

Coping with Loss and Terror: Jewish and Psychological Perspectives¹⁴⁰

Dr. David Pelcovitz

Faculty, Yeshiva University

The Chinese word characters for the word “crisis” consists of two symbols: danger and opportunity. Those looking for guidance on how to cope during times of loss or instability are understandably concerned about the emotional fallout that may follow a terror attack here or in Israel. At the same time, periods of crisis present numerous opportunities for becoming more tuned in to what matters most in life, including reordering our priorities in a manner that puts our role as family and community members front and center. This paper will utilize lessons learned from psychological and Torah perspectives, drawn from counseling survivors of trauma, especially relating to children and adolescents, as a result of terror in Israel, the events of 9/11 in America, and treatment for life-threatening diseases such as cancer. Nonetheless, while much of the discussion focuses on younger people, its findings can be applied as well to adults of all ages. The chapter seeks to draw on Torah insights from Tanach, Talmud, Musar literature, and rabbinic commentaries, that all reinforce these lessons in a particularly meaningful way. Finally, it will attempt to articulate conclusions and practical recommendations.

Research and clinical practice in recent decades have found considerable variability in the coping strategies that children and adults effectively employ in coping with traumatic events in their lives. On the evening of September 11th I received an email from a colleague in Israel who specializes in providing mental health intervention to survivors of terror attacks. He cautioned that in planning mental health services in New York after the World Trade Center attacks therapists should keep in mind that the type of coping mechanism used is far less predictive of how well an individual will adjust than whether the coping strategy works for that individual.

¹⁴⁰ This article was originally published by the Orthodox Caucus, Project Liberty, 2003) and is reprinted with permission from the author.

The following vignette regarding how a group of educators in Israel dealt with a terror attack serves as an invaluable model of how a sensitive understanding of the diverse styles of coping with tragedy can facilitate healing.

I was in Jerusalem shortly after a suicide bombing in Jerusalem and was asked to join an Israeli psychologist in meeting with a group of adolescents who just lost a beloved teacher in the bombing. The school set up five rooms for the adolescents. One room was set aside for writing condolence letters to the family of their teacher, other rooms were designated for a discussion group (led by the psychologists), music, art and saying Tehilim. The teens chose the room that best matched their style and seemed to find solace in finding an opportunity to deal with their grief in a manner that uniquely suited their styles.

As with adults, when it comes to coping with stress in children one size doesn't fit all. There is no one correct way to deal with upsetting situations. Children often deal with stress and anxiety in ways that are qualitatively different from adults. Some children may show little reaction to upsetting events. Parents should not assume that this means that their child's coping mechanisms are not working. On the contrary, a child who is showing no symptoms and is not willing to discuss the situation may be doing just as well as a child who is openly discussing his or her feelings.

Psychologists who specialize in helping individuals deal with upsetting events have found the following coping mechanisms to be effective. Most people use more than one coping mechanism. Many adults and children find that over the course of time strategies that worked best shortly after the traumatic event gradually give way to a different set of approaches.

Distraction versus Confronting

Research on how patients cope with painful medical procedures or other stressful situations finds that coping styles are on a continuum from "attenders" to "distracters", active information seekers to information avoiders. "Attenders" deal with stressful situations in an active manner. For example, if they are about to get an injection from their doctor they want to understand why, and they prefer to assist in preparing for the injection. In contrast, "distracter" patients prefer to distract themselves when getting the injection. They aren't interested in why the shot is necessary – they prefer to distract themselves by looking the other way while thinking about something else. Interestingly, research shows that the ability to cope is compromised if you try to turn a distracter into an attender or vice versa. For example, if one tries to force the distracter to talk about his/her understanding of why the injection is necessary or if one tries to force the attender to think about something else while getting the injection, the patient's anxiety level will increase and he/she will cope much less successfully with the stress of the medical procedure.

This approach is echoed in two views expressed in the Talmud on how to approach worries.

Anxiety in the heart of a man weighs him down; but a good word makes him glad

Mishlei 12:25

דאגה בלב איש ישחנה ודבר טוב ישמחנה:
משלי יב:כה

R. Ammi and R. Assi differ in the interpretation of this verse: one rendered it, 'let him banish the anxiety from his mind; the other, 'let him discuss it with others'

Yoma 75a

דאגה בלב איש ישחנה מדעתו, וחד אמר: 'שיחנה לאחרים יומא עה.

The differing views of Rav Ammi and Rav Assi echo the “attender” versus “distracter” approach to dealing with anxiety. Distracters follow the interpretation of banishing the worry from one’s mind; attenders deal with worry by verbalizing their fears to others. In coping with the stress attending times of loss, violence and instability, it is important to tune in to whether you are more comfortable using distraction as the preferred approach, or are you more comforted by verbalizing your anxieties in discussion with others. For example, specific strategies used by child psychologists consulting with pediatricians regarding how to help children during a painful medical procedure might be to have a child who is a “distracter” blow bubbles or play their favorite computer game during the procedure. In contrast, a child who is an attender can be given age appropriate reading material explaining what will happen and can be asked to take an active role in helping the doctor prepare for the procedure.

Perspective

Another powerful approach to dealing with adversity is to shift one’s perspective in a manner that focuses on positive changes that often come from coping with adversity. The Ramban, in a discussion of Hashem’s “testing” Avraham, teaches us a valuable lesson in the Jewish perspective on tribulations:

“And Hashem tested Avraham”: Hashem tests a person to bring out his or her potential, so that the individual who is tested can earn the reward that comes from a good action rather than that of a good heart alone. ... All tests that we encounter in the Torah are for the benefit of the individual who is tested.

Ramban, Breishit 22:1

והאלהים נסה את אברהם - ענין הנסיון הוא לדעת, בעבור היות מעשה האדם רשות מוחלטת בידו, אם ירצה יעשה ואם לא ירצה לא יעשה, יקרא "נסיון" מצד המנוסה, אבל המנסה יתברך יצוה בו להוציא הדבר מן הכח אל הפועל, להיות לו שכר מעשה טוב לא שכר לב טוב בלבד ... והנה כל הנסיונות שבתורה לטובת המנוסה:
רמב"ן בראשית כב:א

This view of the growth potential that is actualized by engaging in the struggles presented by life’s ordeals is further elucidated in a midrash on this same verse that teaches us about the common etymology of the words *nisayon* (ordeal) and *nes* - miracle or banner, as follows:

“And Hashem tested Avraham” it is written, “You gave those who fear you a banner (nes) to raise on high, in order to be adorned (Psalms 60), nisayon (test) after nisayon, i.e., growth after growth, in order to raise them up in the world.

Midrash Rabbah 55:1

והאלהים נסה את אברהם, כתיב (תהלים) ס) נתתה ליראיך נס להתנוסס מפני קושט סלה, נסיון אחר נסיון וגידולין אחר גידולין בשביל לנסותן בעולם, בשביל לגדלן בעולם
בראשית רבה נה:א

In a particularly eloquent description of this process we find the following passage .

Troubles are for the long-term benefit of the individual. As it says "Rejoice not against me, my enemy; for when I fall, I will get up; when I sit in darkness, Hashem will be a light to me" (Micha 7:8). Our rabbis, of blessed memory taught us, "If I had not fallen I would not have picked myself up. If I did not sit in darkness I would not have seen the light"
Orchot Tzadikim, Shaar ha-Teshuvah, Gate 26

כי הצרות הן לטובתו ולהיטיבו באחריתו, שנאמר (מיכה ז ח): "אל תשמחי איבתי לי כי נפלתי קמתי כי אשב בחשך ה' אור לי", ואמרו רבותינו, זכרונם לברכה (שוחר טוב כב ז): אלמלא שנפלתי לא קמתי, ואלמלא שישבתי בחשך לא היה אור לי.
ספר אורחות צדיקים שער התשובה

In a similar vein, Rabbi Shimon Schwab¹⁴¹ points out that the word *nichum aveilim*, which is typically translated as “the comforting of mourners,” actually refers to a process by which they change their minds. For example, “Hashem reconsidered (*va-yinacheim*) having made man” (Breishit 6:6) indicates that in the face of prevalent evil in the generation before the flood, Hashem “regretted” the act of creation, or changed His mind, so to speak. Similarly after the episode of the Golden Calf, we find “Hashem relented regarding the evil that He had declared He would do to His people (Shemot 32:14).”

In other words, the central component of “*nechamah*” is a shifting of perspective, a gradually emerging insight that ultimately good can emerge from even the most tragic events. This is a perspective borne out by clinical experience.

In this regard, a study of 271 adolescent cancer survivors is typical. Of the 76% who viewed themselves as “different” because of the experience of coping with a life-threatening illness, 69% saw those differences as positive. These young men and women saw themselves as more mature, more likely to “know” the purpose of life, and more likely to treat others well.¹⁴²

A number of years ago I was conducting a study of how parents react to the stress of having a child with cancer. Almost immediately after the study began my answering machine was inundated with messages from the research assistants conducting the interviews. They reported an almost universal complaint on the part of the parents of the ill children: “The questions being asked in the study only focus on the negative impact of our child’s illness, why haven’t you asked any questions about the positive changes that our family experienced as a result of the experience of dealing with a life-threatening illness in our child?” A series of questions were added investigating the positive aspects of their experience confronting one of the most harrowing experiences life can offer. Their answers resulted in the most valuable findings of the study.

The following example given by a mother of a child being treated for leukemia is a typical illustration of the study participants’ view of positive family changes in response to coping with their child’s illness.

Before my child was diagnosed with acute lymphoblastic leukemia the most important priority in my life was perfecting my tennis serve. About six months after my child was diagnosed, my

141 Levine, A. To Comfort the Bereaved, Aronson, 1994

142 Stuber, ML: Is PTSD a viable model for understanding responses to childhood cancer? (1998) Child and Adolescent Psychiatric Clinics of North America, 7:169-182).

husband was spending the evening in the hospital with my son. As I was preparing to go to the hospital the next morning, my doorbell rang. My next-door neighbor was crying. There had been a storm during the evening, and her car had been completely destroyed when a tree that was between my house and hers was felled by the strong wind. I did my best to calm her down, calling her insurance adjuster and driving her to her job. Once she entered her office, I began laughing to myself. What would have happened had the wind blown in the opposite direction and destroyed my car instead? Had my car been destroyed I would have calmly said to myself “I better call a taxi;” and eventually I would have found time to fix the car. Although six months earlier I would have had the same reaction as my neighbor, my scale of priorities had totally shifted. I know what’s important in life. What’s important is to be with my son and let my husband get some rest after his long night in the hospital. Material concerns mean very little to me now.

This point is elucidated by the Metzudat David on the latter part of the verse in Mishlei discussed earlier: “Anxiety in the heart of a man weighs him down; but a good word makes him glad”.

‘But a good word’ refers to knowing how to find the strength to divert this strong emotion in an effort to transpose the worry into a positive emotion by appreciating the fact that good can grow out of this experience, and thus to transform the worry into simcha.

Metzudat David Mishlei 12:25

ודבר טוב הוא אם יוכל
לעצור כח לשמוח עוד את
הדאגה ולחשוב כי לטובה
בא מה שבא:
מצודת דוד משלי יב:כה

A similar message is given in a midrash in Breishit Rabbah on the verse “at that time Yehudah left his brothers.” (Breishit 38:1). To all appearances, the situation confronting the family of Yaakov was a grim one: Yosef’s brothers were consumed with their guilt at having sold their brother; Yosef himself was in his dungeon, preoccupied with mourning and fasting; Yaakov was also grieving at the loss of his son; while Yehudah was involved in the incident with Tamar. Yet, says the midrash, Hashem saw in these apparently tragic events, a larger, more positive, perspective in which these bitter events would become the spark from which would ultimately come forth the light of messianic redemption. From his unique perspective, Hashem had the omniscience and perspective to recognize that the spark of maschiach was being ignited from the relationship of Yehudah and Tamar, and from the sale of Yosef into slavery.

If the typical adult has a hard time having the perspective and faith that allows for a focus on the positive components of loss and trauma, one can only imagine how difficult it must be for a child. In the early stages of coping with a loss, children are typically in no position to find perspective or meaning in their experience. Over the course of time, however, as the adolescent cancer study cited above indicates, discovering meaning and focusing on the positive, become the norm – even for children.

Active Problem Solving

Active problem solving is characterized by direct attempts at dealing with problems head on. These might include thinking of ways to solve the problem, or talking to others to get more facts and information about the problem. The difference between a passive approach to dealing with

difficulties and the far more effective approach of active problem solving, is described by Rabbi Joseph B. Soloveitchik, in his well known essay “Kol Dodi Dofek”¹⁴³,

Man’s task in the world, according to Judaism, is to transform fate into destiny; a passive existence into an active existence; an existence of compulsion, perplexity and muteness into an existence replete with a powerful will, with resourcefulness, daring and imagination. We ask neither about the cause of evil nor about its purpose but rather about how it might be mended and elevated. How shall a person act in a time of trouble? What ought a man to do so that he not perish in his afflictions? The halakhic answer to this question is very simple. Afflictions come to elevate a person, to purify and sanctify his spirit, to cleanse and purge it of the dross of superficiality and vulgarity, to refine his soul and to broaden his horizons. The halakhah teaches us that the sufferer commits a grave sin if he allows his troubles to go to waste and remain without meaning or purpose.

This approach reflects talmudic teachings, as found in Berachot 5a, where the Sages teach the virtues of an active response in dealing with suffering. At the same time, however, it must be stressed that this is an *internal* process, by which an individual can find personal meaning in response to his or her tribulations. Others have no right to tell individuals who are struggling with making sense of their suffering what *they* believe is the reason for the traumatic event. People must arrive at their own personal theory about the meaning of the event, by actively engaging in a process of internal self-examination.

In his commentary to the Torah, Rabbi Samson Raphael Hirsch explains that as Jews we are taught to take an active role in responding to difficult situations from the verse in Devarim 32:11, “He was like an eagle arousing its nest, hovering over its young, spreading its wings and taking them”:

Just as the eagle does not bear its young aloft sleeping or in a passive condition but rather first stirs the nest up and then spreads its wings not under but above its nestlings, so that, with keen courageous eyes they fly up to rest on the mother’s outspread wings awaiting them above, so did God first awaken his people and get them used to having the courage to trust themselves with free-willed decision and full consciousness to his guidance.”

Numerous research studies have documented the connection between stress levels in the workplace and the sense of control that workers have over their jobs. Repeatedly, this line of research has found that job-related stress lessens dramatically when workers are given the power to have active input into how they approach their jobs. Similarly, in one of the most widely cited studies regarding the powerful role of active problem solving in helping seriously ill individuals fight illness, Fawzy and his colleagues found that teaching cancer patients effective coping mechanisms actually improved their survival rates relative to a comparison group that did not receive such instruction. Cancer patients were taught stress management skills that included learning about their illness, and how to change their attitude towards sources of stress by viewing them through a “new light”, relaxation training skill and systematic problem solving skills.¹⁴⁴

143 Kol Dodi Dofek”In Theological and Halakhic Reflections on the Holocaust, 1996

144 Fawzy, F, Cousins, N (1990) A structured psychiatric intervention for cancer patients, Archives of General Psychiatry, 47:720-725).

Social Coping

A central essential coping mechanism is the ability to turn to others for support. The healing power of the seven days of *shivah* after the death of a family member is, in part, tied to the concrete evidence of social support that comes with every visit. Saying “*ha-Makom*” to the mourner at the end of a *shivah* visit gives further concrete evidence that the mourner is not alone, the burden of mourning is shared *betoch she’ar aveilei Tziyon vi-Yerushalayim*, “in the midst of the other mourners of Zion and Jerusalem, i.e., “you are not alone, it is a shared experience.” As King Solomon says in Kohelet:

Two are better than one, for they get a greater return for their labor. For should they fall, one can lift the other; but woe to him who is alone when he falls and there is no one to lift him!

Kohelet 4:9,10

(ט) טובים השנים מן האחד אשר יש להם
שכר טוב בעמלם: (י) כי אם יפלו האחד יקים
את חברו ואילו האחד שיפול ואין שני
להקומו:
קהלת פרק ד

In recent years mental health researchers have gone beyond a focus on pathology to research regarding what differentiates individuals who fall apart in the face of adversity from those who seem to thrive psychologically no matter what difficulties they face. Invariably these studies find that a central ingredient in resilience is having at least one person who cares. Those facing even the worst kind of trauma and loss are buffered and protected by the knowledge that they have somebody in their corner. Such social support is a key predictor of which children will emerge relatively unscathed from even the harshest difficulties.¹⁴⁵

Finding a balance between benefiting from often overwhelming levels of social support in the weeks and months following a loss or serious illness, on the one hand, and managing to find the necessary time to be alone, on the other, is among the most daunting task facing families struggling with the impact of trauma. Group therapists treating family members who lost a relative in the 9/11 attacks have found that among the most salient needs of the group members were requests for help negotiating the balance between accepting social support and finding time to grieve privately. Families coping with tragedy often find that after an overwhelming show of social support in the months following a loss, the level of support available from the community often recedes, in many cases, to lower levels of support than was available prior to the loss. A woman who lost a family member in a tragic accident recently told me that she, at times, notices people cross the street to avoid having to talk to her. The level of discomfort that others often have when faced with tragedy may give way to an avoidance, either because of not knowing the “right” thing to say, or because bereaved families can make others uncomfortable by reminding them of their own vulnerabilities.

Often, there is no “right thing” to say. Those going through a hard time may need the feeling of support that accompanies the physical presence, rather than the words of friends. The lesson is taught well by the experience of Iyyov, and the response of his friends.

145 Werner, E. (1993) Risk, resilience and recovery: Perspectives from the Kauaii Longitudinal Study. *Development and Psychopathology*, 54: 503-515)

They sat with him on the ground for a period of seven days and seven nights. No one said a word to him, for they saw that his pain was very great.

Iyyov 2:13

וישבו אתו לארץ שבעת ימים ושבעת
לילות ואין דבר אליו דבר כי ראו כי גדל
הכאב מאד:
איוב ב:יג

When Iyyov's friends heard about the terrible tragedies he had suffered, they traveled long distances to offer him consolation. Yet when they got there, they didn't say anything, because they realized that their physical presence was more important than words. Just being there was the type of support that Iyyov needed.

Self-Soothing

The ability to cope with upsetting situations by soothing one's self, is central to being able to cope with situations of crisis or fear. This includes efforts to calm oneself by praying, taking a walk, listening to music, or trying to relax.

Turning to God to answer our prayers is perhaps the most powerful form of coping. In addition to the obvious spiritual benefits, the psychological benefits of prayer include the comforting knowledge that there is something that we can actively do in the face of events that are otherwise out of our control. A number of recent studies have found that prayer is associated with improved ability to cope with painful medical conditions¹⁴⁶ as well as making a positive emotional adjustment following major surgery¹⁴⁷. Some studies even raise the possibility that participation in organized prayer lessens one's chance of being diagnosed with life-threatening illness.¹⁴⁸

Similarly, the concept of *bitachon*, trust in God is an essential source of comfort that strikes a balance between, on the one hand, accepting God's decision to challenge us, while on the other hand asking us to actively respond to this challenge. *Bitachon* is not a passive experience.

Provide me ... with an opening the size of an eye of a needle and I will respond by providing you with an opening the size of a chariot

Shir Hashirim Rabba 5:3

אמר הקב"ה לישראל בני פתחו לי פתח אחד של
תשובה כחודה של מחט ואני פותח לכם פתחים שיהיו
עגלות וקרניות נכנסות בו
שיר השירים רבה ה:ג

Faith in God can provide a sense of calm that comes with accepting that whatever God sends our way is ultimately for our benefit. We are also clearly charged, however, with the responsibility to manifest our faith in a manner that responds to God's challenges in an active a manner as possible. *Bitachon*, is a source of comfort in that we are assured that once we do our part God will respond to our "eye of the needle" opening with a disproportionately comforting response.

146 Rapp, S., Rejeski, W., Miller, M. Physical function among older adults with knee pain. The role of pain coping skills, *Arthritis Care & Research*, 2000, 13:270-279

147 Ai, A, Bolling s., Peterson, C. The use of prayer by coronary artery bypass patients, *International Journal for the Psychology of Religion*, 2000(10), 205-220

148 Fox, S.A., Pitkin, K, Paul, C, (1998) Breast cancer screening adherence: Does church attendance matter? *Health Education and Behavior*, 25:742-758

In a landmark study that tried to capture the essential ingredients of resilience in individuals raised in the midst of adversity, every child born on the Hawaiian island of Kauai in 1955 was followed into adulthood. Faced with high levels of poverty and abuse, one-third succumbed to the ravages of their highly stressful childhood environments, one-third were in the middle, and one-third thrived. One of the key predictors of those who were in the resilient group who overcame their impoverished and traumatic backgrounds was active religious observance. Those who prayed regularly were more likely to be in the resilient third that successfully beat the odds¹⁴⁹. The mental health professionals conducting the study theorized that among the advantages of religious observances such as prayer were the psychological benefits of taking an active approach in the face of adversity. Active supplicants deal much better with traumatic situation than those who approach adversity as passive individuals who approach life's difficulties like a log floating on a river at the mercy of whatever comes their way.

Another powerful mechanism for self-soothing is writing about the upsetting event. Numerous well-designed research studies conducted over the last fifteen years have found that writing about one's thoughts and feelings in the aftermath of stressful events for up to 20 minutes on each of several days can reduce illness, enhance the functioning of one's immune system, improve grades and even increase the likelihood of unemployed individuals getting a new job¹⁵⁰. For example, in one study, several hundred people with arthritis or colitis were divided into two groups. Half were asked to spend twenty minutes a day for three days writing about the worst thing that ever happened to them and the other half were asked to spend the same amount of time writing about their daily schedule. Four months later the group that wrote about their traumatic experiences showed significant improvement in their colitis and arthritis symptoms. These studies suggest that *yasichenu le'acheirim*, the approach of "talking out" one's worries can apply even to talking to one's self (i.e., committing one's thoughts to writing.)

Another form of self-soothing is crying. The following story illustrates this aspect of crying.

A baby, who was being treated in the hospital for leukemia, had a particularly heart-piercing cry every time a medical procedure was performed on her. Although the pediatric oncology staff was used to hearing crying children, this particular child cried in a way that the parents and medical staff found very difficult to bear. The psychologist who was asked to help the parents and staff deal with this problem hooked the baby up to biofeedback equipment that measured the baby's physiologic levels of stress as she cried. The parents and staff found great comfort in seeing that the more the baby cried the calmer she became. This insight led to their actually welcoming the baby's cries, since they realized that this was a cry of relief and self-soothing rather than a cry of distress.

149 Werner, E. (1993) Risk, resilience and recovery: Perspectives from the Kauaii Longitudinal Study. *Development and Psychopathology*, 54: 503-515

150 Cameron, L. & Nicholls, G. (1998) Expression of stressful experience through writing, *Health Psychology*, 17:84- 92

How Parents can Help

It might be helpful to ask your child directly how well he is coping; who, if anyone, can help him to cope; and what he may have found to be most effective and ineffective in coping with his anxieties. Don't try to force a style on your child that doesn't work for him. If your child is an attender, he will do best if allowed to discuss his concerns openly. Your role is to be honest and direct, while at the same time reassuring him that you are doing your best to keep him safe. A child who is a distracter will almost certainly prefer not to hear too many details about unpleasant topics. Your job is to respect his right to remain silent and try to find "teachable moments" when he might be more receptive to brief discussions aimed at reassurance and helpful information. Parents whose child's coping style differs from their own may find it hard to deal with his preferred mode of processing difficult information. One of the challenges of parenting is to recognize that we often have to let our children find their own way, even if their style of coping differs greatly from our beliefs about what works best.

Most children are resilient. If they show little in the way of obvious emotional or behavioral difficulties after traumatic events, parents should not assume that they are hiding their true feelings. In fact, researchers at Harvard, investigating the long-term psychological adjustment of children who had lost a parent, found that two out of three adjusted well without the benefit of any professional counseling¹⁵¹.

Creating an atmosphere that allows children to voice their hidden anxieties requires a relaxed, indirect approach. It is fine to occasionally pose such questions as: "I'm wondering how you feel today..."; "It seems you are quiet today, I'm not sure what your thoughts are..."; "It sounds like...". Keep in mind, however, that parents are far more likely to engage their children in meaningful conversation about the children's apprehensions if parents don't question too insistently.

Although it may be difficult for parents not to be able to directly discuss upsetting issues during troubling times, parents must separate what is in their control from what is not. What is in your control is to let your child know that you are available to discuss any concerns. For many children it may be enough to know that you are there; active discussion is not necessarily best for them or needed.

There are a few guidelines to keep in mind when children do discuss their concerns. Research on children's responses to upsetting situations consistently shows that they do better when their parents answer questions honestly and directly. Evasion in the name of protecting children tends to heighten anxiety. On the other hand, reassuring children that the adults in their life are there for them, and will do everything they can to support them physically and emotionally, constitutes honest discussion that validates children's concerns about the realities of facing loss while at the same time calming their fears.

Researchers on the psychological impact of traumatic events have long noted that even the most intelligent people may have difficulty understanding and processing information about anxiety-provoking situations. Consequently, it is important for parents to recognize that children's

151 Worden, W.J. *Children and Grief: When a Parent Dies*, Guilford Press, NY, 2002

cognitive and emotional regression in response to frightening events may necessitate parental repetition regarding what happened, as well as frequent reassurance.

A woman whose child was being treated for leukemia made herself expert on every aspect of her child's treatment. One day she received a call from her child's doctor saying that her son was in remission (meaning that the cancer was under control and was no longer active). Under normal circumstances she knew exactly what remission meant – but she was too paralyzed with anxiety to ask the doctor whether this meant that her child was going to live or die. Eventually she called the mother of another child being treated in the same center. Her friend reassured her that the doctor was giving her good news.

As noted earlier when young children try to make sense of traumatic events they are more likely than older children to personalize and think in concrete terms. Consequently, they are particularly prone to misinterpret the meaning of upsetting events, as illustrated by the following true story:

Five year old twins were not responding to parental reassurance in the weeks following the attack on the Twin Towers. Three weeks after the attack, as her mother was putting her to sleep, one of the twins asked: "Mommy, why do people hate twins?"

Finally, at times, parents won't know the answer to a child's question. When children ask difficult questions such as "Why do bad things happen to good people?" it may be more comforting for the child when the parent answers "I don't know". Sometimes children prefer parental honesty about not having all of the answers.

This is illustrated by a comment of the Ktav ve'Kabbalah on the episode in the Torah describing the death of the sons of Aharon. When Aharon was told of their deaths, the Torah tells us *vayidom*, i.e., Aharon was silent (Vayikra 10:3). The Ktav ve'Kabbala asks why the Torah uses the word *vayidom* instead of the more commonly used word for silence *vayishkot*. He answers that the Hebrew word *sheket* is used when people know something but choose not to share their knowledge. In contrast *demamah* is a term that describes a silence that comes from being truly speechless, a combination of total acceptance of Hashem's judgment and not knowing what to say.

Conclusions and Recommendations

- In discussing upsetting events with children, keep in mind that good listeners are generally more comforting than good talkers. It is often helpful for parents to wait before answering a child's question, in order to make sure the child's true, underlying question is clear. If parents aren't clear about the underlying meaning of a question it might be helpful to ask the child "What made you think of that"?
- In dealing with adolescents, remember that even though many will not verbalize their fears, they may need to be reassured about their safety and security. In the weeks after the September 11th attack, many parents noted that teens who long felt comfortable being home alone asked that their parents stay home with them at night.
- It is particularly important to monitor childhood exposure to the media in the aftermath of terrorist attacks. Young children, in particular, may respond to each television replay of the

Twin Tower attacks as if it were happening for the first time. It is also important to supervise young children's exposure to upsetting pictures in newspapers or news magazines. Also, keep in mind that children may be affected by repeatedly hearing adult discussions about the impact of the attacks.

- It is often therapeutic to help children take an active role in responding to traumatic events. Some of those who lost family members in the crash of TWA Flight 800 reported that the only comfort they found in the days following the crash was in looking at the hundreds of drawings that children from around the country sent them to offer their condolence. Encouraging one's child to help raise money, or send letters of support to families that lost members in the attacks, is an opportunity to help children take an active role in a manner that teaches them important values that can act as an antidote to feelings of helplessness.
- Finally, studies of children who lost their father in the Yom Kippur War found that mothers' ability to talk of their sadness in front of their children played a crucial role in their children's recovery. Parents should, therefore, feel comfortable in occasionally discussing their sadness and concerns with their children. If this is done in a way that conveys a sense of loss mixed with reassurance and hope, children will learn a valuable lesson on how to deal with upsetting situations.