

MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 201 – Nursing Care of Special Populations
Death, Loss, and Grieving Across the Lifespan

Children's Grief

Difficult to discuss death with children

Feel they cannot understand

Afraid they cannot handle it

Want to spare them

Vocabulary is limited

Our own fears and denial contribute to this difficulty

Telling children of death

Tell the truth immediately

Must be told by a parent or someone close

Be direct and completely honest

If the cause of death is known, tell them in terms they can understand

Use simple statements and phrases; avoid lengthy explanations

Use terms like "death" and "dead" - cushiony words confuse the child

Give "Pediatric doses" of truth and information to avoid a flood of feelings

Parents should show emotion.

Reassure the child he will be cared for.

Signs of grief in children less obvious than in adults

Often unconscious attempts to mask feelings

Defensive behavior is common (denial, brazenness, joking)

May react with more outward grief to less significant loss

Behavior may be difficult for adults to understand

Children's sadness often short lived – but is intermittent

**One of the big differences between adult grieving and children grieving*

Express grief better through behavior than verbally, i.e. drawings, play

Often repress feelings to keep from upsetting parents – who they see trying to control their feelings. If parents face and express their own feelings openly, the child can more easily be open to his own feelings and confusions.

Signs of regression (i.e. bedwetting, thumb sucking, etc) are often seen, usually temporary

Have hardest time accepting death when insufficient or inappropriate preparation.

Should begin preparing before the death of someone close

Death education is important

Spend great deal of time explaining how life begins; avoid discussing how it ends

Start with non-threatening events – plants, animals, pets

Emphasize the beauty and transience of life rather than the morbid details of death

Discuss how beautiful the memories are of the flowers in the spring, etc.

Children resolve grief more quickly than adults.

One open, loving conversation about death can be a big help in resolving loss.

If this is too difficult for parents – best by another loving adult.

Children and adolescents' primary needs during mourning:

1. Most important: love, support, and companionship
2. Need freedom to express feelings and ask questions
3. Honesty, kindness, and acceptance of reactions
4. Companionship - Do not send children away during time of grief

If parents cannot be supportive because of their own grief, have another adult.

"Mom is too upset right now to be with you. She needs to be by herself to cry and she asked me to spend the afternoon with you. Perhaps you need to cry too."

Parents or loving adults' honest responses are the best way to teach a child how to grieve. Encourage children of all ages to participate in whatever rituals or customs.

- Time for family cohesiveness!

When unsure, openly describe the ritual or procedure to the child on their level of understanding and let them decide if, and how much to participate. Important for the child to make the decision, not the parents!

Do not force – NEVER – to view, touch, or kiss the dead person. Allow the child to decide!

Unsuccessful grief resolution in children is characterized by extreme denial and morbid brooding months after the loss. May have obsessive preoccupation with fantasies of reunion.

Children's understanding of and response to death: (match an age group to a response)

1. Infant –

Unable to conceive death, senses the anxiety of others

Separation anxiety (fear of strangers) peaks at eight months of age

Aware of lack of gratification of needs, react to pain and discomforts

2. Toddler (1 to 3 years) –

Developing awareness of absence – “all gone”

Egocentric

Concept of “out of sight” does not mean absent (i.e. retrieves toys)

Talk about person as though still alive, persist in wanting to visit the dead person

Very ritualistic! Frequently regress. May display physical aggression.

3. Preschool (3 to 5 years) –

The word death is in their vocabulary.

Death seen as a departure, a kind of sleep

Death perceived as temporary and gradual – can die and come back

Engage in “strange” activities – return to pets' burial site and dig up to confirm death

Concept immature, egocentric –tremendous sense of self power and self-importance. Think thoughts can cause death (“I wish he would go away”) – can lead to guilt and shame esp. death of a sibling

May react with more outward grief to less significant loss

May turn to parent of opposite sex for comfort

Play therapy is very beneficial to this age group

4. School Age (6 to 12 years) –

Realize the truth about death, know death is irreversible and universal

Difficulty applying death concept to self or loved ones

Personify death - ghost or boogeyman; develop rituals to avoid death

Less egocentric but still associate misdeeds or bad thoughts as causing death

Want to know how everything works so they can fix it, preoccupied with details about death/body

Interested in post-death services; plan elaborate funerals for pets

Greatest fear –fear of the unknown

5. Adolescent (13 to 19 years) –

Mature concept and understanding of death – be sure to include in decision making!!!

Attitudes about death formed by parents, peers, religion, and past experiences

Tempt fate to prove immortality

Often mask feelings of sadness to appear more mature

“Remnants” of magical thinking may still cause guilt and shame but not overwhelmingly so

May suppress emotions and concentrate more on how illness/death affects them

May reject funeral customs with exception of when a classmate or friend dies

Frequently need “room to breathe” and to think, but let them know you are available

Desire to protect parents; usually send parents away when know death is near

Greatest fear – Loss of body image (i.e. hair or weight loss) and being around peers

Grief and the Elderly

Effect of loss on the elderly

- **Most experience numerous losses:**
 - Spouse, Friends, relatives
 - Independent functioning
 - Home, personal possessions, Pets
- **Grief accumulates** – may not complete a grieving process before another loss occurs
- **“Bereavement overload”- many losses close together**
- May lengthen grief process, hinder or prevent resolution
- Increased risk of suicide in elderly many times R/T unresolved grief and loneliness
- **Increased risk of death within first year after death of a spouse (usually cardiovascular in nature)**
- Signs/Symptoms of grief- sleep and appetite disturbance, intense sorrow, withdrawal, fatigue, aches and pains
- **Resolution** = when an individual can look back on a relationship with the lost entity and accept **both** the pleasures and the disappointments **

Drug therapy

- Frequently prescribed list for grief-related signs and symptoms: antianxiety, benzodiazepines, hypnotics, antidepressants, antipsychotics, antimanic
- **Pharmacological intervention for bereavement in the elderly should **only** be used short-term and with the smallest effective dose possible!**
- **Treatment should not exceed 3 weeks!!**

Social support

- **Proven** to be the key variable in aiding recovery!
- Religious support/families very helpful
- Senior Centers offer various programs

Community Resources

Hospice

- “Concept of caring”
- **Aim – to allow as much quality as possible to the life that remains**
- Provide physical, emotional, & financial support to terminal patients and families
- **Respite care options allow in-home hospice caregivers to get rest or attend a special event**
- Services are provided at no cost to patients other than what their insurance will cover.

Widowed Person’s Service

- Nationally available program for dealing with the needs of the newly widowed
- No fees, nothing to join, cosponsored by AARP
- A trained and caring widowed person reaches out to newly widowed to offer support, a listening ear, and awareness of community resources

Walk to Remember

- Annual event to remember and support those who have endured pregnancy loss

Compassionate Friends

- Peer support group for parents who have experienced the loss of a child of any age.

National Alliance for Children’s Grief (NACG) – <https://nacg.org>

- Grief support resource library

Delaware Grief Awareness Consortium (DEGAC) - www.degac.org

Resource Directory listing multiple bereavement support groups located throughout the State. The directory is divided into counties, listing what services are available in each county.