

The following is an excerpt from *Managing Sudden Traumatic Loss in the Schools* by Maureen Underwood & Dunne-Maxim, K. It was written for school staff to facilitate their understandings of the complexities of grief that might be observed in school populations, which is why clinical language has been omitted. 25,000 copies have been distributed nationwide.

The work of William Worden (in *Grief Counseling and Grief Therapy*, 1992) conceptualizes the process of grief as a series of "tasks" that need to be accomplished before mourning is completed. This framework provides a somewhat structured paradigm for organizing the work of grief and healing, which often seem like such amorphous and intangible experiences. This model also suggests an outline around which a school's responses to loss can be organized.

Let's look first at how these tasks apply to us as individuals and then determine how they can be adapted to the more specific needs of a school.

TASK ONE - TO ACCEPT THE REALITY OF THE LOSS

While the initial reaction to the news of a death may be shock and disbelief, these feelings are usually replaced by a dawning recognition of the reality of what has taken place. As difficult as it might be, we are gradually able to acknowledge that the deceased is gone from our lives forever. When there is time to anticipate the loss (e.g., when someone dies from a chronic illness), we may be less likely to get stuck in denial of the reality of the death. Some forms of denial are obvious, like discussing the deceased in present tense or retaining the deceased's possessions. Other forms can be more subtle, like denial that our relationship with the deceased had any meaning. This latter type is an attempt to mitigate the significance of our loss.

When the death has been suicide, we may also see a denial of that reality, e.g., many schools report the dilemmas caused by parents who refuse to accept the suicide of their child. They insist the death was accidental even though the circumstances suggest otherwise and place the school in the difficult position of not being able to hold honest discussions with students or faculty.

TASK TWO - TO WORK THROUGH THE PAIN OF GRIEF

For most of us, the normal feelings of grief are sad, uncomfortable ones. From a variety of life experiences, we are all too familiar with the sadness, anger, hurt, emptiness, and loneliness that accompany loss. A sudden, unexpected death can also carry the pain of regret and unfinished business as well as the guilt that perhaps we could have done something to prevent the death from having happened. Homicides bring with them a great deal of fear and concern about the violence and randomness of life in addition to worries about our own safety. Suicide, as we will learn in later chapters, often burdens survivors with an exaggerated sense of responsibility for the death. Guilt and blame, which frequently take the form of scapegoating as we search for an explanation for the suicide, are often mixed with the initial shock that strikes when learning about the death. Ignoring these feelings does not make them disappear, we simply store them up and are often confronted with them some future time. Acknowledging and talking about them, however, gives us the opportunity to understand them and put them in perspective. While some of these feelings may resurface from time to time as we are confronted with reminders of the deceased, they do diminish with time. Our ability to work through the feelings of grief can increase our sense of personal mastery over some of the more difficult circumstances we will be faced within life.

TASK THREE - TO ADJUST TO AN ENVIRONMENT IN WHICH THE DECEASED IS MISSING

The rearranging, restructuring and redefining that takes place as we begin to identify and fill the roles formerly occupied by the deceased defines this third task. When the deceased played a marginal role in our lives we may find

this easy; when he or she seemed to finish every sentence we began and was so much a part of our everyday lives that we feel like we have lost a part of ourselves, accomplishing this task may be more difficult. We may also find it simpler to take care of the concrete tasks that were part of the deceased's contribution to our lives than to fill the emotional roles which can often escape our notice until much later in the grieving process. Learning how to balance the checkbook after the death of a spouse: for example, may be a lot easier than finding someone who makes us smile. This readjustment usually takes place over time as we recognize the implications of the loss and come to terms with all of the gaps, both real and symbolic, that the death has created in our lives.

TASK FOUR-

TO EMOTIONALLY RELOCATE THE DECEASED AND MOVE ON WITH LIFE

The resolution of the major work of grieving takes place when the fourth task is completed. In simple language, "emotionally relocating" the deceased means moving from the feelings of loss and longing that accompany our awareness that the deceased is really gone from our lives forever to being able to hold the memory of that person in our hearts. They become a part of our lives in a way that allows us to go on living without them. We tend to be less conscious of the loss, less preoccupied with the deceased. Although there may always be: times when sadness catches us off guard and we are reminded of how much this loss has affected us, what has happened is that we have let go of a great deal of the emotional energy we had tied up, in the relationship with the deceased and it is now available to be invested elsewhere. Sometimes we invest that energy in other relationships; in other instances we may invest it in something that commemorates the life of the deceased.

As with the other three tasks, completion of this task is also related to the meaning of the deceased in our lives. If we have minimal investment in a relationship, we have little emotion to withdraw, so the process is less complex. If we were extremely invested in the deceased, the loss will have more meaning for us and it will take time to move on. In the school community it is extremely clear that some deaths have more impact than others. The death of students or faculty who were extremely connected and invested in the school consume more of the school's emotional energy. It is harder to relegate them to memory, which is what takes place when the withdrawal of emotional energy has been completed. These tasks outline the work that needs to be done to resolve a loss. Under many circumstances, they can be accomplished rather easily. In fact we all have a great deal of practice in utilizing them to Come to terms with the variety of losses that face us merely in the process of living.

COMPLICATING GRIEF

Although many deaths present us with I grieving in a fairly straightforward and manageable manner, it's also important to recognize the circumstances of loss that complicate the process of grief. Under these circumstances additional resources might be necessary to facilitate the process of mourning:

1. **SUDDEN.** When death occurs suddenly, we have no time to prepare ourselves psychologically for the impending loss. This lack of preparation is what contributes to our feeling out of control. This is one of the reasons that schools respond differently to the deaths of students and faculty that are anticipated, like those from chronic, life-threatening illnesses like cancer, than they do to sudden deaths from accidents, suicides, or homicides.
2. **VIOLENT.** Any type of violent, traumatic death (suicide, accident or homicide) confronts us with a sense of horror. We feel shocked that such a terrible thing could have happened and we may worry that we, too, will now be vulnerable to terrible things. Pervasive feelings of helplessness can overwhelm us as we realize there was nothing we could have done to prevent the tragedy, and our feelings of being out of control may be exacerbated. We may react with rage that such violent things can happen in life. If there was a perpetrator of the violence, our rage may be targeted in this direction. People with a sense of "Divine Responsibility" may get angry at God for permitting such a tragedy to occur. At a very basic level, the assumptions we hold about the inherent goodness and meaning of life may be called into question as we struggle to understand what has taken place. Arriving at a resolution can be especially difficult when the victims of 'violence are children because one of the tacit societal responsibilities -all adults share is to protect children from harm. When children die tragically, adults experience a collective sense of failure.

3. **MULTIPLE.** When we experience more than one loss at a time, our capacity to grieve shuts down. It is simply more than we can bare emotionally, and until we can separate the losses and deal with them one at a time, we feel numb. This is why schools usually feel such chaos when they have accidents. in which more than one is injured or killed.

The concept of multiple losses does not just apply, however, to deaths that occur at the same time during a single incident. There is a cumulative effect of losses that occur over extended periods of time that can also compromise the grieving process. All loss that happens during the course of a school year easily fits the definition of "multiple", but it's probably mote accurate to expand the time frame to consider a school's losses over several years. Students themselves tend to measure the losses their cohort of classmates has suffered and they can easily recount the number of deaths their class has experienced, for example, over three or four years. The accounts of their parents often include the losses that have accumulated over the entire school career of their child. Faculty members usually enumerate the deaths that have taken place in the school community during their tenure. Whatever the source of the accounting, however, it is clear that no death, regardless of the circumstances, goes unnoticed.

4. **UNSPEAKABLE.** Losses that are unspeakable are those to which some type of social stigma is attached so that the ability to discuss the death openly is difficult. Deaths from suicide and AIDS fall into this category as do autoerotic fatalities. Rumor and gossip surface to fill the gaps in open communication and the stigma experienced by the survivors is increased. If the family denies the circumstances of the death, which sometimes happens in suicide, its unspeakable nature is magnified. Discussion and speculation about the death don't stop they just continue in secret.

5. **STATUS OF THE VICTIM.** The death of anyone before it is expected in the "normal" life cycle is considered premature and presents more difficulties in grief. The death of a child or adolescent from any cause falls into this category, shattering another of those fundamental assumptions that the normal progression in life is from youth to old age to death. Again, we are faced with the capriciousness and unpredictability of life. When someone who is close to our own age dies, we are reminded in a very personal way of our own mortality. Especially for adolescents, who are struggling to develop their own identity, the death of a peer can be extremely disorganizing emotionally. The death of someone whom we admired or view as a role model is usually also more upsetting because the deceased's life had a great deal of meaning to us and our loss is, therefore, greater.

GRIEVING CHILDREN

How do children deal with these tasks of grief? Because the way children respond to most things in life is based on their maturity and developmental abilities, what we observe about grief in children can look different from what we notice in adults. First of all, children approach a loss with emotional caution, which is similar to how they deal with all life events that are emotionally challenging to them. Because their immature ego structures do not have the capacity to tolerate intense emotions for extended periods of time, they experience the feelings of loss briefly, then back away from them. When viewed from an adult perspective, children may appear to be denying what has happened. In all likelihood, they are simply dealing with the reality of the loss (Task 1) in smaller, more manageable doses. When they are ready, they will again approach the loss more directly.

Another thing that may confuse us about childhood grief is the method children use to work through painful feelings. The play of children can serve many functions, one of which is to help children cope with and resolve painful affect (Task 2). Physical play or creative projects like drawing provide the outlets children need for expression of emotion as well as keep them connected to peers, from whom they receive support.

There is another difference about grief in childhood that is important to appreciate. When children experience a significant loss

like the death of a parent or caretaker, the meaning of that loss will change for them as they mature and grow. At each developmental stage of life, the reality of how that loss affects their life (Task 3) will need to be reevaluated and grieved again.

For example, the death of a father when a child is seven years old impacts the child in a different way in adolescence and yet another way in young adulthood. The fact that an adolescent child may be asking to make a cemetery visit for the first time does not mean that he/she has never adjusted to a parent's death; it may simply be an age-appropriate response to what will always be a significant loss. While the intensity of the grief will diminish over time and children will be able to invest emotionally in other relationships (Task 4), sadness over parental death is often reactivated by life passage events like graduations and weddings when the absence of the deceased is felt more keenly.

BEGINNING RECOVERY...

Combining the tenets of crisis intervention the provision of support, control, and structure - with an understanding of the process of grief gives you a firm foundation on which to build your school's crisis response strategy. Any successful intervention is always grounded in theory, and referring to these two areas of knowledge should provide you with guidance in handling some of the idiosyncratic questions posed by the unique situations your school will face.

HELPING PARENTS HELP THEIR CHILDREN: INFORMATION ABOUT COPING WITH TRAUMA

1. Why traumas affect us so profoundly is that they shatter our assumptions that the world is a safe and fair place, that there is always some kind of meaning in life events, and if we are smart and responsible enough, we can protect ourselves and our children from tragedy.
2. Recovery from trauma means being able to put the experience behind us. For children, this means getting back to the business of being children as soon as possible, and anything adults can do to provide an environment where kids can continue to be kids is helpful in trauma resolution.
3. Children often view traumas in a different way than adults do. They lack the ability to appreciate the longer-range implications of an event, especially if it was a community trauma and their own family was not personally touched. Their view of the trauma is often based on how they see the adults who are close to them responding. Younger children may be more alarmed if the adults in their life seem very upset and emotional. Conversely, children may be less impacted if the adults in their lives are calm, reassuring and supportive.
4. Children's reactions to trauma are as individual and different as one child is from another. Some children may have big reactions to small events while others may seem to react minimally to terrible things. There is no one right way to respond!
5. That children seem to recover from a traumatic event more quickly than adults is often a reflection of their ability to focus on the immediate present, rather than on the past or future. Especially if they were not personally touched by the event or witnesses to it, they may be able to put it behind them and move on with their lives in a remarkably short period of time.
6. Another reason children may seem to underreact to a traumatic event is that they can only tolerate intense feelings for a short period of time. So they experience the upsetting feelings for a brief period of time, then back away from them until they can tolerate the intensity again. So what may look like denial or avoidance to us is really an example of effective coping. Parents need to take advantage of opportunities to talk about the trauma when their children present them.
7. External events may reactivate the trauma. For examples. Halloween with its scary themes may bring back the fear related to a recent trauma like homicide. Young children who used to enjoy the holiday may be reluctant to participate in trick or treating, and parents might do well to come up with alternate activities that are less anxiety provoking.

Likewise, t.v. shows with similar themes to the trauma may also cause distress or actual real-life events that are similar will most likely serve as reminders of the original trauma. Media attention can also replay a trauma for both children and adults. Especially during court proceedings, the media tends to replay the original event daily to remind us of any details we may have forgotten. Being prepared for these reminders whatever their source, is the best way to cope with them.

8. Dealing with trauma is not something most of us have much experience with --- it's not a "normal" parenting skill. So if you are concerned about your child's reaction or lack thereof, a good way to deal with your uncertainty is to check it out with someone whose opinion you trust. Your school counselor is a good resource as is your local mental health agency or clinic.

9. While traumas are by definition upsetting, our response to them is what makes them manageable. When events in life seem out of control, the fact that we can still control our reactions to them sends an important message to our children. Remaining in emotional control also helps us develop more effective problem-solve strategies to protect ourselves as best we can from similar catastrophes.

COMMON REACTIONS ASSOCIATED WITH CHILDHOOD BEREAVEMENT AND How ADULTS CAN FACILITATE THE WORK OF MOURNING

GRIEF REACTION SHOCK AND NUMBNESS. This often serves as a cushion against the full impact of a tragedy as children may not be able to intellectually or emotionally process the information about the death. Some youngsters may laugh inappropriately upon hearing the news.

DENIAL. Blatant denial that the event took place is not an unusual reaction, especially among younger children.

SADNESS. Children may appear sad and tearful. This is a normal response to loss.

ANGER. Anger may be expressed at the deceased or at the event: "Why did this happen to me?" Anger might also be displaced onto adults in the environment: "How could they let this happen?"

ANXIETY. If a parent has died, a young child may experience fears of abandonment, expressed by worries about who will take care of them now. There also may be worries about the death of the remaining parent. If a peer or sibling dies, there may be fear about their own safety, that the "Death Ghost" will snatch them away, too. These anxieties may be manifest in regressive behavior, e.g., bedwetting, thumb sucking, fears of the dark. Older children may develop a fore-shortened sense of their own future, and this anxiety may be exhibited in risk taking behaviors and drug and alcohol abuse.

ADULT RESPONSE

Provide an atmosphere which encourages the open expression of all initial reactions to the event, even the unusual ones such as laughing as a way of reacting to fear.

Communicate all the facts in a clear, concise way and avoid a power struggle about the truth. Children often accept tragic facts in a gradual way, and over time, they may ask repetitive questions about the event as a way to understand and gradually accept what happened. Don't get unduly concerned if denial seems to wax and wane for children, who have immature egos, approaching and avoiding the truth is one of the ways they come to terms with painful realities.

Encourage them to talk about these feelings and validate them as appropriate. Initiate conversations about the deceased. This ventilation can be facilitated through the use of artwork, collages and tape recorder for younger children and the use of journals for older children.

Accept the anger and allow children to express it. It may be helpful to encourage physical activities like athletic sports as a way to release the tension generated by angry feelings.

Reassure children that arrangements have been made for their caretaking within the extended family system, even though it is very unlikely that something will happen to the remaining parent. Encourage children to resume routine activities such as scheduled meal and bed times, school attendance, and play rituals as soon as possible, since both the structure and the routine of the familiar will bring a sense of order and control to the chaos they are experiencing. Also encourage their taking part in rituals for the deceased, which will provide them with mutual sharing and the support of others.

GRIEF REACTION

SHAME. Unlike most adults, children do not want to be seen “grieving”, sometimes that makes them different from their peers.

GUILT. As a result of "magical thinking", young children may worry that they were the cause of the tragedy: "Did my bad behavior make this happen?" "If I had loved my brother more, he'd still be alive today!" Older children may worry about negative encounters they had with the deceased prior to the death. There may also be guilt related to the fact that the child does not feel he/she is as "sad" as the rest of the family about the loss.

PHYSICAL PROBLEMS. Frequent illnesses and somatic complaints are common reactions in children during the process of grieving.

ACADEMIC PERFORMANCE

PROBLEMS. Confusion, difficulty in concentration, memory lapses, and preoccupation with thoughts of the deceased are common and these may interfere with academic work.

ADULT RESPONSE

Encouraging normal peer activities as soon as possible can help children see that, despite their loss, they can still be the same with their friends. Recreational activities also provide them with relief from their grief and sadness, which is also very healthy. Actually, friends and peer group activities are the best medicine for younger children.

Help children see that the causative factors were not related to their behavior; that no matter what we think or feel, we don't have power Over another person's death. Reiterate that every relationship includes negative as well as positive feelings but again, our feelings cause another's death. Also, clearly give 'permission to children to go on enjoying life and living. Because their expression of sadness and loss may be different from yours does not mean their grieving is any less meaningful.

Create an atmosphere where children have permission to verbalize their physical concerns. For example, tolerate frequent visits to the school nurse if necessary. It may also be helpful to point out how we use our bodies sometimes to express feelings that are difficult to put into words.

Provide additional help or tutoring for children of all ages. Older children may benefit from temporary reduction of their academic load.