



Children and Grief

2 CE Hours

Erin L. Wilcox

Funeral Service Academy

PO Box 449
Pewaukee, WI 53072

www.funeralcourse.com
support@funeralcourse.com
888-909-5906



PROVIDER #1107

Course Instructions

Each of the course PDFs below contain a preview of the final exam followed by the course material.

The exam is identical to the final exam that you will take online after you purchase the course. You may use this exam preview to help you study the course material.

After you purchase the course online, you will be taken to a receipt page which will have the following link:

[Click Here to Take Online Exam](#)

Simply click on this link to take the final exam and receive your certificate of completion.

3 Easy Steps to Complete a Course:

1. Read the course material below.
2. Purchase the course online & take the final exam.
3. Print out your certificate.

If you don't pass the exam, no problem –
you can try it again for free!

Funeral Service Academy

PO Box 449, Pewaukee, WI 53072
(888) 909-5906 / support@funeralcourse.com

Final Exam – Children and Grief (2 CE Hours)

1. Children in this age group have the cognitive ability to comprehend death as an event. They can understand and accept a mature, realistic explanation of death as final and inevitable. Concerns such as who will take care of them or whom will they play with are common, as is an interest in and curiosity about the physical aspects of death and what happens after death. Children may also identify with the deceased and imitate his or her mannerisms.

- a. Ages 2-5
- b. Ages 6-9
- c. Ages 10-12 (Pre-Adolescence)
- d. Ages 13-18 (Adolescence)

2. These children have a more complex understanding of death and dying, realizing that death is irreversible and that it is a universal experience. Despite knowing this, however, most generally believe death happens to older people, and still find it difficult to believe that death will happen to them. Death may be personified in the forms of monsters, ghosts, or other frightening creatures, which allows children to be able to hide or run away from it, thereby keeping themselves safe.

- a. Ages 2-5
- b. Ages 6-9
- c. Ages 10-12 (Pre-Adolescence)
- d. Ages 13-18 (Adolescence)

3. Which common death response is described by the following? "Feelings of vulnerability, separation anxiety, depression, and immobilization are characteristic of most childhood losses, and may be heightened after a death. In addition, many children experience bodily tension, sweating, dryness of mouth, shortness of breath, and bowel and bladder relaxation, as well as physical exhaustion when discussing the death. Insomnia is also common."

- a. Alarm
- b. Disbelief
- c. Guilt
- d. Searching



PROVIDER #1107

4. Which common death response is described by the following? "Observers of the child may see him or her walking around aimlessly, withdrawn, daydreaming, unable to complete simple tasks or follow directions, ignoring school assignments, and fighting with friends. All of these things take focus, and the child is focused instead on the enormous pain of separation and loss. There is very little energy left for anything else."

- a. Anger
- b. Disorganization
- c. Searching
- d. Yearning

5. Per Elisabeth Kubler-Ross, "It may seem counter-intuitive, but _____ is the stage that very often is necessary to survive the immediate impact of the loss. By thinking that life no longer makes sense or is too overwhelming, the psyche is shutting down and retreating into an unreal world that protects it from the frightening reality."

- a. Acceptance
- b. Bargaining
- c. Denial
- d. Depression

6. It is important to let the children lead as they begin to process a death, because _____.

- a. Giving children too much information can overwhelm them
- b. The kinds of questions and concerns that children have are very similar to those of adults
- c. Young children are mostly concerned about others
- d. All of the above

7. Which of the following is one of the "Do's" proposed by D. Serani when explaining death to a child or to children?

- a. Avoid interacting with the child because you feel helpless or uncomfortable, or do not know what to say
- b. Avoid talking about the person who has died, because it will cause pain
- c. Change the subject when the child comes into the room
- d. Let the child grieve in his or her own way, including allowing the child to be silent about the death

8. Which of the following is NOT among the findings from the Harvard Child Bereavement Study?

- a. Children doing well tended to come from more cohesive families where communication about the dead parents was easy, and where fewer daily life changes and disruptions took place

- b. Including children in the planning of the funeral had a negative effect, most often causing a sense of overwhelm
- c. Parental dating in the first year of bereavement was associated with withdrawn behavior, acting out behavior, and somatic symptoms, especially if the parent was a father
- d. The functioning level of the surviving parent was a powerful indicator of a child's adjustment of the death of a parent

9. How might a funeral professional best respond to a child's outburst of emotion, especially when caregiver adults such as parents are very upset because they have never seen the child act in this manner?

- a. Remind the adults that, while the expression of feelings during the outburst is healthy, they and the child should work together to judge them as "good" or "bad"
- b. Remind the adults that when a child has outbursts of emotion, it is a sign that he or she feels the environment is safe
- c. Suggest the adults punish the child, and try to make them feel guilty about the outburst
- d. None of the above

10. Per clinical thanatologist Alan Wolfelt, viewing the body of someone the child loved

_____.

- a. Helps prevent fears that are often much worse than reality
- b. Provides an opportunity to say good-bye to the loved one
- c. Should not be forced
- d. All of the above

CONTINUING EDUCATION

for Funeral Directors

Children and Grief

2 CE Hours

Learning Objectives

As a funeral service professional, you know that grief is complex, and its expression varies from person to person.

To complicate things still further, children may grieve very differently than adults do.

This course reviews the information you need to help both the children who experience grief and need to mourn, and the adults who are trying to understand them.

By the end of the course, learners should be able to:

- Distinguish between children's developmental concepts of death at different ages
- Recall how children may respond to death, along with their stages of grief
- Recall ways of explaining death to children
- Recognize how grief may impact the entire family structure
- Identify roles funeral professionals can play to assist children with their dealings with grief

NOTE: Links and illustrations provided within the course material are for informational purposes only. No endorsement of processes or products is intended or implied.

Introduction

Although it is not something we like to talk about with anyone, especially children, death is something that will come up. Children are curious about everything in life, including death. In addition, children continually encounter death in the everyday world: in conversation, song, the natural world of plants and animals, in family life, and with friends (Grollman, 1990).

Any child old enough to love is old enough to mourn a death, but their mourning often looks different than ours does (Wolfelt, 2016). Whether the loss is a grandparent, a parent, a classmate or even a beloved family pet, the grieving process can be difficult and every child will grieve in his or her own way (childmind.org).

It is a fact that children grieve differently from adults. Young children may not even understand what death means, or that people who have died won't be coming back. Some may worry they have done something to cause the death; on the other hand, they might not seem too concerned about it, or even go from crying one moment to wanting to play the next. All these reactions are normal, just as it is normal for a child to feel angry at the person who died, or maybe someone else entirely. Older children begin to understand more, but will still need help from their parents and other caregivers to process and cope with loss.

Everyone has a different way of dealing with and talking about death with children: some choose to ignore it, some compare it to sleep, and still others talk to children about death very matter-of-factly as though they were adults. While there is no one "right" way to address the topic, when we do, we should keep a child's need to grieve firmly in mind.

This course considers children's developmental concepts of death at different ages; how children may respond to death, along with their stages of grief; ways of explaining death to children; how grief may impact the entire family structure; and finally roles funeral professionals can play to assist children with their dealings with grief.

Developmental Concepts of Death

Many parents think children are too young to understand death, so why burden them with thoughts they cannot possibly grasp? But remember, death is around children all the time. Even at a very young age, they are confronted with that inevitable moment when life no longer exists: a pet is killed, a funeral procession passes by, a public figure is assassinated, a grandparent dies, a space shuttle explodes, Bambi's mother is killed. Along with experiences like these, they see pictures of people being killed in vivid color on television (Grollman, 1990). Thus, it makes sense that most children have concerns about death: studies have shown that nearly 80% of children think about death at one time or another (Klicker, 2007).

A child is never too young to learn about death, and

in fact learning about death enables the child to better understand grief. In this section, we'll look at how children (from birth to adolescence) comprehend death and the enormous emotional confusion it can bring (Canine, 1996).

Like all areas of development, children's capacity to understand death grows and expands as they grow older mentally (Wolfelt, 1990). However, studies show major variances in the specific age at which a mature understanding of death is finally achieved. This variability appears to be affected by personality factors, sociocultural factors, the nature of the death, and most likely a multitude of additional factors that are unidentified (Wolfelt, 1990). As a result, we must keep in mind that all children are shaped by their experiences of life, and therefore each child might handle death differently than another child who is the same age.

Birth-2 Years of Age

Before the age of six months, infants show only a non-specific distress reaction to the absence of their mother. There is speculation that this could be the beginning of early grief responses. After six months and up until around two years, infants begin to experience normal grief reactions in response to the absence of their mother. If separation continues, the child manifests despair and sadness. If separation continues over a long period of time, and no consistently caring person takes over the mother's role, the child may eventually become detached from everyone (Klicker, 2007).

During this stage, if the loss is someone other than the mother (such as a father or sibling), it is difficult to tell if the child's reaction is truly a reaction to the loss itself or if the child is simply mirroring the grief of the mother (Klicker, 2007).

Ages 2-5

Preschoolers do not understand the permanence of death, in part because they have little understanding of time: a day, a week, a year, or forever can all seem the same to this age group.

They are not yet capable of cognitive reciprocity, meaning they cannot learn outside the realm of their own experiences; thus, they will react to death in light of their own experiences. Many do not know how they should act, so they confront visitors or strangers with statements like "My daddy died," in order to pick up clues on how to respond. It is also not unusual for children of this age group to repeatedly ask the same questions about the deceased, such as "Will Billy be at school tomorrow?" Although this can be frustrating to an adult, children get reassurance from hearing the same answer over and over (Klicker, 2007).

At this age, a child can miss a person who is gone, and is also very aware of non-verbal communication such

as changes in their personal family routine or in the moods of others. At times they may act as if the death never happened, while at other times they may react in a regressive manner. A child may also experience guilt because they feel responsible for the death – blaming something they did, said, wished, or failed to do – especially when the death is that of a parent. Frequently, they are concerned about the physical well-being of the deceased, wondering if the person might get hungry, or need something that they forgot to take with them to heaven. Particularly as they approach four or five years old, this age group can be quite interested in dead things, and may want to see and touch the deceased. These are all normal reactions (Klicker, 2007).

Ages 6-9

These latency-age children have a more complex understanding of death and dying, realizing that death is irreversible and that it is a universal experience. Despite knowing this, however, most generally believe death happens to older people, and still find it difficult to believe that death will happen to them. Death may be personified in the forms of monsters, ghosts, or other frightening creatures, which allows children to be able to hide or run away from it, thereby keeping themselves safe (Klicker, 2007).

A characteristic of this age group that can be particularly troublesome for them is their tendency to engage in magical thinking. Children of this age will often think or wish “bad” things to happen to other people. If a person they wished harm to should die, it could cause guilt and fear (Klicker, 2007).

Children at this age have strong feelings of loss, but also have extreme difficulty expressing it, and often need permission to grieve. A lack of the vocabulary needed to communicate these feelings may translate to acting them out in behavior. Crying, withdrawal, frightening dreams, aggressiveness, and misbehavior are common, particularly among boys, who frequently exhibit aggressive responses and play patterns (Klicker, 2007).

Ages 10-12 (Pre-Adolescence)

Children in this age group have the cognitive ability to comprehend death as an event. They can understand and accept a mature, realistic explanation of death as final and inevitable. Concerns such as who will take care of them or whom will they play with are common, as is an interest in and curiosity about the physical aspects of death and what happens after death. Children may also identify with the deceased and imitate his or her mannerisms (Klicker, 2007).

Normally, these children have short attention spans: it is typical for them to be crying and depressed one minute and outside playing as if nothing happened the next minute. This behavior becomes an issue when adults interpret it as the child not being upset over the loss.

Statements like “How can you behave like that with your mother lying in her grave?” can cause feelings of guilt and low self-worth (Klicker, 2007).

Experts tend to agree that expressing their feelings will help members of this age group, but although their vocabulary is advanced enough to do so, they may not talk about what is bothering them. Instead, it may build up inside them, manifesting in behavioral problems. School is a primary environment for these children, so it is realistic to expect misbehavior, lack of concentration, and/or a drop in grades. Again in this age group, boys tend to be more aggressive in how they act out their feelings (Klicker, 2007).

Ages 13-18 (Adolescence)

Adolescents understand the meaning of death much like adults do, realizing that it is irreversible and that it happens to everyone. In addition, unlike younger children, teenagers have the frustration, anxiety, and confusion of normal puberty potentially intensifying their grief: death adds to their already-conflicting feelings of unattractiveness, insecurity, not belonging, and/or not being in control of self and surroundings. The intensity of grief for adolescents should not be underestimated. Losses such as death can affect their total lives, including their work at school, their part-time jobs, their leisure activities, their relationship with friends and family, and their concepts about themselves (Klicker, 2007).

Different researchers and authors tend to have somewhat different opinions on age groups when it comes to minors. According to Klicker (2007), the teen years can be divided into 3 developmental phases: the early, mid, and late teen years. Each age group differs regarding the expression of grief.

- **Early Teen Years (ages 12-14):** These years are a time when teens search for the answer to the question, “Am I okay?” During this phase, teens are very concerned about fitting in, and often act as if there is an imaginary audience watching everything they do. These teens may feel ill at ease when expressing grief. On the flip side, when it doesn’t relate directly to them, they usually aren’t concerned about what other people think, so they may have a very difficult time understanding a reaction to loss if it is not the same as theirs.
- **Middle Teen Years (ages 14 to 16):** These teens cannot imagine their own death, often believing that they are indestructible, that bad things will not happen to them, and that they will live forever. They may express their grief by taking unhealthy risks, such as driving too fast or drinking alcohol.
- **Late Teen Years (ages 16 to 19):** – During the late teen years, teens search for meaningful bonds. They are better able to understand complex relationships, have a better understanding of others’ thoughts and feelings, and are more interested in other points of view. Teens of this age grieve as much as adults do.

exam questions...

- 1. Children in this age group have the cognitive ability to comprehend death as an event. They can understand and accept a mature, realistic explanation of death as final and inevitable. Concerns such as who will take care of them or whom will they play with are common, as is an interest in and curiosity about the physical aspects of death and what happens after death. Children may also identify with the deceased and imitate his or her mannerisms.**
 - a. Ages 2-5
 - b. Ages 6-9
 - c. Ages 10-12 (Pre-Adolescence)
 - d. Ages 13-18 (Adolescence)
- 2. These children have a more complex understanding of death and dying, realizing that death is irreversible and that it is a universal experience. Despite knowing this, however, most generally believe death happens to older people, and still find it difficult to believe that death will happen to them. Death may be personified in the forms of monsters, ghosts, or other frightening creatures, which allows children to be able to hide or run away from it, thereby keeping themselves safe.**
 - a. Ages 2-5
 - b. Ages 6-9
 - c. Ages 10-12 (Pre-Adolescence)
 - d. Ages 13-18 (Adolescence)

Death Response

Death response in children varies widely. Typical responses that professionals have noticed in children include:

- Shock
- Denial
- Disbelief
- Numbness
- Lack of feelings
- Alarm
- Physiological changes
- Regression
- Grief
- “Big man” or “big woman” syndrome
- Disorganization and panic
- Explosive emotions
- Searching
- Acting-out behavior
- Fear
- Crying
- Guilt and self-blame
- Relief

As we've seen, adolescents philosophize about life and death, searching for meaning to these mysteries. They also experience conflicting feelings: they may feel as if they are immune to death, while at the same time experiencing anxiety and fear over thoughts of their own death. Some adolescents challenge this fear by taking unnecessary chances with their own lives, trying to overcome their fears by confronting death and confirming their control over mortality (Canine, 1996).

While their understanding of death is drawing more in line with adults', it's important to remember that teens of any age are not adults. Unfortunately, at a time when adolescents need to be comforted and supported, they are often put in the position of protector and/or caregiver. Statements such as “We need you to be strong,” make adolescents feel they must be a comfort to others. By keeping their own emotions suppressed, they may give the outward appearance that they are handling things well, while on the inside they are falling apart (Klicker, 2007).

Adolescent males and females often have different responses to death. Male adolescents are more likely to express grief in aggressive behaviors than females, while it is more common for female adolescents to need comforting and to be reassured, held, and consoled (Klicker, 2007).

Academic achievement and competition are also a part of the teen's world – but struggling with death often makes it difficult for adolescents to perceive the value others place on academics. While they are trying to survive the death of someone in their lives, the pressure to get good grades or get into the right college can seem absurd, or alternately, like an unbearable burden (Klicker, 2007).

In summary, children appear to proceed from little or no understanding of death to recognition of the concept in realistic form. While evidence does exist for the age-level understanding of children's concepts of death, it's important to keep in mind that development involves much more than simply growing older. Environmental support, behavior, attitudes, responsiveness of adults, self-concept, intelligence, previous experiences with death, and a number of other factors have an important role in the individual child's understanding of death. So, while most often levels of understanding are listed in chronological order as above, the individual child may well deviate from the specific age range and particular behavior associated with that age (Wolfelt, 1990).

As a funeral service provider, no doubt you have encountered some children who are more mature at a certain age than others at the very same age. If you are early in your career and you have not yet experienced this, chances are you will at some point. With this information, hopefully you will better understand why this is and how to approach children.

- Loss
- Emptiness
- Yearning
- Sadness
- Anger
- Reconciliation
- Resolution

These death responses are all normal: they are not good or bad, they just are (Wolfelt, 2016). As we know, everyone deals with death differently, including children. Naming these feelings and acknowledging them are the first steps in dealing with them.

Let's take a more in-depth look at a few of the most common reactions to death that children experience:

Denial

Denial is a natural reaction to loss – in a state of shock, the survivor says, “No, it’s not true!” –and takes many forms. One person may discuss the deceased loved one in the present rather than the past tense. Another may leave the room of the loved one intact in anticipation of return. It is important to remember that adults, especially parents, model attitudes toward death for their children. Adults often try to insulate a child from death, hoping to protect both themselves and the child from the pain of loss, but denial is encouraged by silence and secrecy. While it is natural to try to shield young people from pain, traumatic experiences belong to both adulthood and childhood. Just as they cannot protect children from life, adults cannot protect children from death (Grollman, 1990).

Young people have particular difficulty discerning reality. While children may grieve even longer than adults, initially they may appear unaffected: they are trying to defend themselves against the death by pretending it has not really happened. This lack of response may signify that the child has found the loss too great to accept and pretends secretly that the loved one is still alive. However, the fact that children go through moments of denial need not indicate an abnormal mourning reaction. Temporary forgetfulness enables a person to put aside the morbid, upsetting, and depressing aspects of death by focusing on the more constructive issues of the business of living (Grollman, 1990).

Disbelief

Have you ever seen a child in a threatening situation close his or her eyes? Or, when a small child is greeted for the first time by a comparatively large adult, have you noticed he or she may put their hands over their eyes and pretend the person is not there? Disbelief, similarly to denial, is a conscious or unconscious defense the child uses to avoid, prevent, or reduce anxiety. In this case, the child uses disbelief to reject the reality of the loss, and occasionally as a reprieve from the pain and work of mourning. The child may try to “forget,” which enables an exclusion of

feelings that rightfully go with the loss, and/or engage in magical thinking: “Mommy did not die; she will come to my bedroom tonight and tuck me in,” or “This cannot really be happening, because if it were I would feel bad, and I do not so it is not really happening (Canine, 1996).”

Alarm

Children look to adults for safety and security. When someone close to them dies, their world becomes less safe; this feeling is intensified when the death is a parent. Feelings of vulnerability, separation anxiety, depression, and immobilization are characteristic of most childhood losses, and may be heightened after a death. In addition, many children experience bodily tension, sweating, dryness of mouth, shortness of breath, and bowel and bladder relaxation, as well as physical exhaustion when discussing the death. Insomnia is also common in the alarm stage: when your trust in the world is shaken, it is difficult to let your defenses down and sleep. Following a loss, many children experienced acute night terrors, a desire to sleep with a parent or siblings at night, and a fear of the dark (Canine, 1996).

Grief

Grief is an expression of love, and mourning is appropriate for people of all ages. Children are no strangers to unhappy feelings – they know what it means to be mad, sad, guilty, afraid, lonely – and should not be deprived of the right to grieve. They should no more be excluded from sharing grief and sorrow than they should be prevented from demonstrating joy and happiness. Each person should be given the opportunity to lament the end of life in his or her own way.

We’ll consider stages of grief later; in the meantime, typical grief responses in children fluctuate according to their concepts of death, their developmental level, and the way they related to the person who is now dead. Some will not speak about the individual who died; others will speak of nothing else. Some will talk of the death at unexpected times, for months or even years after the person has died. Some will cry hysterically; others will remain outwardly impassive and emotionless; others may even laugh. Some will praise the deceased as the most wonderful person in the whole world, while others will hate the individual for leaving them alone and abandoned. Some will blame themselves for the death, and others will project their grief upon God, the physician, the clergy, the funeral director, or members of the family. A child’s despair may be interrupted by a carefree mood, vacillating between sadness and playful joy (Grollman, 1990).

While reactions are varied and contradictory, and often unpredictable, Grollman (1990) suggests that they can be divided into three phases: protest, when children cannot quite believe that the person is dead and attempt, sometimes angrily, to regain him or her; pain, despair,

and disorganization, when children begin to accept the fact that the loved one is really dead; and finally hope, when they reorganize their life without the person who died (Grollman, 1990).

Disorganization

Grief is hard work, and takes energy. Trying to understand emotions like sadness, guilt, shame, and anger is extremely demanding, and sometimes children cannot keep up. They may demonstrate disorganization in social activities, domestic responsibilities, and schoolwork. Observers of the child may see him or her walking around aimlessly, withdrawn, daydreaming, unable to complete simple tasks or follow directions, ignoring school assignments, and fighting with friends. All of these things take focus, and the child is focused instead on the enormous pain of separation and loss. There is very little energy left for anything else.

Searching

Searching for something that is lost seems reasonable enough. Even the tongue repeatedly explores the place where a tooth is suddenly missing – and, of course, we go back to the same spot to look over and over again for an item that has been lost. Searching for someone who has died seems compulsive and irrational, yet we all do it, especially children.

According to the experts, there are three basic elements to this stage:

- Preoccupied and intense thought about the lost person, involving a compulsion to speak of him or her, to review a lifetime of memories, and to ignore anything not relevant to his or her presence.
- A sense of waiting for something to happen, and a direction of attention to places where the person is likely to be found.
- Restless, sometimes aimless moving around, an inability to sit still, and constant searching for something to do; a scanning of the environment.

As in adults, the searching stage for the child can last for months. The effort to find the lost loved one and restore the bond may wane when the child is not successful. This stage will end when the child realizes that all attempts to restore the lost relationship with the one who has died have failed. Only then will the child relinquish the searching behavior and begin to explore and form new relationships (Canine, 1996).

Crying

Tears are a tender tribute of yearning affection for those who have died but are not forgotten. They help to ease heartache, expressing that inevitable despair that follows the slow realization that death is not a bad dream. Often

people deliberately turn a conversation away from loss, apprehensive of the weeping that may follow. They do not understand that expressing grief is normal and helpful. Additionally, in our culture, the gift of tears seems to be reserved for one sex: crying is mistakenly considered a female trait. The truth is that all people, regardless of age or sex, simply feel better after a good cry. Do not be afraid of causing tears; they are like a safety valve (Grollman, 1990).

Crying is natural. A newborn enters life crying, in search of more oxygen. In early life, tears are an infant's means of expressing needs, pains, and discomforts. Even after children are able to verbalize their desires, they continue to weep in order to release painful emotion. Children should never be discouraged from crying in their grief: why should they be forbidden from expressing inner feelings? They loved the person who died. They miss the person who died. And they, too, need to relieve painful emotions. Only an uninformed adult would encourage children who have experienced tragedy to remain dispassionate. Insisting that children "Be brave!" leads them to bottle up their feelings, minimize their loss, and repress their grief, potentially causing a later explosion more dangerous to their inner makeup (Grollman, 1990).

As a parent or an adult, do not feel that you have failed when you weep in front of a child. The opposite is true: crying demonstrates the undeniable fact that you, too, are human and need emotional release. It is better to say, "I have been crying, too," than, "There, there, you must not cry." It can be exceptionally tender for parents and children to cry together and share the real meaning of the pain of separation (Grollman, 1990).

While you should not deny a youngster the opportunity to cry, neither should you encourage the child to display unfeeling. Children should not be subjected to emotional blackmail in which they are urged to behave in some particular manner. Each child reacts differently. Some children need to cry freely; others may be able to get by with a few tears; there are some who may not weep at all. Youngsters feel confused and hypocritical when told to express sentiments they do not honestly feel. There are other outlets for emotion besides tears, so allow them to express those feelings that are appropriate to their needs (Grollman, 1990).

Guilt

It is human to blame yourself for past failures, so there is a degree of guilt involved in almost every death. The living may feel guilty simply because they are alive: this has been labeled "survivor's guilt." Perhaps they wished that an afflicted individual could die with dignity and without pain, and then berate themselves after the death occurs. Adults who've done everything in their power to make a loved one happy may search for ways they could have done more. After a plane crash, one man could not stop condemning himself for having quarreled with his wife just before her untimely death. Recrimination is an

attempt to turn back the clock, undo the wrong things for which the survivor now feels guilty, and somehow magically restore the loss. Pangs of guilt are agonizing, even when induced by a misconception of reality (Grollman, 1990).

Children are more likely to feel guilt than adults, because in their limited life experience, good things happen when they behave, and bad things happen when they are naughty. If a child gets good grades in school, he or she is rewarded. On the other hand, if the child hits a sibling, there may be punishment: losing television privileges or something similar. The “desertion” of a loved one must, therefore, be retribution for the child’s wrongdoing, so the child searches his or her mind for the “bad thing” he or she must have done. Parents and adults may inadvertently reinforce this guilt by not clearly explaining facts or by inventing fictions surrounding the death. From a commonsense point of view, a youngster’s guilt may seem unreasonable – but remember, adults experience the same process. After a death, every clergyperson has heard the question, “Why am I being punished?” Let children know that nothing they did, said, or thought had anything to do with the death (Grollman, 1990).

Guilt in children takes many forms. By projecting guilt upon someone else, youngsters absolve themselves from blame, so it may be directed outwardly through aggressiveness and hostility. On the other hand, guilt may be turned inward and cause depression. It can affect concentration: children may be unable to focus on schoolwork, or may be too preoccupied to join others in play. Some cannot sleep, and when they do, have recurrent nightmares. Unresolved grief also takes the form of withdrawal, delinquency, excessive excitability, self-pity, and defiance (Grollman, 1990).

Yearning

It is normal for all children to yearn, wish, and hope that the loss will “go away” and that the one who has “left” will come back. The conflict between letting go of that which has been lost and the wish to hold on to it can even have a positive effect on the child: working through ambivalence enables the child to identify conflicting impulses, practically learn to live without the one who has died, and eventually understand the reality of the separation. Sometimes, however, a child will temporarily give up a skill that was mastered earlier in the developmental process because of intense yearning. This return to the behavior of an earlier age is called regression. A younger child may begin again to wet the bed, suck a thumb, or cry for a bottle. An older child may want to sit on a mother’s lap or cling to daddy. The child’s regressive behavior should not be a cause for panic; it’s simply a signal to the adult that the child needs some special attention while working through the grief process (Canine, 1996).

Anger

The first impulse of an enraged individual is to lash out at the people who are perceived as having caused the suffering. It is natural to wish to retaliate against those who have hurt you. Adults understand this need to vent their hostility, yet often they will not tolerate this behavior in their children. Do not react to a child’s anger with threats of further punishment. They have enough guilt and pain. Instead, approach them with patience and respect. Listen as they tell you about their fears and animosity. Never scold them for feelings, or make them feel ashamed of their emotions, or tell them that they should have only good thoughts about the person who has died. If you and your child cannot recall unhappy memories of the deceased, then you may not yet have accepted the reality of death. Resentment is a natural part of the grieving process and helps to express anguish and frustration at the curtailment of a life so precious. Bottling up anger causes greater stress and leads to depression (Grollman, 1990).

Resolution

Resolution is the quality of “being determined” or the ability to persevere. This is the child at the end of the mourning process: a whole, healthy person, emerging from grief, ready to live and enjoy life again. While the child has a greater understanding of death and its finality, he or she is no longer preoccupied with the loss, and demonstrates decreased anger and irritability, a return to stable eating and sleeping patterns, and/or an ability to once again focus on schoolwork and other responsibilities. And, most importantly, he or she is able to freely love again (Canine, 1996).

exam question...

3. Which common death response is described by the following? “Feelings of vulnerability, separation anxiety, depression, and immobilization are characteristic of most childhood losses, and may be heightened after a death. In addition, many children experience bodily tension, sweating, dryness of mouth, shortness of breath, and bowel and bladder relaxation, as well as physical exhaustion when discussing the death. Insomnia is also common.”
- a. Alarm
 - b. Disbelief
 - c. Guilt
 - d. Searching

exam question...

4. Which common death response is described by the following? “Observers of the child may see him or her walking around aimlessly, withdrawn, daydreaming, unable to complete simple tasks or follow directions, ignoring school assignments, and fighting with friends. All of these things take focus, and the child is focused instead on the enormous pain of separation and loss. There is very little energy left for anything else.”
- Anger
 - Disorganization
 - Searching
 - Yearning

Grief in the Aftermath

As you'll recall, Wofelt (2016) offered that every child's grief is unique to his or her circumstances and situation. He has suggested that children experience many different reactions to death, including shock, alarm, disbelief, yearning, searching, disorganization, and resolution. Likewise, Grollman suggested that a child's grieving process has three phases: protest; pain, despair, and disorganization; and hope.

On Death and Dying, the landmark work of Elisabeth Kubler-Ross first published over 50 years ago, remains the standard in the field, giving people in general and funeral professionals specifically a critical structure to consider. Responding to criticism over the years, Kubler-Ross acknowledged that the stages of grief she proposed are not necessarily linear: some people may not experience any of them at all, while others may experience some of the stages and “skip” others entirely. Despite these qualifications, most who suffer grief do indeed travel through five main stages: denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 2011).

Children and the Stages of Grief

Denial – As we've discussed, denial is often characterized by such reactions such as avoidance, confusion, shock, and fear. A child may harbor a false hope that none of the horror is true. They might think that their loved one will walk through the door, and this terrible nightmare will abruptly end (Kubler-Ross, 2011).

It may seem counter-intuitive, but denial is the stage that very often is necessary to survive the immediate impact of the loss. By thinking that life no longer makes sense or is too overwhelming, the psyche is shutting down and retreating into an unreal world that protects it from the frightening reality. Denial is crucial to help the child cope and survive the grief event. It shields the

child from becoming completely overwhelmed with grief, thereby preventing the full impact from hitting all at once (Kubler-Ross, 2011).

Anger – Once the denial starts to fade, the healing process begins. At this point, those terrible feelings that the child was suppressing rise to the surface, so the next stage often involves frustration, irritation, and anxiety. Once reality begins to descend on the child, because he or she cannot comprehend that this could happen at random, he or she may direct blame and anger towards family members, God, or others. Questions like “Why me?” arise (Kubler-Ross, 2011).

Researchers and mental health professionals agree that although this anger is painful, it is essential for these feelings to be expressed: anger is a necessary stage of grief. Although it may seem that the child is in an endless cycle of anger, it will end – and in fact, the more truly the child feels the anger, the more quickly the anger will dissipate, and the faster the child will heal (Kubler-Ross, 2011).

Bargaining – After the anger begins to subside, very often the child will begin to hope that the pain and grief could somehow be negotiated away, perhaps via a deal with God or some family member perceived to be powerful. Desperate to escape the unwanted feelings, he or she is willing to commit to substantive changes if that is what a return to normalcy requires: “I will do whatever it takes!” This bargaining allows the child to cling to a desperate yet false sense of hope (Kubler-Ross, 2011).

Depression – Eventually the child realizes that the negotiation isn't going anywhere, because no one can “make the deal.” Finally, the powerful realization that the person or the home that once was central to life itself is really gone, never to return, can no longer be avoided. This may leave him or her feeling overwhelmed, helpless and empty: these are the telltale signs of depression. At this point the child may withdraw from life, walk around in a fog, feel completely numb, or even decline an invitation to get out of bed. Being part of the world is overwhelming, there is no interest in being around others, and there is a reluctance even to talk. The “new reality” renders life utterly hopeless (Kubler-Ross, 2011).

Acceptance – The final stage of grief is acceptance; however, acceptance doesn't mean that it is okay that a loved one died. Instead, it is the beginning of the survivor's belief that he or she is going to make it anyway. This is a time of adjustment and readjustment: some days are good, some days are filled with uncontrollable sadness. Do not expect the child to never to have another bad day – but the good days will begin to outnumber the bad days (Kubler-Ross, 2011).

In this stage, as the child reenters reality, emotions begin to stabilize: the child comes to terms with the fact that life will never be the same, but life can be lived nonetheless. The fog will leave and engagement with friends will begin anew. Perhaps most importantly, the child will start to understand that while the home will never be the same,

nor can the loved one ever be replaced, it is possible to live a new reality (Kubler-Ross, 2011).

Reaching this stage of acceptance completes the metamorphosis. This child is now a different person whose capacity to live and experience life is far beyond that child who suffered the traumatic loss that began the process (Kubler-Ross, 2011).

exam question...

5. Per Elisabeth Kubler-Ross, “It may seem counter-intuitive, but _____ is the stage that very often is necessary to survive the immediate impact of the loss. By thinking that life no longer makes sense or is too overwhelming, the psyche is shutting down and retreating into an unreal world that protects it from the frightening reality.”

- a. Acceptance
- b. Bargaining
- c. Denial
- d. Depression

Explaining Death to Children

So, what exactly should parents tell their children about death, and what words should they use? The answers will ideally correspond with the developmental age of the child, the nature of the death, and the child’s emotional involvement with it. As we have learned, even children of the same age differ widely in their behavior and development, including their response to death. Some appear mature and stable when faced with fatality, while others may seem immature and much younger than their chronological age. It is also important to remember that appearances can be deceiving: a child who appears to be handling death well may be unsettled and upset inside (Grollman, 1990).

When explaining death to a child, it is important to be honest. Per E. A. Grollman (1990), there really is no need to avoid the word DIE, especially since death is dramatized so frequently on television and in the movies. The words DIE and DEAD, despite their emotional baggage for adults, may be best for children to hear. Using euphemisms like “passed on,” “passed away,” “perished,” “expired,” “gone away,” “departed,” or “lost” can get in the way of a child’s understanding as they attempt to distinguish reality from fantasy, creating further anxiety. Kids tend to be very literal, and this kind of fuzzy language leaves them anxious, scared and often confused. A child will be more likely to understand a direct statement about death than some evasive term like “going away,” which may also lead them to have a fear that when living people “go away” they may never return – or conversely, it may lead them to believe the deceased will come back and that death is not permanent (childmind.org). Ignorance about death can be terrifying and disruptive. The most daunting reality is better than uncertainty.

Evasion of the truth can also be an indication of the adult’s inability to deal honestly with real situations. Adults should ask themselves this: where can a child turn for help if no one will admit that there was a tragedy? Children are human beings, worthy of respect and openness, not pretense and equivocation, and two of their greatest needs are for trust and truth. If death can be acknowledged, adults and children may find comfort in what they mean to each other, even in the midst of lingering pain and loneliness. Death is a universal and inevitable process that must be faced by people of all ages. Children who are able to process with their families after the death of someone they love will be better equipped to understand and manage the emotions of their grief (Grollman, 1990).

It is important to let the children lead as they begin to process a death, because the kinds of questions and concerns that children have can be very different from those of adults. Giving children too much information can overwhelm them. It is better to let them ask questions and then answer in the best and most developmentally appropriate way you can. Do not be surprised if young children are mostly concerned about themselves – that is simply how young people are (childmind.org).

Encourage children to express their feelings. Do not try to “protect” or “shelter” children by attempting to hide your own sadness. They will invariably know that something is wrong, but will be left feeling alone and confused. Hiding your own grief can also make children feel like the sadness they may be feeling is bad. However, try not to let children see you at your most upset moments, as they may begin to worry about you or feel insecure (childmind.org).

exam question...

6. It is important to let the children lead as they begin to process a death, because _____.

- a. Giving children too much information can overwhelm them
- b. The kinds of questions and concerns that children have are very similar to those of adults
- c. Young children are mostly concerned about others
- d. All of the above

D. Serani (2016) offered several suggestions to parents and other adults when explaining death to a child or to children:

Do’s

- Tell the truth about what happened right away. The truth gives an explanation for tears and pain. Your being open and emotional can help a child learn how to mourn.
- Be prepared for a variety of emotional responses. Realize that however you approach this subject, your child will be upset, and perhaps even angry, at the

loss. Accept your child's emotional reactions. You will have time to address things again after your child has had a chance to process the initial trauma.

- Make sure to use the words “dead” or “died.” Many find using these words uncomfortable, and therefore prefer using phrases like “passed away,” “lost,” “crossed over,” “went to sleep,” etc. However, research shows that using realistic words to describe death helps the grieving process.
- Share information in doses. This will allow you to gauge what the child can handle, and provide additional information based on the questions the child asks.
- Be comfortable saying “I do not know.” Having all the answers is never easy, especially during a time of such heartache. It's helpful to tell your child that you may not know the answers to all their questions, especially unanswerable ones like “Why did grandpa die?” or “What made Spike run into the street?”
- Cry. Cry together. Cry often. It's healthy and healing.
- Allow children to participate in rituals. Let them pick clothing for the loved one, photos for the memorial, a song or spiritual reading, or something similar. This will help them gain a sense of control of the traumatic loss.
- Let the child grieve in his or her own way, including allowing the child to be silent about the death. It is also natural for a child to feel lonely and isolate themselves at this time, too. At the same time, it is common for children to seem unaffected by the loss. There is no right way to grieve.
- Prepare the child for the funeral home or the service. Tell children what they will see, who will be there, how people may be feeling, and what they will be doing. For young children, be specific in your descriptions of what the surroundings will look like. For example, describe the casket and clothes and that the body will be posed. Or if it's a memorial service, talk about where the body is: if it has been cremated, in a closed casket, or already buried. Bring along someone to care for the child if you are too distraught.
- Prepare the child for the future without the loved one. Talk about how it will feel to celebrate birthdays, anniversaries, holidays, and special moments without the loved one. Ask your child to help plan how to move through the next calendar event.
- Prepare to talk about thoughts and feelings often. It is likely that you will have to tend to ongoing discussions since mourning is a process.
- Remember to take care of yourself. Children learn from what they see, so be a role model for self-care at this critical time.

Don'ts

- Do not hide grief from a child. Seeing an adult or parent grieve during, and long after, the loved one's death will let the child know that it is normal and healthy to cry and feel sad after a significant loss.
- Do not be afraid to share memories of the loved one. Sometimes parents avoid talking about the person who has died, thinking it will cause pain to their children. Research shows that the pain of re-living memories or sharing stories actually aids in healing and closure.
- Do not avoid interacting with the child because you feel helpless or uncomfortable, or do not know what to say. Sometimes a knowing look can be a powerful connection. Even a touch or a hug can offer great comfort.
- Do not change the subject when the child comes into the room. Doing so places a mark of taboo on the subject of death. Instead, adjust the level of information when a child is present.
- Do not change daily routines. Children need consistency, so try as much as possible to keep the usual daily routines at home and at work. Also, try to ensure that the child continues to take part in their usual activities like school and social events.
- Do not think that death puts a ban on laughter. Laughter is a great healing tool. Being able to laugh about memories or moments with the loved one signals just how important their presence was in life.
- Do not put a time limit on a child's bereavement. Everyone grieves in their own way. Recognize that attaining a new normal is a process, and that time is needed to readjust to a significant death. If additional support is needed, reach out to the child's school, physician, or religious community. Professional help with a mental health therapist trained in bereavement can be sought, as well.

exam question...

7. Which of the following is one of the “Do’s” proposed by D. Serani when explaining death to a child or to children?
- a. Avoid interacting with the child because you feel helpless or uncomfortable, or do not know what to say
 - b. Avoid talking about the person who has died, because it will cause pain
 - c. Change the subject when the child comes into the room
 - d. Let the child grieve in his or her own way, including allowing the child to be silent about the death

A.D. Wolfelt (2016) also suggests that adults should openly talk to children about the death to which they are responding, and help them understand that grief is a natural feeling when someone loved has died. Children need adults to confirm that it is okay to be sad and to cry, and that the hurt they feel now will not last forever. If adults are open, honest, and loving, children will feel more comfortable, and open to grieving. Adults need to patiently answer questions about the death, using a language that children can understand: this lets the child know that what they think and feel is important.

Here are some guidelines concerning children and grief suggested by Wolfelt (2016):

- Be a good observer. See how each child is behaving. Don't rush in with explanations. Usually, it is more helpful to ask exploring questions than to give quick answers.
- When someone they love dies, do not expect a child's reaction to be obvious and immediate. Be patient and be available.
- Children are part of the family, too. Reassurance and security comes from the presence of loving people.
- When describing the death of someone a child loves, use simple and direct language.
- Be honest. Express your own feelings regarding the death. By doing so, children have a model for expressing their own feelings. It's all right to cry, too.
- Allow children to express a full range of feelings. Anger, guilt, despair, and protest are natural reactions to the death of someone loved.
- Listen to children; do not just talk to them.
- No one procedure or formula will fit all children either at the time of death or during the months that follow. Be patient and flexible, and adjust to individual needs,
- Adults must recognize their own personal feelings about death. Until they consciously explore their own concerns, doubts, and fears about death, it will be difficult to support children when someone the child loves dies.

Grief within Family Systems

In addition to considering a child's grief as its own phenomenon, we should look at the family dynamics that may affect and influence it.

Families sometimes erroneously believe that each member's grief will be similar to the others' because they all have experienced the death of a specific person within their family system. In reality, however, each family member's grief is unique. The specific nature of the relationship between each family member and the deceased varies, as will the particular history and social

context of their relationship. Further, to fully understand grieving families, it is important to recognize that their grief is also affected by the relationships they have with each other and the "emotional legacies" they have created – both as a family and with the one who died (Klicker, 2007).

These differing grieving patterns are also affected by the degree to which family members are willing or able to anticipate and prepare for loss, as well as such factors as the gender, age, and maturity or developmental level of each person within the "system." Because families are made up of males and females who cover a wide range of ages and developmental stages, these factors alone contribute to a great deal of strain. Behaviorally, they may differ, with different family members finding different coping styles more helpful in resolving their grief. For couples, in particular, differences in cultural background will affect each partner's grief style (Klicker, 2007).

Thus, within the family, the form of grief taken by each family member will have its own unique character. The relationship grievers have with each other and any emotional legacies they share from the past may contribute to differences among family members. Even the definition of the severity of the loss may vary: some family members may see the loss as devastating, others may see it as distressing, and others may find it a relief. At different times, individual family members may see changes in their own interpretation of the loss. The meaning of the relationship that each family member had with the deceased will have been unique and it is this meaning that will need to be processed and worked through. Finally, some family members may find that issues surrounding the loss may never be resolved completely (Klicker, 2007).

Understanding family grief, therefore, is a task with multiple, interwoven layers. Many factors, including intense emotions, simultaneously influence each family member as all attempt to come to grips with loss. The interaction of these influences, and related conflicts, may place tremendous strain on the family (Klicker, 2007).

There are several important questions that family counselors bring up for consideration, which must both be asked and answered by the family in order to effectively cope with and adapt to loss:

- What have we lost?
- What do we have left?
- What may still be possible for us?

As families work to address these questions, they begin to recognize that they must be "reorganized" – it will be necessary, over time, for the members to reinvest in a new family configuration and system that will be created without the deceased. One important element of this communication process, and one that cannot be overlooked, is that family members must engage in the simple but difficult act of listening to each other.

The counselor's role is to encourage and facilitate communication between family members that respects thoughts as well as feelings. This enables members to identify and share their beliefs and determine the meaning of the loss in their lives, both individually and collectively (Klicker, 2007).

The following dynamics contribute to a family's reaction to and recovery from a death (Klicker, 2007):

- The functional position or role the deceased played in the family can affect grief in family members. To the extent that the deceased had a significant functional position, the death is going to create a corresponding disturbance of functional equilibrium.
- An emotionally well-integrated family may show minimal grief reaction at the time of death, but members may respond later with various physical or emotional symptoms or some type of social misbehavior.
- The value families place on emotions and the kinds of communication patterns that give a person permission to express feelings or not express feelings can affect mourning. Families that conspire to feelings of suppression may ultimately keep the individual from an adequate resolution of grief.

Within the family structure, there are specific deaths that may particularly impact a child.

Death of another Child

A sibling's death represents a major change in the family. Not only has the surviving child or children's brother or sister gone away, but the parents' behavior is altered by their profound grief. This may change how the parents handle their surviving children: they may not be as energetic in fulfilling their parenting role. The children are unable to comprehend the changes and may feel unsure, unsettled, and insecure. Children often get into trouble at this point, or are tend to misbehave. Physical manifestations of grief are often observed in children who lose a sibling, like acting out and aggression, and verbal expressions of grief like arguing and swearing. These responses are common, and are attention-seeking behavior. This may reflect the young child's need for reassurance and comfort (McCown and Davies, 1995).

Experiencing the loss of contemporaries such as friends or siblings may heighten a child's personal death awareness. This increase in the awareness of personal mortality can lead to existential anxiety. Counselors need to be comfortable discussing the child's personal sense of mortality, and prepared to explore the extent to which this death awareness might be troublesome (Worden, 2009).

Death of a Parent

Of course, another hugely significant death in the family arena is that of a child's parent. If the child fails to adequately mourn, he or she may present with symptoms of depression or the inability to form close relationships during the adult years (Worden, 2009).

Worden (2009) and a colleague, Phyllis Silverman, conducted the Harvard Child Bereavement Study, which studied a group of children from the community to see what the natural course of bereavement would be for children from six to 17 years of age. The study followed 125 school-age children from 70 families – all from communities selected for their varying demographics – for two years after the death of one parent. Non-bereaved children, matched for age, gender, grade in school, family religion, and community, were also followed for the same period. Assessments were made of the children, their surviving parents, and the family.

Here are some of the findings from the study:

- Most bereaved children (80%) were coping well by the first and second anniversaries. However, the 20% who were not coping well exceeded the percentage of matched controls not coping well during that period. Differences between bereaved children not doing well and their control counterparts were greater at two years than at one year, which makes a case for a late effect of the loss on these children.
- Children doing well tended to come from more cohesive families where communication about the dead parents was easy, and where fewer daily life changes and disruptions took place. Families who coped actively rather than passively, and who could find something positive in a difficult situation, had children who made a better adaptation to the loss.
- Children not doing as well tended to come from families experiencing a large number of stressors and changes as the result of the death, and have a surviving parent who was young, depressed, and not coping well. These children showed lower self-esteem and felt less able to control what happened to them in life.
- The functioning level of the surviving parent was a powerful indicator of a child's adjustment of the death of a parent. Children with a poorly functioning parent showed more anxiety and depression, as well as sleep and health problems.
- In general, the loss of a mother was worse for most children than the loss of a father. This was especially true during the second year of bereavement. The death of a mother portends more daily life changes and, for most families, the loss of the emotional caretaker of the family. Mother loss was associated with more emotional/behavioral problems, including higher levels of anxiety, more acting-out behavior, lower self-esteem, and weaker belief in one's own self-efficacy.

- Most children were given the choice of participation in the funeral and opted to do so. Better outcomes were seen in the ability to recapture memories of the funeral and talk about it, increased over time. Including children in the planning of the funeral had a positive effect, helping them to feel important and useful at a time when many are feeling overwhelmed.
- Many children remained connected to their dead parents through talking to them, feeling watched by them, thinking about them, dreaming about them, and locating them in a specific place. Children with strong continuing bonds to the deceased parent seemed better able to show their emotional pain, to talk with others about the death, and to accept support from families and friends.
- Three things children need after the death of a parent are support, nurturance, and continuity. Providing these may be difficult for surviving parent, and particularly difficult for a surviving father. Childhood grief is best facilitated in the presence of a consistent adult who is able to meet the child's needs and help the child express feelings about the loss.
- Bereaved teenagers frequently feel different from their friends because of the loss, and often feel that their friends do not understand how it is to lose a parent to death. One particularly vulnerable group is teenage girls whose mothers die and who are left with a father.
- Parental dating in the first year of bereavement was associated with withdrawn behavior, acting out behavior, and somatic symptoms, especially if the parent was a father. Engagement or remarriage after a suitable bereavement period had a positive influence on the children, leading to less anxiety, depression, and worry about the safety of the surviving parent.

Several conclusions were drawn from the study, all of which adults working with bereaved children should be aware of:

- Bereaved children need to know that they will be cared for
- Bereaved children need to know that they did not cause the death out of their anger or shortcomings
- Bereaved children need clear information about the death and its causes and circumstances
- Bereaved children need to feel important and involved
- Bereaved children need continued routine activity
- Bereaved children need someone to listen to their questions
- Bereaved children need ways to remember the dead person

exam question...

- 8. Which of the following is NOT among the findings from the Harvard Child Bereavement Study?**
- Children doing well tended to come from more cohesive families where communication about the dead parents was easy, and where fewer daily life changes and disruptions took place
 - Including children in the planning of the funeral had a negative effect, most often causing a sense of overwhelm
 - Parental dating in the first year of bereavement was associated with withdrawn behavior, acting out behavior, and somatic symptoms, especially if the parent was a father
 - The functioning level of the surviving parent was a powerful indicator of a child's adjustment of the death of a parent

Traumatic Deaths

Children traumatized by a death such as the murder or suicide of a loved one experience emotions similar to those of adults – feelings of rage, depression, and guilt are common – but do not have the same abilities to articulate those feelings. The aftercare techniques that work for adults are generally not suitable for helping young children, which necessitates development of age-appropriate and developmentally appropriate therapies. Any person who has experienced the loss of a loved one needs to be able to talk about the experience and the feelings it produced. This is especially true for children, particularly in light of the fact that children traumatized by violence often grow up to be adults who use violence themselves. Support groups for children bereaved by murder can be useful (Canine, 1996).

In cases of Sudden Infant Death Syndrome (SIDS), the deceased baby's siblings can often be overlooked. Not only do siblings grieve the loss of the dead baby, but often experience unwarranted guilt about the death themselves, and must also deal with the parents' grief over the loss. In addition, while anger is a normal response to the loss of a loved one, SIDS siblings experience more anger than might be anticipated which can affect the overall family grief dynamic (Canine, 1996).

The Role of the Funeral Professional

Obviously, funeral professionals are often in an excellent position to offer guidance and support to both parents and children during times of death and grief. You have the opportunity to provide compassionate care to entire bereaved families, while embracing the reality that children are frequently the "forgotten mourners" (Wolfelt, 1990).

The capacity to grieve does not focus only on one's ability to *understand*, but instead upon one's ability to *feel*. As we've discussed, any child that is capable of loving is capable of grieving, regardless of chronological age. While the very young child may not have the ability

to comprehend the total meaning of death, this inability makes the child's response to acute loss potentially more profound (Wolfelt, 1990).

Reconciliation to the death of someone loved is typically even more complex for children than for adults; however, those expecting to see grief expressed in children just as it is in adults may assume that children are not affected by the death. Outward expressions of mourning are not always easily observed in children, who often demonstrate grief through behavior as opposed to specific words they might say. Careful observations of behavior will provide cues that illustrate the need for ongoing support, understanding, and guidance (Wolfelt, 1990).

It is important that parents and other adults are aware of these things. Thus, Wolfelt (1990) suggested that among other helping roles, funeral directors can:

- Encourage families to include children in the events surrounding death
- Educate parents regarding typical ways in which children express grief
- Create an open atmosphere that encourages children to ask questions about death, dying, and grief
- Develop a caregiving relationship with children that informs them of the funeral director's individual emotional availability to them
- Model for children the reality that grief is a privilege that results from the capacity and receive love

In responding to the needs of a grieving child, the funeral service professional must provide acceptance, attention, sincerity, empathy, patience, and tolerance, while at the same time giving an appropriate response, and sometimes counsel, to the child's behavioral, physical, and emotional conflicts. If the child is given the opportunity to understand and cope effectively with the loss, it can be a valuable learning experience that will enhance personal growth and development. The death care professional "sets the stage" for this positive grief experience (Canine, 1996).

Canine (1996) discusses several grief responses, as well as how a funeral service professional might respond:

- If the child is shocked and in disbelief, it is important that the funeral service professional keep the child connected to family and friends who will love him and support him. It is equally important to involve the child in every phase of the funeralization process. Encourage the child to view the body with family and to take part in the funeral rituals. Also, accept the disbelief as a natural part of the grief process.
- If the child has an outburst of emotion, caregiver adults such as parents may be very upset because they have never seen the child act in this manner. The funeral service professional should remember that when a child has outbursts of emotion, it is a sign that he or she feels the environment is safe, and remind the adults of this. The fact that the child can act out what is being

felt is a credit to the "listening" and "observing" adult. It is important not to punish the child or try to make them feel guilty about the outburst. The expression of feelings during the outburst is healthy, and the adult should work at accepting all feelings while not judging them good or bad. Remind the parents or other adults that if the anger and the associated feelings are not expressed and are turned inward by the child, then depression and withdrawal may occur. At this point, the child may need professional help.

- If the child is expressing self-blame and guilt, the funeral professional needs to help him or her understand that all of us have wished for a loved one to go away at some point or another; be sure to stress that conflict between two people is normal, and that being angry or upset with someone does not make the person die. The child should be helped to understand that there are many things in life over which we have no control, and encouraged to talk about the loved one in a realistic manner, remembering both the good and the bad times. Finally, the funeral professional needs to reinforce that the child is lovable and very important to others, and that he or she has a full life ahead to do the things he or she wants to do.
- If the child expresses statements of sadness, loneliness, and fear, funeral professionals must be sensitive to the many different feelings a child has during the grief process. Accepting the feelings is accepting the child. The child may have trouble expressing intense grief feelings, and encouraging the child to draw, write, and play can help.
- Occasionally, after a long illness, children have a sense of relief that the loved one died. This is the time for the funeral profession to remind adults to understand and utilize the child's family value system. For example, if the family believes in God and heaven, then the child can be helped to understand that the loved one is safe with God and has no more pain in heaven. Two cautions: no matter what the family values are, feelings of relief are normal, so the child should never be made to feel guilty. And, staying within the parameters family values is of utmost importance.

exam question...

9. How might a funeral professional best respond to a child's outburst of emotion, especially when caregiver adults such as parents are very upset because they have never seen the child act in this manner?
- a. Remind the adults that, while the expression of feelings during the outburst is healthy, they and the child should work together to judge them as "good" or "bad"
 - b. Remind the adults that when a child has outbursts of emotion, it is a sign that he or she feels the environment is safe
 - c. Suggest the adults punish the child, and try to make them feel guilty about the outburst
 - d. None of the above

Canine (1996) also provides a list of behaviors to keep in mind when interacting with children as a funeral service professional:

- Be a good observer. Receptively attend to a child's behavior by maintaining eye contact and responsive posture. Usually more growth occurs in exploring questions than attempting to provide quick answers.
- Respond in an empathetic manner. Make your baseline helping response reciprocal empathetic understanding, acknowledging the explicitly expressed feelings of the child and reasons or experience behind them.
- Allow the child to express feelings and thoughts. Do not attempt to "over-understand" the child, particularly in fields related to psychological data. It is better to allow the child to communicate depth of understanding to you, rather than attempting to diagnose what the child is thinking and feeling.
- Respond to the child in language that he/she can understand. Be simple and direct. Begin at the child's level and remember that attitude is more important than words. What is said is not as important as the emotional meaning communicated to the child.
- Respond to the impact of events on the child rather than to external facts only. Remember – reality, for the child, is the world as he/she perceives it.
- Respond in a voice, tone, and intensity that reflect the affect expressed by the child.
- Develop your skill in recognizing and responding to minimal cues of the child. Check out the accuracy of your understanding with the child, but in such a way that the child can modify or change your perceptions on the reaction. If you are aware that the child is experiencing feelings, even though your awareness is from the child's nonverbal behavior, feed this back to the child in a supportive, non-threatening, permissive manner.
- Express your own feelings that are natural to the situation. This will provide the child with a basis for expressing feelings.
- Accept the child's questions, and do not try to attach adult meanings to them. Usually the child's questions are quite simple and factual.
- Be patient and available. Do not expect a child's reaction to the experience of death to be obvious and immediate.
- Provide reassurance through action as well as words. Remember – the child is part of the family. Reassurance comes from the presence of loving people. Children feel secure in the care of gentle arms and loving tenderness.
- Learn to tolerate and feel at ease during reasonable periods of productive silence. Generally speaking,

acceptance, reflection, and silence often result in increased understanding. Oftentimes the child needs permission to talk at his/her own pace, not to be talked to.

- Maintain a continuing dialogue with children about death as the opportunity arises (i.e., death of a pet, news events). Do not wait or plan for "one big tell-all."
- Create a healthy relationship between you and the child. Recognize your helping-healing ambition and attempt to create a relationship with the child which is basically a healthy one.
- Select and adjust your procedures according to the child. Remember – no one procedure or formula will fit all children, either at the time of a death experience or during the period that follows.

Experiences with loss and grief are an integral part of the natural development of the child and the family. The funeral director's willingness and capacity to "be with" the family during times of grief can be difficult, time-consuming, and emotionally draining; however, this time also can be among the most rewarding of caregiving opportunities (Wolfelt, 1990).

Funerals

As a funeral professional, you know that the funeral is a significant occasion in the life of the entire family. Funerals, wakes, and memorial services are an important part of the grieving process, and a way to say goodbye to the person who has died (childmind.org).

As we've already acknowledged, since the funeral is a significant event, children should have the same opportunity to attend as any other member of the family. If someone is wondering if a child *should* attend a funeral, the answer, according to expert clinical thanatologist Alan Wolfelt, PhD, is overwhelmingly YES; that said, they should never be forced (1990). Children can often sense whether adults around them will be able to make the experience meaningful and comfortable, and make a decision to attend or not attend on that basis (Wolfelt, 1990).

By encouraging children to be a part of the group sharing of a common loss, we as adults help them acknowledge the reality and finality of death. Unfortunately, adults sometimes mention going to funerals, but fail to talk about why they are going. A funeral professional can help remind parents and other adults to discuss the "why" of going to the funeral with their children. Encourage them to explain the purpose of a funeral: as a time to honor the person who has died; as a time to help, comfort, and support each other; and as a time to affirm that life continues (Wolfelt, 1990).

Let the parents know to prepare the child for what he or she will see and experience; for example, people will be dressed in dark colors, people will be sad and crying, there will be a casket that has a body in it, etc.

A child's first visit to a funeral home is often best experienced with only a few people who are especially close. This allows children to react and express feelings freely and to talk about any concerns they might have. Children should be encouraged to ask questions, and provided with opportunities to do so, before, during, and after the funeral ceremony (Wolfelt, 1990).

Viewing the body of someone the child loved, although often intimidating and maybe even "creepy" for adults, can be a positive experience for everyone, especially for the child. Adults would do well to remember that children have no innate fears about the dead body. Seeing the body provides an opportunity to say good-bye to the loved one, and helps prevent fears that are often much worse than reality. As with attending the funeral, however, seeing the body should not be forced (Wolfelt, 1990).

Canine (1996) provides additional considerations about taking a child to the funeral of a loved one:

- The child does not have to be present during all of the visitation hours
- If the casket is on a bier, the child may have to be lifted up to see the body
- The child should have the security of having an adult present at all times
- The child should be allowed to touch the body but should not be forced to do so
- The child should not be allowed to "roam" the funeral home
- The child should be allowed to participate in the rituals for the purpose of expressing grief and recalling the event in later life
- The child should be able to observe those who are mourning

While children, particularly young children, may not completely understand the ceremony surrounding death, being involved in the funeral helps establish a sense of comfort and the understanding that life goes on even though someone they love has died (Wolfelt, 1990).

exam question...

10. Per clinical thanatologist Alan Wolfelt, viewing the body of someone the child loved _____.
- a. Helps prevent fears that are often much worse than reality
 - b. Provides an opportunity to say good-bye to the loved one
 - c. Should not be forced
 - d. All of the above

Cemetery

Like adults, children need to direct their grief feelings toward the appropriate object; doing so lessens the child's emotional disorganization. In many cases this will be the person who died, so the child will find some degree of comfort in knowing where the body is buried and how to get there. The grave site can be where the child makes "contact" with the loved one. Furthermore, periodically taking the child to the cemetery lessens the chances of the child denying or avoiding the death (Canine, 1996).

Religion

Religious beliefs surrounding death, and how to share those with children, seem to be a topic where families often look to funeral professionals for assistance. While no simple guidelines exist that make this an easy task, the key, as with most dealings with children, is honesty: adults should only share with children those concepts that they truly believe.

Any religious explanations about death are best given in concrete, practical terms, as children have difficulty understanding abstractions. The theological correctness of the information is less important at this time than the fact that the adult is communicating in a loving way. That said, the funeral professional can reassure parents understand that children need not understand and grasp the total religious philosophy of the adult world. They need not feel guilty or ashamed if "God" and "Heaven" cannot be explained with exact definitions. Many occurrences in life can be enriched by approaching them with mystery and awe (Wolfelt, 1990).

Conclusion

We know that those first few days following a death are critical to the long-term renewal of meaning and purpose in the lives of survivors. Funeral professionals have a responsibility to not only learn the "mechanics" of sound funeral practice, but also to learn the "art" of interpersonally helping people who are in grief (Wolfelt, 1990).

Grief is complex. It will vary from child to child. Caring adults need to communicate to children that this feeling is not one to be ashamed of or something to hide. Instead, grief is a natural expression of love for the person who died. With compassion and understanding, adults can guide children through this vulnerable time and help make the experience a valuable part of a child's personal growth (Wolfelt, 2016).

Working in funeral service provides you with a real opportunity to help both adults and children who experience grief and need to mourn. Sometimes you may interact directly with children; at other times but you can help guide parents and other adults as they deal with children. In either case, the care you provide and the information and resources you offer can help children deal with death and the grieving involved.

References

Canine, J. D. (1996). *The psychosocial Aspects of Death and Dying*. Stamford, CT: Appleton & Lange.

Grollman, E. A. (1990). *Talking about death: A dialogue between parent and child* (3rd ed.). Boston, MA: Beacon Press Books.

Klicker, R. (2007). *Funeral service psychology and counseling*. Buffalo, NY: Thanos Institute.

Kubler-Ross, E., & Byock, I. (2011). *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families*. New York, NY: Scribner.

McCown, D. E., & Davies, B. (1995). Patterns of grief in young children following the death of a sibling. *Death Studies*, 19(1), 41-53.

Serani, D. (2016). The do's and don'ts of talking with a child about death. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/two-takes-depression/201612/the-dos-and-donts-talking-child-about-death>

Unknown Author. (2020). *Helping children cope with grief*. Retrieved from <https://childmind.org/guide/helping-children-cope-grief/>

Wolfelt, A. D. (1990). *Interpersonal skills training: A handbook for funeral home staffs*. Muncie, IN: Accelerated Development Inc.

Wolfelt, A. D. (2016). *Helping children cope with grief*. Retrieved from <https://www.centerforloss.com/2016/12/helping-children-cope-grief/>

Worden, J. W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4th ed.). New York, NY: Springer Publishing.

Funeral Service Academy

PO Box 449, Pewaukee, WI 53072 | support@funeralcourse.com | (888) 909-5906

Children and Grief (2 Credit Hours)

COURSE EVALUATION

We'd love your feedback!

Evaluations can be submitted by mail or email (contact information above).

Learner Name: _____

	Low		High			
Orientation was thorough and clear	1	2	3	4	5	
Course objectives were clearly stated	1	2	3	4	5	
Content was organized	1	2	3	4	5	
Content was what I expected	1	2	3	4	5	
Program met my needs	1	2	3	4	5	
Satisfied with my learning experience	1	2	3	4	5	
Satisfied with customer service, if applicable	1	2	3	4	5	n/a

What suggestions do you have to improve this program, if any?

What educational needs do you currently have?

What other courses or topics are of interest to you?
