

Helping your Child Cope with the Sudden Death of a Friend: A Message to Parents

Parents, with their greater life experiences and wisdom, can place the events in a child's life in its proper context or perspective. Children look to adults for an interpretation of events, and measure the meaning of it, including the degree of danger they are in, by the reaction of their parents and other adults around them. It is critical that children are able to maintain a positive view of the world and a positive opinion of themselves in spite of the event.

The grieving process:

Grieving is a natural and temporary response to an important loss. People do not respond to a death related loss in any particular stage progression or pace. Some believe that the process is more like a roller coaster type pattern in which waves of various emotions are experienced. It is important to encourage children to cry if they feel sad. It can be said that when we feel really sad, letting ourselves cry is as important to our mental health as is eating when we are hungry, drinking when we are thirsty and sleeping when we are tired.

Most individuals return to their regular routines within one to three days. Yet a sustained period of bereavement may last four to six weeks. An intermittent pattern of bereavement continues in the form of painful thoughts and feelings which often resurface in the future more intensely at birth and death dates, holidays and special events, places or other experiences that are reminders of the deceased. Memories of the deceased may change or diminish over time but the deceased friend will not be forgotten.

Common reactions to the death of a friend:

In addition to sadness, it is common for people to feel confusion, fear, anger, self-blame and guilt. Other common reactions include feelings of loneliness, a sense of responsibility or regret, reminders and dreams of the deceased, concentration difficulties, minor sleeping difficulties and mild somatic complaints.

What can parents do?

A parent's emotional response to a grieving child can reduce the emotional effect or make it worse for the child.

- *The following are suggested parental responses:* Be physically present, show warmth, be patient, allow the child to talk about it, listen carefully, acknowledge feelings, show an understanding of what happened, give reasonable reassurance and follow through on promises and agreements made. Teens will try to make some sense of what happened and it is important for them to come to a resolution about the event. Carefully challenge any negative conclusions and reinforce the positive ones.

- *The following parental behaviors can be harmful:* Focus on self instead of the child, deny the seriousness of the event, shrug off the child's feelings, tell the child not to think or talk about it, make assumptions, overreact with anxiety or anger, withdraw from the child, or make major changes in the normal household activities and routines.

Reactions to be concerned about:

Some children, because of their emotional proximity to the death event, may be more prone to develop the psychological symptoms of Major Depression. There are two causes for Major Depression. One is the result of a neuro-chemical imbalance in the brain. The other results from an experience such as a significant loss. Your child may have Major Depression if the following five (or more) symptoms have been present during the same two week period:

- Feeling really unhappy, sad or empty inside most of the day, nearly every day
[Or]:
- An obvious loss of interest or pleasure in all, or almost all, friends and activities most of the day, nearly every day
[Plus 4 or more of the following]:
- Weight loss when not dieting or weight gain (more than 5% of body weight in a month)
- Trouble sleeping or sleeping too much nearly every day
- Slowness of thought, speech and activity or extreme agitation/restlessness
- Feelings of low energy or fatigue nearly every day
- Feeling hopeless, worthless, shame or a lot of guilt nearly every day
- Difficulty concentrating, making basic decisions and doing school work nearly every day
- Frequent thoughts of death or suicide

Other undesirable reactions include denial, social alienation, escape from reminders of the deceased, numbing of feelings, ex. using drugs or alcohol, hostility or antisocial activities, a preoccupation or fascination with death and unnecessary risk taking behaviors.

If you are concerned about your child you may want to contact your family physician, or a psychologist or social worker in your child's school or community.

References:

- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.
Grollman, E. "Explaining Death And Dying To Our Children And Ourselves" Elgin, IL. January 28, 2000.
Johnson, K. (1989) *Trauma in the Lives of Children*. Alameda, CA: Hunter House.

Helping your Child Cope with a Traumatic Death: A Message to Parents

Parents, with their greater life experiences and wisdom, can place the events in a child's life in its proper context or perspective. Children look to adults for an interpretation of events, and measure the meaning of it, including the degree of danger they are in, by the reaction of their parents and other adults around them. It is critical that children are able to maintain a positive view of the world and a positive opinion of themselves in spite of the event.

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Post-Traumatic Stress Disorder

A child's response to a near death experience, witnessing a death or serious injury, hearing about the death of a friend, living through a natural or man made disaster, etc. usually involves intense fear and helplessness. There may also be feelings of anger, horror, shame, or disgust.

A near death experience, witnessing a death or witnessing a serious injury is often sudden, unexpected, shocking and overwhelming. Children and teen-agers may be less able than adults to cope with traumatic events because they have fewer skills to draw upon, are less experienced and are also less aware of the dangers in life. Furthermore, when bad things happen to adults they are, because of their greater life experience and wisdom, usually more prepared to place the event in its proper perspective or context.

When traumatic things happen to a child, a number of predictable reactions may occur. These reactions are common responses to abnormally upsetting events. Some affected children are able to effectively cope by thoroughly talking about the traumatic event and their reaction to it. Those who do not are more likely to develop symptoms. Symptoms are those changes which cause major distress in the person or badly interfere with his or her relationship with family or friends, performance at school, sports, their job or other activities. Such symptoms may appear within 24 hours of the traumatic experience, or they may be delayed by several days, weeks or months.

Traumatic events can produce intrusive experiences, avoidance behaviors and increased arousal that may affect both daily activities and dreaming. Research shows that once they occur, these thoughts and behaviors will not just fade away. In fact they may grow worse as they are triggered repeatedly by cues similar to the original trauma. According to the American Psychiatric Association (1994) the following are some examples of intrusive experiences, avoidance behaviors and increased arousal:

- visions, thoughts or other sensations of the traumatic incident that occur over and over again, against one's will and at undesirable times
- nightmares or recurring dreams that may or may not seem related to the incident
- cold sweats, heart palpitations, dizziness, panic feelings, or extreme nervousness when reminded in some way of the event
- attempts to avoid certain people, conversations, places, activities, or any other thing associated with the event
- feeling emotionally detached or estranged from friends
- loss of interest in previously enjoyed activities
- amnesia or an inability to recall an important or obvious aspect of the event
- negative or empty thoughts about the future
- difficulty falling or staying asleep
- irritable moods or unusual outbursts of anger
- concentration problems
- a fear or phobia not present before the traumatic event
- exaggerated reaction to; unexpected sounds, being touched without warning, certain smells and certain sights

These symptoms are the mind and body's way of trying to avoid or protect the distressed person from the intrusive experiences and future traumas. They are tolerable if they come and go shortly after the event and do not affect the person's everyday functioning or routine. If you believe your child may have symptoms of Post-Traumatic Stress Disorder, especially if they have persisted for more than a month, you should seek help for your child from a mental health professional who specializes in the treatment of Post-Traumatic Stress Disorder.

If you have other concerns about how your child is adjusting to the event you may want to contact your family physician, a psychologist or social worker in your child's school, or a mental health professional in your community.

References:

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