

The Club No One Wants to Join:

A Dozen Lessons I've Learned from Grieving Children and Adolescents

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I'm frequently introduced as an "expert" in the field of children and death, referencing my involvement over the last sixteen years at The Dougy Center, The National Center for Grieving Children & Families. Over these years, more than 12,000 children and teens, and their parents or adult care givers have shared their journeys through grief with each other, our staff, and volunteer facilitators. All shared membership in a club no one wants to join with the common denominator of the death of a family member or close friend.

Through them I have, I suppose, earned a dictionary definition of expert, "one who has a high degree of skill or knowledge of a certain subject." This expert status is perhaps enhanced by my doctorate in counseling, despite the fact that my entire studies included just one hour on the topic of death and dying, and only a brief acknowledgment that children too were affected. Expert indeed!

The real experts, I believe, are the children and families who've thrashed around in the mysterious and chaotic experience we call grief, mourning, and bereavement. I prefer to think of myself as an emissary, "an agent sent on a mission to represent or advance the interests of another." Toward that end, given the topic of "the grief of children and adolescents," I have chosen not to review the literature, discuss developmental challenges, theories or texts (though those routes all provide helpful information), but to reflect on what I have learned from the experts: the three-year-olds through 18-year-olds whose stories I've been privileged to share over these last sixteen years.

1. Children know and understand much more than we give them credit for.

I can't guess how many times over the years parents have conspiratorially confided that their child or adolescent doesn't know the full details of dad's (or mom's or whomever's) death, that perhaps it's best that way, and that they aren't certain how much the child is affected by the loss. In a blaring example, 9-year-old Joshua was told that his father, who'd suicided, died in a car accident. In his first group with other parentally bereaved six to 12-year-olds, he quietly shared that his father had died by suicide. "But don't tell my mom," he instructed the group, "she thinks he died in a car accident!"

Children know, hear, listen, observe, and incorporate much more than adults realize. Their antenna are finely tuned to picking up cues from those around them. They want to protect adults from further pain just as we have that natural inclination to protect them. Just because they're not verbalizing what's going on inside doesn't mean they're not grieving.

2. One of the biggest impediments to children's healing after a death is...adults!

Years ago in the U.S., Art Linkletter had a television show, "Kids Say the Darndest Things," highlighting the funny, outrageous and ingenious statements of children. Grieving kids could produce their own version of "Adults Say the Stupidest Things!" While the topics of missing the deceased, regrets from the past, unfilled dreams and wishes certainly emerge in their group and individual conversations, the unhelpful, non-supportive and downright hurtful responses of (presumably) well-meaning adults in their lives adds unnecessary fuel to the fire of grieving, further complicating an already complex and confusing experience.

I don't think adults intend to make matters worse. I think three barriers interfere. One is our own fear of death and the resulting avoidance of uncomfortable realities. A second is a lack of understanding of what words to use, how to act, and what children need. The third, and perhaps most insidious, is the troubling truth that it is demanding and difficult to "be with" a child whose pain we can't fix or take away.

3. Grieving children don't need to be fixed.

Grief is not an illness that needs to be cured. It's not a task with definable, sequential steps. It's not a bridge to cross, a burden to bear, or an experience to "recover" from. It is a normal, healthy and predictable response to loss. Its symptoms are normal reactions and may include changes in appetite, sleep, motivation, and energy. Their duration and intensity will vary from individual to individual based on the interface of multiple issues including personality, support systems, the child's relationship to the deceased, and the meaning he or she derives from the loss. Not all grieving children or adolescents need therapy, support groups, counseling or professional help. Some do. But in either case, our roles as parents, therapists, counselors and friends are to support and assist, not to "fix," help them "get over it," or "move beyond."

4. Grieving children don't need to be "taught" how to grieve as much as be "allowed" to grieve, and to make their own meaning.

I believe working with grieving children with the attitude they need to be taught how to grieve is a mis-placed effort based on an erroneous attitude about the nature of children and grieving. It presumes we (no matter who "we" are) can or should teach a child how to grieve. I believe they'll do it naturally, and in healthy ways, if we let them, while we provide safety, honesty, permission, and example. We can get caught up in fixing and instructing, when the skills of evoking and listening better suit the need.

Additionally, even the youngest children share with adults the insatiable desire to understand, and to make meaning from experience. Why me? and Why did this happen? are questions even three-year-olds ask as they try to make sense of their world. How we assist them in finding their own answers to these critical questions will shape their lives for years.

5. Children are resilient, but not in a vacuum.

Resiliency is not an accident. The word, from the Latin “resilire,” means to leap back, to bounce back to one’s original shape, to recover. It’s something that has received increasing and well-earned attention from researchers and practitioners, and about which we know more and more. We know, for example, that among the personality traits resilient children display are positive self-esteem, and an internal locus of control (Werner & Smith, 1992). We also have strong evidence that parentally bereaved children show (citing just two of seven susceptibilities) (Schuurman, 2003) significantly lower self-esteem compared to their non-bereaved counterparts, as well as a higher external locus of control (Lutzke, Ayers, Sandler, & Barr, 1997). What we know about resilient children has tremendous applicability to how we can help children following death and other traumatic losses. Time spent studying resiliency research is time well spent.

6. Theories are great, but as Carl Jung said, “Learn your theories well, but lay them aside when you touch the reality of the living soul.”

Sometimes I think we try too hard to pound and bend and push what we see into a theory, rather than having our theories evolve from what we see. Theories are helpful efforts to make sense of and categorize processes, events and phenomena, but the theory should never be mistaken for the thing itself. The word derives from the Greek word theoros, meaning “spectator,” and we should never confuse the spectator’s role and 20/20 hindsight with the action of the players on the field. Our theories can cloud the ability to truly be available to a grieving child if we’re clicking through them and missing “the reality of the living soul” before us. Each child is a teacher, and best approached by adults willing to be taught.

7. Labels work for cans and bottles and boxes, but aren’t so good for children.

The diagnosis du jour seems to be “attention deficit disorder,” with all the attending medications and labels associated with it. Not to deny such a disorder exists, but I believe it’s over- and mis-diagnosed (and therefore, mis-treated), especially with grieving children. Some of our labels pathologize and pigeonhole kids, patronizing them with band-aids of superficial self-esteem building, rather than focusing on strengths and competency building. I shudder when I hear adults dismiss children or adults who are “acting out,” as if their attention-getting behavior is best ignored. Of course they’re acting out; they’re acting out their pain, fear, confusion, uncertainty, questioning, anger. If we choose to disregard their behavior or are too quick to label, they may need to “act out” in more attention-getting

ways. I remember a child whose diagnosis was discussed by a team of psychologists and their consulting psychiatrist: was it “defiant personality disorder” or “borderline behavior” with the possibility of “psychic splitting”? The wise professional who’d been working with this child wisely chimed in with her hypothesis: “scared kid.” I don’t mean to suggest that DSM-IV categories and serious mental health issues exist, only that we ought not forget that behind every label is a scared kid.

8. Expressions of grief assist in the healing process, but the form that expression takes varies greatly. What matters most is feeling understood.

The role of emotional health and expression has received increasing attention from researchers over the last decade. Psychologist James Pennebaker (1990), one of the foremost authorities in this area, has conducted and cited dozens of research studies illustrating the interplay between emotional expression and physical and mental health. Two aspects of this are frequently misunderstood, however. One is the subtle difference between feeling and expressing emotion, and rumination. The word rumination derives from the Latin root, “ruminare,” meaning throat. A “ruminant” is a classification of hooved mammals including sheep, goats and deer, who “chew cud” (ruminate). Cud is literally regurgitated, partially digested food. Healthy expression is not just endless emotional cud chewing, regurgitating partially digested feelings. This is where it gets tricky: who distinguishes between healthy and unhealthy digestion? When does healthy feeling become rumination?

A second misunderstanding revolves around the nature of helpful expression. It appears that it’s not just expressing that helps, but in believing we’re understood. Pennebaker (1990) asserts that “early childhood traumas that are not disclosed may be bad for your health as an adult.” (p.19, 20). But we shouldn’t automatically assume that the person who chooses not to disclose in ways we deem acceptable is unhealthy, isn’t grieving, or isn’t doing it right.

9. We’d be better off reframing emotions as messages from our souls to be embraced rather than enemies to escape from.

“Depression is inspiration without form,” a wise therapist once told me, and it was the first time I’d conceptualized uncomfortable emotions as positive signals rather than enemies. But we live in cultures where we’ve institutionalized escape routes at the onset of discomfort: pharmaceuticals and other legal drugs (alcohol, nicotine), compulsive shopping, eating, TV watching, (name your poison). After loss of any kind, it’s normal, natural and healthy to have feelings that, well, don’t feel so good! When we try to push them out of our consciousness, they don’t go away...they simply simmer on back burners.

I don’t mean to suggest that medication is never warranted, or that we should sink into despair from emotional storms. But I’ve noticed that we encourage our children and

adolescents to run from, bury, or ignore their emotions much more than we model healthy expression. Often it's because we don't like the form the emotion displays itself in. Anger is a great example. Rather than finding healthy modes of expressing justified anger, we tend to stifle it because we don't like how it looks. Instead of saying, you're angry because your father died, and I would be too, and finding healthy ways to vent that anger, we say I don't like what you're doing with that anger, so stop it. Then they have even more to be angry about!

10. Shakespeare got it partially right when he advocated to "give sorrow words..."

...but he was, after all, a writer. A fellow writer, the poet William Wordsworth, was said to suffer such shock after his brother's death by drowning that he didn't speak for two months. When he regained his voice, he wrote: "A deep distress hath humanized my soul." Picasso may have advocated to "give sorrow paint..." and Beethoven to "give sorrow song..." -- and none of them are wrong.

Sorrow needs expression, but it's not always with words. The more tools and permission we provide for children and adolescents, the more likely they will find their own forms of expression rather than the narrow options we might offer. Give sorrow words, yes, but also paint and glue and hammers and nails and long walks and quiet and music and play and all other possible forms of expression, including silence.

11. Children need, want, and deserve honesty, truth, and choices.

I've watched many adults struggle with what to tell children after a death. I usually ask them to tell me what happened, and when they're finished I say "that's what you tell them." We build trust by giving honest answers to the questions children ask, even when that answer is "I don't know."

Allowing children informed choice and multiple options rather than making decisions for them helps them regain a sense of stability after their worlds have been rocked by loss and by the realization they can't control everything that happens. None of us can, of course: all we can control is how we respond. But we shouldn't assume we always know what's best for them. The mother of an 8-year-old girl whose three brothers and father were killed in a crash was advised to let her daughter decide whether she wanted to see the bodies of her brothers and father. She carefully explained how they would look, what the setting would be, and her concern that the images of the dead would be her daughter's lasting memory. The daughter vehemently replied, "If I died and they didn't come see me, I'd be SO angry! I know they'd want me to see them and say goodbye." She did view the bodies, and proudly describes how she made the choice and what it meant to her. When we allow for informed choices, we bypass the common complaint that children were either forced or not permitted to attend or participate in decisions around the deceased. We also empower them to regain some lost control, and to take responsibility for the decisions they make.

12. The best thing adults – parents, counselors, therapists, teachers, youth workers, aunts, uncles, neighbors – can do for grieving children is to listen.

To listen, that is, not just with our ears, but with our eyes, our hearts, our souls. To not presume we have (or have to have) answers. To allow for individual differences. To not rush into judgment or pat answers. Grieving the death of a loved one (or a hated one) is a process that unfolds in different ways, time frames, styles and intensities. I believe our foremost job is to listen.

One of the reasons I'm still in this field after 16 years is that I continue to learn from the children, adolescents and adult care givers who share their stories with us at The Dougy Center. While I was interviewing children who had a parent suicide, a teenaged boy named Philip described an interaction he had with his deceased mother in a dream. He asked her why she'd killed herself and she told him that she knew she'd never be well, that she wanted him to have a life free of her antics and unpredictable behaviors. Philip looked at me and said, "so I told her I understood, and I forgave her." With my therapist hat, I thought how healthy that sounded. He quickly added, "please don't tell me father about this." I suspected he didn't want his father to know because he might think Philip was batty, talking to his mother in dreams. I thought I knew what he'd say, but for some reason I asked him why he didn't want his father to know. When he replied, "oh, because he'll want me to ask her all kinds of other questions..." I was reminded anew that young people like Philip are my teachers: I am the student. When we remember this, magical healing happens.

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In addition, we would make the following point

When individuals lose a close friend or loved one, it is normal to share that grief with others who knew the deceased equally well. In the past your son may have experienced the loss of an aunt, uncle, or grandparent. Because you knew that person equally well and were experiencing the same grief, it is more that like your son would have shared his grief with you. The situation your son finds himself in now may be slightly different. He may be more likely to want to share his grief with those that knew Dan as well as him, i.e. his peers. Therefore, at a time like this some teenagers are more likely to want to spend more time with, and talk more to, their peers rather than their parents. In doing this, they are not trying to shut parents out, they are simply surrounding themselves with others who are going through the same experience and who knew Dan as well as they did. This is perfectly normal. They need to be given the space to do this.