afternoon, she asked John if he would like her to rub his back. John readily accepted and stated that she was the first person who had touched him since he had been in the hospital. John had been on the unit for one month and felt totally isolated from people. Through touch, the nurse reached out and comforted John’ (Anderson and Steen 1995). | Adolescents are faced with many new roles - romantic, vocational - which they need to explore in a healthy manner and should be neither pushed nor restricted. John appeared to have a need for contact with people. However this had nor been recognised by the nursing staff. |
“Although understood differently at different developmental levels and expressed diversely in many cultural and religious ways, the spiritual needs of children are universal. Issues of unconditional love, forgiveness, hope, safety, legacy, loneliness, and loss of wholeness confront children who are coping with life-threatening illness.”

Paul Thayer, pg. 220.
Plan of Care

- Parents
- Chaplain
- Team
Spiritual Inquires

Mommy, will you still talk with me at night?
Is God mad at me?
Can I eat my favorite things in heaven?
Will Grandma take care of me when I get to heaven?
What will happen to me after I’m dead?
Are there other kids to play with in heaven?
Will I hurt after I die?
Spiritual Supports

“…Letting those suffering meet God through the concern and care of human beings- is the best way to respond [to heart and spirit questions.]”

Pat Fosarelli, pg.11.

- Acts of kindness
- Empathy and presence
- Listening without reproach
“Help the child find a sense of accomplishment and purpose…”

- Hand written poetry, cards, books
- Videos and pictures

Faulkner, Pg 19
“Spiritual care for children must incorporate activities that are fun and meaningful and that can be shared with others.” Paul Thayer, pg. 229.

- Prayer pillow
- Faith stories
- Ideas of heaven
- Magic carpet
Questions?