Creative Interventions for Children’s Anticipatory Grief
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provider#PCE4493

Anticipatory Grief - The rollercoaster of uncertainty and the Elephant in the room

- The grief that happens in anticipation of a loss & doesn’t replace bereavement. It can help with orientation to grief process. Hallmarks are uncertainty and cultural disenfranchisement.
- This can be with illness, pending divorce, etc.
- Children are often shut down when expressing AG
- Like with bereavement, AG can show up with behaviors, somatic complaints, and emotionally.
- Not everyone experiences anticipatory grief.
- Children are aware of more than we think. Combo this with an imagination and no place to share = high stress
- Each child’s AG is unique to him/her as was their relationship to the person who is ill.

Differences in Adult’s & Children’s Grief & Anticipatory Grief

- Adults know they are grieving, while children (under 9) often don’t have a reference/perspective for all the feelings inside. With AG – it is often so disenfranchised that adults aren’t aware they or their children are already grieving.
- Adults grieve over long periods of time, while children dip into small “pockets” of grief. With AG each loss along the way triggers a “pocket.”
- Adults may take many years to integrate loss, while children re-integrate loss at new developmental stages. With AG over long periods, kids and teens may resent the focus being on the sick person and interrupting their development narcissism. Adults may get angry with them for being insensitive or regressing behaviorally.
- Adults try and make sense of and cure an illness, while children focus on “Did I cause it?, Will s/he die? Who will take care of me?” Magical thinking.
- Adults’ anticipatory grief shows through emotions while children’s often shows somatically (tummy aches) or behaviorally (aggression/regression). Teens may withdraw, check out or act out.
Implied issues for Children and Teens:
- Uncertainty
- Unknown
- Unfamiliar
- Changes
- Losses along way & impending
- Parent/s preoccupied with care/AG
- Disenfranchisement = no talk = isolation
- Higher rates of depression, anxiety, lower self-esteem, more behavioral problems & lower social competence (Siegel, Meagno, Karus, Christ, Banks, Moynihan, 1999)

Needs of Children and Teens:
- Orientation – psychoeducation
- Honest, simple communication
- S.E.T. Literacy
- Consistency/routine
- Basics met – eat, sleep, move
- Held/witnessed expression
- Parent ed. and support

Anticipatory Grief / Grief through developmental stages:
- **Infant – toddler: Needs:** Holding, comforted, basic needs met, patience with regression.
- **2-6 years old:** The family is the child’s world and these youngsters assume parents will care for them. When a parent is taken down by serious illness, children will look to other parent/adult to get needs compensated for. Time and death are usually too abstract to understand, though there is a discrepancy on whether they can conceptualize death at this age. Magical thinking (they caused illness/death with thoughts and can wish person better/back) and relating to the world concretely (body of deceased doing things in heaven) mark this age group. They are oriented to present time and express grief in small “pockets”, often somatically or behaviorally and then go on about their play.
- **Needs:** Holding, reassurance they will be cared for, patience with regression (ie. potty training, tantrums), use non-verbal means to help answer questions (pictures).
- **6-9 years old:** Kids in this age group often act as if nothing happened (or is happening), using denial as coping. They may look “okay” on outside, but have a lot going on inside. They are in school now and often don’t want to be seen as
different. Magical thinking continues and they can feel guilty about causing the illness/death. They worry about who will take of their needs and about the other parent getting sick/dying. Fears can escalate into phobias. Strong feelings often show up in aggressive play or withdrawn behavior. They are starting to understand the permanence of death.

- **Needs:** Reassure their needs will be met, answer questions/communicate honestly and openly (including “I don’t know” when you don’t), encourage sharing, patient listening with repetitive questions/concerns, and maintain structure & rules.

- **9-12 years old:** This age group is often shocked by news of illness/death, reacting more like adults do. They understand the implication of illness and permanence of death but try to make sense of what happened (is happening) and they keep grief feelings in-check with a controlled exterior (again, need not to feel different socially). Irritability and anger are less vulnerable feelings to express, so they tend to opt for these. Facades may generate (ie. clown, bully) as defense. May regress behaviorally and with school performance.

- **Needs:** Communicate openly and honestly addressing, repeatedly, how the illness or death impact the child (changes, meanings), reassurance their needs will be met, maintain structure and boundaries (especially re: anger), and encourage activity.

- **Teenagers:** Although teens understand the permanence of death and that a serious illness may result in death, they also believe death won’t happen to them (complicates this construct when young person dies). They begin to ask not only biological questions about illness/death, but spiritual ones. This is the time when they are focused on their own identity formation, peer group, and have hormones taking them on rollercoaster rides. The disruption of a loved one’s illness or death makes the rollercoaster all the more intense. Teens are also self-conscious and not sure of how to handle emotions publically and within themselves.

- **Needs:** Adult guidance through grief (educating/coping skills), open and honest communication, good listening, reassurance their needs will be met, maintain consistency (rules/boundaries) and routine, and encourage supportive peer relationships.

- *Many of the needs overlap age groups and keep in mind each child is unique.*

Guidance on having that difficult conversation with a child/teen:
How Board Games Help

• Board games are associated with relaxed fun and connection, providing a “known” schema in which to address “unknown” — new — concepts and learning.
• They provide a “safe” venue with enough distance to titrate emotions and sharing, while building empathy skills.
• They help kids to orient through psychoeducation.
• All S.E.T.® - coping cards provide mindfulness practice.

Play All S.E.T. for the Land of Uncertainty™ — A board game for Children who have a seriously ill loved-one. Using vignette cards (to be informed of game’s release contact Jennifer Allen at boneknowing@gmail.com)

Why Art?


• Safe container – can hold full range of feeling expression. Can be a metaphoric container (ie. portfolio)
• Spacial matrix – many layers of expression, feeling and meaning can be expressed simultaneously (ie. a picture paints 1,000 words) (Wadeson, 1980)
• Moves unconscious material to consciousness – imagery/symbol is the language of the unconscious. Art process and reflection help bring unconscious issues/feelings/knowing to consciousness.
• Beyond Words – imagery can express where words fall short.
• Catharsis – the process and media can aid in release of intense emotions.
• Witness – it is easier to speak and see difficult truths in the picture. The image puts one in a witness role with parts of themselves.
• Body/mind integration – creating involves multi-senses and movement, engaging body and mind simultaneously.
• Access of Creativity – inherently a healing capacity we all have.
• Insight/Intuition – spontaneous art process & product can access deeper/higher knowing. (Allen, 2011)
Art expression promotes S.E.T. Literacy™
Case examples of art therapy promoting emotional literacy and orientation specific to anticipatory grief.

If You Like to Use Art in Therapy: Some Basics and Specifics You Should Know About Art Therapy

As Art Facilitator

• DO follow client’s lead (trust their interpretation of directives).
• DO respect client’s internal process with silence (or client shares).
• DO give technical advice as needed.
• DO encourage any expression (even blank page).
• DON’T comment on skill.
• DO remind clients that this type of art-making is a way to help them express feelings, ideas and memories, not make masterpieces.
• DO encourage client to talk about art after with open ended questions like: “What is happening here?” “What do you see here?”
• Do innovate & adapt art interventions as skill & comfort with thinking in metaphor increases.

Media, Process and Product as Metaphor

Media: Use the art materials to facilitate the support of client’s therapy process
• Liquid media = tears/flowing/emotional
• Clay – regressive (poop)/grounding (earth)
• Boxes, folders, bowls = containment
• Collage/photo (reframing/change context)

Process: The act of art-making elicits processing of the client’s issue.
• Plaster mask (nurture/phobia=trust)
• Family going on a trip intervention (re-creates family dynamics)
• Relationship building interventions (boundaries, make relationship visible)
• Group interventions (ie universal/personal & cohesion)

Product: The finished piece
• Nature of expression (tight vs loose)
• Things (people/symbols/environment)
• Colors (monochrome vs vibrant)
• Shapes (defined/sharp/soft)

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• Materials Matter

- Pencils - Familiar, erasable, allow for control, provide structure
- Sand Play – no “talent” required, juxtapositions stimulates imagination, instant gratification, easy to change, multi-sensory. Tray contains as paper does.
- Colored Pencils – Controlled, not usually erasable, color helps with feeling expression.*water color pencils good mid-range media with options
- Precut collage – Instant gratification, no “talent” required, juxtapositions stimulates imagination, instant gratification, easy to change
- Markers – Intense color, flows easily, familiar, can cover other media, good balance of control vs expression.
- Oil Pastels/Crapas – Wide range of color, gradations & texture easy to make, blendable, can cover other colors and scratch off, engages creativity. Expressive with level of control.
- Oil based clay (sculpee/playdough) – 3D expression, bright colors, reusable, softens as it warms, easily changed.
- Soft pastel/chalk Spontaneous, colorful expression easily accessible. Colors blend easily. Covers large areas easily. Equivalent to dry painting. Tactile (use whole hand)
- Water based Paint – Open to wide range of color, reworking, and feelings expression. Vary brush sizes. Watercolor tend to elicit more affect. Can rework with controlled media when dry.
- Wet clay (earth) Used when need is to loosen control. Plastic, maleable, and can be fired to finish with sense of accomplishment.

CONS

- Encourage indecision, inhibit feeling express, connotes schoolwork
  - Too many choices.
  - Addition of water may prompt regression
- Controlled. Hard to be expressive.

- magazines can be distracting
  - Can’t find desired image
- Frustrating when dry out, difficult to make subtle gradations.

- Somewhat messy, unfamiliar, difficult for detail control

- Difficult to work with when cold. Technical mastery frustration. Access strong feelings unexpectedly.

- Freedom can be frustrating. Difficult to form clear detail/shapes. Messy. Regressive

- Difficult to control. Can be frustrating, regressive as colors get muddy with attempt to overwork.

- Needs technical assistance or can be frustrating to form. Can be messy & feel out of control.
Creative Interventions: Art Experientials
Paths to the well of Anticipatory Grief - Pass around a basket of colored paper strips. Each person chooses 1 or more to show (symbol or word) something they are grieving in anticipation of and/or the losses along the way. Promotes names the elephants, validation, normalization, universality & individuality. Group cohesion. Group or 1:1. Ages 5 and up.

Emotional Pictionary - Brainstorm a list of feeling words. Everyone chooses one to draw- using line, shape, form or symbol to show emotion. Take turns guessing each person’s. 3 guesses and then clue: “I feel this way when . . .” Promotes emotional literacy, sense of control, contained/safe approach feeling expression, validation, uses known schema. Group or 1:1 between helper and child, builds relationship. Ages 5 – teen. Younger kids can use kimochis/puppets to show. Option to make multiple feelings in each picture reflecting complexity of mixed feelings. Charade option for those receptive – allows somatic literacy as well. Teen version-option: see Affect Drawings

Affect Drawings – similar to Emotional Pictionary, but more specific to what they feel in the moment or about something. It is a way to untangle mixed up feelings and get a sense of clarity and understanding/literacy about how one’s internal word of emotions operates. Pictures can be on index cards with simple media (water color pencils) and re-arranged to show sequence in different situations. Personal symbolic vocabulary of emotions is created. SET literacy, sense of control, regulation. Group or 1:1 Ages 5-up

The Worry Box – Use a small existing box or cup – better- construct one via origami, and decorate with markers, or collage with a symbol of a resource that can hold your worries (ie. a tree, nature, friends, God, etc). Make an opening on the top for more privacy so box can be taped closed. Use strips of paper to write worries on and sense into the body as each is released into the box. Helps identify mixed up thoughts/feelings & misunderstandings requiring communication, invites holding resource visually and somatic resource of releasing and containing worry. Group or !:! – group can be a collective worry box. Option – draw a cup on paper for groups ongoing or individual. Pair with Becky’s Worry Cup book for Ages 5-12. Draw vs write the worry esp. for younger kids.

Draw the Illness – Use body outline (younger kids/optional) or blank paper and simple media (markers/colored pencils/oil pastel). Older kids/teens may want to do this abstractly and with more complex media (chalk pastel/paint). Have the child show how they imagine their loved-ones illness to look. Option: They can have it talk – like a cartoon bubble. You can invite them to do/show what they would like to do to the illness (ie. shred). This as a way to understand the illness, clear up misconceptions, identify places for communication, and express displaced feelings toward illness vs person. Ages 5-teen
Medical Hangman or crossword- Brainstorm medical terms related to the illness/treatment that might be confusing or unfamiliar and use to play hangman or (group leader) create a crossword with image clues for children to do as a group (google definition as needed). Option: do the same with emotional words. This uses known schema to learn new information, which helps orient/familiarize and decrease anxiety/helplessness. Ages 6(reading)-teen Group or individual.

Coping Tree – This can be an ongoing project for individuals or groups. For groups, draw a base of tree and limbs on large butcher paper and encourage all to help color. For individual –let child/teen draw base of tree with limbs. Then have them (you can assist) cut out different color leaves and write or draw symbol on each leaf that shows a way to cope through this time of anticipatory grief. Each meeting, a coping leave can be practiced. It invites discussion of what healthy coping is and facilitates group cohesion and consistent ritual among meetings that underscores resources. Ages 5-12 group or 1:1

Universality and Individuality Mandala – This is especially good with groups and can be done large or small scale. If large: use a piece of foam core and cut out a large circle and divide into as many “pie” pieces as there are group members, draw a smaller circle halfway toward the middle and number the back of pieces before you cut. Cut out the “pie” pieces (not center circle). For small scale – use a paper plate into 45or less pieces. Invite the kids/teens to express how having a seriously ill loved impacts their world on the outer ring and on the inner, express feelings about it. This can be done with collage (esp for older kids/teens) and/or drawing – markers/watercolor crayons/oil pastel. Each shares their “piece” of the AG pie —the outer (Individual experience) and Inner (feelings which tend to be more universal) and it is re-assembled for duration of the group. This promotes containment of expression, group cohesion, validation, normalizing, orientation, and emotional literacy. Ages 5-teen Group

Card Making - Using 8.5x11 cardstock, folded in half and simple media – water color pencils/crayons, markers, oil pastel, or collage with gule stick, invite child or teen to make a picture for the person who is sick and write a message inside. This is especially helpful when visiting the hospital as it provides an orienting activity and a sense of helping vs helplessness. Option: use index cards to draw/collage first and pick the one to give the person who is sick (use glue stick to adhere to card stock). This allows the card-making to be more of a personal process that is more about the child/teen true feelings vs. having pressure to be “up” for sick person. The cards also provide an opportunity for honest feelings and concerns to be shared in a way that is less intimidating. Ages 5- teen. Group or 1:1
Disenfranchised Grief

Grief that is socially/culturally unsupported (Doka 2002), due to type of: relationship (ie. in-law, step-relation), loss (prenatal loss, anticipatory grief), griever (ie. child), type of death (ie. suicide). Anticipatory grief is a kind of disenfranchised grief that happens in anticipation of a loss and includes losses along the way. Children are disenfranchised grievers. Instrumental way of grieving is disenfranchised and is a way children express and cope with grief.

The elephant in the room

- Social stigma on talking about illness & possible death – especially to kids
- Kids pick up on this “elephant” in the room that isn’t spoken of.
- This triggers worry and their imaginations fill in the gaps of communication, often escalating anxiety.
- They begin to distrust the adults who (with best intentions) protect them from the truth.
- Kids are alone with big feelings and thoughts, which often show up as behavior issues, somatic complaints, or shutting down

What helps

- Name the elephant with honest age-appropriate communication
- Follow the kid’s lead and pace by letting them ask questions.
- The information has implications for emotions, that may come right away or later.
- Reflect kids/teens feelings and validate their experience vs. fixing
- Remind them that they can come to you as needed and identify other resources
Bibliotherapy
Promotes orientation, familiarity, coping, resonance, validation, empathy, identifies greater “schema” of anticipatory grief, catalyzes sharing, names the elephant and enfranchises. Art with Heart- Interactive book series - engage the coping and S.E.T. literacy™ with developmental considerations.

Booklist for Children and Teens Experiencing Anticipatory Grief
Reviewed by Jennifer Allen www.jenniferallenbooks.com

Below are books I’ve found helpful in my work with children who have a seriously ill loved one. Please notice the key as it will help you find an applicable book.

In general, it’s most helpful to read these stories aloud to children, even older kids. In the case of teens, read the book you give them. This puts adults and kids on the “same page.” Stories can help initiate conversation about difficult subjects as children relate to characters. Also, when we hear a story of someone else going through a loss, it can help us feel we aren’t alone and show us different ways of coping.

It’s difficult to come by stories about anticipatory grief (AG) for children dealing with a seriously ill loved one. This is partly because the person hasn’t died yet and adults often don’t want to “go there” until it’s a fact, so they aren’t as likely to read a book to kids about a person who does die from an illness. Unfortunately, this common logic leaves these kids alone in what likely worries them the most, when a story about it could lead to honest conversation about the dilemma of holding hope and grief simultaneously.

*Key: Ca=cancer I=information about disease C=coping Pa=parent is sick Sb=sibling or child is sick, A=AIDS, D=includes death

Afraid to Ask by Judylaine Fine (1999) Informative and straightforward about cancer cause, prevention, living with and dying from cancer as well as specific cancers with graphic drawings. It’s a good resource for parents to talk to kids. (ages 9-15) Ca/I

Becky and the Worry Cup: A Children’s Book About a Parent’s Cancer by Wendy Schlessel Hapham/ Jonas Kulikauslas illus. (1997) This is an independent reader book for older kids but can be read aloud to younger ages, told from a girl’s perspective and offers concrete ideas for coping. There is booklet in the back for adults helping kids through a parent’s illness. (ages 6-12) Ca/C/P

Cancer by Elaine Landau (1994) This is an informative/graphic book about cancer. Chapter one focuses on child cancer and chapters 2,3,4 & 5 focus on diagnosis, treatment, causes, prevention and coping. (ages 9-teen) Ca/I/C/Si

amongst change and losses. It is intended as a read-aloud to children 4-10 as a bibliotherapy resource. Includes note to helpers & glossary Pa/Ca/D/C

**Coping when Someone in Your Family Has Cancer** by Toni Rocha (2000) Primarily about kids sharing their experiences (with cancer). It’s informative and personal and has good chapters on a parent having cancer and a general chapter on change and coping. (ages 4-8 as read aloud/older kids/teens independent read) Ca/I/Si/P

**Daddy and Me** Jeanne Moutoussamy-Ashe,(1993). This is a real story told from 7 year-old’s perspective of her Dad’s illness (AIDS via blood transfusion). It addresses coping and understanding. Photo images. (ages 4-12) Pa/A

**Flamingo Dream** by Donna Jo Napoli and Kathy Felstead (2002) Follows the course of a Dad’s long term illness and death from the perspective of the 9 year-old daughter. Creatively illustrated picture book. It’s one of the few books for kids that shows anticipatory grief through to bereavement. (ages 4-12) P/D

**My Daddy's Cancer: An Interactive Book for Children** by Cindy Klien Cohen and John Heiney (1999) This is a story about a child coping with a parent’s serious illness that offers activities to help children cope. (Ages 3-12) P/AG

**My Mommy Has Cancer** by Carolyn Stearns Parkinson (1991) This story is told from a five year-old’s perspective of finding out his mom has cancer and following the initial treatment. It’s an real story that children relate easily to. (ages 4-11) P/Ca

**Mommy is in the Hospital Again** by Carolyn Strearns Parkinson (1994) This is a follow up to My Mommy Has Cancer and is told from perspective of six year-old about his mom’s cancer recurrence. It encourages open and honest communication and has helpful points directed to parents throughout book. It helps kids cope with unexpected negative changes (ages 4-11) P/Ca/C

**Once Upon a Hopeful Night** by Risa Sacks Yaffe (1998) From “finding out” through treatment, this book provides affirming security for children via a rhyme from a mother with cancer to her children. Addresses concerns of children and what to expect. (ages 4-11) P/Ca/C

**Promises** by Elisabeth Winthrop (2000) This is a story about a mom’s recovery from cancer. She can’t make promise not to get sick again, but can promise ongoing love. It deals gracefully with issue of not knowing how an illness may go. (ages 4-11) P/Ca/C

**Paper Chain** by Blake, Parkinson, Blanchard (1998) Story is told by a mom with cancer about different feelings and changes in family life when as she goes through treatment. Helps with understanding and hope and includes index of cancer/medical words. (ages 4-11) P/Ca/C/I
The Hope Tree by Laura Numeroff and Wendy Harpham, MD (1999) Kid animals talk in support group about breast cancer. Helps with coping throughout course of loved one’s illness from children’s perspective with emphasis on hopeful outcome. (ages 4-11) P/Ca/C

The Shoemaker's Boy by Joan Aiken (1991). This is a fantasy story of a boy’s rite of passage via his mom’s illness, stressing coping, integrity and hope. (ages 8-12) P/C/Pe

Skipping School by Jessie Haas (1992) A novel about 15 year-old boy coping with his Dad’s terminal illness and recent move. (12-teen) P/C

Straight From the Siblings Another Look at the Rainbow Written by and for children who have siblings with life threatening illness. (ages 6-20) Sb/C

Straight Talk About Death and Dying by Robert DiGuilio, Ph.D & RachelKranz (1995). Concise and informative, this guide helps teens cope with a loved one’s illness and/or death. (teens) C/D

The Invisible String by Patrice Karst, Geoff Stevenson – Illustrator (2000). This addresses a common issue within child’s anticipatory grief and bereavement: separation anxiety. It helps reassure kids that even if their loved-one isn’t present (in hospital, implication of illness, or death), they can still feel a connection. (4-adult) C

When a Parent is Very Sick by Eda LeShan (1986). Excellent resource for teens on many aspects of understanding implications of parent’s illness from diagnosis, feelings and coping after (if the parent dies). Real examples. Parts can be read to younger children for discussion. (ages 9-teen)

When Snow Lay Soft on the Mountain by Patricia Hermes. (1996) Story about how a girl’s close relationship with her Dad (implies mom died previously) is impacted by his illness and how kids wish for simple things (ie doll) during complex times. Stresses hope during uncertainty. (ages 5-11) P/C

You and an Illness in Your Family A Family Matters Book by Tabitha Wainwright (2001) A great reference for adults and for teens to read themselves. It covers information about illness, feelings, change and coping and includes Index of medical words. Teens share their experiences with parent’s & sibling’s illnesses. (As resource 8-teen, on own 12-teen.) P/C/Si/I

Understanding Cancer by Susan Neiburg Terkel and Marlene Lupiloff Brass. (1993) This book provides basic, but broad, understanding of cancer and some coping skills to younger children. Simple illustrations (ages 4-9) Ca/I

Upside-Down Cake, by Carol Carrick, Paddy Bouma –Illustrator (1999) Story of nine-year old boy who’s dad had terminal cancer. It shows many of the mixed up thoughts.
and feelings indicative of anticipatory grief. One of the few books that includes death. (ages 7-10) Ca/Pa/C/ D

Inherent dilemmas - Neuropsychological considerations

- New situation of serious illness + no knowing schema = Unfamiliarity
- Dis-orientation
- Increased anxiety & overwhelm
- Less cognitive availability/focus for learning/coping
- Avoiding - sick loved one, feelings, talking about it.
- Close down
- Act out
- Somatic complaints
Increase in learning/coping capacity

Myth:
Anticipatory grief (and grief) manifests only as feelings.

Reality:
Anticipatory grief (and grief) manifests in all areas of being: physical, spiritual, social, cognitive, & behavioral.

Honest communication & Psychoeducation. (Unfamiliar)
Reflect/validate emotions & consistency (unexpected)
Model holding – use metaphors, keep routine (uncertain)
Symptom of PTSD in children experiencing anticipatory grief:

- Fears: loved-one will die (often fear parent(s) will die also)
- Worry: being left/sleeping alone, leaving family.
- Regression: clingy, bedwetting, irritable, needs more holding.
- Sleep: Fear of going to bed, nightmares, difficulty returning to sleep.
- Somatic: headaches, stomachaches. Change in appetite.
- Reduced ability to focus = grades down/problem behaviors at school
- May self-medicate with drugs and alcohol

“Survival Mode” Impact on Parent and Child. Catch 22 and task
Therapy Interventions -

- Coach/educate/support parents and then have family session to talk about what is happening and model listening and developmental responses.
- Worry Cup. Teens: Worry Box Uses metaphor of “holding” difficult thoughts/feelings
- Using therapy board games — All SET for the Land of Uncertainty™
- Emotional literacy and sharing - Emotional Pictionary & Affect Drawing
- BLS to resource & EFT for regulation
- S.E.T. literacy™
- Psychoeducate re: AG – rollercoaster nature, coping with grief/hope simultaneously. Normalize feelings (angry at sick person)/thoughts (wishing they would die).
- Individual: Kids – Use play therapy (sand tray and doll house).
- Group: kids/teens - Mandala with inner/outer circles to show universality and individuality.
- Card making & collage (teens) to express feelings/goodbyes.
- Bibliotherapy – to open communication, validation, & model for parents

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Quadrant of Support: A (Group) structure for supporting kids/teens experiencing anticipatory grief

1. **Understanding** – Understanding Clarification, communication, psychoeducation, information – to orient and increase familiarity
2. **Changes** - Identify implications of illness - family roles, activities, parent preoccupied, financial stress, medical system, moving, difficulty with schoolwork
3. **Emotions** - Rollercoaster of feelings, uncertainty, unexpected negative feelings, SET©literacy, validation, learning how to be with emotions as they move through.
4. **Coping** - Identifying resources – internal and external, safe place, self-care, play, sharing, expressive modalities.

Helping Parent help their kids through Anticipatory Grief
- Listen, reassure and answer questions honestly (age appropriately)
- Keep routine as much as possible & discuss changes.
- Invite their help with caring for person who’s sick.
- Allow child’s lead on contact/visiting with person who is sick.
- Create support network that includes support for kids.
- Encourage outlets for sharing and expression. (art, journaling, play)
- Let school, church, coach (etc.) know what’s happening.
- Get support for yourself, so you can best support your kids.

For help with initial conversation, go to: www.jenniferallenbooks.com

**Paradoxical tasks of the adult/parent:**

**Grieve/Hope** ▶ Allow for anticipatory grief process while holding hope. Redefine hope as needed.

**Cure/Heal** ▶ Act toward cure (treatment) while attending “healing” (holistic sense of well being)

**Plan/Wait** ▶ Prioritize/balance future plans (ie. advanced directives, vacation). Taking care of business allows present-time living. Also, life continues, despite illness.

**Suppress/Express** ▶ Discern where anticipatory grief and conversation will be supported. Use this support.

**Need help/Getting Help is Stressful** ▶ Counter isolation & caregiver overwhelm with a support network structured to minimize intrusion/tracking.

**Helper/Helpee** ▶ Trust that giving and receiving help is mutual. Custom helping prevents frustration of helplessness & receiving is often new “edge”

**Knowing ahead/Denying** ▶ Use knowledge as a catalyst not to wait to live/plan, peppering denial in to temper overwhelmed/freezing.

**Intimacy/disconnect** ▶ Understand relationship changes as illness progresses (losses adjusted to). Intimacy at great heights but also times of indifference/pulling away.
Implications for Therapy: PAVES

P - Psycho-educate about anticipatory grief, 5 stages of grief can apply in anticipatory grief, losses along the way, catch 22’s and paradoxical tasks.

A – Assess by asking client how s/he experiences (vs. feels) anticipatory grief and listen for cues of intuitive vs instrumental styles of grief. Treat accordingly and normalize.

V – Validate client’s experience. This is important for any type of disenfranchised grief. Often thoughts/feelings have been suppressed to maintain society’s “grief rules”.

E – Empathize – teaching empathy as self-compassion vs self-pity or self-judgement.

S – Social support via network concept & community resources (caregiver groups, hospice care, etc) (Allen 2010)

Using Jennifer Allen’s Memoir for Adults/parents with seriously ill partner as bibliotherapy: Story, like art, is a safe entry into difficult issues.

Once you are familiar with story, you can recommend clients listen to applicable chapters between sessions as a catalyst for working on similar issues in their own lives.

Bone Knowing addresses the following issues through story:
• Anticipatory grief (chapters 1-30)
• Coping (successful and failed efforts - throughout)
• Suicide (chapters 4 & 8)
• Substance abuse (chapter 6)
• Getting Help (chapters 12 & 15)
• Spiritual crisis/ transformation (throughout)
• Miscarriage (chapter 9)
• Intuition vs. reason (throughout)
• Hospice (chapters 14, 19, 20, & 30)
• End-of-life issues (chapters 14 & 17)
• Dying process (“Days” section)
• Death rituals (31-34, 36 & Epilogue)


