

Fostering Family

GRIEF + LOSS STUDYGUIDE

More resources available at fosteringfamily.com

“Grief is like the ocean. It comes in waves, ebbing and flowing. Sometimes, the water is calm and sometimes, it is overwhelming. All we can do is learn to swim.” —Vicki Harrison

Grief is a natural response to loss. It’s the emotional suffering you feel when something or someone you love is taken away. There are many different types of grief. Death of a loved one is the first to mind, but there are many other types of grief as well. Here’s some examples: Divorce or breakup in the family, loss of one’s health, losing a job, losing financial stability, miscarriage, retirement, the death of a pet, the loss of a cherished dream, a loved one’s serious illness, the loss of a friendship, the loss of safety after a trauma, and selling the family home. These can all be different types of grief we might experience in our lifetime.

Kinship care families face unique types of loss: interrupted lifecycles, the postponement of plans, intrusions on your space and privacy, changes in roles, changes in priorities, less time for friends, less time for hobbies, changes in the relationship with the child’s biological parents. The Child Welfare League of America says, “Too often, caregivers deny, minimize, and repress their losses out of feelings of obligation, loyalty, and responsibility to the child or parent.” In psychology, we call this compartmentalizing, but it’s putting your own losses aside out of feeling ambiguity to the people that you’re serving.

Children in kinship care experience their own unique types of loss: losing parents, losing siblings, losing their familiar home, bedroom, or neighborhood, losing privacy and space, a loss of normalcy. The life they knew is gone. They lost their role or place in the previous family situation will change when they join a new family.

A grandparent might become a parent. An aunt and uncle might become a parent; a family friend can also become a parent. A grandchild becomes a child in that moment. A niece or nephew then becomes a child of a family. These relationships changes often with a feeling of loss.

New Mexico ranks second in the nation for childhood bereavement, with one in 10 children experiencing the death of a parent or sibling by age 18.

One myth about grief is that the pain will go away faster if you ignore it. Research shows that trying to ignore pain or keeping it from surfacing only makes it worse in the long run. For real healing, it is necessary to face your grief and actively deal with it, actively engage with it.

Another myth is that it’s important to be strong in the face of loss. The fact is that feeling sad, frightened, or lonely is a completely normal reaction to loss. Crying does not mean that we are weak, you do not need to protect your family or friends by putting on a brave front. Showing your true feelings can help both them and you share in the processing of that loss.

Another myth is that if you don't cry, you aren't sorry about the loss. Those who don't cry may feel the pain just as deeply as the others. They may have different ways of showing it or different ways of expressing it. There are multiple ways to express grief and loss, and crying is just one.

Another myth says that moving on means forgetting about your loss. The fact is that moving on means that you have accepted your loss, and accepting is not the same as forgetting. You can keep the memory as an important part of you. These memories can eventually become integral to defining who we are as a person.

Another myth says that grieving should last about a year, when in fact there's actually no specific timeframe for grieving and how long or short the grief process takes will differ from person to person.

Children express grief differently than adults. Young children have difficulty sitting with very strong feelings for long, especially very young children from the ages of toddler to about five. They will quickly switch into something else like playing or looking for something to eat or changing the subject. This is completely normal for children of that age and it does not mean that they're not experiencing grief because they're switching from one thing to the next.

Young children might also display increased crying and irritability around grief. They might often ask questions and frequently ask the same question over and over, trying to understand. Children might exhibit social withdrawal, meaning their teacher will mention that they spend their time alone at school, or you'll see them spending a lot of their time alone at home, not playing with others. They may also exhibit changes in eating or sleeping habits.

Another myth is that adults should avoid topics that cause a child to cry. This is not helpful to the child or to the adult. Talking openly with children about grief is also very important for their process of grieving.

Another myth is that children are better off not attending funerals and memorials. Grief researchers find that it's psychologically much better for a child to attend the funeral, to have a real sense for the loss, to admit the loss and not try to hide it or cover it up and that they need to know what's going on and have a clear sense of that.

Another myth says that the grief of an adult does not impact a child. I think anyone who's ever had a close relationship with a child probably knows better than that.

The last myth is that parents and educators are always prepared and qualified to give explanations and clarifications regarding loss. That's also not true. Parents and educators share the same confusion about how to explain these things to children. Loss is a complicated subject. It's not easy to explain. Jenni Thomas, a well-known grief counselor and researcher from the UK, says that direct, honest information about the loss is critical. Don't try to rephrase it or say that the person has gone to sleep or the person has gone away. Tell them directly that the person has died. Don't hold back in being direct and compassionately honest about what has happened.

Children need the patience to answer questions even if they're asked multiple times. It can be difficult for an adult to have the same conversation multiple times. We tend to have one conversation, one and done, and then we've talked about it and it's tabled. Children process by repetition. They may need to have the same conversation multiple times, and they simply need you to respond in the same way each time. That's what they're looking for from you.

When children experience loss, they also need positive messages about who they are. Such as, you are such a thoughtful person, you are such a kind, considerate person. Don't make

something up, but tell them something true about themselves that is reaffirming who they are. You are so good at sharing. You are so good at helping around the house. They need positive messages about who they have in their life. You have your grandparents, your aunts, your uncles, your brothers and sisters who still care very much about you. Be reassuring.

Teens are different than younger children, they can be a lot more isolated in their grief. As they are growing into more independent humans, they may choose to slam a door or hole up in their room instead of coming to adults for comfort. Where a younger child will more openly seek comfort from you, a teenager may fall back. They may also exhibit acting out behaviors during a grieving time.

These may include substance abuse, verbal or physical aggression, self-harm, teens may turn to social media for grief support since so much of teen life happens online. In social media these days, it may also be where they go for support around these things. Teens are also further along in their own development of identity and self. They might also have some spiritual questioning that arises during this time. When someone is lost or life changes drastically, the teens might need space to question what they believe at this time. Being able to support teens in that conversation can be very important.

What grieving adolescents need from caregivers during the grief process is a sense of normalcy. Teens want to feel like they're normal, not the odd one out. They want to feel like everyone else. A great way to get this is through grief groups.

We do have to be very careful with online grief support because there are very unhealthy communities around that type of subject, but there are also communities that are curated and safe for adolescents to process grief. One example is hellogrief.org. It's a positive, moderated site where adolescents can go to share in their experiences.

Another thing adolescents need is consistent expectations at home. Children feel more secure when the expectations stay more or less the same, before and after the grief event. Don't just drop the rules and let them get away with anything they want during this time. It makes them feel less secure when they lose the rules. Hold the rules more or less in place, and with an understanding that they're also going through a lot.

Exploring their spirituality in an open and honest way is very important for teens. Have open conversations. Grieving adolescents may need referrals to teachers with whom they have a connection or counselors or healthcare professionals when the concerns are more serious, when you're seeing behaviors or tendencies in the adolescent that worry you for their safety. Consider external referrals at this time. Adult grief affects our emotions and thought processes. It's very common to experience shock, disbelief, depressed mood, emotional pain, difficulty concentrating, anger, guilt, or irritability. We might experience behavioral changes that range from agitation, restlessness, slowing down, withdrawing from normal activities that we used to enjoy, to picking up health-compromising behaviors such as smoking and drinking. We might experience interpersonal and social changes.

Younger adults might lose contact with some of our work friends or our work social groups. Older adults might lose contact with social groups or churches. Physical discomforts are a common symptom of grief in men. Body aches and pains, gastrointestinal issues, changes in eating and sleeping patterns, these actual physical symptoms can arise out of our experience with grief.

Individual protective factors are things that protect us from being completely submerged by our grief and loss. This can include stress management. Our access to support that is reliable, responsive, and actually helpful to us. Hopefulness. A sense that as even as difficult as it is, we have a lot to live for. Problem-solving skills. Having the ability to problem solve and an constructive outlook. Parenting skills can be protective factors for children in helping teach effective coping strategies.

Having relationships is itself a protective factor. Having friends, a community, things we participate in, are a part of and are engaged in is protective to us, pulling us out of the tendency to isolate. Positive relationships with extended family is a protective factor. The ability to communicate emotions effectively is a protective factor. Not lashing out or shutting down, but being able to say, honestly and directly, "This is what I'm going through. This is what I'm feeling." A step further is, "This is what I need." It can be very hard to do when we're in the depths of grief.

There is no more effective neurobiological intervention than secure caregiver-child relationships. There is no medication or psychological treatment that is more effective than having a safe, secure caregiver-child relationship. It's in that relationship that so much strength and so much resilience can be cultivated.

The Grief Resource Center can be found at griefnm.org. That is one of the largest grief resources in the state of New Mexico.

The Children's Grief Center can be found at childrensgrief.org.

We also have Jenni Thomas, who was also mentioned previously. She has a great website full of resources that you can read as well as podcasts which are just audio that you can listen to on various topics related to children and grief.

Outpatient Therapy and CCSS services offered at Southwest Family Guidance Center, of which the Fostering Family program is a part. You can visit us at swfamily.com.

There you can find referral forms if you would like to self refer for individual or family therapy or CCSS services, which stands for Comprehensive Community Support. It's a nonclinical service that helps with a variety of supports that are not clinical and not directly related to mental health, and more related to life skills, coping, and developing skills in all areas of life.

Fostering Family facilitates a peer support group every first and third Wednesday of the month at 6:00 PM. That happens virtually, and you are all invited to join. It is a wonderful place for kinship caregivers to come, share their experiences, receive support and also share the wisdom of their experience.

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