Title of Course: The Magical Thoughts of Grieving Children

CE Credit: 5 Hours

Learning Level: Intermediate

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Abstract:

This course is the transcript of a live presentation by Dr. James Fogarty. It assists counselors and clinicians working with children who have experienced the death of a loved one, divorce, and other types of losses. The unique magical thought model helps explain children’s attempt to make sense of loss, based on their incomplete cognitive equipment. The model also describes how children’s grief-related magical thoughts can progress into defense mechanisms and personality disorders in later life. Understanding the concept of magical thought will assist the therapist to define grieving children’s clinical issues by uncovering their inaccurate and distorted magical thinking. This course offers many practical therapeutic techniques, based on the model, to help children effectively deal with complicated grief.

Learning Objectives:

1. Understand how children’s five grief emotions function to keep them in a healthy grief process
2. Describe children’s cognitive reaction to loss, based on various developmental stages
3. Explain how complicated mourning is related to various personality disorders
4. List three applications of the magical thought model
5. Describe the five healthy tasks of grief
6. Understand six ways to use action focused techniques in counseling with children who experience loss
THE MAGICAL THOUGHTS OF GRIEVING CHILDREN

OVERVIEW

Introducing Dr. Jim Fogarty

I would like to welcome you to the online seminar “The Magical Thoughts of Grieving Children,” which is based on my book with the same name. We are going to give you some presenter information first, the outline for the entire seminar, and then we will get right into the seminar presentation. I am both a Licensed Clinical Psychologist, and Certified School Psychologist. I am also an author and national lecturer. I practice both in the state of Illinois and the state of Wisconsin. I am the president of Fogarty Consulting Firm, which offers counseling services, consulting services, psychological assessments, seminars, and keynote presentations. I have been assisting grieving children and families for over 24 years now, and I have also been counseling children and offering consultation services to private practices, psychiatric hospitals, prison systems, educational facilities, truancy programs, alternative programs, and also peer group support programs.

The book that I have entitled “The Magical Thoughts of Grieving Children” is the basis for this seminar. I have created a model of magical thought (that we will get into), that helps explain why some kids end up having complicated grief processes based on losses that they have experienced. I want you to know that you can apply this model and many things that we talk about today to all kinds of losses that children have experienced. For the sake of the seminar, we will be looking mostly at issues of death and issues of divorce. However, the emotional components, how kids look at loss, and the magical thought model can be applied to many types of losses.

Course Outline Preview

Let us take a look at the outline together; I would like you to know that we have to cover many things related to kids; thought processes, emotions, and spiritual components related to loss.

First, we are going to take a look at the children’s view of grief, which is a focus on the emotional components that kids experience. One of the problems with our culture is that it is so focused on happiness that it is not teaching our children, as well as our adults, the emotional components that come with distress, loss, and crisis. When you have completed this portion of the seminar, you will know the purposes of these emotions that you can teach to parents and also to children; so they will have a firm understanding that these are emotions they need to engage with instead of avoiding.

The next thing that we will look at is children’s cognitive reactions to loss. Children of different ages look at loss differently. We will cover ages 0 to 2 years, 2 to 7 years, 8 years (which has a specialness to it), 9 to 12 years, as well as, adolescence. And, each one of these will have different ways that children look at the loss process that is good for us to understand. Many times we are filling in the blanks for the kids, so that they get a better understanding of the losses that they have experienced and what it means to them, especially. We will take a look at each one of these, so you will know at the end of this portion of the seminar why it is that an adolescent looks at something very differently than the child between the ages of 2 and 7.

Another portion that we will be looking at is a complicated mourning that is correlated with personality disorders. We are going to mention some research articles that indicate strongly that certain types of personality disorders have been found to correlate highly with early loss issues that are unresolved. We will be taking a look at those together.
The magical thought model is something that I have designed and have incorporated in, so you can have a firm understanding how kids who have emotional issues such as loss and grief end up with complicated issues as adults; such as personality disorders, mood disorders, and a whole variety of drug and alcohol issues, as well. In fact, we will demonstrate four examples of personality disorders that have derived from complicated grief. We will use this model to demonstrate how that occurs.

We will also present the five tasks of mourning. Four of them are based on William Worden’s impressive research, and we are going to add one of Alan Wolfelt’s to round out the task of mourning. I also call these the five ways to manage life; and you can apply them to more than grief. But, for the purposes of this seminar, we are going to be taking a look at this as a grief issue only.

We will also be taking a look at the six ways to use action-focused techniques with grief issues. With kids and families this is vital because action-focused techniques really create a timing. And, that timing is so important; we are going to demonstrate how to get the focus off this unhealthy model of magical thinking and get it onto something healthy; like the five ways to manage life. We are going to use action-focused techniques to demonstrate that with an example.

Another thing we are going to look at is an anger management program that I have put together: a model for children’s anger. We are going to demonstrate two different types of categories that are extremely important. One is the ‘barometer’ and the other is a ‘primitive plan of treatment.’ Once you know these two categories, and identify what their anger means to them; you are halfway home with helping children. Sometimes it is the ‘barometer’, which is purely conduct disorder. Sometimes it is the ‘primitive plan of treatment’, which is a kid’s natural way of trying to heal. We will have it all laid out in the latter part of this seminar.

At the end of this seminar we are going to finish up with just a little bit about taking care of the caregiver. Doing this kind of work is extremely stressful; with kids and families. So, taking care of the caregiver is quite vital. So we are going to mention a few things to maintain yourself as you do this very important work.

I would also like to invite you to come to my web site: www.magicalthought.com. You will find a very interesting page there called “The Round Table.” Every week, we post a new topic related to kids, and issues that kids are going through. And, usually we list about 10 or 15 articles scattered across the web, which you can find at the Round Table page. So again, it is www.magicalthought.com. Come to that for more information about kids and kids’ issues.

A CHILD’S VIEW OF GRIEF

Num and Stunned Reaction

Okay, let us go right into the seminar now. We are going to first start with the emotions of children’s grief and their views through their emotional experiences, as well. We will look at numb and stun reaction; disarray; anger; longing, searching, pining; and anguish. The grief emotions have individual purposes but they also share the common purpose of keeping children in a healthy grief process. These emotions are not designed to destroy; they are designed to heal. I am often asked, what is the difference between depression and grief? Depression is filled with cognitive distortions and it is designed to destroy. It destroys self-esteem; it destroys the person sometimes through suicide. Grief is not filled with cognitive distortions and it is designed to heal. So, it is very important when we look at these grief emotions that even though they are painful; that people realize they are healing. It is like a broken arm. It seems to hurt the most when it is healing, and the same as true for this emotional component, as well.

First off, we are going to look at numb and stun reaction; not feeling anything at all. Maybe you have had this happen to you, because many of us have had losses ourselves and have experienced these emotional reactions. I want you to know, right off, that numb and stun has something to do with the three S’s: safety, security, and survival.
Now, what numb and stun is designed to do is this: let’s say, for example, a kid’s father is dead and he sees all the upset within his family. But, this kid does not feel anything; nothing at all: numb and stun. Now, all of a sudden, you could imagine all of the negative thoughts that might come to his mind as he thinks about this. He sees all the emotions of others and yet he feels nothing. He ends up thinking things like, “What is wrong with me, don’t I care enough?” He experiences those kinds of negative thoughts, because he does not know that numb and stun has a purpose, and a reason for existing.

It is connected to the issues of safety, security, and survival. Say, for example, a kid walks into a house where there has been a tragic loss. He does not feel anything for a while. He looks around that house and as he looks around the house, he can take in objective information. Because he is not emotionally overwhelmed, in taking in objective information, he can look around that house and think, “Who looks safe and where is a safe place?” That child can gravitate toward that place of safety, and when he gets there, then the emotions can come. So, numb and stun is the emotional reaction, where there is no emotion. It just turns off and that allows kids to take in objective information, logically seek out safety, and then gravitate toward that safety.

Perhaps you saw a film during the World Trade Center disaster in which a man is walking away from the World Trade Center while holding a videotape. As he is holding his videotape, he is talking like a robot. He had friends dying behind him in those buildings, in all that rubble, but he is talking like a robot, going toward safety. No emotion whatsoever. In fact, the black cloud came upon him. He stopped. We could hear him tap his cheek, and as he is tapping his cheek, he is asking himself, “Am I dead?” And, when he realized after tapping his cheek that he was not dead, he continued to walk. Now, he feels no panic, no upset, and no emotion at all. He is locked into numb and stun until he finds a place of safety, and he knows he is going to survive. Now, once he has reached that safety, he probably would have all kinds of different emotional reactions that might come forward. But, during that time of numb and stun, it allowed him to stay objective until he found that safety. And, that is what numb and stun is all about: finding safety, security, and survival; the three S’s. Problem is, many people misinterpret and think: “Since I am showing no emotion about this person I care about, who is dead; something must be wrong with me or I do not care enough.”

Disarray Reaction

Another emotional component that is very normal in the grief process is disarray. Disarray looks exactly like attention deficit hyperactivity disorder - ADHD. Disarray has got a very different purpose. When kids have ADHD, they are going off in tangents and thinking about many things. They are distracted; they are not concentrating on their work, and their minds are wandering to many topics. When kids are experiencing disarray related to a grief process, their minds are going in one direction, and that is about the person who died and the loss that they have experienced, whatever it might be. They look the same. They have all kinds of concentrational problems and such. However, the problem is that they are thinking about this person who died. In other words, disarray brings kids to look at the issues they have experienced; whether it is a death, loss, or crisis; whatever it might be.

Now, there is a lot of confusion about this and I have often wondered how many kids are getting medicated for ADHD when actually it is disarray. Often times, kids can hide their losses very well, because a lot of losses are not obvious. Many are. For example, if somebody died, then it is well known to everybody who is involved. But, sometimes a kid will have a good friend move away, and people do not realize the impact that it has had on the child. Often times this kid might get labeled ADHD when he is just having an attentional problem.

One of the problems with this is lack of testing. There are a lot of diagnostics indicating that people are ADHD with very little testing, and very little history. Now, the testing is extremely important. The Halstead-Reitan Neuropsych test is a very good example of a test that can pick up some of the signals of ADHD. There is no exact test for ADHD, but there are some good signals. The Connors Inventory is another good choice, as well.
Now, regarding lack of history; there has been something that looks exactly like ADHD that people are picking up on and thinking it is ADHD. But it truly is not, even though it fulfills many criteria for ADHD. Two of the criteria often overlooked from the diagnostic manual are that: this has to be before age 7 and has to be in more than one environment. But there is something that looks just like ADHD that fulfills all of the criterion, including those last two.

Between the ages of 1 and 2, kids imitate. If you have children or grandchildren of that age, you know they imitate everything. They imitate all of the stuff that you like about yourself and also the stuff that you do not like about yourself. Spouses are really good at saying, “He must have gotten that from you.” But in reality, of course, they are just imitating like a sponge.

Now, the following has been found in research regarding kids between the ages of 1 and 2 who have had a trauma. Say, for example, there has been a loss and the family does not handle it well. There is lot of anger and pressure which is demonstrated by mom and dad and three older siblings. All that tension gets consumed into that child. And, as the child gets this tension and anxiety inside; it wraps around the development of the kid. Almost immediately and from at that point on they are very hyperactive and they look like they have ADHD. The problem is of course, they are actually having a posttraumatic reaction.

So, when we are trying to figure out whether someone has ADHD or not, it is good to ask people, especially parents: “What happened to this kid between the ages of 1 and 2?” You may find that there was violence or that there was an unresolved grief issue with lots of anger and such. If that was the case, it may have never been resolved. I am going to rule out that type of thing first, before I decide that someone has ADHD.

Now, regarding disarrayed by itself; all that it is trying to do is bring a kid back to deal with the losses that they have experienced. Now, the problem with this is that it does not wait till 4 o’clock until after school is over; it comes when it comes. So, disarray is a very normal process. It is helpful, if you consult with parents, to let parents know about this. Because, often they have the idea that their child has ADHD, and it might very well be this disarray reaction.

But, if I have a choice, I would have a good history of what has happened, and I would also have some neuropsych assessment and some IQ testing. Because, all too often the physician hears the symptoms, makes a diagnosis and writes a prescription which is totally inadequate. That’s about the only disorder for which people do that and it is absolutely inadequate. But for our purposes, once again, disarray brings kids back to deal with what they need to deal with; which is the loss that they have experienced.

**Anger Reaction**

The next emotional reaction is anger. And a big question about anger: Is the anger rational or irrational? If a kid thinks “I am angry about this person dying, this loved one; I would like to have him right here today. It makes me angry that I have got to make all these adjustments.” That seems pretty rational to me. But if the kid gets so angry that he thinks, “I could hurt somebody or kill someone,” then of course, that thought puts pressure on action and will end up with all kinds of irrational acts as well.

Another thing about anger: is it a secondary emotion, versus a primary emotion? Often, anger is a primary emotion if there is a good rational, logical reason with it. So, the child once again thinks: “I am angry about this and I have got to make this adjustment.” But, they handle it in a healthy way. That is a primary emotion. They are feeling anger because they have to make that adjustment. But sometimes, anger is a secondary emotion. Being a secondary emotion means that it is a signal that there is a more primary emotion that really needs to be released.
For example, somebody might just show anger. But, what they are feeling is the primary emotion of abandonment. That is what fuels the anger and that is what needs to be released. Or, one might show anger, but what they are really feeling is helplessness and that is the primary emotion; helplessness. That is the emotion that needs to be released. When that emotion is released, then the anger should go away. When we present the anger management model in the latter portion of this seminar, we will be talking directly about dealing with that primary emotion, and how to get it released.

Sometimes kids distort their anger with a destructive magical thought. They end up thinking: “Anger gives me power.” So, instead of identifying anger as a signal that there is a more primary emotion that needs to be released, they start thinking: “Anger gives me power.” We will demonstrate in the magical thought model, how “Anger gives me power” - how that magical thought - eventually turns into conduct disorder, oppositional issues, all kinds of things. We will come back to that later as we discuss the magical thought model.

**Longing, Searching and Pining Reaction**

Another common and healthy emotional reaction to grief in children is longing, searching, and pining. Longing, searching and pining basically says, “I want that person back. I want those special features of that person back.” The longing, searching, and pining reminds children of the reality of the death. Say for example, I am an elementary kid and my mom has been dead for a couple of months, and I spend a lot of time at my Aunt Karen’s house. Now, I go to my Aunt Karen’s house, and one day I ask my Aunt Karen this: “Aunt Karen, can I start calling you mom?” And she says: “Yes,” being nice and thoughtful. And so, I also say: “By the way, Aunt Karen, she used to make these favorite cookies for me every week (my mom did); would you make those for me too?” Aunt Karen says: “Yes.” “And she used to take me to the McDonald’s for a happy meal. Would you do that, as well?” And, Aunt Karen says: “Sure. I would be glad to do that for you.” I am trying, as a kid, to get my mom back - those special features of my mom.

However, Aunt Karen might look at me and say, “Oh! No! No! No! Don’t call me mom. You call me Aunt Karen. Your mom was so special; I could never replace her.” Aunt Karen could also say, “By the way, we can do some of the same stuff, but we will do some different stuff, because I am a different person.” My aunt Karen might be the greatest aunt in the world. But you would see the biggest look of disappointment on my face, because that is the day I would figure out that I cannot get my mom back. In other words, longing, searching, and pining is trying to get me to the truth and reality that you cannot get this person back, because this person dead. When my aunt Karen says, “We will do some of the same stuff, but we will also do different things.” She is saying to me: (and longing, searching, and pining is saying to me) “You’re going to have to make some adjustments, because it’s now different.” So, longing, searching, and pining is trying to force kids to face the truth and reality of their loss and also to enforce the idea of making adjustments. So, it is trying to balance out denial by making them face the truth and reality of their situation.

Often times you will see a nice aunt or nice uncle; someone in their life who is willing to be that “people replacement person.” If they allow that to happen, and allow the kid to call them mom and take on all those special features; often times that will burn up the relationship, because that kid is not accepting the actual person in front of them. This is often a cycle that burns right into adolescence and into adult life. You will see people as adults burning through relationships, trying to get that original person back, because they were started on that belief when a kindly adult allowed them to be that “replacement person.” Often times, as adults, they continue this and it just destroys all kinds of relationships, because they never accept the person in front of them. So, I advise parents and other adults involved in such children’s lives to not become that “replacement person.”

What longing, searching, and pining is trying to do is get them adjusted with other people. In other words, it is not going to be the same. They will have to be engaged with other people and it will be different. This helps kids face the truth and reality that they cannot get their loved one back. And also, enforces the idea of making adjustments. It is a very important emotion.
Anguish Reaction

Another one that is important and often seen as depression is anguish. Anguish is the emotion that most often looks like depression. Probably, part of the grief process gets identified as depression, when actually it is anguish. As we mentioned before, depression is filled with cognitive distortions and designed to destroy. Grief is not. The emotions of grief are not filled with cognitive distortions and they are trying to heal. Anguish is the one that looks most like depression. But, anguish is trying to heal. It is trying to offer two things: memory and love. Anguish is connected to memory and love. And so, when someone is having anguish - that desperate void where they feel that person is really missing - that is because they are remembering someone they love.

I am sure this has happened to you, if you have had a loss; that you felt that horrible feeling. It is bittersweet, because you can have the memory, but you cannot have the experience of this person. But, you know, as your grief heals many years later, you can have this memory now and the sweet memory that goes with this. And, all the good feelings about it and the anguish are gone. That is because your grief is healed. Anguish is just a signal that there is love about this person that you remember. And, that is why it is so important that people remember accurately the person that died.

Now, just to sum up these emotions of grief: numb and stun helps to find the three S’s of safety, security, and survival. Disarray helps deal with the issue; it brings the person back to dealing with the issue. Anger is the signal that there is a more primary emotion that needs to be released. And, signals a search for that primary emotion. Longing, searching, and pining helps the person face the truth and reality that this loss has occurred, and to make adjustments to the loss, as well. Anguish: to remember the person that died. All these emotions are working together to help kids heal with the grief process. They are productive emotions, even though they are very painful emotions.

CHILDREN’S COGNITIVE REACTIONS TO LOSS

Age 0 to 1 Year

Now, let’s take a look at children’s cognitive reactions to loss. And, we will look at this in the form of mental ages. The reason we are doing this is, say for example, you are working with a 5-year-old, but cognitively you have got a very bright 5-year-old. He is more at the mental age of 8 years. You are going to want to look at the information related to kid’s cognitive reactions to loss at the 8-year-old age. Or, for example, you work with kids that are cognitively delayed and you have a 15-year-old functioning at the 8-year level. Once again, you want to deal with the 8-year-old information that is offered here. So, it is good to go with the mental age as we look at this information together. We are going to break this down in age levels of 0 to 1 year, 1 to 2 years, 2 to 7 years, 8 years (because something very special happens at age 8), and adolescence.

Let’s take a look at age 0 to 1 year of age and take a look that how these kids look at loss. Now, say you are working with a teenager. (We need to look at a teenager to understand ages 0 to 1.) So you are working with a teenager who is very angry, very oppositional. It might be court ordered counseling, which of course has all the right motivations. And with this, we have a kid that is very angry and you notice that with this anger, it seems the purpose is just to stay detached from other people. As you take the history, you will find that when this child was between ages 0 and 1 the main caregiver happened to be mom at that time and mom died. As you take more history, you find that it did not seem like anyone came into that role and offered anything that was comparable to mom’s connection. In other words, the kid was passed from baby-sitter to baby-sitter, and never made a good connection. You might say to dad: “I wonder if this anger has anything to do with mom dying in that first year of life?” And many parents might say: “Well, he does not remember that.” which is partially true. He does not recall that mom died and how she died, all those kinds of things; other than what he was told at later ages. He does not have visual recollection of that when he was a young child between ages 0 and 1.
However, John Bolby has discussed, very thoroughly, Reactive Attachment Disorder. If kids had a very good connection in that first year, they seem to make good connections when they become older. If not, many have struggles for the rest of their lives, and never make a very good connection. And of course, that is a concern in this situation; especially when we see all this detachment with this anger.

For example, we have had foster kids over the years who have not had this good connection. In the elementary years, many years later, these kids will want to make a connection with you. In other words, they will see all kind of behavior, and they will want to imitate it. And, when they imitate this behavior they want to give you a hug. So they give you a hug, but you know you can’t fake a hug. You get the hug, but you don’t feel the emotional connection. We can imagine that for a little one, that it is pretty frustrating.

Then we see them in adolescent years. Many of them figure out that they can maintain a detachment with anger and still feel powerful, as well. So, for example, they can push people’s buttons, set people off, do all kinds of things in terms of scapegoating and displacing anger; thinking they have all kinds of power in their life. But, they are enhancing this detachment.

So, this anger in adolescence, for many kids, can be due to a very young loss in which they never learned how to make these connections. They get frustrated with that. Many learn that anger gives them power, but also maintains the detachment if it is allowed to continue. That is how I like to explain it to parents so they have a firmer understanding how such a very young loss can affect all this anger in adolescent years.

**Age 1 to 2 Years**

The next age level is between 1 and 2 years. Here they get a very special skill that they can use, but they are very restricted because they have very few skills. They can imitate like a sponge. Maybe you have a child of this age or have grandchildren. They imitate everything. They imitate things that you like about yourself and other stuff that you would rather not look at.

I’ll give you an example of this. When my older son was in this age range, almost 2 years of age; I was downstairs working in the basement and I happened to hit my thumb with a hammer. I don’t know about you, but when I hit my thumb with a hammer the word “shuckydarn” does not come out of my mouth. Another word was blurted right out of my mouth, and then I remembered who I was with. He didn’t look at me and think: “Well, what are the long-term consequences if I say this word?” He could not do that. He didn’t have the skills to do it, but he could imitate. Immediately, his thumb went up in the air, he took a plastic hammer, he hit his thumb and he said the word “sit” and then he sat down. I was thrilled for a couple of reasons. One was that he could not pronounce his H’s. The second was that mom was not around. I could not get him stop saying this word “sit”. Well of course, he imitated like a sponge.

For our purposes, that is what happens. They imitate like a sponge. Now, the problem is that sometimes, during this period of 1 to 2 years of age, there is a lot of trauma in the house; or violence; or an angry grief process that is demonstrated by mom and dad and maybe three older kids. Now, when that happens, this kid is designed to absorb this like a sponge, and to imitate all this tension and all these defensive reactions. The problem is; kids can’t pick and choose what they are going to bring in, like you can. You, as an adult, have coping mechanisms, and defense mechanisms. You can decide what you are going to absorb, and what you are not going to absorb. Kids of this age level imitate but they do not have those coping mechanisms. So they absorb like a sponge and they absorb everything.

You might recall from when we talked about ADHD; this is where this happens; where it looks like ADHD. The tension just comes in from this grief process that is unresolved and all this anger and upset that is demonstrated by mom and dad and older siblings. These kids absorb all this tension. This tension seems to wrap around the development of these kids’ personalities and as they progress they get very active; looking like they have ADHD. But, it is more of a posttraumatic reaction related to absorption of all this tension; of the trauma that was happening very early in life that was never resolved.
So, kids at a very young age, between ages of 1 and 2 (because of this special thing called imitation), can absorb like a sponge, and can be impacted by all kinds of trauma. They have no psychological defenses to fend that all. They create some tension that makes them look like they are hyperactive, but actually it is a tension related to the trauma.

**Age 2 to 7 Years**

Now, let’s look at the ages 2 to 7 years. They have three very important skills that they get in this age period; memory, anticipation, and visual image. These are extremely important skills, and this allows us to start doing counseling and education with children, which can become very effective. First of all, they get memory and with memory, of course, they remember everything; everything that is spoken, everything that is done and often they repeat it when you don’t want them to. But, they absorb like a sponge with memory. They can also anticipate. If you have memory you can anticipate something, but what is important about this?

These two skills of memory and anticipation can start to affect emotions. For example, if you say to a 4-year-old: “Saturday we are going to a birthday party.” And, this kid went to a birthday party before. He gets all excited. He can’t wait and he gets really happy about this. He keeps asking you: how many more days, and that kind of thing. Now, that memory of being at a birthday party, plus anticipation of the new birthday party starts to affect the kid’s emotions. He gets all happy and euphoric and he can’t wait.

But, now you say to your 4-year-old kid: “We are going to your Cousin Bob’s house.” Cousin Bob is a big kid and beats him up every time he goes over there. He can anticipate that, and can remember it. He can anticipate it and that also starts to affect his emotions. So, you can have the kid become very upset, doing behaviors that parents don’t understand, like avoidance, not wanting to get into the car, and oppositional things. But again, the point being that memory and anticipation can start to affect emotion.

Another very important skill they get is visual image. They can start to picture things. If they can picture things, we can help them rehearse. They can keep these rehearsals in their head, and we can do counseling with them through action-focused techniques; which is a portion of what will talk about later in this seminar.

Kids of this age have a very different way of looking at loss. They think that death is a happenstance. So, if somebody dies: it just happens. It just happens. In other words, they can’t see that it is the end of a lifecycle process, because they can’t see cause and effect. They can anticipate a little bit, but they really can’t see cause and effect. Say, in the next room something falls down. They drop a tray of dishes, and it breaks. You can hear that noise, and hear somebody grumbling as they pick it up. You, with your abstract reasoning, can see cause and effect and because of that, you can put that together, and you can make a picture in your head; a pretty good picture of what happened. Young kids of this age cannot do that. This is why you can say to a child of this age: “That was a monster that made that noise,” and they will believe you. They will think it is the truth and they start to believe it. So, death is a happenstance, because they can’t see the end-of-the-life process.

They also believe that they will never die. So, if somebody died, it just happened. It is not anybody’s fault; it is not because there was an accident, which is the end of a process. It is not because it is the end of a lifecycle. To them it just happened, so death is a happenstance. If death is a happenstance, they usually think it is not going to happen to them.

Now, this is different for kids who are dying at this age. Kids who are dying at this age can feel death coming. They can feel the loss of energy. They can feel the pain of the disease, and so it is very concrete, and they can get some understanding that they are going to die. For kids who are grieving the death of a loved one: it is a happenstance. It is a happenstance, and they will never die. Also, magical thinking becomes very important in this whole issue of death.

Kids have magical thinking at this age, because they have what Piaget calls magical reasoning. In other words, they will put things together that are inaccurate. Magical reasoning happens at this age all the time.
A difference between magical reasoning and magical thought is that as kids get older and even become adults, they have the cognitive equipment to know the difference. Magical reasoning has gone, but they hang onto the magical thought and it’s inaccurate belief systems. I will present more about that when we look at the magical thought model.

One of the first times I discovered magical thought was when a little girl said to me, “I touched grandpa when I was sick, and grandpa got sick and died. It is my fault he is dead.” Grandpa actually died of a heart attack. That magical thought ignited in this kid; she believed it, but it was counter to the rules of reality. Magical thinking can overcome death. For example: “If I am just perfect enough, grandpa will come back.”

Or, “If I do something just well enough, mom and dad will not feel bad because my brother is dead.” They take a lot of responsibility with this issue. In other words, mom and dad have the power but the child has the ignition. The child needs to make things happen so mom and dad will make her pain go away, or bring their loved one back.

They may think death is punishment for a bad behavior. They may ask, “Did grandpa die because he did something wrong?” They want to know the rules of the world, but you can hear a magical thought ignite here. “If grandpa did something wrong, then I have to be just perfect in order to avoid this horrible thing called death.” It makes sense when you consider how kids think. When they think about death with the use of concrete reasoning, then everything is either good or bad. So, if they are at a funeral and everybody is sad: that is bad. As they are looking for ways to understand the world, they need a lot of feedback from the adults around them that they are not in charge of such things. But, instead, that is just the way life is.

To them death is reversible, as well. So, they think they can bring this person back or go join this person. A kid will often hear that grandpa is in heaven, so they will often times believe that: “If I could just get there, I will see grandpa again.” For example, a 5-year-old kept running away. Every time he was found he was by the grocery store. It took me a while to get out of him: He had asked another 5-year-old; another concrete thinking kid: “Where is heaven”, because he had been told his dad was in heaven. And, the 5-year-old concrete thinking friend said: “I am not sure, but I think it is by the grocery store.” So this kid would run off to the grocery store to try to find his dad.

At this age, movement equals life, so death is lack of movement. So, they need some explanation that the person is dead because they are not moving. For example, you might say to a child: “Notice that arms don't move, hands don't move, heart doesn’t beat - that means that the person is dead.” A teacher put it very well in one of my seminars when she said, “I ask kids what do people do when they are alive?” It always involves movement when kids are this age. Then she says to them: “That is what people can’t do when they are dead.”

When they have that understanding about lack of movement then it is good to bring religious ideas in, like heaven or whatever the family might believe. Because, it seems like this lack of movement is a concrete way of separating body from soul for children, and there is less confusion if they hear that first, before they hear about the religious believes of the family.

Age 8 to 12 Years

Let us take a look at the ages of 8 to 12, with age 8 especially being a very important year. It is the year for many kids, (you can say it is an average, it’s a mental age) that abstraction starts to kick in. That is why third grade is different from first and second grade. In first and second grade, there is a lot of rote memory. In third grade, they start doing a lot of comparing and contrasting. That is because abstraction is kicking in for most kids, and they can start to compare and contrast.
We need to be able to assess if kids have the skill of abstract reasoning. There is an interactive assessment and there is an educational assessment. Kids are very used to this educational assessment, because they get it at all the time at school. With the educational assessment, we ask questions similar to this: How are a car and a boat alike? And when they say to us something like, “They both have steering wheels, or they both have motors.” - that is very concrete, because they have taken one very narrow, specific issue and offered it. When they say something that categorizes, for an example, “They both are types of transportation”, well, then we have abstraction. And of course, we need to know about that, because abstraction is going to change how they look at grief and loss issues.

We also have an interactive assessment because of an 8-year-old that came in my office one day. He taught me how to do another type of assessment that is much more fun, but still gives some sort of signal of abstraction. I have a computer in my office, and I like to have everything in my office relate to the kids that I work with. And of course, the easiest way to do that with children is computer games. This was many years ago. I had an 8-year-old come in right after I got a computer and I put a bunch of games on it. My thought at the end of the session was: we would end up on a positive note by playing a computer game, together.

We started playing and he was just zipping through this thing, getting all kinds of scores on the game. He loved playing basketball. We were playing basketball and he was zipping through it. It was like a 164 to 4 score, you know, where I wasn’t doing as well. You don’t have the fine motor skills as you get a bit older. Anytime after 30 they start to slack off a little bit. If you play with a kid on a video game you can find it out very quickly. Well, as I am playing this game I must have looked a little tense, because he looked at me like “poor old guy”, you know that kind of thing. So, he started to let me win. He started let me catch up to him. And right when I started to catch up to him and while I was starting to pass him, well, then he started to take off again and started scoring some more.

He had abstract reasoning, because as he was looking at me, he could read my emotional state and he started to make changes. That, of course, is abstraction in high gear. This was a kid who was making modifications based on that.

When they have abstraction, of course, it is going to change how they do grief. Because, they can look at another person who is grieving, (let’s say a loved one or a parent) and they can make modifications and changes while being engaged with that person. So, it is going change how they do the grief process, which is a skill they did not have when they were thinking more concretely. They start to develop a special insight. An insight they never had before.

Try to recall this for yourself: the very first time that you can remember this very special insight. It is the time we thought, “Oh, my gosh! Everybody I know is going to die. Mom is going to die, dad is going to die, family pets are going die and I am going to die.” Now, think about that for yourself. Many folks have this very special insight between the ages of 8 and 12. When they have this insight; often times they don’t share it with anybody. They just keep it to themselves, because we live in a culture that does not like to deal with these kinds of issues. So, they have this incredible insight, but they don’t share it with anybody because they are learning from our culture that it is too personal to talk about.

We might think if their cognition is getting better, their ability to manage and straighten out inaccurate magical thought would also get a bit better. But, that is often not the case. They have magical thought which they seem to rely on and their magic thought gets in even worse when abstraction kicks in. For example, an earlier concrete thinking kid can think, “Well, if I just do something it will make mom and dad feel better or if I do something I can get this loved one to come back.” and that is a magical thought. With abstraction, they can imagine life-after-death. They can imagine heaven, all kind of things. And with that, they might end up thinking like this, “You know, I could kill myself and go join that person who is dead.” So, as magical thinking continues to march on, they can get even more destructive during this period of development.

Another thing about ages 8 to 12, with this abstraction: there is a whole new feeling about death and loss. Anything related to death is now eerie, weird and strange; it is bizarre. When younger kids go to funeral; it doesn’t seem to bother them, which is ironic, since a lot of parents think that they need to protect their younger kids. They will go to the funeral to explore, to look around, all those kind of things. Not the 8- to 12-year-olds.
Let’s say a 10-year-old goes to a funeral. Now they can see cause and effect. They can feel these new, more intensive emotions and they also realize – with abstraction – that, if they do something here, it could have an effect there. In other words, if I do something here I might be embarrassed there. So, when they walk into a funeral, often times, they will be more tense, just be more cautious, because they are not quite sure how to act or what to do. They are very concerned about their feelings of eerie, weird and strange.

Try to recall this feeling of eerie, weird and strange for yourself. This continues until adolescent years; this eerie, weird and strange feeling. I will give an example from my own experience. When I was 14 years of age, I had an uncle, who was a very favorite of mine. He loved horses, he loved kids and he had all the nieces and nephews come out on weekends. We would work on his ranch, working with horses and stuff. It was an absolute joy. Well, usually he would pick me up at noon every Saturday in his truck, and typically we would ride out to his ranch. But this Saturday he picked me up, and instead of going out to the ranch, we went to the heart of downtown. I lived in a small town. We pulled in back of a funeral home. Of course, when we were behind this funeral home (being 14 years of age), I got this eerie, weird, and strange feeling in my head. And, the first thing I asked was, “What are we doing here at the funeral home?” He said to me, “We are here because…(this man who loved horses, by the way, could turn anything into a horse story) …I have got a good friend who runs a funeral home. I was talking to him the other day and saw these incredible pine boxes; you know, the pine boxes the caskets come in.” He said, “They are perfect for oats for the horses” again turning that into a horse thing. Since all of that made sense to me, my eerie, weird, and strange feelings went away. This was 30 some years ago.

We walked in the back door, and right away I saw two dead people. I looked at my uncle and said, “Hey! There are dead people over there.” and I had this feeling of eerie, weird, and strange. He said, “Well, you know Jim, we are in a funeral home, you know,” and I put it together. We’ve got dead people in the funeral home; made sense. But I still had this feeling of eerie, weird, and strange, which is really good for the work ethic, because I put those boxes in that truck, lickity split. I was in the truck waiting for him to come out. But when he came out, I had different thoughts about the funeral home than I would have had if were a concrete thinking kid.

And I got to thinking about physical questions, not lack of movement like younger kids would, but physical questions. And then, I started asking questions to this uncle that he was really uncomfortable with. And, he was just reluctant to talk about this. So, we went to the ranch, where I had another favorite uncle. Uncle Les was an older fellow, an Irish guy. I asked Uncle Les, “You know, we were at the funeral home and got these boxes. Tell me, uncle Les, what do they do to the bodies at the funeral home?” Well, Uncle Les was an old, colorful Irish guy who loved to exaggerate, so he went on and on about what they do with bodies at the funeral home. If you have ever talked to any old Irish guys, and your face lights up; they just kind of keep going. I must have been lightened up pretty good, because he just went on and on and on. As he went on, I just got filled with all of these things, both inaccurate and accurate about what they do to folks at the funeral home.

Well, later that night this favorite uncle who owned the ranch was killed in a car accident. A couple of days later we were going to funeral home. When marching up to the funeral home, the first person I saw was this other favorite Uncle Les. He usually had an old cane, and as we were walking in he said, “You know I told you some things about the funeral home, and such.” And, as he started talking to me, he was telling me now “this is true but this isn’t; this is true but this isn’t.” In other words, he was cleaning up all those distortions.

I bring up the story, because that is our job: to clean up distortions for kids with abstract reasoning; any time from age 8 and older. But, with even younger kids, it would be okay. It is best for age 8 and older, because they have abstraction. This is a perfect time (age) for a tour of the funeral home. You can take a group of kids if you are a teacher, counselor, hospice worker and tour that funeral home. Let them explore the nooks and crannies, and look here and look there, because their imagination is worse than the truth and reality. And, they need that imagination cleared up, because it is good to not have these cognitive distortions while they are dealing with the death of someone they care about.
Just to remind you again, I was in this funeral home for this funeral at 14 years of age. My cousin and I kept looking at this one door, thinking there would be all kind's of bizarre things going on behind that door. So, we opened it up and looked in there. What we found was a broom closet! And that was a safe place, so those cognitive distortions were cleaned up. That is our job. Clean up the cognitive distortions for kids, by giving them the truth and reality, and a good tour of the funeral home cleans up these distortions.

Now, I am convinced that if this (eerie, weird and strange feeling) is not dealt with in younger life; it sticks. I have known people who have been protected from funerals all their life by their parents. They are now at 40 years of age. They have a parent who is dying. They have all the emotions about that parent who is dying, but they also have these eerie, weird, and strange feelings about the funeral home, because they have never been in a funeral home to get desensitized. This is a critical period; it is a good time for kids to have a tour of the funeral home during that point in their lives.

**Adolescence**

Let us take a look at adolescence, which has a whole different way of looking at this issue of grief and loss and dying. Teenagers have the cognitive equipment to realize that death is universal and irreversible. In other words, it happens to everyone and there is nothing you can do about bringing this person back. They understand that. But they have something I call “Captain James T. Kirk Syndrome.”

Do you remember being an elementary kid, then in middle school, and high school, to early adulthood, and then to your current life? You go through all kinds of phases. When you approach elementary school, you know all of your friends, and then you hit high school. And, there is more freedom and that kind of thing. You’re at your physical peak, and all kinds of different things are occurring. You get all kinds of new emotions. There is wonderment about the world. There are all kinds of new things that are happening. Everything is growth.

Then you progress into the adult life and go to college. Then you get into the middle part of your life, where I am at right now and you start noticing things. You notice the weight comes on a little bit stronger. You notice that things you used to eat in the past used to make you healthy, but now they are starting to do bad things to you. You notice that physical changes start to happen. We already mentioned earlier about playing the video game with a kid. You notice that fine psychomotor skills are not what they use to be. The car mirror has a whole different purpose for you. At one time you used to just look through it. Now, when you get out of the car, you open up the door and you hang onto the mirror and you pull yourself out of the car. It is a whole different thing. That is why it is good to be growing emotionally and spiritually as we get older, because at some point there is not much else left.

Now, with adolescents everything is growth. They have not experienced any of this decline. So, they know death happens to everybody, but because everything is growth and they are feeling this immense growth, they do not feel much of this decline that we have over the middle part of our life. To them, death is like an interruption or an enemy. In other words, though they know it is going to happen, all they need to do is avoid it. But, they have a fearful fascination with it. It shows up in things like their movies and their music.

Music is very important to them. In fact, musical equipment is the most incredible thing in the world these days for teenagers. I have all kinds of things in my office, and one is a CD player. I love to ask kids, “What should I have in my office?” And, one kid said to me, “You know what you need to have in your office?” And, I said, “What’s that?” He said, “You need to have a really good CD player.” So kids do know the difference between a good and a bad CD player. You are a little bit of a nerd if you do not have good equipment.

So, I thought if I have got good equipment, what would I do with it? Then I tried to remember what I was like, being a teenager, with music. Music was very important. You can all remember songs that you hear today that were popular when you were a teenager. I bet most of you can remember a lyric and when they pop up; you can remember what you were feeling, who you were with, and all different kinds of things like that. Music, as in a CD or a record, is basically a projective device. In other words, they (teenagers) attach all kind of emotions to different music that they hear.
So for example, I have (grieving) kids who come in (for counseling) and I say to them, whether I see them individually or in groups. “We are going to have this time where you can bring in a song, any song you want that tells us right where you are with this loss.” Invariably, you might get a song that sounds pretty scary. When they point out the lyrics (the lyrics might be more scary or less scary), it shows how they feel. And it is a projective device, because it puts it right on the table to talk about. So, use teenagers’ music to get at their emotional components, because it works just like a projective device.

Teenagers also have a little different way of looking at spirituality and religion. The younger kids, who think more concretely, tend to think what mom and dad believe. This is not necessarily true for teenagers, because they look at religion and spirituality very differently. Sometimes they buy into what mom and dad believe. But some times not, and they come up with whole different ideas. Sometimes the ideas are very good; sometimes they are very destructive. Now, it is not the religion or spirituality that we are knocking here, and I want to make that very clear. We are being respectful to religions. But, any good thing; a kid can attach something unhealthy to it. For example - I was raised an Irish Catholic, so I will pick on my own. I apologize if you are Catholic. This goes across all boards and all religions and is used as just one example.

I was working with a 14-year-old. Her dad was dead, and she took something from the religious belief and she changed it. She perverted it. It was not the intention of the religion. She got the idea that if she killed herself, she would go to purgatory and that if she spent time in purgatory, she would finally be back with her dad. It would be very difficult to challenge that if we just looked at the religious component, because people feel threatened thinking I am attacking their religious beliefs. I would not want to attack religious beliefs in the first place. I want to be respectful of those. However, religious belief is not the issue. There is much in her particular religion that says, “Do not kill yourself,” that she is ignoring. The issue is the magical thought. In other words, she had come up with a magical idea that “If I kill myself, I can get my dad back.” So, in counseling, sometimes we can approach the magical thought without looking like we are attacking their religious beliefs.

Typically, religious beliefs are very helpful. It is another level of communication. It is another place where we can talk in dialogue about the five ways to manage life or those five tasks of grief that we will talk about a little bit later. Often times it is very helpful and it is another whole component where we can dialogue with kids. Let me give you one more example, just to show that we are not picking on any one particular belief. I was working with this one teenager whose girlfriend was murdered. She was raped and murdered by three gang members. He would go to court every day and watch their court trial and get very angry. He would come to sessions afterwards and he had a lot of anger inside of him. He would hear about the fairness for them and giving them a fair trial and all the rules to protect their rights. And, of course, the rights of his girlfriend were set aside, as she was murdered by these three men.

He would get very angry and for about 10 sessions he was very fumed with anger. For the eleventh session he came in, and his anger was gone. I asked him why, and he said, “Well, I have looked at spirituality. I believe in life after death. In fact, I believe in reincarnation.” And, what he said to me was, “I believe that some day we will be back together; that we were sole partners and some day we will be back together.” Which I found encouraging until he said this: “So I am going to kill myself and make it happen quicker.” Now again, I am not knocking the idea of that particular religious belief. But, the magical thought, “I will kill myself and I will get this person back” was just like the one that we talked about with Catholicism a little bit earlier. So, it is not the religious belief that we are concerned about; it is the magical thought that they attach to it and make anything destructive, including good and healthy spiritual and religious beliefs.

Another issue is: button pushing. If you have ever noticed it at various times, they (teenagers) love to push buttons, and they are very good at it. I have often said that a teenager pushing buttons is a teenager who is doing a psychological assessment. In other words, they do not know how to do a psychological assessment, but they do know how to push buttons. So, they will push buttons to see if somebody is stable. I would like to tell parents, “If you notice that you have had a loss and you are getting all these buttons pushed by your teenager; they are trying to figure out if you are stable.” He might push this and push that, and if the adult does not ‘go off’; the teenager is more inclined to share things with that adult. If the adult does ‘go off’, of course, the teenager will just shut down communication.
Five Ways to Manage Life - (Five Tasks of Grief)

Before we start looking at types of complicated grief and how personality disorders are developed, (based on complicated mourning that has been unresolved in childhood), we will take a look at the five ways to manage life; often called the five tasks of grief. We are trying to come up with ways to manage kids' complicated grief processes. So, I will give you these first, then we will get into the six types of complicated grief processes. Then we will talk about how it develops into personality disorders in many kids, as well.

Let us look at the 5 ways to manage life first. The first four are founded on that wonderful book written by William Worden. There is a brand new, third edition entitled ‘Grief Counseling and Grief Psychotherapy’. I believe it is by Springer Publications. The first four of these five ways to manage life are his and came from that reading. I would like to offer that and give you a little different wording on it, so we can make it more understandable to kids.

The first task is to “face the truth and reality of any situation.” So, for example, if somebody dies, we would like to face the truth and reality that somebody died. If there has been a crisis, we would like to face the truth and reality that it has been a crisis, as well. So again, the first one is to “face the truth and reality of any situation.” If there has been a death, face the truth and reality of the death. If there has been a trauma, face the truth and reality of the trauma. The original writing from Dr. Worden had more to do with facing the truth and reality in loss.

The second task is to “feel the emotions that go with those situations.” And, in loss issues, it would be to feel the grief emotions that go with that loss. So, if there has been a death, we would expect to feel grief reactions. If there has been a crisis, we would expect to feel crisis reactions. If there has been a violent incident for someone, we would expect to see trauma reactions. So the first one is; “face the truth and reality of any situation, including loss.” The second one is to “feel the emotions that go with those situations.”

The third task is to “adjust to environments.” For example, when you travel around doing seminars, as I do, you brush up against all kinds of pieces of history. Two weeks after the Columbine shooting, I was doing this very same seminar and I was asked this question: “We were thinking about tearing down the library in Columbine. What do you think of that?” When we are asked questions like this, we can go through and see if it fits within these five ways to manage life. I hit the third task which is to “adjust to environments.” So, if somebody dies, we adjust to the environment. Whether they are missing or if there is a crisis, we would start to adjust to that environment after the crisis. I told them that. In other words, we want to make some effort to adjust to the environment. So, if the environment is not there, (if they tear down the building at Columbine) the potential for making an adjustment is not there.

If there were a trauma that had happened at home, we would not tear down the house. We try to adjust to it. So, the Columbine school eventually made that room of the library into a planetarium, I believe. They have built a new library, which I thought was a great idea. That means people do not need to go into that room until they are ready. It can be on their own timing. And so, if they need materials, they go to the new library. But, when they are ready to adjust, (for some kids it might be two weeks for other kids it might be thirty years), that room is there and they can choose to go in there and make that adjustment. So, the third task is to “adjust to environments.” If somebody dies, adjusting to the environment is very important. In other words, do not change it, do not distort it, do not rip it away, and do not pack it all up. Take your time with it. We advise people not to move, not to make irrational kinds of decisions, because if they do, they often regret those decisions. So, to adjust to environments is the third task.

The fourth task is to “invest in others.” That is my wording of Dr. Worden’s task. So, for example, when a young child goes and sees an aunt after his mother’s death, he does not try to make this aunt become his mother. He accepts his aunt as she is. In making that acceptance he is realizing that his mother is dead and that he will have to make changes, because she is a whole different person. So, he is investing in his aunt. When somebody goes to a support group, he is open and honest about what he has gone through; what he has experienced; and is willing to listen to others and to hear what they have experienced, as well. They are making an investment in others and allowing others to invest in them.
I would like to add one task. Dr. Worden does mention memory in his book, but I will make it an official task. The fifth task is to “remember as accurately as possible.” Remember as accurately as possible. When a person dies, they are often glorified at the funeral, and that is fine. It is a celebration of their life. However, when the actual adjustment needs to be made weeks and months later, we want an accurate memory of what that person was like. So, we do not want some one to be glorified into a deity, and we do not want monster building. Now, we might want to remember, for example, this one person was a wonderful person, but there were times when they were irritating, and there were times when they were defensive. So, we need the full package of memory. If there has been a crisis, it is the same kind of thing. We do not want it exaggerated; we do not want it minimized. We want to remember as accurately as possible. Alan Wolfelt, in many his writings has talked about this. He has talked about having a relationship with the memory of the person who died, which I think is a very accurate way of saying it.

So, we have these five ways to manage life; sometimes called the tasks of grief. We want to inject these into children, so they start using them. Also, we can use them as an assessment tool and a way to give advice. So for example, a school comes to you and says, “We are thinking about doing this and that with our loss that we have had in the school. What do you think?”

If their idea fits within the five ways to manage life, it is a wonderful idea, and we promote it. If not, maybe we could modify it so that it does fit. Then we could start to do some things that reflect the five ways to manage life. Of course, if it is nowhere near the five ways to manage life, we would not want to support that idea.

**SIX TYPES OF COMPLICATED MOURNING**

**Absent Mourning**

Now, let us take a look at the six types of complicated grief processes. These are based on Therese Rando’s wonderful categorization of complicated mourning. Her book is called “The Treatment of Complicated Mourning”-1993 Research Press. She talks about six types of complicated mourning within that book. It is an excellent read, with 700 pages of research with categorization, and all kinds of treatment ideas. I firmly recommend it.

There are three types of absent mourning. The first type has never been seen with kids and is rare with adults. The first type of absent mourning is where somebody has a very specific delusion that this person, this loved one, is not dead. They went to the funeral, they saw the dead body, but now they have a delusion in which this person is not dead. In other words, they are functional in all aspects of life, except with this idea that this person has not died. I’ll give you an example most of us can relate to. Have you ever seen the movie “Gone with the Wind?” You might have seen this. Scarlet’s mother is dead and Scarlet leans against dad. Dad just saw that mom died, as well. She leans against dad, who has always seemed stable before, and says to her dad, “What will we do?” and his response is, “We will have to ask mother”. In other words, he has checked out on the idea that she is dead. That is absent mourning; that has a very specific delusion to it. Again, it has not been seen with children and it is very rare with adults. What we tend to see more often within children are the next two types.

The second type is where they have the emotions and feel them and are in considerable pain, but they put up a front or façade, so they do not show them to anybody. It might be a facade of anger, a facade of charm, a facade of happiness, and all kinds of facades where they feel the pain but they do not show the emotion.

The third one is where they take the cognitive distortions, or thinking and they wrap up these emotions in a cognitive lock-box, and they do not even feel the emotions. So, you can ask a kid who has had a serious loss how he feels about this loss. And, he will look at you like, “What are you talking about?” because he has locked up the emotions in a cognitive lock-box and he does not feel the emotions at all. Again, the three types: one is a very specific delusion, two is where they feel the pain but put up a front, and the third is where they lock them up in a cognitive lock-box and they do not feel the emotions, whatsoever.
Delayed Mourning

Dr. Rando also talks about delayed mourning, meaning that it is delayed over long periods of time. I have noticed a different distinction with this. Sometimes delayed mourning is healthy. Sometimes it is not healthy. And here is where we can see that some kids are healthy in reaction to loss and others are not, because sometimes they will delay their grief process.

Now the question is; is there a legitimate reason to delay a grief process? And, the answer is the three S’s again: Safety, security and survival. Let us say, for example, that a child is raised in an abusive home. Let us say the dad is abusive and mom is the person that died. This child goes to dad and offers emotions, which is task two, and is a normal, healthy thing to do in the grief process. But, when this child offers those emotions, this child gets beaten up by the abusive dad. It makes just good logical sense not to have the grief process at that point of time and to delay it.

The healthier kids will delay it until they get to another environment. So, they come and talk to you or the school psychologist, school social worker, teacher they feel safe with; whoever it might be. If they do not have too many cognitive distortions, then they could look at you or that helper, and see safety. They can open up and start to deal with the grief process with you or that helper. So, kids that are healthier that delay grief have a legitimate reason for doing so, and will delay it from one environment to the next environment. In other words, this environment over here is not safe. They wait till they have a safe environment. They can see the safety because they do not have cognitive distortions in their head, and they can start to open and talk about their loss issues, as well as, the grief that goes with it.

Kids that are less healthy have a lot more cognitive distortions and cannot see the safety. So, when they delay, they delay over time. For example, at home when a person is abusive they do not open up to that person. Then they get with you or another helping professional, where there are signals of safety all around. But, they cannot see the signals of safety because of their cognitive distortions. So, they do not take it from one environment to the next. They will take it over long periods of time. They will delay the grief process, sometimes for many, many years.

We have people thinking that they can delay the grief process forever, but it is interesting that the brain is designed to heal. It always wants to deal with this. What happens to many of these folks is that thirty years later, when they are an adult, they may have a spouse that is a good spouse, might have their own home now and feel safe for the very first time. And often times they will think; well now I should feel pretty good. But then, here comes all those grief reactions that they have not dealt with throughout their entire life and they feel all this pain and are confused by it. But, the brain has figured out it is safe and it is okay to have these grief reactions.

At some point in time, some people believe that they cannot ever deal with grief issues, and they choose not to do so. This is very serious, because they think they do not have to deal with their emotional issues and they never will. I have been a hospice volunteer with different hospices for about the last 25 years, in different forms and different fashions. I have seen people die. When people die it is not necessarily a terrible thing. If you have been there, you know that sometimes it is a very intimate, personal time. Hospices are very good at trying to address these five ways to manage life before a person dies. Then, after the person dies the family still can have horrific grief, but at least they have these five ways to manage life.

Some people think that they never have to deal with their issues. And, in hospice what we see is this: when we address those five ways to manage life before a person dies, often times the person accepts them and resolves issues that needed to be dealt with. The person who is dying will have a much more peaceful death. If they do not, it is a much more frightening death. The body is losing energy, but these issues are in their mind and still need to be healed. These issues pursue, even at the point of death and can torment the person, not leaving them alone. So, the mind is designed to heal and continually wants to heal. It is a bigger signal with kids that delay grief issues over time, because they are not finding safety in the environment; where they should go to feel safe. They are not seeing that because of cognitive distortions. So, if they delay overtime, we have a much more serious issue for that kid.
Distorted Mourning

Another complicated grief process is distorted mourning, and I define distorted mourning as getting stuck on one of the normal emotions of grief. For example, somebody might get stuck on longing, searching, and pining. Just as we talked about earlier about Aunt Karen, how somebody was trying to get Aunt Karen to be exactly like mom. If Aunt Karen goes along with this and allows this to continue, then the child is learning that they can get this person (mom) back; which of course is not really the case. So, it is distorted. These children, often times in adolescent years and adult life, will have intense relationships trying to get that original person back - longing, searching, and pinning.

Somebody else might get stuck on anguish. Sometimes people believe that they have to keep their anguish to show their love for the departed person. Remember we said that the anguish is connected to love and memory. Some people get it in their head that to show they loved this person; they have to keep their anguish just as intense as when the person originally died. Thirty years later, there is still an intense anguish and they have not budged at all. So again, we mentioned anguish as an important emotion, a healthy emotion, but a painful emotion. Somebody could attach a magical thought to it and distort it and make it unhealthy, as well.

Some kids get stuck in anger. They think, “Anger gives me power.” So, instead of reading it as a signal (that there a more primary emotion fueling the anger that needs to be released), they end up thinking, “anger gives me power” and they get onto a course of opposition and conduct disorder.

Conflicted Mourning

Another complicated grief process is conflicted mourning. Conflicted mourning is very unusual, and it is related to kids who are abused; after the abusive person dies. They have a different kind of grief process. First, when the person is alive and abusing them, they are already having a grief process. We have talked about abstract reasoning and concrete thinking. When the kid is concrete, say for example five or six years of age, there is concrete reasoning. When they go to a neighbor’s house or friend’s house to play, they are just there to play and that’s all that they do. But, when they get more abstract around age eight and they go to a friend’s house, they start comparing and contrasting. They may notice their friend has love, affection, mentoring, quality time, and all kinds of neat things that the abusive kid is not getting. So, that puts the abusive child into a grief process because he is grieving things that he should be getting in his life.

It is complicated further if the abusive person dies. Kids who have to resolve that situation have two emotional components they do not understand. They do not think that they can have these two emotions at the same time, but they do. The emotions that they experience are anguish and relief. They are often thinking, “How in the world can I have both anguish and relief?” They feel relief, of course, because they are not being abused anymore and they are not being verbally chastised. Anguish comes, because the day the abusive parent died is also the day the “fantasy-parent” died - the fantasy that they would get this neat and quality parent. So, they tend to experience both relief and anguish. They need a good, solid explanation that they are actually grieving the death of the “fantasy-parent” - the hope that this parent would eventually turn into this neat and quality parent.

Unanticipated Mourning

Unanticipated mourning happens when somebody dies and nobody expected it. This could be the result of a heart attack, tragic accident, or a fluke accident, which makes no sense to kids. Now, when somebody is dying of a cancer, it is not uncommon that the child might think, “Is it my fault or is it somebody else’s fault?” But, when we have an unexpected loss there is really no solid explanation why this person died. With this unexpected loss, because of unanticipated mourning, these kids get more heavily into the idea, “It is my fault or it is your fault.” When they get heavily into the idea that it is my fault, a lot of guilt starts to intrude into their thought processes. If they tend to think it is your fault, then they get into scapegoating and anger towards others.
The way we see this often times is in their natural play. There is a need to always have a scapegoat, so they triangulate. In other words, if I have two friends and I am a healthy kid, I can be friends with both of them whether they get along well or not. If I am scapegoating, I will be friends with one of them at the expense of the other. Therefore, if something goes wrong with my friend and I; we just blame the other person. It is all their fault. So, we never have to change; we never have to make any adjustments because it is always their fault instead of ours.

The internet site “Journey of Hearts” provides an excellent source of information for dealing with sudden, accidental or traumatic death on the web at http://www.journeyofhearts.org/.

**Chronic Mourning**

Chronic mourning: I have a different definition of chronic mourning. For me, chronic mourning is getting stuck on one of the five ways to manage life. So, instead of doing the five ways to manage life and progressing with grief, as loss occurs; they just get stuck on one of these five ways to manage life.

For example, if you have done group counseling for teenagers and adults, you have probably seen this happen. Say you are the only counselor in the group and suddenly you have a co-therapist that you did not ask for. What you have is a client who became a co-therapist. And, that person is stuck in one of the five ways to manage life. Recall number four: invest in others. They are willing to invest in others, but they are not going to do anything else. So, they are investing in others and nothing else.

We all hear media people say, “You know those mental health people; they want you feeling your emotions 24 hours a day, 7 days a week.” That’s what we call borderline personality disorder. We are not looking for that at all. But, if somebody is doing that, they are stuck in number two: feeling the emotions. But, they are not doing anything else at all.

These are the six types of complicated grief processes as Dr. Theresa Rando put together. It is nice that these are easy to identify. If you are working in schools, or you are working in clinics, they are not hard to find. With a few questions to parents, you can often determine which type they have. Now, complicated mourning also creates problems. In other words, regular grief does not create behavior problems, but complicated mourning can create all kinds of issues, including behavior problems. We are finding that distorted mourning and getting stuck in anger creates behavior problems. Conflicted mourning and getting stuck in PTSD; being traumatized, and having anger about that creates all kinds of behavior problems. Unanticipated mourning, where people tend to scapegoat and get angry with others, creates conduct disorders, as well.

**ALAN WOLFELT AND THERESE RANDO: TASKS IN THE GRIEF PROCESS**

**Dr. Therese Rando**

Before we talk about how personality disorder is connected to complicated grief processes, let's take a look at two other sets of tasks. We had talked previously about Dr. William Worden’s tasks, which are the tasks that we are using throughout this program. However, I thought you might like to know about two other sets of tasks, because different therapists like to use different tasks. That is why I include Therese Rando’s tasks and also Alan Wolfelt’s tasks, as well. You can see some similarities, but you can see some differences. And that is the neat thing about knowing this; it might give us some additional ideas on how to help kids who are going through the grief process.

Dr. Therese Rando has what she calls the 6-R response. The first one: to recognize that the loss exists; recognizing there is a loss, whatever that loss might be. I like the idea that she talks about loss instead of just death, because that spreads it out to more things than just that one concept. To recognize loss is equal to Dr. Worden's task of facing the truth and reality of a situation.
But, she also adds another task which I think is very valuable. That task is: to react to the separation. I like the fact that she just says react to the separation, because you can put a lot of things in that. It could be physical reactions; could be emotional reactions, spiritual reactions, all kinds of reactions. So, it is a lot more general than Dr. Worden’s idea of just feeling the emotions that go along with grief.

She has a memory task, as well. She calls it: recollect and re-experience the deceased and the relationship. So, you recall and work with the memory of this person. That is equivalent to establishing a relationship with the memory of that person who died, or whatever the loss might be, which is equivalent to Dr. Wolfelt’s task that we mentioned previously.

Next: relinquish all attachments to the deceased and the old assumptive world, which I think is a very important task. In other words, we relinquish those things that we had. We are not connected anymore to those things that were lost. Therefore, we start to let go of these, but we do not forget them. We keep them in our memory.

Then, we readjust adaptively to the new world that we are living in because of loss. For example, the kid who moves eventually relinquishes the old attachments, but he does not forget those old attachments, while adjusting to his new environment.

The last task she mentions is to reinvest; to reinvest in life. For example, when there has been a loss, people can reinvest in a whole variety of the ways. Maybe parents lost a child because of a drunk driver, and eventually they go through the grief process, and eventually they get involved with the mothers against drunk drivers. That is a case of reinvesting in a whole new way into life, and into the world.

I mention those tasks because I think they are very important, because they say some different things that are helpful when we are looking at different kids. And, I also find that different therapists enjoy working with different sets of tasks of grief.

Dr. Alan Wolfelt

In the next set of tasks, which is Alan Wolfelt’s, you will see some similarities, but there are also some differences, as well. The first thing Alan Wolfelt talks about is acknowledging the death. You could also be acknowledging the loss if it was not a death. So, to acknowledge the death, in other words, face the truth or reality just like Dr. Worden’s suggestion.

He also talks about moving toward the pain of grief, which I think is important. I like the idea of expressing that grief reaction, as well. He also talks about continuing the relationship with that person through the memories. You re-establish the relationship through memories. We always have a relationship with the memories of those we love. If you have had a loss, and years pass, you can still tap into those memories of that person. That is what you have a relationship with today.

He also talks about something that is a bit different, which I think is very important: to establish a new self-identity based on this loss. You have had something that has happened that is very traumatic in this loss, and your identity changes because of it. Maybe a little bit, maybe a lot, but it changes because of it. So, we are going to actually develop a new identity. He adds another important thing, which is to search for the meaning of the loss. What this loss means to each child: what it means spiritually, emotionally, what it means to their life. How it is going to define their personality development, and how they are going to adjust to it?
THE MAGICAL THOUGHT MODEL

Overview

The magical thought model has four components: The magical thought, cognitive distortions, defense mechanisms, and personality disorder. So, let us look at this magical thought model together.

First of all, imagine that you are sitting at your desk, working hard, and across the hallway is a coffee machine where two people come and gossip. You can hear every word they are saying. You turn it off, because you do not want to hear, but then you hear your name mentioned. Of course when you hear your name mentioned it gathers your attention and you start to listen. Let’s say an 8-year-old kid is at home and mom and dad argue about everything. Some kids, as you know, will listen to every little word and other kids will not listen. They want it to turn it off, because they do not want to hear any more. Let’s say this kid has learned to turn it off. He does not listen to the arguments any more, but they argue about everything, absolutely everything. Once a while they argue about him and he hears his name mentioned while they are arguing, so he listens. When they go onto something else in their arguments, he quits listening. He hears them arguing about him again a little bit later, so he listens. They go onto something else and he quits listening. This goes on for a long period of time. Eventually, his mom and dad get divorced and he ends up concluding what?

He ends up concluding: “It is my fault.” In other words, he heard them arguing about him and now they are getting divorced, so it must be his fault. What this kid has just created is a magical thought. A magical thought is very different than a cognitive distortion which I will talk about in a little bit. A magical thought is like this. A kid experiences a trauma, a loss, violence, a grief process, whatever it might be. This kid with incomplete cognitive equipment, as the brain is still developing, comes with an inaccurate conclusion - which could be very easy for a kid with incomplete cognitive equipment, because the brain is still developing. In this kid’s case, he heard mom and dad arguing about him, now mom and dad are getting divorced. So his assumption is; he puts these two things together and, “I am the reason they are getting divorced.” So there is a magical thought. He puts two things together that are inaccurate. “I heard them arguing about me and now they are getting divorced.” Now that is a very powerful magical thought.

The Magical Thought

A magical thought has two sources of power attached to it. One is this part of the thought process: “I made this happen.” In other words, I have the power to make these things happen. This is a very powerful idea attached to the magical thought. The second idea is: “I am going to fix it.” And of course, that leads to behavior problems because this fixing behavior’s is not accurate. In other words, it is not founded on the rules of reality. It does not work.

I am going to give examples of this throughout. But counseling with kids I do not go through this whole model. I just tell them: “Magically, if I do this; I get this” or “Magically, if I do this; I fix this.” But, the key feature is; this magical thought is not founded on the rules of reality. In other words, it is not going to work, but they believe that it is. It has two important pieces of power (i.e. two parts of the thought process); one is: “It is my fault.” and the other is: “I am going to fix it.” That is a magical thought, and a magical thought is like a spark that goes off. It is like an insight; an “aha” experience. It initiates this whole process; the magical thought. A magical thought occurs when they put something together that is inaccurate and they have this kind of “aha” experience. “It is my fault because I heard them arguing about me”.

Again, it is an inaccurate conclusion about a trauma or loss which they have experienced. But, many kids have magical thoughts when they go through a trauma or a loss and they do not necessarily end up going down this magical thought system. So, there need to be other fuels. Now, the magical thought is a very powerful idea, but there does need to be other fuels to keep them on this the system. One of the fuels is: cognitive distortions, which are very different from magical thoughts.
Cognitive Distortions

Cognitive distortions are very different from magical thoughts. Cognitive distortions are rigid thought patterns that kids can attach to all kinds of ideas, including magical thoughts. I suggest you read Dr. David Burns’ book “Feeling Good the New Mood therapy.” He has 10 cognitive distortions. From his 10 cognitive distortions; I will just give you an example of 1 or 2. One might be “all or none thinking,” which means: it is going to be this way or it has got to be that way. Of course, that creates a rigidity. And that thought process of “all or none thinking” can get attached to a magical thought and fuel it.

Another example might be, “labeling self or others.” So with that, they attach a label to themselves or others, and attach it to the magical thought. Dr. Burns’ book is highly recommended reading. I would like to give you all of his cognitive distortions, but of course that belongs to Dr. David Burns. But again cognitive distortions are rigid thought patterns that kids can attach to magical thought.

So, whereas the magical thought is like a spark that goes off, a cognitive distortion is a fuel all over the spark that fuels this magical thought right into the development of a kid’s personality. It can start to have an adverse effect on a child’s personality. So once again, the magical thought is an inaccurate conclusion; the “aha” experience. Cognitive distortions are rigid thought patterns that kids can throw onto the magical thought and fuel it in all kinds of ways. We will have some examples later, to clarify. But, next, let’s look at defense mechanisms.

Defense Mechanisms

Magical thoughts ignite with cognitive distortions which fuel the adverse development of a kid’s personality. They can have a bad effect, and the first things that they tend to create are defense mechanisms. Defense mechanisms are as follows: Let’s say a teacher challenges a kid to work. The kid could assert himself or the kid could get quite defensive, based on his magical thought idea. The point being: it is his choice. And that is the point about the defense mechanisms: he could be himself and assert or he could get defensive. When he gets defensive, it is based on a magical thought idea. Now, some kids stay right there and progress no farther with it into their adult lives. So, they are pretty much themselves but when they do get defensive, they get defensive based on this magical thought idea. We will have some examples of this shortly.

Other kids take this defense mechanism and keep working it throughout their entire development; throughout their adolescence and into their young adult life. And, instead of learning the 5 ways to manage life and learning when to be dependent, interdependent and self-reliant; these kids take a defense mechanism and work it really well in every single situation.

Personality Disorder

Now, they become an adult and instead of having the ability to manage life, they have got a defense and it becomes a full-blown personality disorder. That is basically the difference between the personality disorder and a defense mechanism. The defense mechanism is their choice to use and a personality disorder is basically a defense mechanism completely out of control. So, the key feature is that it’s out of control. If you have noticed; in the Diagnostic Manual most of the personality disorders start out with defense mechanisms: For example, Passive Aggressive Personality Disorder, Dependent Personality Disorder, and Avoidant Personality Disorder. By the way, I do not know why they took out Passive Aggressive Personality Disorder from the DSM-IV. I still see it floating around out there.

Next, we are going to take 3 or 4 examples and use this model to demonstrate how these magical thoughts turn into full blown personality disorders.
EXAMPLES OF PERSONALITY DISORDERS DERIVED FROM COMPLICATED GRIEF

Example of Healthy Adjustment

Now, we are going to present examples and use this model to demonstrate how these magical thoughts turn into full-blown personality disorders.

The first example is not a kid who did this in an unhealthy way, but who did it in a very healthy way. A 5-year-old kid’s brother was killed in a car accident. The 5-year-old did not see the death, but of course he had a very definite grief process. But, 5 year olds are very concrete in their thinking; very much so. They have concrete grief experiences, as we talked about previously, when we looked at cognition.

This kid is grieving, but concrete things bother him. For example, he has to sleep in a bedroom by himself, which he and his brother used to share. Now it is difficult for him to stay in there without his brother. So, he waits for his mom and dad to go to bed, and after they are sleeping, he sneaks into the bedroom and sleeps at the foot of their bed. He does this for about 7 to 8 months and then, eventually, mom and dad notice that he is playing in his bedroom a little bit more often. And, he is in there more often during the day. Eventually, this kid starts to stay there at night and sleeps there throughout the night.

This kid did not go down the magical thought model. He did something else. This kid used one of the five ways to manage life all on his own and at only 5 years old. I am always amazed. I believe that the mind is designed to heal and this is one of those examples. In other words, this kid had a trauma; his brother’s death, and he had a reaction to that trauma. In this case, he went and snuck into his parent’s bedroom. But then, eventually, he went back into that bedroom and adjusted to that environment and stayed in there at night without his brother. In other words, he did Task III. He adjusted to his environment now that his brother was no longer there. So this kid, on his own, did something very healthy and again had no magical thought, no cognitive distortions that attached to it.

Example of Dependent Personality Disorder

Let’s say a different kid goes through the same kind of loss but gets dependent and clings on the adults around him. When this kid is dependent and clings on the adults around him, he gets an idea and the idea is this: He notices that when he is dependent it makes him feel safe. And, he gets this idea, “In order to feel safe, I will be dependent.” There is our magical thought. “In order to be safe, I will be dependent.” There is that spark of magical thought.

Cognitive distortions can attach to this magical thought and fuel it into the development of his personality. Let’s say, he has the cognitive distortion of “all-or-none thinking;” it has got to be this way or it has got to be that way; that rigid thought process. When he attaches that cognitive distortion of “all-or-none thinking” to the magical thought, he ends up thinking the following. The magical thought says, “In order to be safe, I will be dependent.” But now when he adds the cognitive distortion of “all or none thinking” it says: “The only way to be safe, the only way, is by being dependent.”

Now, of course, that is a much heavier and more fueled idea. It also eliminates a kid looking for the five ways to manage life, because he believes he has discovered the only way.

This starts developing into a defense mechanism. For example, a teacher challenges this kid to work. He could assert himself with the teacher. Or, if he felt defensive in this case, he would get dependent and get some other nice person to do it for him. If he gets this other nice person to do it for him, he is not learning when to be dependent, interdependent, and self-reliant. He is not learning the five ways to manage life; instead he has learned to get somebody else to do it for him. Now at this point, it is a defense mechanism, which means it is his choice to use it.
So, a teacher challenges this kid; he has the choice; he can assert or he might get defensive. If he does, it is based on this magical thought idea that, “If I am dependent I will feel safe.” So this kid is trying to figure out: “How can I get my dad to let me be dependent on him?”, “How can I get my mom to let me be dependent on her?” “How can I get my friends to do this; how can I get my teacher to let me do this as well?” So, he is not learning the five ways to manage life, and when to be dependent, interdependent, and self-reliant. The only thing that he is learning is dependency and he is incapable of making an adjustment to loss. Again, this is all based on the magical thought founded on a loss or trauma that he has experienced.

**Example of Compulsive Personality Disorder and Perfectionism**

Another example is perfectionism. We will take this through the magical thought model, as well. I recall counseling a child when she was 17 years of age. She had graduated from a large graduating class of about 500 kids. She had an IQ of 115, which is not bad but is not gifted. She wanted to be gifted in the worst way. When she graduated from high school, (this large graduating class of 500 kids), she was number three in her class. Guess why she tried to kill herself right after graduation. Yes, because she was not number one. Now, if I were number three in a class of 500, my mother would be on here, telling you all about it. But notice that she is not; which might tell you something. In other words, this kid should have enjoyed it then and she should enjoy it later. But not her; she tried to commit suicide.

When we unraveled this whole thing, we found that when she was in elementary school, her brother had died. And, with this she had gone through a pretty tough grief process, and of course mom and dad were very upset, as well. She got an idea, “If I am perfect, it seems to make mom and dad feel better and that makes me feel better.” So, her magical thought idea was “If I am perfect, we will feel better.” That is the magical thought, the spark of magical thought, “If I am perfect, we will feel better.”

Let’s add a cognitive distortion to that: “all-or-none thinking”; that rigid thought pattern. We are going to attach the cognitive distortion to the magical thought. With the cognitive distortion of “all-or-none thinking”, the magical thought “To feel better I will be perfect.” turns into this: “The only way to feel better is by being compulsively perfectionist; the only way!” This fuels it more, and eliminates the five ways to manage life or the tasks of grief. This process eliminates the five ways to manage life and fuels this idea into the kid’s personality, “The only way to feel better is by being compulsively perfectionist; the only way!”

It now starts to make a defense mechanism. For example, the teacher challenges this girl in some way or the she feels threatened. She could assert herself, but in this case she gets compulsively perfectionistic. Some kids stay right there; take that into their adult life and that becomes their favorite defense mechanism. When they feel threatened, they tend to do perfectionism.

Other kids really work this perfectionism. Now, instead of learning the five ways to manage life and when to be dependent, interdependent, and self-reliant; they learn instead that they have to be the perfect parent. Or, they have to be the perfect adult child. Or, they have to be the perfect employer, or the perfect spouse. They have to be the perfect everything, now that they are adults. All stemming from a complicated grief process, and based on the magical thought, “In order to feel better, I will be perfect.”

**Example of Antisocial Personality Disorder and Anger**

Let’s take another example (because we have worked with this so much), which is the issue of anger. Let’s take anger through this magical thought model. Later, we discuss an anger management program. We present a new way for you to look at anger, but let’s take a look at this magical thought model and anger first. A kid, who goes through a pretty tough time of loss and does not feel much empowerment, discovers that he can push buttons and say things that enrage people. He might get this belief, “Anger gives me power.” And of course, that is a magical thought; a very powerful magical thought. In other words, “In order to be powerful, I will be angry.” There is the spark of magical thought.
Now, we can add a cognitive distortion to that. In fact, we can add two of them. One might be “all-or-none thinking” which says this, “The only way to be powerful is by being angry; the only way.” Of course, since it is the only way, that rules out developing the five ways to manage life or the tasks of grief. But he could add another cognitive distortion to make this thing even stronger; for example, “labeling self or others.”

Let me give you an example of this labeling issue. I once worked in a prison system. If you were to work in a prison system, and walk in your first day of work, and walk past inmates; I think I know one of the first questions that the inmates would ask you. They might ask you your name, but generally they are not interested. They want to know something else which is this: They will say to you, “What do you do here.” In other words, what authority, or label of authority, do you have over me? In the state of Wisconsin, if I were to say, “I am social worker.” they would come over and talk with me because social workers have a lot of impact on what happens to these folks. When I say to them, “I am a psychologist.” they just lift their hand, throw it at me, walk away and say, “Okay, fine.” They walk away, which can have its advantages in the prison system, because you are not necessarily looking for referrals in the prison system.

On the outside, they hate authority figures. They absolutely hate authority figures. If they could, they would easily lay that label on everybody. By doing so, they are expanding their power and this fuels the idea: “I have got more people to push their buttons.” “I have got more people as scapegoats.” “I have got more people to blame for all these different things.” So, it fuels the idea even more. “Anger gives me power”, can setoff these large populations. Well, these cognitive distortions again fuel this magical thought into the development of personality. Now, they can start to create defense mechanisms, but at this point of development, they still have choices about anger.

Another defense mechanism might be “passive-aggressive reactions.” For example, a teacher challenges a kid to work. The kid could assert himself or he might end up saying, “Well, this is what you want me to do. I am not going to do it. I sure hope that does not bother you.”, or “You do not want me to do this. This is the very first thing that I am going to do.” - a passive aggressive kind of thing.

He has another choice, as well. H can do conduct disorder. For example, a teacher challenges a kid to work, and he could assert himself or if he felt defensive, he could end up thinking: “I will go past this teacher’s house tonight and throw a brick through the window.” In other words, illegal behavior, conduct disorder. At the defensive mechanism level, it is his choice to use this or not. He can assert or get defensive. Some kids stay right there, get defensive and take it into their adult lives.

Other kids, as they become adults, really work this and now they have a full-blown antisocial and/or passive aggressive personality disorder. They are constantly playing a manipulative game, over and over again, and never getting close to anybody. Again, it is all based on the magical thought related to a loss or trauma that they have experienced.

**Example of Narcissistic Personality Disorder and Intellectualization**

Let’s take a look at one more example of this model. This is interesting, because it is an example of someone who is very gifted, very bright that has intellectual narcissism. Now, there are a lot of gifted people out there that are nice people, but this is someone who is very bright and has intellectual narcissism. The reason I am bringing this up is that magical thought is counter to the rule of reality. In other words, it does not work. It is counter to the rules of reality. It just does not work. So, you would think that somebody who is intellectually gifted could understand magical thoughts, and would not be impacted by them so much. It is not true, because it is not an issue of cognition, but an issue of not learning how to manage life, and not learning how to deal with the tasks of grief.

So for example, you have got someone with intellectual narcissistic personality disorder. Let’s take a look at a possible magical thought for that. One magical thought might be, “I can deal with my painful emotions of grief by using my intellect.” This is not good cognition. This is a narcissistic intellect which always has to win arguments with other people and always has one-upmanship. So, this is the magical thought, “I can deal with my painful emotions by using my intellect.” There is the spark of magical thought.
We can fuel this with cognitive distortions and we’ll just take one: “all-or-none thinking.” Now, the magical thought is “the only way to deal with painful emotions is with intellectualization; the only way”. This fuels into a kid’s personality and can start to create the defense mechanism of intellectualization. So, the teacher challenges a kid. He might assert himself or if he gets defensive, he would be intellectually narcissistic. But again, it is his choice.

Some people stop there. Others progress and really work this intellectualization. So, instead of developing the five ways to manage life and learning when to be dependent, interdependent, and self-reliant; they develop intellectual narcissistic personality disorder. They are constantly playing this one-upmanship and legalize argument. But, in spite of incredible intelligence they could not make a simple emotional bond, all based on the magical thought related to a loss and a trauma.

The Four Fuels

Now, let’s discuss the four fuels of this model. Here are the four fuels: magical thought, cognitive distortion, secondary gains and magical outcome.

One of the fuels, of course, is the magical thought, and the magical thought is the ignition. So, one kid might have a trauma and he puts things together inaccurately, because he has incomplete cognitive equipment. And, he ends up concluding something like; “It is all my fault and I have to fix it.” Of course that “fixing behavior” leads to more unhealthy behavior. That magical thought is a very powerful idea. I explain to kids: “Magically, if I do this, I get this.” or “Magically, if I do this, I fix this.” It is the ignition. It is how this whole process starts.

However, many kids have magical thoughts about all kinds of things; losses, trauma, and all kinds of stuff, but they do not necessarily go down this magical thought system. So, we need another fuel; and another fuel is cognitive distortions. Cognitive distortions are rigid thought patterns that can attach to magical thinking and fuel it. This is the reason some kids go down the system of magical thought into unhealthiness and other kids do not. Some kids, when they have a trauma and the magical thought goes off, already have cognitive distortions in their head. For example, kids who are abused are fed cognitive distortions by abusive parents.

However, we can also have somebody come out of a pretty violent environment. Let’s say, somebody grew up in inner-city. You have seen this, where they have grown up in an inner-city, but when they become adults they have a healthy personality and they are nice people, contributing to the culture in general. If you ask them, Why is it that you came out of that environment, and you are doing so well?” Most of them will say to you, “I had this one person in my life that kept cleaning up my cognitive distortions.” And, they have that one person who keeps telling them a whole different idea. They are cleaning those cognitive distortions. So, those kids do not have much cognitive distortion. They might have a loss or trauma and a magical thought might go up (ignite). But, it does not take control, because they have very little cognitive distortion to fuel such ideas. So, cognitive distortions are one of the reasons, I think, some people go down this system and some people do not.

Another fuel, when we get to the point of defense mechanisms and personality disorders, is secondary gains. In other words, what do they get out of it? For example, if I am dependent, and I get this nice person over here to do something for me; I have got a secondary gain. I do not have to do it myself. If I am angry, I am always blaming somebody else for everything that goes wrong. They have to make all the adjustments and nobody is looking at me to make adjustments. Nobody is looking at the pain that I am going through, so that is my secondary gain. I am getting something out of it.

Here is the problem: there are three basics that people have to have, in order to develop healthy personality. The first one is: something wonderful happens to you; you experience that and it becomes part of you. So, for example, a kid has a wonderful experience, they take it in and it becomes a part of them. They take it in with the five ways to manage life or what William Worden calls the tasks of grief. By facing the truth and reality of it, feeling the emotions, adjusting to environments, investing in others and remembering as accurately as possible; it becomes a part of them. It is easy, because it is a wonderful experience.
Secondly, if a painful experience happens, the same thing: they need to take it in and that becomes a part of them, as well. They do it by facing the truth and reality, feeling the emotions, adjusting to environments, investing in others, and remembering as accurately as possible.

Third: everybody needs to take a good calculated risk in order to grow. We live in a “happiness environment” that does not like discomfort. When people feel uncomfortable, painful emotions, even though they are normal and healthy emotions; they avoid them. A lot of people are trying to avoid taking risks in life, because doing so creates a lot of discomfort. So, if I am dependent, and I can get you to do it; then I do not feel any pain, because I do not take any risk. Of course, that is the secondary gain.

Now, let us take a look at the final fuel. The final fuel is the magical outcome. If somebody believes, “If I do this, I have this wonderful magical outcome.” then the belief that they will get that magical outcome keeps them on the magical thought system.

An example begins with the belief: “If I am perfect, we will feel better.” Belief in the outcome “we will feel better” keeps the person on this magical thought system, because they believe they will feel better. That fuels the idea “All I have to do is to be perfect and I will get this magical outcome and we will feel better.” Or, “If I am angry, I will have power.” Of course, the magical outcome that fuels the person is the belief that they are going to end up having all kinds of power if they just stay angry. So, “having power” is the magical outcome that keeps fueling the belief that anger will get them what they want.

**An Example of Magical Thinking with an Adult**

Let me give you one of my favorite examples of a person who was on this magical thought system, who believed that he had power, but actually had absolutely no power at all. I was in a medium-security prison, where I was consulting, putting in some groups. And, I saw a fellow who I never spoke to once, but who caught my attention, because he was so good at what he did. He pushed buttons. He had this uncanny ability to be able to read people’s buttons. He would work two people against each other. First, he would read one inmate’s buttons. Then, he would look at the other inmate and read their buttons. He would start working these two inmates against each other, saying all kinds of things, because he knew it would bother them. Of course, inmates are not known for impulse control. So, these two inmates would start beating on each other, and he would sit back and watch. To him, that was better than television.

Now, this was in a medium-security prison. Six months later, I am consulting in a maximum-security prison in the same state, where I noticed that he got transferred from medium to maximum. Do you think he learned anything? No. Now, he has an inmate who he is working against another inmate, and they start fighting. The Guard and Warden come by and he verbally sets them off. Again, incredible skill; the way he could read buttons. Too bad he did not use it for something more decent than this. But he got placed in maximum security. Then, he got placed in isolation, which is a 10 x 10 cell. They get a pair of underwear, a bed, and it is cold because it calms people. He is sitting there, perched on the bed with his ear perched toward the door. The door has a window on it where he could see the guard walk up, open the window, and look at him. As soon as he saw that guard looking in, he jumped over there and tried to push that guard’s buttons.

This man thinks he is in charge of his life, but he is sitting in a box. Those with magical thoughts think they are going to get this wonderful outcome, but they get exactly what they are hoping not to get. In this guy’s case, he believed he was going to have all the power in the world, but he is sitting in a box. He believes that if he sets off that guard, he is in charge of his life. He can not see the fact that he is sitting in a box, and he has no authority in his life, whatsoever. I am amazed that people who hate authority the most, end up getting surrounded by exactly that - authority. That is the thing about a magical thought. Often times kids get exactly what they are hoping not to get, because the magical thought does not work.
Two Goals to Resolve Magical Thinking

We have two goals with our magical thought model which we are going to demonstrate. Magical thoughts are not founded on the rules of reality. In other words, they do not work. They do not work at all. So, for our first goal: we want to impinge a magical thought with truth and reality. We will demonstrate this shortly, with a story.

The second goal is this: we want to replace unhealthy behavior that was created by the magical thought. We would like to replace that with healthy behavior which is based on the five ways to manage life. So, we want to impinge a magical thought with truth and reality and we want to replace unhealthy behavior that is created by magical thought with healthy behavior. We always know healthy behavior, because it reflects the five ways to manage life.

The National Institute for Trauma and Loss in Children www.tlcinst.org offers an excellent web site, which includes information about the difference between grief and trauma, as well as, information about associated mental disorders and associated complications.

CASE STUDY: WORKING WITH HEATHER

Presenting Problem

I will give you the story of Heather, as an example of a 5-year-old. Later, I will give you a 13-year-old example, because I know some of you work with 5 year olds and others work with teenagers and some with both. So let us take a look at this story of Heather, as an example how to use the magical thought model.

I love working with all kids, but what I like about 5 year olds is; if they have a magical thought, you do not have to go and look for. It is right there. This 5-year-old came into my office. As soon as I saw her in the waiting room, I could tell what her magical thought was. It was basically this, “I have no power in my life, so therefore I will be passive.” Then of course, the unhealthy behavior that is created by the magical thought is too much passivity. For her age, she is not developing how to manage life at all, because she is over relying on too much passivity. So, the magical thought is, “I have no power in my life, so therefore I will be passive.” You could see in her body language; the way she acted; all kinds of reactions she was having; that she felt no power in her life. What convinced her of that by the age of 5? Her grandpa (who had a major influence on her life and was probably the only stable person in her life, who cared about her greatly), was “dying”. This kid believed she could stop grandpa from dying.

But, hospice got involved and very appropriately and honestly talked to this little girl about the fact that grandpa was dying. So, she got in her head that grandpa was dying, which was true. She got it right that there was not much she could do about it, which was true, as well. But, she took the last idea and with the cognitive distortion of “all-or-none thinking”; she got it in her head that there was not much that she could do about anything. Her mom and dad were getting divorced. Mom and dad had one of those marriages that I call, “marrying a fantasy.” In other words, when they married each other, they did not know each other.

We have a very high divorce rate and I think one of the major contributing factors is that people marry a fantasy. For example, in previous generations people knew each other 3 to 5 years and would date each other that long before they would get married, which meant they knew each other. Now it is less than a year, so people do not know each other. And a transition happens for folks, as well. For example, the transition from romantic love to mature love used to happen in dating because dating was very long. Now it happens after marriage, after kids. And, that transition from romantic love to mature love is like this: Romantic love is, “You’re perfect, and I love you.” Mature love is, “O, my gosh! You are not perfect at all, but I love you anyway.” Well, some people think, “You are not perfect and I can not stand you.” Today, that happens after marriage, and after kids; creating complications for the divorce process and the kids in general.
Well, she thought she could get her parents to stay together, but dad moved out, which is a concrete experience for a concrete thinking kid. So, she got in her head that they were getting divorced, which was true and there was nothing that she could do about it, which was true as well. But, with the cognitive distortion of “all-or-none thinking”, she got it in her head that she could not do much about anything. That was not true, but that is what she believed.

All those five ways to manage life or tasks of grief are very important, but there is one that offers some degree of empowerment. That is the third one: “adjusting to your environment.” We can ask kids a certain question that reflects that task. For example, we can ask this little girl, “What do you do to make yourself feel better?” In other words, how do you adjust your environment when you are going through this loss of grandpa dying or mom and dad getting divorced? What you do to make yourself feel better? How would you adjust to your environment to make yourself feel better?

This little girl said she used to go and play with a 5-year-old girlfriend that she loved to play with. When I heard her say, “used to,” I said, “Well, why don’t you go there any more?” She said, “Well, because of the neighbor mom.” “So, tell me what that is about?” She said, “Well when I go over to the neighbor mom’s house to play with this 5-year-old girl, the neighbor mom asks me all kinds of questions.” And I said, “What did she ask you?” She said, “She asked me things like, has your dad been served papers by the sheriff yet? Has your mom got a new boyfriend? Has your dad got a new girlfriend? How did your grandpa’s kidneys fail?” She looked at me and said, “What the heck are kidneys anyway?” because she was only 5 years old. She was getting these intrusive, adult questions, which made her feel uncomfortable. She was passive, so she left the house and that experience reaffirmed the idea; “I have no power in my life, so I can’t do anything.” She has to be passive.

**Intervention**

“So, here is what we are going to do,” I said. “We are going to do a play, like a theater,” which many of you would know as a psychodrama. I never say the word psychodrama to children, because you could scare them for life, you know. So, I call it a play, like a theater. I said to the 5-year-old, “We are going to do a play, like a theater.” And I said, “You are going to be the director and the director tells us what to do,” which is empowering for an un-empowered kid. I said, “I am going to set it up, but you are going to show us what to do.” I said, “I am going to play the neighbor mom, and you play yourself.” And I said, “Your mom who is with us will play your 5-year-old friend.” For example, if we did not have mom, we could get another 5-year-old kid or somebody to substitute. Or, if we are just seeing this child one-on-one, we could get a cardboard figure, just something to represent the 5-year-old friend.

“Now, you are the director, so you tell us what to do, so we can play out this play and see exactly what happens when you go over to play with your friend but, when you get all these questions instead.” Here is what she created. She had herself and her mom playing her 5-year-old friend on the floor, like they were in the living room at the neighbor’s house. She had me standing over with my fingers pointing at her, asking all kinds of intrusive questions. She turned away. Being 5 years old, I do not think she realized that she offered the social signal, “I don’t want to talk about this,” but she did, she turned away. She had me, as the neighbor mom, step around and ask her more questions and be even more intrusive. We asked her to show on her face what she felt. We could see the upset in her face when the neighbor mom was being intrusive like this. By telling her mom what to do as the neighbor kid, we could see stress reactions in the neighbor girl when her mother was being intrusive. So, now we have a nice 3D picture of that entire situation.

I said, “We are going to come up with ideas that we can rehearse, so you can increase the chances that you can play with your friend. You come up with ideas; mom and I will come up with ideas, and let’s get a good plan.” We would like it to be her idea just for the sake of empowerment if that is possible. While she was coming up with ideas; mom looked at me like, “O my gosh! What have I got, another Columbine killer here?”, because they were extremely aggressive ideas. It is amazing, even at the tender young age of 5, (when somebody is overly passive, others are taking advantage of them, they are stomped down and they are hurt), they gather lots of anger and she was feeling very, very angry.
But, of course, she was just ventilating. Then came the assertive ideas. There was one that we really liked; that we all agreed upon; a one-two-step plan; easy to remember. “So here is what we are going to do. We are going to rehearse it.” So, we rehearsed it and we rehearsed this thing over and over again. “So, now we are going to make a moving picture in our head so you can rehearse it in your head.” In another words, we were using her memory, so she could take this with her in her memory. Then we said, “Now, before you go over there, rehearse it again.” Now she can use anticipation. “Do not go looking for this, but if you get all these questions, just do this one-two-step plan instead of just being passive and leaving.”. And, she did.

She had not been over there for a while. So, there were lots of intrusive questions that she got, as soon as she walked in the house. But, instead of leaving and being passive, she remembered this one-two-step plan. Here is what she did, just like she rehearsed. She was in the living room, so she went over to the phone and she picked it up. She dialed home, just like she rehearsed, and then she said to the neighbor mom, “If you got questions about grandpa dying or mom and dad getting divorced, you can ask my mom. I am here to play with Julie.”

What do we get other then a very interesting phone call? We get this: “Hey, you know, I can’t stop grandpa from dying which is true. I can’t stop mom and dad from getting divorced, which is true, as well.” But, here is where we are going to break into the magical thought: “I have no power in my life, so therefore I will be passive.” We are going to break into it with this truth: “But, I can do things to adjust to my environment.” And that idea is impinging on the magical thought - “I have no power in my life.” At the same time, we rehearsed something that reflects the five ways to manage life to replace the unhealthy behavior of passivity. And, in this case, we rehearsed something that reflected task three: adjusting to her environment. When she speaks to the neighbor mom, she is adjusting to her environment, so she can make herself feel better and play with her friend.

We are impinging on the magical thought with truth and reality and then rehearsing behavior that reflects the five ways to manage life; to replace the unhealthy behavior that is created by the magical thought.

**A MODEL FOR DEALING WITH ANGER: CASE STUDY**

**Anger Categories: Barometer and Primitive Plan of Treatment**

The next thing we discuss is a model for anger. This is a model I have devised, put together, so we could take a different look at children’s anger. I find it is helpful for folks who work in residential treatment centers or at schools, and see kid’s angry behavior in its natural environment. It is also helpful for clinicians in private practice.

I’ve noticed something; I have been both a school psychologist and clinical psychologist. When it comes to anger, I have noticed that when I was in schools and when I worked in residential treatment centers; I could see children’s anger in it’s natural state. That is not always the case in private practice. It is amazing how angelic a conduct-disordered kid can be for an hour of counseling. But, the first part of this anger model is helpful for those who work in that natural environment, because it has a couple of important categories. If you know these categories, you can better effectively help these children. The two categories are: barometer and a primitive plan of treatment.

Now, let me give you a couple dynamics about each one of these, and I will give an example to clarify. A barometer is an anger expression that is purely conduct disorder and has no redeeming features whatsoever. In other words, there is nothing that we like about it. There are no little parts of it that look good that we can change. It is purely conduct disorder; somebody is getting hurt or something is getting destroyed. It is purely conduct disorder and there is no redeeming feature.

A primitive plan of treatment is a child’s natural walk away from conduct disorder. So, it is an anger expression, but it is a natural walk away from conduct disorder. In other words, it has redeeming features and it is not purely conduct disorder. We can see things that we like about it, as well.
Case Study: 8-Year-Old Boy Experiencing Anger

Let me give you an example of this. There was an 8-year-old who got progressively angrier over a year until he was about 9-1/2 years old. When he was 8 years old, his mom died. And a couple days before she died, he started showing lots and lots of anger. His anger continued over a year, because his father refused to get him treatment, well after his mother died. And, he was hurting people, but strictly females. For example, he was hurting classmates who were female; kids in the playground; kids in the neighborhood. But, just the girls and not the boys. Same way with female staff; he was very oppositional with female staff but not with the males. So, we had an anger that was exclusively for females. But again, his father was resistant to treatment and did not bring him in for treatment for over a year, so that anger was allowed to grow.

Now, when we look at that angry expression that he had towards females, there are no redeeming features. Every part of it was conduct disorder. He was hurting people. Now, that is our barometer. And that means if we help this child to resolve this anger, this barometer of anger should go away. In other words, his anger towards females should go away if we resolve whatever it is that is creating this anger towards females. So, that is our barometer. It is purely conduct disordered and there are no redeeming features.

But that is not the reason why he came into treatment, because again, his dad was very resistant. The reason he came into treatment was another behavior that they thought was fairly bizarre. I would call it a primitive plan of treatment, because it had redeeming features and was a kid’s natural walk away from conduct disorder. Here is what he was doing. He happened to notice two smudge marks of equal height on the inside of the living room door. His dad was sitting on a couch and he knew his dad was in there. He got his brother’s play dough and made a ball of dough. Then he started to throw it as hard as he could between those two dots, all the time saying very nasty things about females.

Now, he knew his dad was there and dad was watching this, thinking this is pretty bizarre. So, he thought he would let it continue; maybe the kid was ventilating or something. However, this kid’s anger got worse and worse and worse. After 30 minutes, the dad said, “Hey you need to stop this.” But, it did not seem to help, because he just did not respond to these verbal instructions. So, dad had to physically stop this boy from doing this behavior, and that was when he decided to bring him in for counseling.

Now, let us take a look at that anger expression. First, what were the redeeming features? Well, one thing is: he had a target, so his anger is focused. Now, those two smudge marks of equal height on the door probably had something to do with his mom, like it is mom’s eyes or mom’s face. That turned out to be true, but it’s bad that it was his mom’s face. But he did have a target and it was focused and that is a good thing. As anger went down the magical thought model, it got dispersed out. Many times, kids forget what they are originally angry about. So, he had a target and that is a good thing.

The other thing we like about: he was allowing his dad to see it, so it was not manipulative, behind dad’s back. Even more important, he was not hurting anyone and he was not destroying anything. Now, if he was not hurting anyone and he was not destroying anything; that’s counter to conduct disorder. So, this kid was naturally walking away from conduct disorder. Another thing we like about it: he had a verbal expression and a physical expression, as well. So, we have all kinds of redeeming features. This was his primitive plan of treatment. It was the kid’s natural walk away from conduct disorder. Now, the reason it was primitive, is because it was not working. We know it was not working because we can go back and check that barometer, (all that anger toward females) and see that it was still there and just as strong as ever. But that’s one of the key features, if it has redeeming features or not, and if it has conduct disorder or not.

So, for those of you that work in a natural environment (for example in schools, or residential treatment centers where more kids express this natural anger): when you see a child’s anger, the first thing you can have in mind is, “Is it a barometer or is it a primitive plan of treatment?” A barometer has no redeeming features and is purely conduct disorder. In other words, the child is hurting someone or destroying property. If it is a primitive plan of treatment, it is a child’s natural walk away from conduct disorder; the child is trying to heal. And, it has redeeming features; it has things that we like about it. That is the difference between a barometer and a primitive plan of treatment.
It is primitive, again, because it is not working, because something very important is missing. And, it makes sense that it is missing. What is missing is very abstract. Kids who are young think concretely. And, even older kids that have abstraction tend to stay concrete in their thought processes, if they are getting defensive with cognitive distortions. And of course, what is missing in that primitive plan of treatment is the abstract “primary emotion”.

For example, remember we talked earlier about anger: that anger is a signal that a more primary emotion needs to be released? So, someone might show anger, but they are really feeling betrayed. And, the feeling of betrayal is feeding the anger and that is what needs to be released. Betrayal is the primary emotion. Anger is the secondary emotion. So, they might feel abandoned, but instead of showing feelings of abandonment, they just show anger. All we can see is the anger, but what needs to be released is this feeling of abandonment, because that is feeding the anger. Again, abandonment is the primary emotion and anger is the secondary emotion that is working as a signal, letting us know there is an emotion that needs to be released.

**Case Study: 8-Year-Old Boy - Discovering the Child’s Primary Emotions**

I had no idea what this kid’s emotions were at the time of the counseling and that’s why we have projective devices. So, we got a bunch of sheets of paper and some magic markers and we said to this child, “I would like you to draw a picture of what it feels like when somebody leaves you; you do not want them to leave but they leave anyway,” which is a concrete way of saying abandonment. I also said to the child, “Draw a picture of what it feels like when you want to make something happen in the worst way, and you try, and you try, but you just cannot make it happen,” which is a feeling of helplessness.

We are going to draw all kinds of pictures of primary emotions, about 7 or 8 of them. If you like these concrete ways of expressing these primary emotions to children, there are two sources for this: one is any children’s dictionary. You can look up the primary emotion and find a nice concrete way of saying it. Another source is my book, “The Magical Thoughts of Grieving Children.” I have them all defined in there, as well.

So, we made pictures of all these different primary, very abstract emotions. And again, projectively, we were hoping that one of these emotions would stand out above the rest. And that was the case; the one that stood out above the rest was the feeling of abandonment.

Kids will feel abandoned when a parent dies, but this picture was much stronger than that, suggesting lot of other issues with abandonment. So, I asked dad about mom and abandonment for this child. Dad got upset, because he felt mom was a very good mom and I tended to believe him about that. I said, “What you have to do is think like a kid and not like an adult. So, think about the time when this kid got very angry or started getting angry. And think like a kid does, which means that you do not interpret anything, you take everything at face value.” So, the dad went through and recalled some things. He remembered that this kid started getting angry a couple of days before mom died and, he said, “Well there might be this one issue. He might have misinterpreted something.” Mom was in a lot of pain before she died. A couple of days before she died, dad and this little boy were in the room with mom. Dad and the little boy heard mom say, “I wish I could just die and get out of here.”

Dad has abstract reasoning so he can attach all of his own ideas on to that and soothe himself when he hears that terrible thought. In other words, he might end up thinking something like this, “She said that because she was in pain. If she had a choice, she would not have the cancer and she would stay with us, but she does not have a choice”. Now, that would soothe dad and stop him from getting angry with what mom said. But the little 8-year-old boy did not have that abstract process. So, when he heard mom say, “I wish I could just die and get out of here”, he is probably thinking, “She wants to leave me.” This might be something we can use.
Getting back to that picture; when we had him make these pictures, the feeling that stood out was abandonment. We now had symbols of the primary emotion that we could put into the child’s primitive plan of treatment. Remember that primitive plan of treatment for this child, where he was throwing his clay ball at those two dots (being mom’s face)? When he did that, he seemed to get more and more angry, looking at mom’s face. Again, it had redeeming features; it was not hurting anybody, and it was focused. There was no destruction of property, and all those kinds of good redeeming features. So, we are going to put the symbol of that primary emotion into his primitive plan of treatment. We said to the boy, “Let’s get rid of these dots on the door, (mom’s face). Instead, let’s put up this picture”, which was the feeling of abandonment that the child had created.

I said to the child, all I want you to do is what you are doing, because it was great. Again, we want to praise any kid when they are walking away from conduct disorder with their expression of anger. I told him, “You are not hurting anybody, you are not breaking anything, you are focused, you know you have got a target, you are allowing your dad to see it, you have got a verbal expression, and physical expression, but let us make one change. Let us get rid of the dots and let us put up this picture of the primary emotion.” And, that’s what we did. He started to throw the clay ball at that picture of the primary emotion. Instead of getting more and more intense with his anger, (as he did previously, while imagining mom’s face), now he looked at his emotion (picture of abandonment) and the anger starts to disappear. Then what comes up is the primary emotion.

Sometimes we have to go through all the pictures of the emotions that they have created. Sometimes it is very obvious and in this kid’s case, the feeling of abandonment was very obvious. When we had him throwing the ball at that picture, his emotion started to develop and I could see that he was in tune with that emotion.

**Case Study: 8-Year-Old Boy - Treatment with Action-Focused Techniques**

Here is the next part of the treatment. We needed to get dad’s very abstract idea into this kid’s concrete thinking brain. So, we needed a concrete device that we could use abstractly. So, we rely once again on action-focused techniques. There could be all kinds of things that you might create differently. Let me tell you the one thing that we did that helped this kid understand what his dad understood when mom said she wished she would just die and get out of here.

We did an action-focused technique; in another words, we re-enacted the situation where mom said what she said. We had a female therapist play mom. We had dad play himself and the boy play himself. The female therapist said just like mom, “I wish I could just die and get out of here.” We immediately asked dad “What did you think when you heard that?” And, dad said, “I thought she said it, because she is in pain, but if she had a choice, she would not have the cancer and she would stay with us.” Now, that is the first time the boy heard this. Dad also said, “She did not have the choice.” Now, the kid heard this for the first time.

We asked the boy what he thought and he said, “Well, I thought she wanted to leave me.” Now we are going to rotate; we are going to have the little boy play mom’s position, female therapist play dad’s position, and dad play the little boy’s position. So, when the little boy is playing mom, he has seen the person playing dad and the person playing him. So, when we have them say what they thought and the little boy saw the person playing him say, “I thought she just wanted to leave me,” now, he could also see the difference. So, he has heard it and now he can see it.

Next, we are going to have him play dad, and as he plays dad, we are going to have him say exactly what dad said. When he does this, he gets this full idea, because he has experienced it through his hearing, through his seeing, and through feeling. So, we are using a concrete way of getting an abstract idea into his brain. He got the idea which dad had, and he understood it. Now, we did not have to take his word for it, we could check his barometer. All that anger that he had toward females went away.
Case Study: Patricia

Now, of course, this does not work in every case, because it is just another treatment tool, another option for you to use. But, sometimes I am fooled when I think it did not work and I find out later that we are not done yet.

For example, we had a little girl named Patricia. Her dad was dead. She also got it in her head that her dad wanted to leave her. So, we figured out her barometer. You know, that purely conduct disorder kind of thing, with no redeeming features. Then we figured out a primitive plan of treatment, in which she was on her own trying to walk away from conduct disorder. We had her make the pictures and abandonment was very strong just like the last case. We put that picture (of the emotion of abandonment) into her primitive plan of treatment. She let the anger out toward that picture in that primitive plan of treatment.

Then we got together with her and talked a little bit about how dad did not want to really leave, and we got that idea into her head. We felt we had a good session. But, then when we rechecked the barometer, the anger was just as strong as ever. So, I thought it did not work and would have to move on to something else. But then, a session later, Patricia came in my office and said to me, “I have a secret.” I don’t care how long you have worked with kids; and you are glad they feel safe with you; but when they say that: it just scares the heck of us. I said, “Patricia, what is your secret?” And here is what she told me.

She said that she had been told (and I had been told) that her dad died of cancer. But, Patricia found out the truth, because everybody has what I call a “little Cousin Chris.” For example, in my family I have little Cousin Chris who we call the “truth detector.” When my dad died, little Cousin Chris came to the visitation; he was only 5 years old at the time. This was about 12 years ago. Little Cousin Chris’s mother must have told him that my dad was sleeping. He went over; he looked in the casket, and he got a real worried look on his face. He ran over to me and said, “Jim, I don’t think he is sleeping, I think he is dead.” I said, “Well who told you he is sleeping Chris?” He said, “Mom did.” I said, “Well we need to talk to mom because we need to get her facing the truth and reality, as well.”

Patricia had a cousin come over, who was not so cute, and said, “Your dad did not died of cancer, your dad died of AIDS.” Now, Patricia had no idea what AIDS was, but she knew what a secret was. So, when her cousin said it like that, in front of her and especially in front of all of her friends; she was embarrassed and humiliated because she did not know the truth. Also, the words of truth had come between mom and daughter, because the mom did not know that Patricia knew the truth.

So, she has two more primary emotions, embarrassment and humiliation. Let’s make a picture of those. Lets put it in her primitive plan of treatment and let the anger out toward that. Next, we are going to have the clinical session. In a clinical session, instead of trying to get a better idea into the kid’s head, we are going to work with the mom and the kid. Now, we are going to work in the five-ways-to-manage-life, (1) face the truth and reality that dad died of AIDS, (2) feel the emotions about it, (3) adjust to the environment without him, (4) invest in each other and other people, and (5) to remember as accurately as possible.

So, again this is a good treatment option for anger. It is a unique look at anger and it places a structure on anger, as well. I am always very concerned about kids that are allowed to ventilate anger. They just express the anger, but we are not sure if they are ventilating or rehearsing. So, if we have a structure like this, we can get a better handle on structuring the anger and teaching them how to deal with their anger, as well; especially grief-related anger.
SIX WAYS TO USE ACTION-FOCUSED TECHNIQUES WITH GRIEF ISSUES

Overview

Of course it gets more complicated with older kids like teenagers, because sometimes they hide their magical thoughts so well that it is not so obvious. So, we need some other tools to be able to help with that. One of the things we are going to look at is five ways to use action focus techniques. Actually there are six ways, but the first one we are not going to talk about too much, because it is not a treatment option. It is more of a warm up.

Now, there are some advantages to using the action focus techniques. First, it creates timing. When we have kids and families make up ‘pictures’, and we are working with them with an action focus technique; it is difficult to sit down and not talk about it. So, it creates the timing for dialogue. Also, especially with younger kids; with action focus techniques they can express beyond their verbal abilities. Now, I work with a lot of teenagers and with teens, of course, they can verbally express better, but sometimes action focus techniques are a good supplement to talk therapies; to get a fuller picture of what they are experiencing.

But, lets look at five ways to use action focus techniques. The first one, as we mentioned, is just warm ups. People and kids in families do the activities, just to get warmed up to the idea of doing activities. We will use this first example of the 5-year-old girl, to demonstrate some of these ways to use action focus techniques. Well, the first way to use action focused techniques is to identify the dysfunctional dynamics of a situation. So, for example, we had the 5-year-old girl make a ‘picture’; make a play of what it was like when she would go over there to a neighbor friend’s house. She basically made a ‘picture’ that identified the dysfunctional dynamics. We could see these intrusions. We could see that this kid was handling it in a very passive way, as well and not being assertive. So, using the action focused techniques of sculptures and psychodramas can help us identify the dysfunctional dynamics of any given situation that a kid is experiencing with a grief process.

Another way that we can use action focus techniques is to rehearse adaptive behavioral options. Rehearse behavior that reflects the five ways to manage life, so we can replace the unhealthy behavior that is created by the magical thought. We rehearse adaptive behavioral options. So, we had this little girl rehearse: making the phone call, saying that assertive statement to the neighbor mom, and then go play with her friends. We were helping her rehearse adaptive behavioral options that fit within the five ways to manage life: In this case, adjusting to environment task 3.

We can also use action focus techniques as a projective device, meaning of course that we can see the emotions that people are experiencing, as well. We had this 5-year-old girl show us by offering it through her face what she was feeling when the neighbor mom was being so intrusive and we could see the upset in this girl’s face. By telling her mom what to do as a 5-year-old friend, we could also see stress reactions in the 5-year-old friend, when her mother was being intrusive in this way. Now we have got a nice representation of the emotional components, so it is working as a project device.

We can also use these action focus techniques to show the dysfunction of the magical thought. In other words, the fact that the magical thought really does not work. We could create a ‘picture’ of that. We are showing it in this example (of the 5-year-old girl) by teaching her that assertiveness is a better option and then we are showing that the magical thought really does not work.

We are also using action focus techniques to create a symbol of resolution. We did not do it in this case. But, for example, as a symbol of resolution; we could have the 5-year-old girl make a ‘picture’ of what it would be like, (a psychodrama of what it would be like) if she and her friend could play together and not be intruded upon. So, we could have her make this play where she and her friend, are doing all kinds of things without the intrusions of this neighbor mom. So, it is offering an end result of things working out well, which is very motivating for kids to experience.
Now, when we create a ‘picture’ from a psychodrama or a sculpture, it is a timing for dialogue and so it is good to have a dialogue process. So, I would like to give you three components of a dialogue process. Then we will have an example of this, too. For a dialogue process, the first component is to discuss dynamics. In other words, anything within the ‘picture’ that you observe can be brought up and talked about. Now, we are not interpreting; we are not looking for magical thoughts; just things that you see within that ‘picture’ that can be brought up and talked about. And, the goal of dynamics is to get discussion going and also empathy building, if that is possible. So, dynamics: just trying to get dialogue going from mentioning parts of what you see in that ‘picture’ that was created by a sculpture or a psychodrama. The second part of the dialogue process is to probe and look for magical thoughts and the third part of this dialogue process is to probe and look for realistic concerns, as well.

**Case Study: Introduction**

Now, let me give you an example of a teenager where the magical thought is not so obvious. Let me give you a little history of what happened with this teenager. She is 13 years old and being pretty conduct disordered. She is hurting people. Her dad is dead and she has grief, but that is not creating the behavioral problem. It is the complicated issue that gets attached to the grief process instead. Her dad has been dead for several months. She has a mom who is a very nice person, and psychologically healthy person, but her husband is dead and she is grieving very-very hard. Again, a good mom, but she has these emotions because she is trying to manage her grief in a healthy way. Then, there is the 13-year-old’s grandmother, and the grandmother is the mother of the man who died. So, mom and grandma are in-laws. He was the father that died and they are in-laws.

When grandmother looks at mom’s grief, which is perfectly healthy, grandma does not think it is healthy. She thinks this woman, her daughter-in-law, is absolutely out of it. So, grandmother is bound and determined to take this 13-year-old girl away from mom. And, it turns in to horrific verbal arguments and it has also gotten physical with pushing and shoving. In fact, grandma just hired an attorney to take this kid away. Now, they are doing all this conflict in front of this 13-year-old child and this 13-year-old child of course is absorbing the tension and turning it into conduct disorder, becoming quite conduct disordered and oppositional.

I’ll give the history of the sessions: we had mom and the 13-year-old come in together first. And, we got the history of what was going on with them and grandma. Then we invited grandma to come in with them in the second session. She did come in. Now we do not always get that ideal condition, so we might have to use a substitute or might have to do something else. But in this case she did come in. We were very open and honest about what we had been talking about. I really push the idea with the adults that we have to do activities with kids in counseling; otherwise, it is hard to keep them engaged in the counseling. I often say to parents: it is like a kindergarten teacher doing nothing but lecture all day. He (the kindergarten teacher) will lose kids. And, it is the same way with counseling no matter what the age of the child is. If we do an activity, it seems to keep them engaged. So, I said, “Let us do an activity based on this issue” and I said to the 13-year-old girl, “Here is what I would like you to do. I would like you to make a still 3-D ‘picture’. A still 3-D ‘picture’ of what it is like for you, when mom and grandma argue about where you are going to live.” Now a still 3-D ‘picture’ is a concrete way of seeing a sculpture that most kids understand. If not, we could do a demonstration to give them an idea, but she did understand.

Now, let me describe for you the ‘picture’ that she created. She hid herself in between her mother and her grandmother. She told her mother and her grandmother to take her arms and pretend like they are pulling really hard. She also said look at each other, do not look at me, and be real angry. And, as she was being pulled, she seemed to lean toward mom. So, once again, she is in the middle between mom and grandma, told them to pull, and pretend like they are pulling really hard on her. And, they are not looking at her. They are looking at each other and she is feeling really tense. Her eyes are really tensed up and really tight. And, she is leaning away from grandma and toward mom. Now, as you imagine that ‘picture’, imagine doing that in a session. It would be hard to sit down and not talk about this ‘picture’, and that is where action focus techniques create a timing, because it almost forces a dialogue.
Case Study: Intervention

So, now we can sit down and use our dialogue process with this family. We just created the ‘picture’, and again, one of the advantages is that the child created the ‘picture’. So, it came out of the child, not the counselor; which is a big advantage. You know, it is not something the counselor is setting up. Now, we are going to sit down with this family. We just have this ‘picture’ and now we are going to use our dialogue process; so we can ask this question, “What did you see in this ‘picture’ that we need to talk about?” The clients could bring it up, or you could bring it up. For example, we could talk about the fact that we have got this little girl being pulled between two people that she really cares about. Then, we could say something like this to get dialogue going: “Grandma, have you ever been in a spot like that; what happened; what occurred; what was the end result; how about when you were a kid, how did it make you feel? Mom, have you ever been in a spot like that; what happened; what occurred; how did it make you feel; how about when you were a kid, what was the end result of that, as well?” Again, just to get dialogue going and for empathy building, too.

Another thing that we could mention; this girl said “Look at each other when you are angry, do not look at me.” That is a really important dynamic that we could talk about with this family, by using some dialogue and some questions. We could ask grandma, “Grandma, what do you see this kid doing when you are actively angry with mom?” If she sees some things, well that is good, we talk about it. If she does not see anything that this kid is going through when she is actively angry with mom, well that kind of validates the idea that when you are this angry, you are looking at each other and you are thinking about yourself, but nobody is attending to the child. We also asked the same question to mom, “What is this kid doing when you are actively angry with grandma?” If she mentions some things, great, we talk about them. If not, it validates the idea that when you are so angry, you are pulling on this child; and you are looking at each other with your anger, but no one is attending to this child.

Another thing that we could bring up in the ‘picture’ is: there is a lot of intensity in this kid’s face, because mom and grandma were pulling so hard on this kid. And we can ask things like, “What is going to happen if this intensity is allowed to continue; what is going to be the end result of this; how can it affect the child in those ways?” Again, just to get dialogue going and empathy building. Another thing we can talk about is that, this child’s dad is dead. “Where is the loving touch? All we see in this ‘picture’ is two people pulling very hard on this person. So, where is the loving caress, the warmth, all that kind of thing, because this kid is grieving and needs that kind of support instead of this increased tension.” But, again you can see; we are using this ‘picture’ to get dialogue going, by looking at the dynamics. And, hopefully, by some empathy building on top of this too.

Now, we are going to the change the question. We are going to go probe and look for magical thought, which is the second part of our dialogue process. When we look at this ‘picture’, (this kid between these two adults pulling on her, and all the tension it creates, and all the anger in the eyes of grandma and mom), we can see quickly that this ‘picture’ does not fit within the five ways to manage life, or the task of grief. So, if that is the case, there is likely to be a magical thought. Now, when I think about grandma pulling so hard on this kid; I wonder about what magical thoughts grandma might have that motivates this behavior? And again, we could present this to the family as we talk about it. In other words, we might say to grandma, just to remind her about magical thought, “Magical thought is magically if I do this, I get this or magically if I do this, I fix this. I wonder what thoughts grandma has that are magical. Could they be a part of her doing this unhealthy behavior: pulling and tugging on her granddaughter like this; trying to get her away from mom?” Possible magical thoughts that we could probe and ask her about are these: “Magically, if I get my granddaughter, I will have my son back.” Because, remember, it was her son that was dead. She could be doing a people replacement, which is not a real investment in others. Another possibility is that mom is grief, and a magical thought might be: “If I get this kid away from mom, (in other words if I get this kid away from grief) this kid will want to come with me and will feel better.” Of course, this kid wanting to come with her and feeling better is the magical outcome. So, the magical thought is, “If I get this kid away from mom, she will feel better and she will want to be with me, as well.” That is how we might probe and look for magical thoughts.
Now, let us take a look at this kid. You have got this kid being stretched between two people she cares about, leaning toward mom with this real difficult look of tension on her face. When kids are in bad situations like that, they start generating magical thoughts. So, let us take a look at the possible magical thoughts this kid might be generating in this situation. For example, she might have the magical thought, “If I tell grandma what she wants to hear, she will feel better and if I tell mom what she wants to hear, she will feel better. So, in order to make people feel better, you tell them what they want to hear.” So, she does this, however, in reality, this makes them pull even harder because they are hearing what they want to hear. Or, she might get another idea. She might notice that when they are angry at least they are connected to each other. So, “If you want to keep people connected, you need to get them angry. Magically, to keep people connected, you get them angry at each other. So, you start saying things back and forth so that anger continues, because at least we are investing in each other.”

The dangerous one is, “If I was not around, they would not argue anymore.” “If I was not around” could be something like running away, or emotional distancing, or it could progress to suicide, as well. It is interesting to note that kids between the ages of 15 and 17, who attempt suicide and survive it; report that they think about suicide on an average of 5 to 7 years before taking an action. Which means that these magical thoughts start out young and progress. And, what can progress with this girl’s magical thought is, “If I was not around, they would not be angry anymore.” So, there is a magical solution, and it is the dangerous one. Again, we are probing and looking for magical thoughts and those are just a couple of examples.

The next part of the action focused technique is to have them switch places. So, grandma will be the little girl; mom will be the little girl; grandma will be mom. We switch them all around so they all experience everybody’s place. One of the goals is empathy building, when we have them do this: to be in another person’s position and see what that feels like. We saw an interesting dynamic when we had them do this. When grandma was the little girl, she did not present herself as all stretched out; being pulled; and leaning toward mom. She just had herself standing there with her arms stretched up, in a very comfortable position. So, I had to show her what this little girl did. When she did this, she noticed that she was leaning towards mom and this was a very important dynamic. She was leaning towards mom because this kid was leaning towards mom. In other words, the kid’s saying in this action focused technique, “Grandma, I care about you, but if I have got to make a choice, (and I am a 13 years old), I want to stay with mom.”

Case Study: Conclusion

Now, grandma might have certain magical thoughts that this truth might impinge upon. That is, the fact that this kid wants to stay with mom, being that truth. It might start to impinge on grandma’s magical thought. Now, grandma had a magical thought and here is what it was. She believed that: if she could get this kid away from mom, (mom being grief), the outcome would be that this kid would want to come with her and this kid would feel better. But now she is learning that this kid does not want to come with her, which is the truth. So, this truth is impinging on the magical thought.

The way that we know a truth is impinged on a magical thought with teenagers and adults, is something they often do right after that impingement has happened. For example, grandma had the belief that, “If I got this kid away from mom, she would want to come with me and she would feel better.” But the kid is saying the truth, “No Grandma, I want to stay with mom.” And, that truth impinges on grandma’s magical thought. Now the magical thought does not work and when magical thought does not work, that is when realistic concerns come up.

Remember the third part of our dialogue was realistic concerns? Right away, in this case, grandma brought up a realistic concern. She said, “this is a young, attractive mom. She could remarry, take this kid, and move three states away.” So, I said “Well you know, these days she does not have to remarry to do that. But, if somebody was trying to take your kid away, and got an attorney, and was hassling you, what might you do?” I looked at the grandmother and I said “You might move three states away.” In other words, this magical thought might get you exactly what you hope you are not going to get. So, instead of getting your granddaughter by doing what you are doing with this magical thought; you might pressure this woman to move three states away. And, you lose both of them, especially your grandchild. So, now let us do something for resolution.
Number five of our action focused techniques was resolution. In other words, “Let us make a ‘picture’ of what this would look like if it was working well.” So, I asked the 13-year-old to do this. She had herself in the center, with her grandma to the left and her mom to the right. They made a family hug, and she had her arms wrapped up around both of them in a family hug. Now, we had more dynamics to talk about. One of them might say “We can’t stand being all stretched out and tense, as in the first ‘picture’, but we can handle the family hug.” I may ask, “What do you have to do in order to keep this family hug going? Of course, you have to have a relationship. How do you get that? With the five ways to manage life: face the truth and reality, feel the emotions, adjust to environments, invest in others, remember exactly as possible.”

Or, another interpretation of this family hug ‘picture’ versus the other ‘picture’ may be: “I cannot stand this being tense and all stretched out, but I can handle this family hug. What do you have to do differently? You have to have a relationship. How do you get that: by using the five ways to manage life or tasks of grief? We are trying to put these in place at that point.

Now, say for example, grandma says “Forget your task of grief.” and walks out of the door. Well okay fine, she is not going to work with us, but we have got mom and kid. We continue with the five ways to manage life with mom and kid, and we advise them how to always stay healthy even though grandma is going to do dysfunctional stuff.

But again, our goal is to impinge on a magical thought with truth and reality. And to rehearse behavior that reflects the five ways to manage life. Again, those five ways to manage life are: face the truth and reality of any situation, feel the emotions that go with those situations, adjust to environments, invest in others, and remember as accurately as possible. My five ways to manage life are just variations from Dr. Worden’s task of grief, as we have just applied them.

NATURAL HELPERS

Working From Within the School

The next model is called Natural Helpers. For more information, just look up on the Internet “Comprehensive Health Education Foundation.” www.chef.org/prevention/natural.php They publish the Natural Helpers Program.

When I was a school psychologist, very difficult things happen; we had a rash of suicides, and we weren’t quite sure how to handle it. All the grief processes that go with this, and different kinds of issues can be overwhelming for a school psychologist, crisis worker, social worker, and school counselor. If we do not have a template to use in the school when there is trauma or loss, we do not have an effective way of dealing with it.

Kids that were coming into our offices back then, when we had this rash of suicide in high school were what I call Natural Helpers. They were trying to help us, but they did not know the priorities involved. They would say, “I have a friend who is thinking about hurting himself. But, I am not going to tell you who it is, so tell me how to help him.” I always felt for those kids, especially if they did not tell anybody, because if their friend committed suicide; they would have to live with that for the rest of their lives. Well, we were trying to figure out how in the world to stop this rash of suicides and what kind of template we could use in the school system. We looked around, and discovered something called Natural Helpers, which got our attention, because that is what we are calling these kids in the first place. Not only did it have a good title, but it also had an excellent program, which consists of the following.

Eight adult volunteers; teachers, school psychologists, social workers, counselors; people who know the kids in the school, do a sociometric study. This begins with a piece of paper with a bunch of circles on it. Each circle is a clique. The eight adults sit down, try to figure out who hangs out with whom, and put their names in a circle. So they are gathering up all the cliques and they are trying to figure out who hangs out with whom.
Next, they look at each clique and determine who would be a good Natural Helper. One of the criteria is to get along with the kids in the clique, and the other is to get along with the adults at school. In some cliques, all the kids get along with the adults at school, but with other cliques maybe only one kid does. So, that is the kid they are looking for. They invite these kids into the Natural Helpers program. An average-sized high school may end up with about 50 or 60 kids. The Natural Helpers kids are taken on a retreat, where they do a variety of things. First of all, the retreat has exercises that get kids to unite together. These kids normally do not have anything to do with each other, because they are not in the same cliques. The retreat breaks through cliques, which is a new thing. Another thing that it does; it teaches them that life is a priority over keeping the confidence of a friend. It also teaches them to network with the adults at the school.

They go back into the school system where we have a template, a network with the backup of adults, and kids who know how to network with those adults. Two of the eight adults have a meeting with the kids about once per week. You only need only two adults, so there is no huge demand and each adult. They can rotate every four weeks. During the Natural Helpers meeting, the kids talk about a whole variety of things. For example, they will talk (without mentioning names), that so and so broke up with his girlfriend; that they are concerned about him and that kind of thing. And they talk about what the kid has said, again without breaking the confidence by offering the name. The adults are there to make contact with the kid involved, just to make sure they are okay.

Or you may hear, like we heard, when a kid came in and said, “This kid is thinking about hurting himself. He mentioned that his parents are not going to be home this weekend.” In such a situation, the adults can take the reigns and deal with it, taking it off the shoulders of the kids. The adults can do an appropriate intervention, as well.

When we put this template on the school, the suicide problem seemed to disappear. But, there are other ways we can use this. We can get these eight adult volunteers trained in crisis debriefing. Now, we have eight crisis debriefers to debrief when something happens in the school system. For example, if a major issue occurs, such as: some kids are killed in car accident or there is a suicide or violence at school. We have an alternative to large general assemblies, which just scare the heck out of me, because I do not how these kids are taking all the information. Kids interpret things differently, and sometimes their interpretation is very dangerous.

Instead of having these large general assemblies, we can have these eight adults meet with small groups of the Natural Helpers kids. In each group there is a cross-section of about 4 or 5 of those Natural Helpers kids from various cliques. These Natural Helpers groups go into the classrooms, where they talk about coping and that there are adults to talk too. If you are standing or watching the kids as they hear this in the classrooms, you can tell which kids are vulnerable just by looking at them. This allows the adults to arrange for private meetings with “at risk” kids, as well.

Working From Outside the School

If you are outside the school district, natural helpers can still be very helpful. I was in private practice for many years before I started doing seminars and consulting. I was working with a 16-year-old kid, and I was concerned about how to teach social skills to this kid. My knowledge of social skill for high school students seemed to disappear after age 30. So, this 16-year-old had no social skills, and I did not know what to do for him, in terms of developing social skills. However, I did know that his school had Natural Helpers, because I helped with retreats. So, I called up the Natural Helpers adult, and counselor (with kid’s and parent’s permission) and told them that this kid was sitting in the cafeteria doing the loneliest thing I think you can do: eating lunch by himself. The problem is; he is getting bad attention because he looks vulnerable. I asked them to get three Natural Helpers kids to sit with him when he eats lunch. The Natural Helpers adult did that. Now, everyday this kid was sitting with three natural helper kids.

I never even thought about the idea that this kid is now sitting with three kids that can teach him how to be social every day, during the lunch hour. These Natural Helpers kids liked this kid, so they invited him to a basketball game, and a football game. So, he was getting more social skills, as well, which I thought was great. He had been invited into Natural Helpers.
This kid came to my office one day with a list of what he called the qualities of a gray child; typically we call them invisible kids; kids who do not get noticed, who do not have any color. It was incredible list. For example: gray kids will go through school always looking down in the hallways, never looking at anybody. And, they stand by a really nice teacher, hoping the teacher will initiate and have a conversation with them. But, unfortunately the gray child does not initiate the conversation and usually there are three other kids waiting to interact with that teacher, as well. So, often times these kids get ignored. Or, they sit in the library during lunchtime, but not hanging out where kids hang out. They either read in the library or pretend to read in library as well. So, he had this incredible list and he decided to go to one of those evening Natural Helpers meetings and taught all the other kids about these gray kids.

This whole team of Natural Helpers went out looking for the gray kids to bring into Natural Helpers. For example, one kid said, “I figured this one kid has got to be a gray kid, because I walked past library at lunchtime, and he was in there reading. The problem was, the book was upside down! I figured that has got to be a gray kid.” So they brought them into their Natural Helpers group, which I thought was really great.

Have you ever seen the videotape with the Columbine shooters? Not where they were shooting, but where they were talking about why they were going to do what they did? I saw a little bit of what you could see in media at the time. And, what I saw was two gray kids. But, now gray kids have different tools than they had in the past. They can create a website and express all this anger on the website, because they are getting picked on. Other gray kids can tap into that and can start creating plans about what they are going to do about it. Other kids, who pick on them, can tap into their website and say nasty things to them. This fuels their anger even more, and boom - you’ve got this craziness happening. And, then somebody starts shooting in the school.

And, this is a template to put on it that we can use to help these gray kids, so they can get connected and to pull away from doing the crazy things like Columbine. By the way, if you would like to see this kid’s list, (it is not really this kid’s list but it is almost, word for word), go to www.fbi.gov/publications/school/school2.pdf. When you get there, you will see a report titled "School Shooter, A Threat Assessment Perspective". The profile for a school shooter is almost exactly what this kid wrote about 20 years ago, when he talked about the gray child.

Again, it is good prevention to stop these kids from doing such craziness in the schools. By using Natural Helpers, we can get a better handle on what is going on in schools, especially when grief issues pop up or traumatic issues pop up.

The Hospice Foundation of America provides a wealth of information on their web site, www.hospicefoundation.org including resources that focus on grief after sudden and traumatic loss.

**RESEARCH ON COMPLICATED MOURNING**

**Correlating Complicated Mourning with Personality Disorders**

Next we are going to talk about research correlating complicated mourning to personality disorders. In other words, a complicated, unresolved grief process in childhood eventually can create adults who have personality disorders. Michael Gorkin’s article, “Narcissistic Personality Disorder and Pathological Mourning”, suggests that failure of the mourning process leads to narcissistic personality disorder. Some children do not progress through the grief process, ending up with a very dysfunctional grief process. This leads some of them to develop narcissistic personality disorder in adulthood.

Britchnell has done a fascinating study, “Early Parent Death and Psychiatric Diagnosis”, (he only studied women, by the way) which suggests very strongly that girls, who have a grief process in their childhood that does not progress well, get stuck on the grief process. This seems to be highly correlated with three variables in this longitudinal study. Those three variables were: personality disorders, alcoholism, and depression.
Douglas Frayn, American Journal of Psychiatry, 1996, suggests that those who are grieving can experience a loss in internal representations of external objects which negatively affects their ability to soothe themselves. This is very similar to Borderline Personality Disorder. So, someone who has Borderline Personality Disorder may have had a grief process in the past. Because they did not manage it well, they have not learned how to soothe themselves with their thoughts. For example, suddenly somebody might say something very nasty to you, and you end up soothing yourself with your thoughts, because you do not believe what they say. Well, a certain segment of the population that we work with does not learn that skill, so when something happens to them; they have not learned to soothe themselves. This is the case for folks who have Borderline Personality Disorder. Frayn suggests that there might be a connection between borderline personality disorder, and this inability to soothe themselves, which comes from grieving experiences that were not resolved well. Others have found that folks with unresolved childhood grief processes have a high correlation with Dependent Personality Disorder, as well.

But, here is the question. Why is it that two kids can go through a difficult grief process, and one kid ends up with full-blown personality disorders, drug and alcohol issues, or complicated grief processes that progress into adult life, but another kid does not? To help explain this, I have developed the Magical Thought Model.

**TAKING CARE OF THE CAREGIVER**

**Respect Your Own Way of Thinking**

The last part of this seminar involves taking care of yourself while doing this kind of intense work. If you are a therapist, social worker, counselor, or psychologist - whatever you are doing in mental health - especially working with kids and families is pretty intense work; so it is good to be taking care of yourself.

One of the things I like about people is: everyone has a different way of thinking and that is the beautiful thing about people. For example, when I was working in prison, we had a psychologist that joined the staff, and he was going to do “the child within” concept with prisoners. Now, if you have ever worked with prisoners that sounds pretty crazy, because they are not going to listen to that.

But, he took all the concepts of ‘the child within”, restructured them and put in the nomenclature of the prisoner. When he did that, the prisoners started to relate to it. So, with his different way of thinking, he took some good stuff, he changed it a bit and he made it more effective. I hope this is what you do with the information that you get from the seminar, as well.

But to explore your different way of thinking is a very good thing to do, because if your different way of thinking fits your work, you love your work; if not, you hate your work. That is not a criticism, that is just the way it is. I have been in jobs where my way of thinking did not fit, so I needed to move on. To get you thinking about your different way of thinking, I have a question for you. When was the very first time you noticed that you thought differently than other people?

I’ll give you example of this, and show you that I practice what I preach. I decided to go looking for this for myself; the very first time that I noticed I thought differently than other people. I looked back to the 1950s when I was 7 years old. Back then; they gave us something called civil defense drill training in school. Some of you might recall this, others might think I am making this up, but it is true. They showed us a movie, a black and white movie, of an atomic bomb going off. And, close to this bombing site was a little house, and this house just blew away to sticks and dust. Our teacher said to us. “Now to protect yourself from this bomb, a siren will go off in town, and that means that one of these bombs might go off. So, we would like you to protect yourself by getting under your desk.” I sat through my class thinking, “Get under your desk? I don’t think that is going to help.” Then I thought, that was part A and part B was that a hatch would open up, we go into basement, and we would be safe. I was not worried about it at all.
On the first Tuesday of the month, around 10:00 or 10:30, this alarm goes off in town; a huge siren. The teacher says, “That is the siren, the civil defense siren, that means one of those bombs might go off. What we would like you to do to protect yourself is to get under your desk. So, I got under my desk. As I am sitting under my desk, I am thinking. I just recalled there is no basement in this school, which means there is no plan B. Which means this is the only plan they have; sit under a desk. They used to call it duck in cover. I shot up, looking real nervous, and I looked around my classroom. Everybody else was as happy as could be, ducking and covering.

Little Mary Ellen, sitting next to me is ducking and covering. I said, “Mary Ellen, I don’t think this is going to help.” She said, “What are you taking about?” I said, “Remember the movie we watched, where the bomb went off? The house blew away! When that house blew away, I didn’t see any little desks standing there.” Mary Ellen started screaming, “Jimmy says we’re all going to die!” She ran out of the classroom and all my classmates followed her. I was sitting under my desk all by myself. My teacher, Mrs. Slingsby comes in. I never saw all of Mrs. Slingsby’s face, because every time she talked to me, she was always rubbing her forehead. She said to me, “Jim, if you could just make a living where you do nothing but talk all day long.” Since I do seminars, I think I might have taken that as encouragement, even though her face did not look encouraging at all.

But take your different way of thinking and keep going with it. It is amazing what you will learn about yourself, and your different way of thinking. If it fits your work; you love your work, then retirement is the last thing on your mind. If you don’t like your work, well then, it just does not fit your way of thinking. This is not a criticism. You might have to make a big adjustment. You might have to take little adjustment, but that is okay. Adjustments are a good thing to do.

**Retreats and Seminars**

Also, a good thing to do when you are doing this kind of work is retreats, especially retreats that have nothing to do with grief and dying and trauma; just fun retreats, happy retreats, family retreats, and thinking retreats. I had a friend who tried to get me on a retreat that I did not want to go to, because there was a feature I did not like. There were a bunch of monks and the monks were okay. I was fine with them, but they had a monastery with eight cabins. Every week they would take eight people and have a retreat. The feature I did not like was that for seven solid days you could not say one word. Well, I did this. The first three days I found to be the most irritating days of my life, but on the fourth day the brain started to change and the last three days were the most insightful. Sometime, somebody might say to you, “You know, you need to do this…”, and your first reaction might be “Absolutely not!” That might be good judgment or might be a defense. So it is good to sit back, and think about why you had such a quick reaction. In my case, I did sit back, and just reflected for a while. This retreat was one of the best things I ever did.

Support groups are very important. I used to be under the magical thought that the places I have worked for were going to develop support groups for me. Of course, I got over that magical thought. But instead, we went out to the community and developed a support group. Anybody doing any kind of grief work could come to this support group, meet once a month and deal with all kinds of things.

I think what is important is humor. Humor is very important. I have had a hobby of seeing everyone from George Burns to all the current comics, and I truly have enjoyed a lot of them. But, my absolute favorite was a person by the name of Red Skelton. Again, some of you might be too young for that. He died a couple of years ago; he was 89 years old. He was a favorite comedian in the 50s and the 60s. Red Skelton had this expression that he often said. He said, “You know, we can handle anger in one of two ways. We can either rage or we can do humor that does not hurt anybody.” I have seen Red Skelton in concert. He was the only comedian I ever saw that did humor that did not hurt anybody. You know, I never saw such quality laughter as I did with Red Skelton. So, keep that humor going; you know that is like. If you have a tense time with a client, sit down with a colleague, and talk it out; the tension goes away. All of a sudden you do a little giggling; it is a little giggling that does not hurt anybody, and you are healing.
Another thing is transition; transition is so important. They wondered about people who lived to be 100 years and older. So, they observe them. They thought they would see some sort special aerobic lifestyle because they lived so long, but they didn’t do anything like that. Instead, the only walking they did was to McDonald’s where they got a double burger with fries, and a milk shake. They were eating all the wrong stuff; they were not exercising. Some of them were smoking five cigars everyday for life, since they were 16 years old; they were 102 now! It was just absolutely amazing, which countered everything that we think about when we think about health and good living.

So, they studied them; all kinds of psychological variables and all kinds of physical variables. And, they found only one significant finding. There ability to handle transition and change was absolutely amazing. They did not deny it; they did not get stuck on it. What they did was; they managed it. And, when these elderly people talked about how they managed it, much of what they said fit within those five ways to manage life; face the truth of it, feel the emotions that go with it, adjust to the environments because now it is different, invest in others, and to remember as accurately as possible.

Some Final Thoughts

I would like to read you something out of my book, The Magical Thoughts of Grieving Children, as a close. It is just a final thought on how we all affect each other, even through the generations. Here is the story. “I was 16 years old when my 90-year-old grandmother died, and I recalled attending her visitation packed with people, as she had 8 boys that lived in the same small town. Everyone knew her and her family. I was sitting in the hallway of the funeral home with my 16-year-old cousin when we noticed a strange sight entering into funeral home.

Typically, everyone who attended an Irish Wake back in the 1960s was well dressed. The strange sight was a very large man who was dirty and dressed in dusty overalls with an old bent hat. I recalled thinking that he looked out of place. This large old man filled the loveseat in the hallway across the room where my grandmother was lying in her casket. He did not go in to the main visitation. As he sat in the hallway and just gazed at her, huge tears fell from his face. My family was buzzing, because no one knew who he was and why he had been crying about my grandmother’s death.

Finally, my mother went to him and asked him who he was and how he knew Mrs. Fogarty. He told the story with delayed and amateur English. ‘I sell vegetables. Every summer I go from house to house to sell my vegetables. Most people do not even open the door for me, so when I go to Mrs. Fogarty’s house she let me come in. She had me sit at a seat in her kitchen table, and she talks with me. She looks at my vegetables and she buys all of them. While she is talking to me, she takes out her pots and pans and she starts cooking. She feeds me, she feeds me feast and we talk for hours. When she gives me leftovers and then extra money to take to my family, I could not believe it. She treated me like a king.’

I heard him tell the story when I was 16 years old, but it fell on dead ears. It offered no impact, I thought, because being 16 I was as receptive as a post. I was wrong. The experience of my grandmother and this old man who sold the vegetables, catalogued into the back of my mind and fermented for years. It came out much later at the right moment. Much later in my life, this old man’s story about my grandmother helped me realize that life is an incredible privilege and an opportunity to have an impact on people, which is essential, powerful, wonderful, and spiritual. This seemingly helpless and frail 90-year-old woman was anything but helpless as she created a deep and influential impact on everyone around her. There are countless stories of her impact on others and when she is spoken of 40 years later, a smile still travels across the face of those who knew her. One of my goals in life has been to offer a similar impact on lives of others. I hope this information has an impact on you as well as the kids that you work with, and I truly appreciate the work that you are doing with kids and the issue of grief.”
REFERENCES


