

# For Review Only

What does a child think and feel when a loved one dies? What does death mean to a child? Is a child capable of grieving?

Children normally express their grief through their behaviours, emotions, thoughts and physical reactions. They may cry, feel angry, think that the cause of death was due to a naughty deed and, perhaps, regress to earlier behaviours.

It is a misconception that children heal quickly from a loss. But what can we do to heal the loss and help the child move on? What should we not say or do? When does a child's grief become serious? Do children ever become depressed?

*Living with Grief* gives all the information that parents, caregivers, teachers and anyone who deals with children and adolescents should know.

Revised and updated, *Living with Grief* is part of a series of handbooks on mental health in children written by mental health professionals from the Child Guidance Clinic. Other titles in the series are:

- Attention Deficit Hyperactivity Disorder (ADHD)
  - Anger
  - Autism
  - Discipline Issues
  - Divorce and Family Issues
- Intelligence and Learning Difficulties
  - Self-harm Behaviours
  - Sexuality Issues
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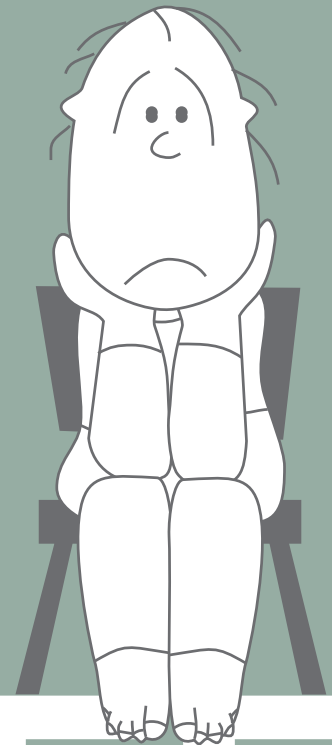


DR BERNARDINE WOO, GERALDINE WONG

*Living with* GRIEF

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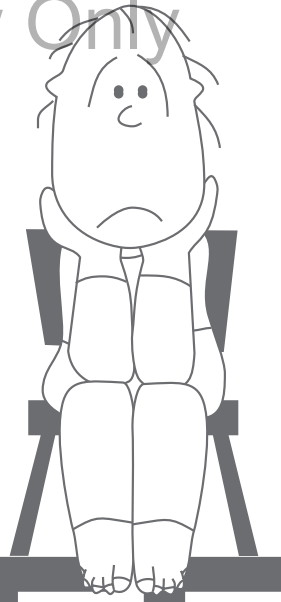
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**Dedicated to  
all the children of the  
Child Guidance Clinic and their parents**

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## **PREFACE**

This book aims to help parents support their grieving children. Children may experience grief through various types of losses, but this book covers primarily grief resulting from the death of a significant person. Parents need to understand the process of grieving and its manifestations in order to help children deal with their emotions when a loved one dies. The book also explains when grief becomes abnormal and when parents need to seek professional help.

Because grief can sometimes lead to depression, we have included some information on this condition, as well as suggestions on what parents and caregivers can do to help children who are going through both grief and depression.

We have opted to address issues pertaining to grief through a question-and-answer format for easy reading. We have also provided a list of books and Internet websites for parents to refer to for more in-depth information on this topic.

**Dr Bernardine Woo**

**Ms Geraldine Wong**

July 2015

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## INTRODUCTION

Most of us would have experienced grief at some point in our lives. It could have been over the death of a beloved grandparent, close friend or even a pet.

How much we are affected by the death would depend on our individual personality, the type of relationship we had with the deceased and the extent of support we get from family and friends.

The majority of us would eventually be able to work through our grief and get on with life. The experience usually strengthens us and prepares us to better deal with our feelings the next time a loss occurs.

Even then, it does not necessarily decrease the pain that we feel each time we suffer the loss of a loved one. Memories will flood back into our minds at significant times in our lives, and we may wish that our beloved were still with us.

However, there are times when our grief becomes too much to bear, gets too prolonged and affects our daily activities. It is at times like these that professional help may be needed.

We hope that this book will be useful to parents and caregivers who have to look after grieving children.

WHAT IS GRIEF?

PART  
1

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Grief is a feeling of extreme sadness which occurs when loss is experienced. The loss can be that of a loved one, or it can be the loss of a home or a friendship. Often, the most painful loss is the death of someone you love.

Grief is a reaction that people have to a loss and it presents itself either in one's thoughts, feelings or behaviours. A person who is grieving may express anger or feel sad. The person may also feel depressed. However, grief is not the same as depression although it can lead to depression if it is not dealt with. Depression in children and adolescents is discussed in Part 9 of this book.

## 1.1 DO CHILDREN GRIEVE DIFFERENTLY FROM ADULTS?

According to Dr Alan Wolfelt, a noted educator and grief counsellor: "Grief does not focus on one's ability to understand but instead upon one's ability to feel. Therefore, any child who is mature enough to love is mature enough to grieve."

Children do grieve, but they express and deal with their loss in a different way from adults. For instance, children are more likely to display their feelings through their behaviours. They may not want to talk about their feelings because they may fear being different from others or may not know how to verbalise their feelings.

Children also have a tendency to take a longer time to grieve than adults. Once they come to terms with the loss, they are likely to express their sadness intermittently over a long period of time. When an important event happens in their lives, such as a birthday or a graduation, they may revisit the loss and experience grief again.

## 1.2 WHEN DO CHILDREN GRIEVE?

Grief can happen to children under different circumstances, such as when:

- a loved one dies after a long illness (an expected death),
- a loved one dies because of a sudden illness or accident (an unexpected death),
- a loved one dies through suicide or murder (an unexpected death and one that is especially difficult to deal with),
- a pet dies.

In addition to the death of a loved one, a child may also grieve when:

- he is separated from a parent for a long period of time,
- his parents divorce,

- his family moves to a new neighbourhood (the child misses his friends),
- he changes school,
- he is abused, injured, burnt or scarred (the child feels that his body has been mutilated),
- he is ill and in a hospital (the child cannot do the things he used to do or he misses his family and friends),
- he has a disability (the child is unable to do the things he used to do),
- he is abandoned by their parents and placed in the care of relatives or a foster home.

## 1.3 WHEN DOES GRIEF BECOME ABNORMAL?

In normal grief, a person goes through five emotional stages—denial, anger, bargaining, depression and acceptance.

Grief becomes abnormal when these emotions are not experienced and thoughts and feelings do not get expressed or acknowledged. Instead, these thoughts and feelings become locked in frozen blocks of time. This stops the grieving process and prevents the natural flow of feelings.

## 1.4 WHAT ARE THE FACTORS THAT CONTRIBUTE TO ABNORMAL GRIEF?

There are several factors, which include:

- sudden or traumatic death,
- the social stigma of death,
- multiple losses,
- the type of relationship with the deceased,
- the grief process of the surviving parent or caregiver.

### Sudden or traumatic death

This includes death due to murder, suicide, fatal accidents or a sudden fatal illness. Such a death leaves the home environment unstable and children feel shocked and confused.

There may be a desire for revenge if a loved one is murdered or dies in a fatal accident. If the death was due to suicide, children may feel angry with the deceased. Or, they may feel guilty if they believe the suicide was caused by something they said in a fit of anger or something they did not do, such as keeping their toys away when told to do so.

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## CASE STUDY

Ten-year-old Tina was not able to make it to her father's deathbed when he died of acute bleeding in the abdomen as she was away on holiday with her grandparents.

Being an only child, she had been extremely close to her father. She could not accept her father's death, cried uncontrollably for hours and was hysterical during the funeral procession. After her father's body was cremated, she refused to go to school. She stayed at home and spent a lot of time in his study. She refused to let anyone touch, rearrange or remove anything in the study because she wanted to preserve things just the way they were before her father died. Besides feeling depressed, she had sleep disturbances, refused to eat and lost weight.

When her condition did not improve after a few months, her mother brought her to see a psychiatrist who treated her for depression.

feel ambivalent when that person dies. For example, a girl who has been sexually abused by her caregiver may be relieved to be rid of the abuse, yet ashamed to voice out these feelings when the caregiver dies. She may continue to carry the secret of the abuse and be unable to grieve.

### Grief process of the surviving parent or caregiver

Parents who are too overwhelmed by their own grief and are themselves unable to mourn or grieve may neglect the child, causing him to feel isolated and abandoned.

In their sorrow, they may not be able to recognise that the child is also feeling pain and sadness. If the parent is unable to mourn, the child has no role model to look up to and may start to deny his own feelings instead of expressing them in a healthy manner.

## CASE STUDY

### Social stigma of death

Deaths due to suicide, homicide or AIDS often carry a social stigma. When adults and children are too ashamed and embarrassed to talk about the death and the reasons behind it, they suppress their feelings. They feel lonely and isolated, and are unable to grieve normally.

### Multiple losses

Some children may suffer from more than one loss and this can lead to a deep fear of abandonment and self-doubt.

For instance, when a single parent dies, the child may be forced to move away from settings he is comfortable in. This includes the home, family, friends, school and the community. Shocked by this sudden and complete change in lifestyle, the child may withdraw and become terrified of future abandonment.

### Past relationship to the deceased

Children who were abused, neglected or abandoned by their main caregiver may

Michelle's father was an alcoholic who frequently scolded the family and beat her mother. Her mother worked two jobs to support the family and was unable to take care of her. While her elder brothers were at school, her mother arranged for a family friend who lived nearby to come to the house to look after her.

Uncle Tom was a kind, soft-spoken man who played with Michelle and was not physically abusive the way her father was. Michelle, who never had a father's love, looked upon him as a father and trusted him. Thus, she felt very hurt, angry and confused when he started to fondle her. When she protested, he threatened to kill himself if she told anybody about it.

When Uncle Tom died of a heart attack one year later, Michelle was relieved. But she also felt guilty and wondered if she had been responsible for his death.



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## ABOUT THE AUTHORS

### **Dr Bernardine Woo**

Dr Bernardine Woo is a Senior Consultant Psychiatrist and the director of outpatient services at the Child Guidance Clinic, Department of Child and Adolescent Psychiatry, Institute of Mental Health. She is also a clinical senior lecturer at the Yong Loo Lin School of Medicine, National University of Singapore, and an adjunct assistant professor at the Duke-NUS Graduate Medical School.

She graduated with an MBBS from the National University of Singapore, and subsequently obtained her Master of Medicine in Psychiatry and Diploma in Psychotherapy.

Dr Woo has experience working with grieving children and adolescents, and has a keen interest in depression and anxiety disorders in children and adolescents. She has authored both academic publications in scientific journals, and non-academic publications such as a children's storybook on sibling rivalry and book chapters on a variety of topics related to child psychiatry.

### **Ms Geraldine Wong**

Geraldine Wong is a Principal Medical Social Worker at the Child Guidance Clinic, Department of Child and Adolescent Psychiatry of the Institute of Mental Health. She obtained a Bachelors in Psychology and in 2000, she graduated with a Masters in Family Therapy from the Institute of Psychiatry, London. Geraldine has been working with families, adolescents and children since 1995. Her experience includes helping families, adolescent and adolescents overcome their grief.

Geraldine is also the team leader of REACH North (Response, Early interventions and Assessment in Community mental Health), a community-based mental-health programme which is part of the National Mental Health Blueprint. She provides leadership to a team of multidisciplinary professionals that offers consultations and interventions to children and youth in the community in partnership with general practitioners, schools and voluntary welfare organisations. In 2002, Geraldine co-authored "Hong Bao Goes on Diet", a book on eating disorders.