

COLLECTIVE TRAUMA, THE GRIEF CYCLE and supporting children.

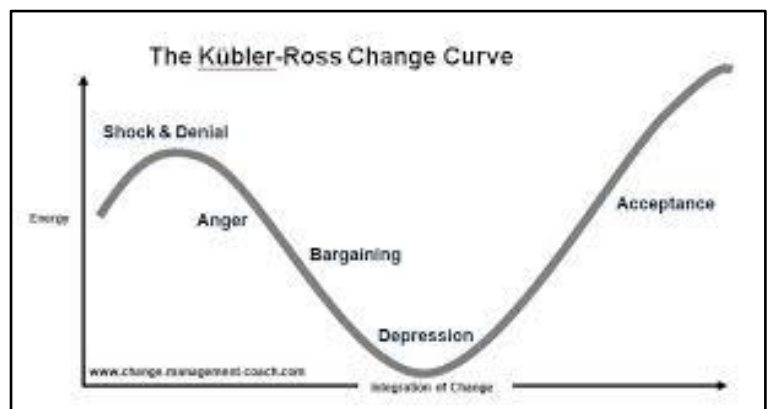
by Juliet Taylor

The term “collective trauma’ has been ascribed to this global pandemic event. It differs from individual trauma, the impact an incident has on an individual or a few people, in that it refers to the impact of a traumatic experience on communities, or society as a whole (Hirschberger, 2018). It comprises not only the event itself but also an ongoing collective memory, in which experiences are recounted long after the event as an attempt to make sense of it. Alongside personal anguish and ramifications, collective values may alter and bring a shift in culture and mass actions. With government policies and daily processes regularly altering, new social norms become commonplace. These changes can be traumatic experiences and lead to physical, mental, relational, and spiritual consequences (Chang, 2017. Erikson, 1976).

Each adult, child and young person experiences the same collective trauma that impacts their family, community and world, but each exhibits individual responses. To varying degrees lives may be turned upside down by loss. Losses may include loss of freedom, routine, finance, health, contact (self-isolation), or loss of a loved one (breakdown of a relationship or bereavement) (Weir, 2020). The sense of loss can be physically painful and have a social impact; 57% of violent young offenders have experienced loss, whilst 91% have experienced abuse and/or significant loss (Liddle, Boswell, Wright, and Francis, with Perry, 2016). A natural response to this *loss of control* may be feelings of oppression, increased anger, confusion, anxiety or stress - all part of experiencing grief.

The grief response is not a ‘state’ but a process. When an organisation enforces change to their workforce, the corporate firm would experience change as grief; similarly, when a nation is subject to enforced change, individuals experience these five stages of grief (Kübler-Ross, 1969):

1. Shock and Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance



The change curve – helps makes sense of our own and other people’s responses to forced change. The stages, order and intensity vary from person to person.

Common characteristics of the stages, and practical support for children.

Emotional responses may surface within each stage of the grief-cycle. They vary in individuals; they may follow a pattern over time, they may be present within one day or even simultaneously; they do not have to follow a set order and many may not even recognise that they are experiencing the impact of collective trauma:

SHOCK and DENIAL: we may not want to believe what is happening or act as if nothing is. *Personality changes* that occur may be considered to be ‘out of character’. Supporting pupils through this stage usually includes the need to support their feelings of *anger*.

ANGER: this also includes separation anxiety and regression. We may ask, 'why me?' or aggressively state, 'it's not fair'. Reactions may not be age appropriate, 'tantrums' or 'outbursts' may be exhibited; it is necessary to work with a child at their emotional age, not their chronological age. Young people may feel angry with themselves, or others. They may blame everyone; looking for someone to blame is a natural response.

Children need new skills to cope but they cannot know what new skills they need. We should offer *validation*, naming it, 'I can see you're upset and feeling cross'. We may need to *mirror* what they should do, for example by physically showing them or writing down where they have to sit, for example.

We can help *change their physiology* by supporting relaxation techniques or breathing exercises. Weighted blankets may particularly help an autistic pupil avoid sensory overload.

Obsessional thinking may become common, so *distraction* is a good technique. Children may visit certain websites and this 'search history' can help identify what thoughts are pre-occupying them. Thoughts that begin with 'I should...', 'What if...', may trigger anxiety. Anxiety is a natural response to change and uncertainty, therefore anxiety is reduced by *predictability* and by *structure* – namely within the classroom environment, but balanced by *flexibility* in approach.

BARGAINING: We're negotiating and *doing compromise* as ways to bring relief to our loss of control. It is a way to postpone the inevitable. "If you let me... then I'll...", "I did do..., so please can I...?" may be phrases heard.

Everything is in negotiation because the child or young person is reaching out to us and trying to be in control. We need to *be present* and *listen*. This grief stage may bring to the fore an association with past events. We should ensure our negotiation is *non-judgemental and cheerful* – and any promise we make should be *realistic and achievable*. If a pupil begs, 'Can I? Yes or no?', we don't have to decide in that moment; it is alright to say, 'I need to think/talk to/check,' before committing to a promise we can't carry through.

DEPRESSION: This encompasses feelings of sadness, fear, regret, guilt, shame, hopelessness, and helplessness. As we watch the news or hear stories from close friends, we may feel isolated, insignificant or anxious. We may be frozen in activity or have given up. We may have lost trust in others/a faith, or may push others away.

Depression requires *validation and compassion; acts of care, support and empathy* are needed. *Naming it* and speaking words such as, 'This is the depression taking over your thoughts at the moment, can we challenge that together' validates those feelings. Naming it gives pupils an opportunity to understand why they might be behaving as they are (Bowlby, 1980. Berinato, 2020).

Depression affects the brain, memory and concentration, so low activity is expected during the depression phase. We may need to suggest *self-care* such as, 'Are you going to do your nails? Have a bath?'

While we should be vigilant in case the child is becoming unwell, we should also be mindful that it is a natural part of the grief process.

We can *verbally* and *practically give hope*. Together we can identify and name *who is in their team* and therefore who can provide emotional, social, practical and financial support. It is important they know that they can't get well alone, *they need people*.

ACCEPTANCE: This is the realisation that fighting change is not going to make it go away. We stop resisting change, accept and move on. With peace comes calmness and the ability to undergo challenge, hence new opportunities may be explored.

With the case of the Coronavirus pandemic 'new' activities such as online lessons or dance classes, home-schooling, the use of the Tik Tok app, or teaching older relatives to 'Zoom' call, have all encouraged *participation and challenge*. It may help to record a short video for the children (and adults) to help them start *thinking about their emotions* and emotional responses whilst 'in' or emerging from lockdown. Viewing a video can also *aid adaptation* as, for example, a return to a school (but not as we know it) may happen.

Individual circumstances and responses.

Pupils who find it impossible to engage in such activities may not be at this 'acceptance' stage of the grief cycle. Children are not born with the ability to regulate their emotions; through their relationships and interactions they are nurtured, and learn how to respond (Kübler-Ross and Kessler, 2014). Children and young people with a 'secure attachment' to a primary care-giver have a secure foundation from which to explore (Geddes, 2006. Bomber, 2011). Children need the *protective factors* of a sense of belonging, and reliable, consistent support before they are open to new experiences and can successfully engage with challenge and learning (Ainsworth and Bell, 1970). When we are with someone we trust, we can move out of our comfort zone. Similarly, the converse may be the case and pupils with an 'insecure base' may feel unsafe or incapable. Considering the *risk factors* of 'insecure attachments' (Rose, Gilbert and Richards, 2015) or experiencing early trauma or 'Adverse Childhood Experiences' (WHO, 2017), it is apparent that outbursts or 'grief' will occur, and supporting pupils will be ongoing.



If pupils are exhibiting a stress response or showing resistance, before offering supportive means (as suggested above), it may be necessary to 'do something' to act as a *natural break* thereby returning someone back to a calmer functioning state; this could include using a weighted blanket, hot water bottle, cup of tea, or cuddly toy.

It is possible that after a while, having undergone a positive experience, children or young people could regulate themselves. Hugs, high fives and handshakes all help us learn to

self-soothe and self-regulate in our ongoing relationships with parents and significant others. This valuable physical contact has been missing during 'lockdown' in the current pandemic.

Means of *teaching self-soothing* can help. Rocking and patting are soothing actions; a child who is repeatedly 'tapping' may be seeking this rhythmic movement. The predictable, regular rhythm in music or in play, with a 'fidget-toy' or colouring and doodling can all bring a calm, repetitive experience that soothes and maintains calm, helping in brain regulation. Scientific research (Your Money and Your Life, 2020) discovered that whilst gardening and yoga activities brought an improvement in hormone levels which regulate emotion and improve wellbeing, a 10 minute daily mindfulness app showed the biggest positive response; using it focused the mind on the present moment, thus *preventing a downward cycle* of negative thoughts.

If we consider the upstairs and downstairs brain model (Siegel and Payne Bryson, 2011), then in all but the 'acceptance' stage of grief, we need to play a role in helping children and young people who have 'flipped their lid' to think, reason or calm themselves down. A learner in our classroom who is under stress or anxiety is unlikely to learn. We should acknowledge just how intense and unmanageable these emotions can be, evident in recent BBC News articles. These describe the reality of the situation, discussing how: 'Coronavirus social-contact curbs *put adolescents at risk*' (Roxby, 2020a), child psychologists highlight *mental health risks* of lockdown (Roxby, 2020b) and children *developing post-traumatic stress* from pandemic (Nagesh, 2020). These reports consider the impact of: reduced support-networks with services moving online, trauma from inequalities in life-situation (online support appointments are only possible with both a device and connectivity, which the family may not have), the devastating loss of routine for those with Autistic Spectrum Condition and the increasing vulnerability of adolescents at a life-stage when they are also undergoing major biological and hormonal changes – a key time for brain and emotional development (Blakemore, 2012).

Such differences in life-situations and traumatic experiences may help explain the wide-variety of reactions and responses to a Covid-19 pandemic, during which children may have experienced varying degrees of trauma or loss.

Conclusion

Responding emotionally to situations is a natural instinct to aid survival and build relationships. Our life-experiences impact our reactions to new situations. In times of collective trauma insight into our emotional responses, and the stage(s) we may be at within the grief cycle, aids in bringing understanding, conducive to delivering a supportive response. Routines and (self) soothing techniques may bring a sense of predictability, helpful when a child or young person is feeling heightened tension or extra vigilant, and may be unable to process or act rationally (Riley, 2011). In times of a natural grief responses, activities to bring a *break* to that all-encompassing emotion, may help a pupil transition to a calming activity, after which support techniques to the related 'stage of grief' may be able to be applied.

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