

Is it Normal Grieving or Clinical Depression?

The following are some general guidelines to help you determine whether a child is grieving normally or may have clinical depression. These guidelines are from Kuperman and Stewart, authors of "Grief and depression," in the book, *Behavioral problems in childhood: A primary care approach* (New York: Grune & Stratton, 1981).

These guidelines are not intended to replace the advice of psychologists or other healthcare professionals, and should be considered an additional resource only. Questions and concerns about mental health should always be discussed with a healthcare provider.

- Kuperman and Stewart suggest that grieving children will continue to enjoy pleasurable activities from time to time, whereas depressed children typically do not.
- They also state that depressed children often express feelings of worthlessness, whereas lack of self-esteem is not usually seen among children who are grieving normally.
- Another good benchmark is the duration and intensity of the child's reaction. Typically, reactions decrease over several weeks after a divorce or death, but holidays and other events such as getting an award or all A's on a report card, can trigger grief reactions all over again. These subsequent reactions should be less intense and of shorter duration than the original one.
- School difficulties, of course, are another important indicator. While it's understandable that a child's grades might drop during the first year, if they continue to drop thereafter or if they drop to such an extent that the child is at risk for not moving onto the next grade, then that might also indicate a depression problem.

If a child exhibits any of the following "danger" signs, professional help is strongly advised: (from *You and Your Adolescent* by Steinberg and Levine)

- The child is withdrawn for long periods of time and shows no interest in others (particularly when this pattern was not present prior).
- The child has no friends within 2 years of his/her age group and isn't integrated into a peer group.

- The child's pattern of after-school and weekend activities suddenly changes (and s/he is reluctant for his/her parent to meet new friends).
- The child goes out of his or her way to avoid adults (This flight from people is likely caused by fear of rejection.).
- The child is docile, never acts independently, and never initiates activity.
- School behavior suddenly changes for the worse.
- The child continually runs away from home or school.
- The child frequently gets into fights and physically abuses others.
- Indiscriminate sexual activity with a number of partners (This flight to people is often caused by dread of being alone.)
- The child is either frequently or persistently anxious or sad.
- The child loses a dangerous amount of weight out of excessive concern for appearance. Eating disturbance may be a sign of clinical depression, both overeating and not eating well. Persisting changes in eating patterns need to be watched and possibly evaluated.
- The child talks about or threatens to commit suicide.