

**GRIEF MANUAL: HOW TO HELP CHILDREN AND ADOLESCENTS**

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## **Abstract**

The grief manual on how to help children and adolescents is intended as a grief resource for parents, teachers, and other community members. The manual includes a historical review of families and death and dying. The literature review indicated that the Western world has changed how families deal with death and dying. Medical institutions and care facilities have replaced the family role and responsibility of caring for aging family members. The shift in care has resulted in what the literature refers to as an avoidance society. As a result adults may feel a lack of confidence in explaining death and in supporting children and adolescents through the grieving process. The grief manual uses Bowlby's attachment theory (Bloom, 1985; Bretherton, 1992; McCormick, 1997), Piaget's cognitive development theory (Bloom, 1985; Broderick & Blewitt, 2003), and Erikson's stages of social development (Bloom, 1985; Broderick & Blewitt, 2003) as a lens to view childhood social, emotional, and cognitive maturity. Insight into these theories is useful for understanding how children form attachments, cognitively understand, and behave when the death of a loved one occurs. The grief manual includes a literature review, working definitions, the grieving process, themes in childhood grief, developmental stages, parental and other supports, and how the media can affect a child's understanding of death. The developmental stages presented are ages: (a) 0 to 5 years, (b) 6 to 12 years, and (c) 13 to 18 years. Each developmental stage includes children's understanding of death, their common reactions to death, and how to reduce the hurt and suffering caused by the death of a loved one.

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## Chapter 1: Introduction

The thrust of this project is to provide a resource for parents, teachers, counsellors, and other community members to support children and adolescents through the grieving process following the loss of a loved one. This project outlines the current themes in the literature for adults focused on helping children and adolescents through their grief. It is not the intent of this project to produce a clinical therapeutic manual, but rather to produce a resource that can be used in its entirety or in individual sections when a death occurs. Current literature on children and adolescents and the grieving process is amalgamated to identify pertinent areas that are necessary to consider for a healthy healing process.

The project includes the following sections: (a) purpose of this project, (b) importance of this project, (c) structure of the project, (d) literature review, (e) working definitions, (f) the grieving process, (g) themes in childhood grief, (h) social and emotional development, (i) developmental perception of death, (j) method, and (k) implications. In addition, the relevant themes in the literature are presented as a proposed manual titled *Grief Manual: How to Help Children and Adolescents* in the Appendix. The proposed manual includes the literature themes on children and adolescent grief in Chapters 1 through 8. Chapters 1 through 4 include a literature review, working definitions, the grieving process, themes in childhood grief, social and emotional development, and a developmental perception of death. The manual also includes a chapter on developmental stages ages 0 to 5 years, 6 to 12 years, and 13 to 20 years. There are three subsections: (a) cognition: understanding death; (b) effects of grief: common reactions; and (c) how to help: reducing the hurt. The second-to-last

chapter includes information on how parents and other supports can help children and adolescents through the grieving process, and the last chapter is a brief overview of the impact media has on children and adolescents grief. For example, the role media has on a child's grieving process when graphic pictures and commentary of traumatic and natural disasters are viewed with no explanations. No matter where a child is in his or her journey through grief this manual can be used as a resource for adults to understand the social and emotional developmental stage of the child or adolescent.

### **Purpose of this Project**

Children and adolescents require assurance and positive role modelling from adults to grow and develop healthy life-long coping strategies (Corr, 1998). For example, adults need to assure children that their feelings are natural and they are not crazy. Adults should also model how to express feelings and emotions in a way that fosters healing through the grieving process. A safe and healthy environment is essential for children and adolescents to process and make sense of the death of a loved one. "The manner in which children work through their grief depends a great deal on how family members, teachers, and friends reach out to them" (Grollman, 1995, p. 6). A common thread in the current literature asserts that adults are more likely to avoid the subject of death or any discussions about death or dying. The literature also stated that adults lack confidence and awareness of "how to" discuss death and dying with children and adolescents. Adults who feel a lot of anxiety when discussing death with children and adolescents often provide vague answers about death and dying (Grollman, 1995). Children then feel confused, vulnerable, and insecure when a death occurs (Grollman, 1995; Thompson, Rudolph, & Henderson, 2004; Wolfelt, 2004).

Children of all ages need support and encouragement through the grieving process. Adults can encourage and model positive coping strategies as well as provide the best support networks for life challenges facing children and adolescents. Children spend a large percentage of their day in a school setting and school staff can play an important role in a child's support network. School staff can provide positive role modelling for cope with life's challenges and death. School staff, parents, and other significant adults need to help children cope with their fears, anxieties, and insecurities. This can be achieved by providing children with simple, honest, and accurate information that is age appropriate. Grollman (1995) asserted that a child's "ability to cope with their pain will be powerfully influenced by how parents and other adults understand their loss and express their grief" (p. 13).

The literature indicates a number of key factors that are essential to understand when helping children and adolescents process their grief. First, the child's developmental stage will determine the child's ability to understand the finality of death. Second, having a working knowledge of the stages, tasks, or phases of the grieving process is critical in helping children and adolescents through their grief. Third, the significant supports that already exist in a child's life such as parents, school personnel, and peers are significant to a child's grieving process. Finally, an adult's fears and anxieties about death and dying will influence the level of support available for helping children cope with the death of a loved one.

Adults who are aware of their own comfort levels and coping strategies with death and dying are in a better position to provide support and understanding to children. As the literature states, effective grief work is not done alone and adults have a



significant role in a child's grieving process (Deits, 1988). With accurate knowledge, adults are in the best position to model and teach healthy coping strategies that will facilitate healthy grieving for both themselves and the children around them.

### **Importance of this Project**

Wright (2004) asserted that we live "in a culture that doesn't like to acknowledge loss or talk about the impact, it's difficult to grieve" (p. 1). Grief is a very painful process to experience and work through alone. In today's western culture, adults who are uncomfortable with death are less likely to use teachable moments to teach children about the grieving process or the normalcy of grief (Grollman, 1995). In fact, most adults are uncomfortable discussing death and lack confidence to teach children about life, death, and how to grieve the death of a loved.

Dyregrov (2008) asserted, "There are more similarities than dissimilarities between adults' and children's grief" (p. 85). Adults have more experiences in their lives to help them cope in difficult times, whereas children look to adults for guidance and support during difficult and confusing times. Children experience the same feelings of longing, confusing thoughts, and powerful emotions regarding death as adults do. Therefore, it is important for adults to be comfortable and prepared to discuss life and death with children.

Knowledge of the grieving processes, what to expect, and how to cope is key to helping children and adults grieve the loss of a love one. The grief manual (see Appendix) offers evidence-based information to cultivate confidence in parents and other adults who are working with grieving children. With this resource adults will be able to help children develop healthy life-long coping strategies for effectively processing the

death of a loved one. As a result, adults' feelings of inadequacy resulting from a child's loss of a loved one, friend, and or colleague will be minimized.

It is critical that any person in a supportive role also reach out to others for support and assistance for themselves. In difficult times families do not have to work through their grief alone. Care for the caregiver cannot be stressed enough, if you do not look after your own emotional, physical, mental, and spiritual needs you will not be able to help others achieve a healthy grieving process.

The school environment provides a multitude of services to its staff, parents, and community members. Schools have a well-established network of supports for children and adolescents, as "schools for the most part provide a tightly knit sense of unity between the students, teachers and parents" (Deits, 1988, p. 111). Schools have an important role in providing an environment where students feel safe and supported by staff and peers. It is imperative that parents and schools work together, as they have an established relationship.

Parents, significant friends, family members, and school personnel are often the first source of support for children faced with the death of a family member or friend. A caring and knowledgeable person can facilitate the understanding of the loss and expression of grief for children and adolescents. Children at a very young age have the capacity to feel the realities of death (Grollman, 1995) and, therefore, need adults to support, comfort, and answer their questions and concerns with age-appropriate answers.

Children and adolescents learn how to deal with death by listening and observing the coping strategies (e.g., expression of feelings and showing emotions like crying when needed) of adults and close friends in their lives. Adults who fear death are more likely to

avoid the topic of death and dying. Children then learn avoidance as a coping strategy for addressing fears in their lives (Deits, 1988; Wainwright, Dixon, Cairns, & Westcott, 1988). This project is important for adults who want to learn a new perspective for discussing death with children and adolescents.

### **Structure of the Project**

The structure of this project begins with a literature review on children and adolescent grief. A historical overview of the social attitudes regarding children and adolescents and grieving is also explored. The literature review indicates that the changes in social attitudes have had a negative impact on the roles and responsibilities of families during times of illness and death. For example, the section on social and emotional development begins with the literature review on Bowlby's attachment theory (Bloom, 1985; Bretherton, 1992; McCormick, 1997), Piaget's cognitive development (Bloom, 1985; Broderick & Blewitt, 2003), and Erikson's stages of social development (Bloom, 1985; Broderick & Blewitt, 2003).

Chapter 3 outlines the methods of data collection for the literature review. Search engines, published articles, and published books on death and dying were explored. The literature was further refined to include materials that were specific to how to help children and adolescents through the grieving process.

Each section begins with an overview of the literature and the implications of death on children and adolescents. Information on how adults can initiate a healing process for the child and their family has also been included. The intent is to provide a resource that is written in an easy-to-read format. Chapter 4 explores the implications for further research and the limitations of this project. Further research in the area of

posttraumatic stress related to the deaths of one or more family and friends during adolescence and the implications on the grieving process are not presented as part of this manual (see Appendix). Also, a section related to the causes of death and the implications of the grieving process for children and adolescents would add to the quality of the grief manual. Including this section would also further the understanding of the grieving process for children and adolescents. For example, death resulting from other causes, such as suicide, murder, as well as the death of additional family members such as a parent, would add additional stressors to the child's grieving process. Exploring these areas would add a broader and more in-depth understanding of issues that could complicate the grieving process

## Chapter 2: Literature Review

In the early 1900s family living patterns indicated that families lived together or lived in close proximity to one another (Saunders, 2007; Wolfelt, 2004). Children were exposed to the natural progression of life stages as they lived with or near their grandparents (Saunders, 2007; Wolfelt, 2004). Family members of all ages were exposed to illness and death of family members, pets, and close community members (Saunders, 2007; Wolfelt, 2004). In the last decade the literature suggests that families are living farther apart and are no longer exposed to the natural progression of life and death. With the shift in family demographics, immediate and extended family members are less involved in the care of the elderly members in the family (Saunders, 2007).

Today, death has become more clinical in nature, where most deaths occur in hospitals, nursing homes, long-term care facilities, and hospices (Sanderson, 2004). Death at home, surrounded by family and friends, is not as common as it was in the past (Sanderson, 2004; Wolfelt, 2004). This trend has resulted in a grief-avoidance generation regarding discussions and exposure to death and dying (Wolfelt, 2004). Adults are more likely to avoid teachable moments that offer an opportunity to discuss life and death with children and adolescents. Over time children have been left out of rituals surrounding the death of a family member (Saunders, 2007). For example, the funeral service is an important ritual for the acceptance of death, and it serves as an avenue to say good-bye to the deceased (Grollman, 1995). Current practices consist of shielding and protecting children and adolescents from the realities of death (Grollman, 1995; Saynor, 1991; Thompson et al., 2004; & Wolfelt, 2004). Saynor (1991) asserted, “When we exclude

children from the rituals surrounding a death we deny them the opportunity to say goodbye and to begin a healthy grieving process” (p. 34).

The current practices also lead to a belief that children do not have the ability to understand death and, therefore, cannot process death in a healthy manner (Grollman, 1995). “Avoidance does not make the painful reality go away, it denies the child the opportunity to go through the grieving process with the support of other family members” (Grollman, 1995, p. 4). Young children may not fully understand the realities of death, but they do have the capacity to feel a loss and grieve even though they cannot always verbalize it. The current literature clearly states that children who have an active part in the process talk more openly about their own feelings and feel safe about asking questions (Grollman, 1995; Thompson et al., 2004).

Saynor (1991) asserted, “Anyone who is old enough to love is old enough to grieve” (p. 34). Therefore, it is critical that adults become comfortable and confident with discussions regarding death (Thompson et al., 2004). Adults who possess confidence in their discussions about the grieving process will use teachable moments to explore a child’s fear of death with open and honest discussions (Grollman, 1995; Wolfelt, 2004). Children and adolescents who learn how to express their feelings and fears as a means of coping with a death will achieve more success working through the grieving process (Grollman, 1995; Thompson et al., 2004). This practice allows children to accept death as part of life and instills healthy coping strategies associated with the death of a loved one (Grollman, 1995; Thompson et al., 2004).

## **Working Definitions**

For clarity and understanding, definitions of grief, loss, grieving, mourning, and bereavement are outlined in this section. Words such as grieving and mourning are often used interchangeably, which can be confusing for the reader. Six main needs, as outlined by Wolfelt (2004), are also described. The identified six needs of a mourner are:

(a) accepting the reality of the death, (b) letting yourself feel the pain of your loss, (c) remembering the person who has died, (d) developing a new self-identity, (e) searching for meaning, and (f) receiving ongoing support from others. These six needs are universal to all ages that are grieving the death of a loved one. Achieving these six needs is essential to success in the healing journey.

### **Grief.**

Grief is the immediate and natural emotional response to loss and death (Goldman, 2001). Grief, as described by Wolfelt (2007), is what we experience such as our thoughts and feelings when a loved one dies. For example, feelings of numbness and thoughts of denial such as “this isn’t happening” are expected when the death of a loved one occurs (Grollman, 1995; Thompson et al., 2004). This can be a time of chaos and disorder and can be experienced as a time of feeling out of control (Grollman, 1995).

### **Loss.**

Loss, the death of a loved one, by definition has an extensive connection to one’s life experiences. Loss extends from a primary loss of the deceased to what Wolfelt (2007) identified as a secondary loss, such as your sense of security, meaning of life, self-identity, hopes and dreams for the future, and the will or desire to live. These secondary losses are equally important to acknowledge in the unique journey to find balance (Wolfelt, 2007). For a child, loss may be more profound and immediate as their

immediate sense of security is threatened (Wolfelt, 2004). For example, a child's thoughts may be consumed with questions of who will care for them, whether their parent or guardian will die, where they will live, and what will happen to them (Wolfelt, 2004).

### **Mourning.**

Mourning is the expression of grief or the expression of one's thoughts and feelings due to experiencing the death of someone close (Wolfelt, 2001a). To mourn is "to feel or express sadness or grief for a death or other loss" (Brown & Brown, 1996, p. 32). Wolfelt (2007) believed, "Working to embrace these feelings creates the opportunity to find hope in your healing" (p. 50). Without expression of our thoughts and feelings the progression through the mourning process will stop. Expression can be seen and heard in many different ways. For example the expression of grief could be in the form of talking, crying, writing, music, art, drama, and in special traditions or rituals (Wolfelt, 2007). Communication of these thoughts and feelings are key to personal growth and healing in the mourning process (Wolfelt, 2007). For young children or children who typically do not talk very much drawing may be an effective way to show how they are feeling (Wolfelt, 2001b).

### **Bereavement.**

Copeland, Noble, and Feldstein (1995) asserted, "Bereavement, like mourning, refers to the entire recovery process from the death of a person who was emotionally significant" (p. 8). Copeland et al. stated that there would be significant changes in behaviour and attitude, feelings and thoughts, and religious and spiritual beliefs. Bereavement demands that you think about and redefine the meaning of life (Copeland et al., 1995). Bereavement also challenges you to think about the past and the meaning of



current relationships (Copeland et al., 1995). This process of change is all encompassing as it affects one emotionally, physically, spiritually, and mentally (Copeland et al., 1995).

### **Grieving.**

Grieving is defined as the “healing process of the heart, soul, and mind; it is the path that returns us to wholeness” (Kübler-Ross & Kessler, 2005, p. 229). What is significant about the grieving process is that it challenges an individual to express feelings and thoughts about the one who has died (Kübler-Ross & Kessler, 2005). It also requires one to reflect on life in general (Wright, 2004). Through the grieving process, a new understanding of life and self-identity emerges. One important factor in this process of change is that this is not a linear process, which can be achieved in a short time (Wright, 2004). Change is a life-long process, whereby at each developmental stage, including the senior years, you will revisit the same questions and challenges to achieve a new level of understanding and meaning (Kübler-Ross & Kessler, 2005).

### **The Grieving Process**

Elisabeth Kübler-Ross’s (1970) book, *On Death and Dying*, outlined a set of stages that were experienced by patients who were dying as well as their family and friends after a death. These five stages are: denial and isolation, anger, bargaining, depression, and acceptance (Kübler-Ross, 1970). In the beginning these stages were thought of as a linear process. The recent literature reveals that the grieving process is a far more complicated healing process. Wolfelt (2007) suggested that healing might seem like one is standing still or backtracking and being swallowed up with grief. Grief can present itself in many different ways that can seem extreme, emotionally and physically. For example, at times an individual may feel they do not have all the answers or feel that they have no control over the situation. Wolfelt (2007) asserted, “In your willingness to

embrace your hurt, you honor it . . . your pain is the key that opens your heart and ushers you on your way to healing” (p. 17). When adjusting to a new life without the deceased, feelings of vulnerability and uncertainty of their current surroundings may be experienced.

Wolfelt (2007) asserted, “Our sense of connection to the world around us can seem to disappear” (p. 10). The grieving process shifts a person’s priorities and attention, most often resulting in life-altering choices about finances, housing, and friendships. These choices ultimately have life-changing effects for a family and the stability of their future (Wolfelt, 2007).

One of the difficulties faced today is the avoidance society we live in. It is normal practice to avoid talking about death. This does not provide for an open and caring place to express feelings and emotions. What appears to be more acceptable is to appear strong by not showing or expressing one’s emotions. For children, this has a profound effect on their grieving process. Children will often hear things such as “you are the man of house now” or “you have to help your mom or dad now.” Ultimately societal influences have a significant impact on an individual’s right to hurt and authentically express their grief (Wolfelt, 2007).

The literature described the bereavement process as being personally unique as each relationship with the deceased is different. Staudacher (1990) went further and stated that there is also a common thread throughout the bereavement process: “The needs of the bereaved person are universal” (p. 4). This means there is no set pattern to how one will experience grief, but there is a definite set of needs that demand attention as one mourns the loss of a loved one.

As stated earlier, Wolfelt (2007) described six needs of mourning as:

(a) accepting the reality of the death, (b) letting yourself feel the pain of your loss, (c) remembering the person who has died, (d) developing a new self-identity, (e) searching for meaning, and (f) receiving ongoing support from others. These sets of needs are not described as orderly or predictable, but rather they are described as random and unpredictable, jumping from one to the other. Wolfelt described these six needs of mourning as a process that can take weeks, months, or years to fully understand the reality of one's loss. A range of emotions and an inability to cope complicates the process of accepting the reality of death. What is tolerable at one moment may be intolerable in the next moment.

Wolfelt (2007) proposed that success of the grieving process hinges on the ability to embrace the pain and resist the many urges to deny, repress, or ignore the pain of grief. By doing so, a better sense of control and balance in the grieving process may be gained. During this time the focus of care is on their physical, emotional, and spiritual needs. It is hard to embrace something as painful as the death of a loved one, but the end result is a much closer love and respect of the deceased as the impact of the relationship on their life is reconciled a new path for the future emerges. As Wolfelt (2007) so poignantly stated, "Remembering the past makes hoping for the future possible" (p. 68). Healing during the grieving journey allows for movement towards new possibilities for the future.

### **Themes in Childhood Grief**

The five themes presented by Wainwright et al. (1988) help us gain insight into a child's universal understanding and awareness of death. These themes are universal

across childhood and adolescent development. These five subtopics are: awareness of death, egocentricity, maintaining order, fear and abandonment, and euphemisms.

### **Awareness of death.**

Children are very much aware of death. Songs and nursery rhymes, movies, books, comic books, and the games children play frequently involve the theme of death. For example, in the stories of Sleeping Beauty and Snow White and the Seven Dwarfs the heroines were brought back to life with a kiss from their true love. Both stories portray the fantasy of being brought back to life and do not depict the reality of death. Most often death is not portrayed accurately in the themes presented on childhood grief and leaves children with an understanding of death that is based on fantasy rather than facts (Wainwright et al., 1988).

Other key factors in a child's awareness of death are televisions, computers, and other forms of media. Media, such as the six o'clock news, plays a significant role in the home in portraying death. Images of death such as, war, world disasters, homicides, and all kinds of accidents are displayed daily on television. It is important for adults to recognize the significant effects media has on our children's understanding of death (Saunders, 2007). For example, through continuous exposure to media and reports on death children may come to fear the death of their parents and the safety of their environment. Children need to be taught the difference between stories of fantasy and the real images of death that are seen in the media. Children need clear and concise information about the themes of death portrayed in childhood stories and in the media; otherwise the reality of death will be confusing and difficult to understand.

**Egocentricity.**

Egocentrism is at the core of a child's existence. The focus on self can lead children to infer that their thoughts are linked to actual occurrences. For example, if a child says that they wish someone were dead and then the individual does die, then that child may believe he or she is the cause of the death. In the early developmental years, preschool and early elementary, children may believe that their thoughts and actions have caused the death. Their world revolves around what is happening at the moment and, therefore, children experiencing grief can present with inappropriate behaviours. For example, a child may display a combination of behaviours such as seeking attention and or playing like nothing has happened. A child will exhibit normal grieving behaviours such as, sadness, crying, and being clingy when the reality directly touches them (e.g., when a child goes to the grandparent's house to visit and grandpa is not there). Regardless of the child's developmental stage, it is essential to understand the child's view of death in order to help that child through the grieving process.

**Maintaining order.**

The death of a loved one can be very traumatic at any age. When a death occurs one feels helpless and a sense of powerlessness (Wolfelt, 2007, p. 56), as though the very ground that a child is standing on has just fallen away. Death changes daily routines and consistency and is a time of total chaos and disorder (Wainwright et al., 1988). Children use their limited experience and resources to maintain their status quo. Providing children with accurate information that is age and developmentally appropriate will help children to make sense of the chaos. It is important to continue with daily routines as much as possible so that the child can maintain a sense of order in their day. If children are left to figure it out themselves they will draw on their limited experiences and limited

understanding and beliefs about death. Age-appropriate and basic conversations about death and consistency in daily routines will help children through the chaotic days that follow the death of a loved one. A child's behaviour is a good indicator of how the child is coping and maintaining order during this difficult time.

### **Fear and abandonment.**

Starting at infancy, normal childhood development is dependent upon a child's ability to achieve a secure base to explore from. Infants and toddlers establish trusting relationships and secure attachments to the adults in their lives. This relationship provides a sense of protection and security for the child. For example infants, toddlers, and young school-aged children can become very fearful when their parents are out of sight and or away. For children and adolescents the death of a parent or significant caregiver can trigger feelings of abandonment and fears for their security (Wainwright et al., 1988). The death of a parent can disrupt the normal process of attachments and the secure base in which a child expands their experiences and skills. A death will also cause the child to fear the death of the remaining parent or caregiver. In order for a child to move forward a child needs to know that someone will love and take care of them. To help children with their fears parents are encouraged to discuss with the child who will care for them, where will they live, and how they will be provided for.

### **Euphemisms.**

Webster's English Dictionary (2010) described a euphemism as "a mild or inoffensive word substituted for a more unpleasant or offensive term" (p. 96). For example, passed away or gone is a euphemism for dead. Words and phrases such as gone, passed away, and sleeping have an abstract definition that young children do not understand. Young children are not able to translate or decode abstract meanings and

phrases. Children could become fearful when a euphemism such as “grandpa’s gone” is used to explain death. Young children might conclude the word gone in more concrete terms that could mean gone on a trip, gone home, and or gone to the store.

### **Social and Emotional Development**

Erikson’s social development theory (Bloom, 1985; Broderick & Blewitt, 2003), Bowlby’s attachment theory (Bloom, 1985; Bretherton, 1992; McCormick, 1997), and Piaget’s cognitive development theory (Bloom, 1985; Broderick & Blewitt, 2003) are useful for understanding how children and adolescents grow and develop socially and cognitively. An understanding of these theories provide a guide to how children learn from their environment and how they process information and find meaning to what they see and hear. Insight into these theories will be useful for understanding how children form attachments, understand cognitively, and behave when the death of a loved one occurs.

These developmental stages of children and adolescents are useful as a guide to understand what is deemed as normal behaviour. These stages help to act as a benchmark as children grow socially and emotionally. The literature on childhood developmental stages provided these benchmarks and helped to describe how children think, form attachments, and mature through their developmental years (Broderick & Blewitt, 2003). The literature also provided a better understanding of how children relate to the world around them and how they work through challenges in their lives (Bloom, 1985; Bretherton, 1992). Many adults have a misguided belief that children are too young to understand death and often ask, “Why burden children with something they cannot

grasp” (Grollman, 1995, p. 4)? With acquired knowledge of the developmental stages of children, adults will be better equipped to help children through the grieving process.

O’Rourke and Orbit (as cited in Thompson et al., 2004) wrote, “How children view loss and death is a matter of development, personal experiences, adult guidance and innate abilities” (p. 524). Young children need help to make sense of their experiences and rely on adults for this support. Grollman (1995) asserted that children need reassurance and guidance from adults to understand the realities of what they see and feel.

Erikson’s social development theory is key to understanding a child’s behaviour and attitude towards self and others (Bloom, 1985; Broderick & Blewitt, 2003). Erikson’s eight psychosocial stages can be viewed as stepping-stones for understanding social boundaries. Five of these stages apply primarily to children aged 0 to 18 and are defined as: (a) trust versus mistrust, (b) autonomy versus doubt, (c) initiative versus guilt, (d) industry versus inferiority, and (e) identity versus role confusion. Erikson asserted that in each social developmental stage a child faces a different developmental task or crisis (Broderick & Blewitt, 2003). Each task is experienced in each stage by advances or changes cognitively, in motor skills, and with external changes in expectations or changes in others’ attitudes and behaviours (Broderick & Blewitt, 2003). For example, in Erikson’s first stage, trust versus mistrust, an infant’s needs are met not only by nourishment, but also by appropriate amounts of stimulation, information, affection, and attention in their environment (Broderick & Blewitt, 2003). When a responsive parent or caregiver meets the needs of an infant, the infant then begins to trust others and view his or her environment as a safe place.



Bowlby's attachment theory is based on the assumption that from infancy on throughout our life we build many levels of attachments to others (Bretherton, 1992; McCormick, 1997). These attachments are significant and contribute to how we view and react to our life's challenges. McCormick (1997) asserted, "Attachment theory is considered one of the key psychological theories in the understanding of human development and human relationships" (p. 18). As with Erikson's stages, a secure attachment is the foundation for working through each developmental stage. A secure attachment is defined as an emotional relationship that is built on trust between an infant and parent or primary caregiver (McCormick, 1997). From infancy forward that relationship provides the secure base from which a child explores their environment. Bretherton (1994) asserted that Bowlby "revolutionized our thinking about a child's tie to the mother and its disruption through separation, deprivation, and bereavement" (p. 759).

In 1991, Mary Ainsworth joined with the work of Bowlby and "contributed the concept of the attachment figure as a secure base from which an infant can explore the world" (Bretherton, 1992, p. 759). Ainsworth and colleagues identified four patterns of responses that described infant attachments (Broderick & Blewitt, 2003). These patterns of responses are defined as: secure attachment, anxious attachment, avoidant attachment, and later disorganized attachment. With a secure attachment a child is easily settled by the reassurance of the individual from whom the child seeks comfort. Once assured the child will typically venture off and explore their environment. An anxious ambivalent, avoidant and disorganized attachment is typically an insecure attachment. With an insecure attachment a child may show a pattern of behaviour that exhibits high levels of anxiety when left alone or with other individuals. Behaviours can include anger, resisting

or complete avoidance of the caregiver, and not responding to attempts of comfort by the primary caregiver. A disorganized child shows both a willingness to approach the primary caregiver and to avoid the caregiver when being approached. A child's success with handling stress and trauma in their lives is hugely impacted by the level of attachment a child has with their primary caregiver.

Piaget's cognitive development theory deals primarily with how a child perceives, interprets, and assigns meaning to their environment (Broderick & Blewitt, 2003). Piaget's theory has been divided into four areas, which are sensory motor, preoperational thought, concrete, and formal operation known as the abstract thinking period (Broderick & Blewitt, 2003). "Piaget's stage divisions are useful for organizing our thinking about children, their understandings, and their limitations at different ages" (Broderick & Blewitt, 2003, p. 115).

Piaget's sensory-motor phase is typically the period between 0 and 2 years of age. During this time the child learns through refining their motor functions, such as grasping, walking, talking, smelling, and seeing. Infants provide feedback from their environment by "sucking, clinging, following, crying, and smiling" (McCormick, 1997, p. 18). The information received is typically gained by their visual exploration and testing behaviours such as dropping and throwing objects. By 2 years of age a child continues to test simple cause and effects, which forms the beginning of abstract ideas and imaginative play. During this time children are very dependent on their adult caregiver and begin to react to other family caregivers and or strangers (Bloom, 1985).

The next stage encompasses the ages of 2 through to 7 years of age. This period is called the preoperational thought, which is characterized by the child being focused on

one experience or event. At this stage children are not able to transfer what they know from one event to another. By age 4 children can begin to associate experiences by class or relationship, such as a dog or cat being an animal. Children will often model their parents' behaviours and rely on routine to master their social and emotional behaviour. Between the ages of 5 and 7 children tend to be literal, serious, cooperative, and dependent on adult support. This is also a time of forming new relationships with school personnel and other caregivers.

Piaget's concrete operations are classified from age 7 through 11 years of age. Through this time period children can begin to form true classifications and ordering. Children are very curious about everything and have an increased sensitivity to others, develop longer-lasting relationships, and work hard to avoid others who disapprove of them (Bloom, 1985).

Piaget's formal operations period is between 11 to 15 years of age. During this period adolescents begin to think in abstract ways; they begin to test their hypothesis, such as social ideas like religion, marriage, death, and other social norms (Bloom, 1985). Socially, peers are a powerful influence for specific and immediate events, such as a death, dating, appearances, and support. Most often the support peers provide for one another is inaccurate and misleading. Parental involvement through these informative years is very important. Parents are influential on long-range values as children finish their high school years and begin to think of their future (Bloom, 1985). Should a death occur during adolescent years parental involvement is critical, not only to provide accurate information but also to listen and watch as adolescents support one another. The

role modelling and guidance a parent can provide is paramount to an adolescent's initial reaction to a death and throughout the grieving process.

Information on children's cognitive, social, and emotional development provides a framework for understanding a child's thoughts and behaviours at each of the developmental stages. Knowledge of the developmental trajectory of children will enhance understanding of the nature and progression of the grieving process. This will allow us to tailor responses and support to match the developmental level and needs of a grieving child.

### **Developmental Perception of Death**

For adults to help children process death in a meaningful way they first must have an understanding of how a child perceives death. It is vitally important that adults understand how a child perceives death. In order to meet a child's needs in a sensitive and meaningful manner an understanding of his or her developmental stage is vital. In addition, the way children process and work through their grief is largely dependant on how family members, teachers, and friends react and reach out to help them. O'Rourke and Worzby (as cited in Thompson et al., 2004) stated, "How children view loss and death is a matter of development, personal experiences, adult guidance, and innate abilities" (p. 524).

A child's perception of death depends on their developmental stage and their life experiences. Grollman (1995) outlined three age categories for grief: 0 to 5, 5 to 9, and 10 to 12. Adolescents have a category of their own as they have their own unique set of circumstances when processing the death of a loved one. Adolescents are unique because, developmentally, they are engaged in refining their identity and peer

relationships and moving towards independence from their parents. This is a critical period for parents as outwardly adolescents appear as adults but lack in life experiences and emotional maturity. For example, “adolescents may fantasize about death and see it as a romantic adventure that they will be able to escape in the final minutes” (Kandt, 1994, p. 205). The “it won’t happen to me” idea is not isolated to adolescents as many adults live their life day to day without thinking about their mortality associated to daily life including participating in high-risk behaviours.

The first developmental stage of children, the 0 to 5 category, is marked by the perception that death is reversible and not permanent. Children of this age conceptualize death as reversible; however, they still react to death through feelings. Behaviours associated with loss at this stage may include crying, irritability, bowel and bladder disturbances, bed-wetting, and loss of appetite (Wainwright et al., 1988). At this age children often conceptualize death as taking a trip (Grollman, 1995) or going to sleep (Grollman, 1995), soon to return or soon to wake up. That is why it is important to avoid using euphemisms when explaining death to children. It is important to use the words such as, death, dead, and died so children learn that death is a part of life and that death is final.

The second stage, the 6 to 9 category, begins with the recognition that death is final. Children at this stage may not fully understand that death is a fact of life or that death could happen to them. At this stage children are concrete thinkers and take language in a literal sense. Children are often thought of as magical thinkers (Wainwright et al., 1988) and may personify death as monsters. Death is feared and is often materialized as a character from a movie, an angel, boogeyman, ghost, or a

skeleton. Children also fear abandonment and the death of family members or themselves. Some common reactions that children in this age group experience are nightmares, bedwetting, inattentiveness, and bowel difficulties. It is important that the adults in their lives provide them with concrete, accurate, simple, and honest information regarding death (Wainwright et al., 1988).

In the third stage, the 10 to 12 category, death is understood as a fact of life and an expected experience that will happen to them. This is a time when children move from concrete thinking to abstract thinking (Wainwright et al., 1988). At this stage children can experience death as being fearful and experience feelings of vulnerability. The ability to think beyond concrete experiences to logical possibilities or outcomes in a given situation is important at this stage of development. For example, an individual can predict what might happen when someone participates in a high-risk behaviour like drinking and driving (Broderick & Blewitt, 2003).

The symptoms associated with death are lack of concentration, declining school performance, withdrawal, isolation from family and friends, and expression of anger. As the child moves into adolescence the relationships and alliances previously formed are central to how they will process and work through their grief.

Adolescents are in a challenging life phase, requiring the individual to find their independence and identity as a maturing young adult. Developmentally, the primary task is separating from their parents and siblings to establish their own identity. Refining their autonomy is a unique experience and important to their transition into adulthood. During this developmental stage adolescents will attach more to their peer group than to the adults in their lives. Peer groups can be the most important source of affirmation and

acceptance (Wolfelt, 2001a). Peers play a significant role in the level of self-esteem each member has. Self-esteem is central to how one will process and manage life challenges. Peers can be very comforting and supportive, but often are a source of misinformation and undo pressures to get over it or to move on from the death of a loved one. Pushing down or setting aside feelings and emotions often complicates or prolongs the journey through grief. During this transitional phase it is important for adults to remember that “teens are still kids . . . while their changing outward appearance can make them look like grown-up men and women, they’re still immature inside” (Wolfelt, 2001a, p. 42). For this very reason adults need to ensure that adolescents are not the forgotten mourners (Wolfelt, 2004). Adolescents need the love and support of significant adults in their lives. Even though this can be a time of rebellious behaviours, adults are central to providing a safe accepting atmosphere within which adolescents can mourn (Deits, 1988; Wolfelt, 2001a).

Parents and other significant adults have an important role in facilitating healthy coping skills for children and adolescents. Adults have an instrumental role in educating children about the realities of death and in demonstrate positive coping strategies. In order to be a supportive, caring, and compassionate role model for children and adolescents adults must first deal with their own fears and vulnerabilities about death. Coloroso (1999) asserted, “How we handle our mourning will give our children tools to handle theirs” (p. 9). When adults have resolved their own fears about death they are in a better position to offer a caring, compassionate, and empathetic response to a child’s needs associated with death (Coloroso, 1999).

Dr. Kübler-Ross (1983) asserted, “Those who learned to know death, rather than to fear and fight it, become our teachers about life” (p. xvii).



### **Chapter 3: Method**

The literature review included research-based books on the topic of the grieving process, death and dying, bereavement, and grief work specific to helping children and adolescents with the death of loved one. University libraries, a local library, and electronic databases such as PsycINFO, ERIC, Academic Search Premier, Child Development and Adolescent Studies, Psychology, Death Studies, and other Behavioural Science databases were used to research the current literature from 1969 to present. In addition, Google was used to locate sites that focus on bereavement, grief, and loss. Key factors that facilitate a healthy progression through the grieving process for children and adolescents were researched. Topics such as developmental stages, the grieving process, the role of parents, schools, and mass media were researched.

The same web sites and databases were searched for specific literature written on death and dying for adults, parents, school personnel and any other adult group. Parents know their children best and are critical supports in a child's bereavement process. Parents and teachers spend a significant amount of time with children on a daily basis and also have a vital role in nurturing and supporting children. All relationships in a child's life can help children through the grieving process. Working together with others by sharing thoughts, feelings, and experiences is key to the health and wellbeing of any adult or child's grieving process. Adults and children who participate in this kind of process are less likely to push their feelings aside or grieve in isolation.

The final area of research is on how the mass media impacts a child's perception and understanding of death and dying. Mass media has become a source of information on death that young children cannot process or decode with accuracy. Children are often

left to form their own perceptions of death from what they are being exposed to through these forms of advanced technologies. Television, video games, and the front page of newspapers all portray death in very violent ways. This form of information processing accessible by children in particular cannot be overlooked. Media contribute to the preconceptions of death as scary and violent and or unnecessarily cause worry and concern.

In closing, all losses need to be grieved in order to be processed and allow for movement forward. Grief is a natural and healthy process that requires one to acknowledge, express, and accept life without the deceased. In my experience it is apparent that time alone does not lessen the pain and sorrow. The process of exploring the death and life with the deceased is essential to accepting a life without one's significant other. For my children it was other factors such as their cognitive growth, developmental stage, and significant relationships that influenced when and how they revisited and reconstructed their beliefs with a deeper understanding of life and death. Their age and developmental growth also contributed to how they coped with life without their father and other significant losses in their lives. As the researcher of this project, I feel there is a need to be conscientious and to have a broad view of the literature. This is important because past experiences influence understanding of the literature.

## Chapter 4: Implications

The grief manual provides the pertinent tools for adults to support children and adolescents through their grief (see Appendix). It is my hope that this information will help to eliminate some of the common myths and fears adults have regarding death and dying. It was also my intent to provide a useful resource for any adult in a helping role. This manual provides a resource that outlines the important aspects of a healthy journey through the grieving process.

Limitations of this project begin with the required page length. The length does not allow for a more in-depth look at specific complications to the normal grieving process. Deaths such as suicide, murder, death of a parent, sibling, and other traumatic deaths add other significant stressors to the grieving process. These stressors can include shame, ignorance, and stigma, which are not discussed in this project.

Further research in the area of posttraumatic stress related specifically to multiple deaths of family and or friends during adolescence and the implications on the grieving process would make a significant contribution to the adolescent section in this grief manual. A more in-depth look at issues that can complicate the grieving process, such as the cause of death, the child's relationship with the deceased, and cases of multiple deaths, would add to the quality of this manual. An extensive list of resources available on death and dying for the different developmental stages (e.g., journal articles by Developmental Psychology, Health Psychology, Death Studies, and text books and documentary videos that are specific to children, adolescence, and death) would also provide additional educational resources to parents and other community members.

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Appendix

*Grief manual: How to Help Children and Adolescents*



### **Dedication**

This dedication is to all my wonderful friends who nurtured me through my first few years of single parenting as I mourned the death of my husband. One dear friend and co-worker in particular was Jane Krafchuk, who kept me based in reality with reassurance that I was on the right track with my three children. Another wonderful friend, Ed Risling, provided a second set of eyes and ears over my children, Ashley (12), Kirk (9), and Lana (5), so I could concern myself with being a loving and nurturing parent. This resource also is dedicated to two very special dear friends who lost their precious girls in a motor vehicle accident May 11, 2004. Jennifer was 17 and Angela was 15 at the time of the accident. The deaths of these girls touched the lives of many across the Province of Saskatchewan, and they were especially close to my family. The death of Craig, Jennifer, Angela, and many other family members over the past 13 years has inspired this resource for parents in hopes that this will provide guidance and reassurance that they can help their children in a confident, loving, and meaningful way.



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## Introduction

The literature on death and dying reveals that time and family circumstances have changed the social norms regarding death and dying (Wolfelt, 2004). There was a time when families lived closer and mourned the loss of a love one together. Children were a part of the process and witness to aging and dying grandparents, parents, siblings, and extended family members. Children learned at a young age that death was a part of life. Adults did not avoid the subject of death or try to protect children from experiencing the pain of grief. Modern society presents a much different reality for children and their families.

Families live farther apart from one another and are not exposed to aging grandparents within their home (Saunders, 2007; Wolfelt, 2004). Medical institutions have assumed the role of care providers that was traditionally a family role (Sanderson, 2004). This movement has created a society that is uncomfortable with any discussion about death and would rather avoid the topic at all costs (Wolfelt, 2004). Adults who grew up in this transitional time now feel inadequate and embarrassed in their capacity and knowledge to discuss and teach their children how to cope with death. Thompson, Rudolph, and Henderson (2004) asserted, "Death has been a taboo subject for discussion in our society" (p. 523) resulting in children being sheltered and excluded from the important life lessons on death and dying.

Modern society values the common practice of keeping emotions to oneself. The literature clearly states that the opposite is recommended to facilitate healing and growth throughout the mourning process. Wolfelt (2007) asserted that our current beliefs assume that

if you are outwardly mourning you are weak . . . if you are doing well . . . you are considered strong and under control. If you show expression of grief you are immature, if you show [an] overly [emotional state] you may be labeled as crazy. (pp. 19–20)

Wolfelt (2007) also stated that society's current beliefs and common practices are detrimental to the mourning process. Grollman (1995) asserted the earlier practices are more beneficial to children and their families: "When children are invited to become part of the mourning process in an accepting and supportive environment, they feel that it is safe to ask questions and share feelings of sadness, anger, guilt, or protest" (Grollman, 1995, p. 4). Children and adolescents will accept the realities of death when they are included in the decisions and customary rituals when a death occurs. Inclusion will ease the transition to understanding and saying goodbye to the deceased. Knowledge is the first step to attain the necessary skills and confidence to change society's perception about a child's capacity to understand and process death in a healthy and productive way.

This manual will help to inform the reader of current practices that help children and adolescents grow and heal in their journey through grief. The intent of this manual is to broaden the readers' knowledge with accurate information about the social and emotional development of children and adolescents. With this knowledge the reader may feel a greater sense of competence and self-assurance to help children and adolescents through the grieving process.

This manual includes seven chapters that outline how to understand childhood behaviours when a death occurs. This manual also includes the importance of looking at one's personal values and beliefs about death. The manual begins with my assumptions

regarding death, the grieving process, developmental stages, the role of schools, and the effects media have on developing children.

The developmental stages are presented in three age groups: 0 to 5 years old, 6 to 12 years old, and 13 to 18 years old. These age groups were chosen because they best fit with what is classified as consistent with established social and cognitive development stages. Included in each of those age groups will be developmental effects and presentations of grief and how to help reduce the hurt.

## Chapter One: Overview

The fundamental assumptions are (a) Western culture fears death and sees it as an enemy to be avoided, (b) death is a natural process of life that can be a very traumatic experience for adults and children, (c) children and adults can become “stuck” in any stage of development when death occurs, and (d) adults lack confidence and knowledge to support and nurture children through the grieving process. Adults need resources to gain knowledge and confidence to help children and adolescents through the grieving process. As society becomes more educated about how to help children and adolescents, death itself would not be so feared but seen as part of life in a more natural way. Death would be acknowledged and discussed as a part of life and learning opportunities or teachable moments regarding death would be typical instead of avoided. It is well documented that the Western view of death has contributed to an avoidance society that is unprepared to deal with the realities of death. Death in an avoidance society interferes with the typical social and emotional development of children, adolescents, and adults.

At the moment of the death of a loved one the relationships, hopes, and dreams for that family change. The next two scenarios provide some insight into the changes and complexities children experience when a family member or friend dies. The first scenario describes the complexities of understanding a child’s perception of death while grieving the death of a parent. The second scenario speaks to the importance of understanding the different developmental stages of children. The third scenario speaks to the changes in relationships for a child who experiences the death of a friend. All the scenarios have complex and multiple issues for a grieving child and for the adults left to support and nurture a child through the grieving process.

*Scenario One:* Imagine for a moment that a father dies and leaves behind three children ages 6, 9, and 12. The children are at different developmental stages and perceive death a different way. Each explanation of death requires a different approach for their level of understanding. The perception of death at age 6 is one of a temporary state, which is apparent when a child asks when his or her father will return. In addition, children and adolescents may feel responsible for the death; these feelings of responsibility may stem from thoughts and feelings they may be having—thoughts such as, “I hate you, I wish you were dead.” Children of all ages may fear the death of the remaining parent and wonder who will take care of them. Children will grieve the loss of the relationship they had with the deceased parent and the changing relationships with other family members and friends. The impact of the changing relationships with family and friends is also significant to the remaining parent. The remaining parent becomes the sole person responsible for meeting the needs of her children. The grieving spouse is dealing with their own grief and typically has decreased energy to adequately meet all the emotional needs of his or her children. In addition the family can be faced with decreased income and a threatened sense of security of their home and friends.

*Scenario Two:* Imagine that you are an adolescent and your best friend has died. At that moment you have lost the one person you trust the most, the one person whom you confide in about all your worries and secrets, the one person you trusted to be there with you as you achieve all your hopes, dreams, for the future. The person whom you identified yourself with, played with, explored with, talked with, walked with, and that one person you would do anything for is dead. It makes you feel as though you are alone, empty inside, numb, and lifeless. It can also be a very confusing time, as you may also

feel angry and bitter towards the person who has died. At this stage of development adolescents may not have had past life experiences, such as a death of a family member, pet, or friend to understand the hurt and emotions they may be experiencing.

Death can leave children and adolescents feeling isolated, alone, vulnerable, fearful, and confused (Grollman, 1995). No matter who dies, there are people left behind that are faced with the challenge of readjusting and redefining who they are and who they will become. Each day adds to the transformation of the new you. The only sure thing about grief is that it is a painful experience and the bereavement process is slow. There is no way around grief; the grieving individuals must go through the grieving process by experiencing and feeling pain. Encouraging children and adolescents to express their feelings and emotions is vital to working through the grieving process.

Grieving is a unique and personal journey and only the grieving can set the pace and the direction for their healing through this difficult time. There are typically two choices; one is to stay stuck in the pain of death, and the second is to learn to live with the death and, ultimately, to open the heart to new relationships and new opportunities. By avoiding the reality of death or pushing down emotions and feelings the grieving individual deprives themselves of being able to move forward in life and to be happy again.

A clear definition of grief, loss, grieving, mourning, and bereavement is important for clarity and understanding. Some of the words are often used interchangeably and can be confusing. A list of definitions for grief, loss, mourning, bereavement, and grieving are presented below to eliminate any confusion of meaning. The six main needs of the mourner, as outlined by Wolfelt (1985), are also described. These six needs are:



(a) accepting the reality of the death, (b) letting yourself feel the pain of your loss, (c) remembering the person who has died, (d) developing a new self-identity, (e) searching for meaning, and (f) receiving ongoing support from others. These six needs are universal to all ages that are grieving the death of a loved one. Achieving these six needs is a lifelong process and is essential to a successful healing journey.

### **Grief**

Grief, as described by Wolfelt (2007), is the natural responses such as our thoughts and feelings we experience when a loved one dies. For example, feelings of numbness and thoughts of denial (e.g., this is just a bad dream) when one first hears about the death of someone close is considered grief. This can be a time of chaos and disorder and can often be experienced as a time of feeling out of control (Grollman, 1995). Grief is our immediate and natural emotional response to loss and death (Goldman, 2001).

### **Loss**

Loss, from the death of a loved one, by definition has an extensive connection to one's life experiences. Loss extends from the deceased to what Wolfelt (2007) identified as secondary losses, such as your sense of security, meaning of life, self-identity, your hopes and dreams for your future, and your will or desire to live. These secondary losses are equally important to acknowledge in your unique journey to find balance in your life (Wolfelt, 2007). For a child those losses may be more profound and immediate as their immediate sense of security is threatened (Wolfelt, 2007). For example, a child's thoughts may be consumed with who will care for them, will their parent or guardians die, where will they live, and what will happen to them (Wolfelt, 2007).

## **Mourning**

Mourning is the expression of grief or the expression of one's thoughts and feelings due to experiencing the death of someone close (Wolfelt, 2001a). Wolfelt (2007) believes, "To mourn is to heal" (p. 50), and without expression of our thoughts and feelings the progression through the mourning process will stop. Expression can be seen and heard in many different ways. For example the expression of grief could be talking, crying, writing, music, art, drama, and in special traditions or rituals. Communication of these thoughts and feelings are key to personal growth and healing in the mourning process. For young children or children who typically do not talk very much drawing may be an effective way to show how they are feeling.

## **Bereavement**

Copeland, Noble, and Feldstein (1995) asserted, "Bereavement, like mourning, refers to the entire recovery process from the death of a person" (p. 8) or loved one. Copeland et al. (1995) suggested that there will be significant changes in behaviour and attitude, feelings and thoughts, religious beliefs, and spiritual beliefs. Bereavement demands that you think and define what is believed as the meaning of life and it also challenges to you to think about what your past and current relationships mean to you. This process of change is all encompassing as it affects one emotionally, physically, spiritually, and mentally.

## **Grieving**

Grieving is defined as the "healing process of the heart, soul, and mind; it is the path that returns us to wholeness" (Kübler-Ross & Kessler, 2005, p. 229). What is significant about the grieving process is it challenges one to express feelings and thoughts

about the one who has died (Kübler-Ross & Kessler, 2005). It also requires one to reflect on life in general (Wright, 2004). Through the grieving process a new understanding of life and self-identity emerges. One important factor in this process of change is that this is not a linear process, which can be achieved in a short time (Wright, 2004). Change is a life-long process and at each developmental stage, including the senior years, you will revisit the same questions and challenges and achieve a new level of understanding and meaning (Kübler-Ross & Kessler, 2005).

## Chapter Two: The Grieving Process

Wolfelt (2007) used an analogy of the wilderness to explain the grieving process. He described grief and mourning as a place of unfamiliar surroundings that can be very unsettling and confusing at times. As a person works their way out of the wilderness one must become familiar with the territory in order to find the right path out. Much like pain of grief one needs some time to evaluate who they are and how they fit into the world around them. This becomes the path to healing from the death of a loved one.

Elisabeth Kübler-Ross's (1970) book, *On Death and Dying*, outlined a set of stages that were experienced by dying patients, family, and friends after a death. These five stages are denial and isolation, anger, bargaining, depression, and acceptance. In the beginning these stages were thought of as a linear process. The recent literature reveals that the grieving process is a far more complicated healing process. Wolfelt (2007) suggested the healing process might seem to be all consuming and overwhelming. Healing may appear to be at a stand still and at times may appear like one is going backwards in their grieving process. Grief can present itself in many different ways that can seem extreme, emotionally, and physically. For example, at times an individual may feel they do not have all the answers or feel that they have any control over the situation. As difficult as these times can be, one needs to remember that we do have the capacity to channel our thoughts and feelings in a positive and constructive way.

“In your willingness to embrace your hurt, you honor it . . . your pain is the key that opens your heart and ushers you on your way to healing” (Wolfelt, 2007, p. 17).

When one experiences the death of a loved one and begins to adjust to a new life one may feel very vulnerable and uncertain in their current surroundings. Wolfelt (2007) asserted, “Our sense of connection to the world around us can seem to disappear” (p. 10). The sense of vulnerability in the grieving process shifts a person’s priorities and attention, most often resulting in making life-altering choices about finances, housing, and friendships. It is an extremely complicated and difficult time for the remaining loved ones as they learn to manage the pain of their grief. Every choice affects many aspects of their current circumstances and for the future. Those most affected by these choices are the children, extended family, friends, and other significant support people. Ultimately, they are the people who are needed most in their life during this difficult time.

One of the difficulties faced today is the avoidance society we live in. It is normal practice to avoid talking about death; however, that does not provide for an open and caring place to express feelings and emotions. Today individuals are reluctant to allow grieving people the time required to work through the death of a loved one. What appears to be more acceptable is an outwardly expression of being strong by not showing or expressing one’s thoughts and feelings. For children this has a more profound affect on their ability to grieve the death of a loved one. Children will often hear things such as “you are the man of house now” or “you have to help your mom or dad now.” Imagine a 10-year-old boy being the man of the house or a 12-year-old child expected to fill the roll of the deceased adult. Ultimately, societal influences have a significant impact on an individual’s right to hurt and authentically express their grief (Wolfelt, 2007).

From a child’s perspective this process can be a very traumatic experience that can leave a child feeling isolated, alone, and frightened. The child may be very scared

about what will happen next. A young child typically does not have the life experience to work through their grief alone. Not all children have the capacity to think beyond the here and now or to understand their thoughts and feelings in this very turbulent and unfamiliar time in their lives.

The literature described the bereavement process as being personally unique, as each relationship with the deceased is different. Staudacher (1990) went further and stated that there is also a common thread throughout the bereavement process: “The needs of the bereaved person are universal” (p. 4). This means there is not a set pattern to how one will experience grief, but there is a definite set of needs that demand attention as one mourns the loss of your loved one.

Wolfelt (2007) described six needs of mourning: (a) accepting the reality of the death, (b) letting yourself feel the pain of your loss, (c) remembering the person who has died, (d) developing a new self-identity, (e) searching for meaning, and (f) receiving ongoing support from others. These sets of needs are not described as orderly or predictable, but are instead described as random and unpredictable, jumping from one to the other. Wolfelt described these six needs of mourning as a process that can take weeks, months, or years to fully understand the reality of one’s loss. A range of emotions and an inability to cope complicates the process of accepting the reality of death. Adults and children will experience confusion, as what is tolerable at one moment may be intolerable in the next moment.

Wolfelt (2007) proposed the success of the grieving process is to embrace the pain and resist the many urges to deny, repress, or ignore the pain of grief. By doing so one gains a better sense of control and balance in the grieving process. Throughout the

grieving process taking care of their physical, emotional, and spiritual needs is critically important. It is hard to embrace something as painful as the death of a loved one. When death is embraced the ending result is a closer love and respect of the deceased. When the relationship with the deceased is reconciled a new path for the future opens. As Wolfelt (2007) so poignantly said, “remembering the past makes hoping for the future possible” (p. 68). The healing during the grieving journey allows movement towards new possibilities and or new hopes and dreams for the future.

Staudacher (1990) asserted a vital aspect of the healing process is a change in one’s identity. As a new self-identity emerges, past relationships and new relationships are formed. In a unique way death requires one to take new steps in different roles. Through this process of creating a new self-identity, new friendships and even a new dependency on others for support will emerge as one redefines who they are.

The quality and quantity of supports from others is instrumental in a person’s capacity to heal through the mourning process. Sharing your profound grief with others takes tremendous will power and persistence for a calmer future. In no way should seeking support from others be perceived as a weakness. Other supports will provide a sounding board and may keep one grounded as they figure out their new philosophy of life. Thoughts such as, “why did this happen, how could God let this happen” (Wolfelt, 2007, p. 70) are part of redefining the meaning and purpose of life.

In closing, the elements of healing through the grieving process require you to embrace the pain; resist the urge to push feelings and emotions aside, and recognize what the relationship meant to you. Through this process a new you will emerge. As thoughts and feelings move away from how your loved one died to what they meant to you a new

level of love and respect for the deceased will emerge. It is then that healing will begin and one will recognize and embrace the quality that relationship added to life. New opportunities will materialize leading the way for new roles, new relationships, and a new level of trust. This is not a process of learning to get over the death. It is a process that allows one to learn to live with the death of a loved one.

Understanding and patience is central to helping children with their grief, as the child's grief will be unpredictable, overwhelming, confusing, and frustrating. Children mourn in ways that reflect what their experiences have taught them. Children rely on their family, most importantly their parents and guardians, to provide them with guidance necessary for growth throughout the mourning process.

The three scenarios show just a small glimpse of the changes that are necessary to mourn the death of a loved one. Throughout the three scenarios common themes emerged: (a) the developmental stages are important to understanding what the child is capable of understanding and how to help them through their grief; (b) the relationship with the deceased is important, as that is often how one defines their self-identity; and (c) there are significant life altering changes that need to be expressed and redefined in order to move forward with new relationships and dreams for the future.

There are certain individual needs that are essential to working through the grieving process. Each need requires patience, understanding, and clarity in their healing journey. Accepting the death, feeling the pain of loss, remembering whom the individual was, and finding a new self-identity requires a lot of support from others. A child's needs are magnified, as they do not have the life experiences or the ability to sustain their security without other trusting adults. Therefore, parents and other adults have a



significant role to help children learn how to achieve a healthy grieving process. Parents can help by being patient, understanding, a good role model for expression of emotions, and help children learn healthy coping strategies. Parents and adults must provide security and a safe place for children as they work through the grieving process.

“Remembering the past makes hoping for the future possible” (Wolfelt, 2007, p. 68).

## Chapter Three: Children and Grief

### Overview

Grief can be an overwhelming experience for children of all ages (Grollman, 1995). Children grieve differently because they lack the life experiences of adults. Children's fears and anxieties are more manageable when handled in smaller portions. As a result, children tend to process the death periodically and investing small amount of time to process the information. Mostly children will turn their attention back to more normal and routine activities. At each developmental stage a child's concept of death and ability to process the death will vary. Children will process and adjust to the death of a loved one in their own time. It could take years to deal with death and learn to live with the memories of the deceased.

### Themes in Childhood Grief

#### *Awareness of Death*

Children are very much aware of death. The songs and nursery rhymes that are taught to children, the movies, books, comic books, and games children play today frequently involve the theme of death. For example, in the stories of Sleeping Beauty and Snow White and the Seven Dwarfs the heroines were brought back to real life with a kiss of their true love. Both stories include being brought back to life in fantasy rather than portraying the reality of death. Most often death is not portrayed accurately and is usually based on fantasy rather than facts (Wainwright, Dixon, Cairns, & Westcott, 1988).

Today, another key factor in a child's awareness of death is through television, computers, and other forms of media (Wainwright et al., 1988). Media, such as the six o'clock news, has a significant role in the homes for portraying death to children. Images

of death such as, war, world disasters, homicides, and all kinds of accidents are displayed daily on television. For example one recent example is the killing of the young woman named Neda, an Iranian protestor, who was shot and died on camera. Children watch these images but are not debriefed as to what it really means to them and their environment. All of these factors complicate and overwhelm a child's understanding of death in their early years.

The capacity for a child to understand death will be different at each developmental stage. A child in the early developmental years does not understand that death is final and that it will happen to them. By the age of 9 or 10 children understand that death is final and that it will happen to someone close to them. It is very important that children are given accurate and age-appropriate information regarding death and dying. Teachable moments, such as the death of a pet, are great opportunities to discuss the meaning of death at any developmental stage.

### *Egocentricity*

Egocentrism is at the core of a child's existence. In their self-centred existence children believe that if anything bad happens, it is somehow their fault. In the early developmental years, preschool and early elementary, children may believe that their thoughts and actions have caused the death. Their world revolves around what is happening at the moment and, therefore, can appear to behave with inappropriate behaviours. For example, a child does not understand the full reality of death and may continue to seek attention or play like nothing has happened. A child will exhibit normal grieving behaviour when the reality directly touches them (e.g., when a child goes to the

grandfather's house to visit and he's not there). It is essential to understand the child's view of death at all childhood developmental stages.

### *Maintaining Order*

The death of a loved one can be very traumatic at any age. When a death occurs it feels as though the very ground that a child is standing on has just fallen away. The stability from yesterday has changed or perhaps even gone (Wright, 2004). For a child, maintaining consistency and structure day to day is important. Death changes daily routines and consistency, as it is a time of total chaos and disorder (Wainwright et al., 1988). Children will use their limited experience and resources to maintain the status quo. Providing children with accurate information that is age and developmentally appropriate will help children to make sense of the chaos. If children are left to figure it out themselves they will draw on their limited experiences and limited understanding and beliefs about death. Without accurate information and or basic conversations about death children will form their own beliefs that could include, they are to blame, and that it is so bad that no one can talk about it.

### *Fear and Abandonment*

Starting at infancy normal childhood development is dependent upon a child's ability to achieve a secure base to explore from. Children rely on adults, usually the mother, to form a trusting relationship and a secure attachment. This relationship provides a sense of protection and security for children. Children become very fearful when their parents are out of sight and or away. They will fear abandonment and the loss of security (Wainwright et al., 1988). The death of a parent can disrupt the normal process of attachments and the secure base in which a child expands their experiences

and skills. A death will also cause the child to fear the death of the remaining parent or caregiver. In order for a child to move forward, the child needs to know that someone will love and take care of them. To help children with their fears parents are encouraged to discuss with the child who will care for them, where will they live, and how they will be provided. In addition, adults need to deal with their beliefs and fears about death and dying before they can help children. Adults need to adjust their thought processes regarding the age a child understands death and feels grief due to death. With acquired knowledge of the developmental stages of children, adults can be better equipped to help children through the grieving process. O'Rourke and Worzbyt (as cited in Thompson et al., 2004), wrote, "How children view loss and death is a matter of development, personal experiences, adult guidance and innate abilities" (p. 524). Young children need help to make sense of their experiences and rely on adults for this support. Grollman (1995) asserted children need reassurance and guidance from adults to understand the realities of what they see and feel.

### *Euphemisms*

Webster's English Dictionary (2010) described a euphemism as "a mild or inoffensive word substituted for a more unpleasant or offensive term" (p. 96). For example, passed away or gone is a euphemism for dead. Words and phrases such as gone, passed away, and sleeping have an abstract definition that young children do not understand. Young children are not able to translate or decode abstract meanings and phrases. Children could become fearful when a euphemism such as "grandpa's gone" is used to explain death. Young children might conclude the word gone in more concrete terms that could mean gone on a trip, gone home, and or gone to the store.

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## **Factors for Understanding a Child's Grief**

### **Contributing Factors**

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- The developmental stage and age of the child.
  - The past experiences of death and other significant losses.
  - A child's ability to cope with dramatic changes in routine and surroundings.
  - The family's reactions to the death.
  - The family's culture, attitudes, and beliefs regarding death.
  - The past relationship with the deceased.
  - Length of time since the death.
  - Circumstances of the death, for example was it sudden or expected.
  - The availability of other supportive individuals.
  - A safe, caring, and compassionate environment.
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## Chapter Four: Social and Emotional Development

Developmental stages of children and adolescents can be used as a guide to understand what is deemed as typical behaviour. These stages help to act as a benchmark as children grow socially and emotionally. These benchmarks can also provide a better understanding of how children relate to the world around them and how they work through challenges in their lives. The literature on childhood developmental stages provides these benchmarks and helps to set a path of how children think, form attachments, and mature through their developmental years. Many adults have a misguided belief that children are too young to understand death so “why burden children with something they cannot grasp” (Grollman, 1995, p. 4)? By understanding these stages of development, adults can better support children and adolescents through the grieving process. It is, therefore, imperative that adults have knowledge regarding (a) their own fears of death; (b) the stages of a child’s social, emotional, and cognitive development; and (c) the grieving process.

Erikson’s (Bloom, 1985; Broderick & Blewitt, 2003), Bowlby’s (Bloom, 1985; Bretherton, 1992; McCormick, 1997), and Piaget’s (Bloom, 1985; Broderick & Blewitt, 2003) theories can be used as viewing lenses when considering the developmental stages of children and death. Erikson’s eight psychosocial stages can be viewed as stepping-stones for understanding the social boundaries. Bowlby’s attachment theory is based on the assumption that from infancy on throughout our life, we build many levels of attachments to others. These attachments are significant and contribute to how we view and react to our life’s challenges. Piaget’s cognitive development theory deals primarily with how a child perceives, interprets, and assigns meaning to their environment.

Erikson's social development stages are significant to understanding the aspects of a child's behaviour and attitude towards self and others (Bloom, 1985; Broderick & Blewitt, 2003). Five of these stages apply primarily to children aged 0 to 18. They are defined as: (a) trust versus mistrust, (b) autonomy versus doubt, (c) initiative versus guilt, (d) industry versus inferiority, and (e) identity versus role confusion. Erikson asserted that in each stage a child faces a different developmental task or crisis (Broderick & Blewitt, 2003). Each task is brought on by advances or a decline in cognition, motor skills, external changes in expectations, and changes in others' attitudes and behaviours (Broderick & Blewitt, 2003). For example in Erikson's first stage, trust versus mistrust, an infant's needs are met not only by nourishment, but also by appropriate amounts of stimulation, information, affection, and attention in their environment (Broderick & Blewitt, 2003). When a responsive parent or caregiver meets the needs of an infant they begin to trust others and view their environment as a safe place.

McCormick (1997) asserted, "attachment theory is considered one of the key psychological theories in the understanding of human development and human relationships" (p. 18). As with Erikson's stages, a secure attachment is the foundation for working through each developmental stage. A secure attachment is defined as an emotional relationship that is built on trust between an infant and parent or primary caregiver (McCormick, 1997). From infancy forward that relationship provides the secure base from which a child explores their environment. Bretherton (1994) asserts that Bowlby "revolutionized our thinking about a child's tie to the mother and it's disruption through separation, deprivation, and bereavement" (p. 759). In 1991, Mary Ainsworth joined with the work of Bowlby and "contributed the concept of the



attachment figure as a secure base from which an infant can explore the world” (Bretherton, 1994, p. 759). Ainsworth and colleagues identified four patterns of responses that describe infant attachments (Broderick & Blewitt, 2003). These patterns of responses are defined as: secure attachment, anxious attachment, avoidant attachment, and later disorganised attachment.

With a secure attachment a child is easily settled by the reassurance of the individual from whom the child seeks comfort. Once assured the child will typically venture off and explore their environment. An anxious ambivalent, avoidant, and disorganized attachment is typically an insecure attachment. The child may show a pattern of behaviour that exhibits high levels of anxiety when left alone or with another individual. Behaviours can include anger, resisting or complete avoidance of the caregiver, and not responding to attempts of comfort by the primary caregiver. A disorganized child shows both a willingness to approach the primary caregiver and also tries to avoid when being approached by the caregiver. A child’s success with handling stress and trauma in their lives is hugely impacted by the level of attachment a child has with their primary caregiver.

Piaget’s (as cited in Broderick & Blewitt, 2003) cognitive development has been divided into four areas: the sensory motor period, the preoperational thought, the concrete period, and the formal operation known as the abstract thinking period. “Piaget’s stage divisions are broadly useful for organizing our thinking about children, their understandings, and their limitations at different ages” (Broderick, 2003, p. 115). Piaget’s sensory-motor phase is typically the period between 0 and 2 years of age. During this time the child learns through refining their motor functions, such as grasping,

walking, talking, smelling, and seeing. Infants provide feedback from their environment by “sucking, clinging, following, crying, and smiling” (McCormick, 1997, p. 18). The information received is typically gained by their visual exploration and testing behaviours such as dropping and throwing objects. By 2 years of age a child continues to test simple cause and effects, which forms the beginning of abstract ideas and imaginative play. During this time children are very dependent on their adult caregiver and begin to react to other family caregivers and or strangers (Bloom, 1985).

The next stage encompasses the ages of 2 through to 7. This period is called the preoperational thought, which is characterized by the child being focused on one experience or event. At this stage children are not able to transfer what they know from one event to another. By age 4 children can begin to associate experiences by class or relationship, such as a dog or cat being an animal. Children will often model parents behaviours and will rely on routine to master their social and emotional behaviour. Between the ages of 5 and 7 children tend to be literal, serious, cooperative, and dependent on adult support. This is also a time of forming new relationships with school personnel and other caregivers.

Piaget’s concrete operations are classified from age 7 through 11 years of age. Through this time period children can begin to form true classifications and ordering. During this time children are very curious about everything, have an increased sensitivity to others, develop longer-lasting relationships, and work hard to avoid others who disapprove of them.

Piaget’s formal operations period is between 11 to 15 years of age. During this period adolescents begin to process abstract thinking, where they begin to test their

hypothesis, for example thoughts regarding social ideas such as religion, marriage, and other social norms. Socially, peers are a powerful influence for specific and immediate events, such as dating and appearance. Parents are influential on long-range values as children finish their high school years and begin to think of their future endeavours (Bloom, 1985).

In closing, understanding the basis of Erikson's (Bloom, 1985), Bowlby's (Bloom, 1985; Bretherton, 1992; McCormick, 1997) and Piaget's (Bloom, 1985; Broderick & Blewitt, 2003) theories from infancy to adulthood provides insight into the social, emotional, and cognitive development of children and adolescents. These theories can be used as a benchmark for understanding why a child thinks and behaves in certain ways. Importantly, this knowledge will help to understand how children relate to others, form attachments, think, interpret, and assign meaning to their world. All of this knowledge forms a foundation to understanding how children will perceive and interpret the death of a loved one.

Together the three theories provide a level of understanding at each developmental stage so support can be meaningful and meet the needs of a child. Erikson's social development stages are significant to understanding the aspects of a child's behaviour and attitude towards self and others. Bowlby's attachment theory presents an understanding of how children form relationships and how important a secure attachment is to sustain healthy relationships over a life span. Piaget's cognitive developmental theory allows insight into how children and adolescents think, interpret, and make sense of their world. These three theories woven together provide adults with a developmental perspective that provides some insight for what to expect socially,

emotionally, and cognitively from children in each developmental stage. This insight should ease an adult's anxiety regarding explanations of death to children.

Chapter 5 is divided into the three social and emotional developmental stages, as outlined in Erikson's (as cited in Grollman, 1995) eight stages of social and emotional development. Erikson's social and emotional developmental stages fall into three age categories: 0 to 6 years of age, 6 to 12 years of age, and 13 to 18 years of age. Each category is presented in the next chapter with an overview of a child's social and emotional developmental specific to a child's age. Following the overview each category, an age-appropriate overview of a child's cognitive development, common reactions to death, and how to minimize the pain of grief is provided.

## Chapter Five: Developmental Stages

### Ages Zero to Five

#### *Overview*

The first 5 years of a child's life are marked with a rapid change in the child's cognitive, emotional, and social abilities. Children begin to explore and begin to master some independence. The first 5 years become the foundation for further growth and development. Erikson's (as cited in Bloom, 1985) trust versus mistrust stage outlined "the degree to which an infant comes to trust the world, other people, and him or herself" (p. 9). Children who learn to trust people and their environment will continue to grow developmentally. For example, when a child trusts the people around them a child will then explore on their own within a safe distance from their caregiver. Through the child's explorations he or she begins to trust their environment and themselves.

At the same time a child's personality and temperament begins to emerge. The literature suggests that children have an inborn or innate personality, which is described as easy, difficult, and slow-to-warm-up (Bloom, 1985). The personality of a child will influence the time and attention a child requires mastering each developmental task. In the first year children will exhibit a range of nonverbal emotional states. These emotions have been described as distress and delight, fear, disgust, anger, elation, and affection (Bloom, 1985).

"Emotions are the stepping-stones that infants use to develop reciprocity with caregivers, ultimately leading to the capacity for emotion management" (Broderick & Blewitt, 2003, p. 121). Children express their emotions in a variety of ways, such as through tears, being clingy, smiles, and affection. By the age of 4 children have the

capacity to control their emotions, such as anger. How a child learns to cope and manage their feelings and emotions is influenced by their adult role models.

By the age of 5 children typically have a strong attachment to their home and the close relationships they have formed. A child's fear of loss from their primary care giver, usually the mother, is still evident (Bloom, 1985). Broderick and Blewitt (2003) asserted, "Taking good care of our children in their earliest stage of development is an investment in their future physical, cognitive, and mental health" (p. 114). Understanding a child's developmental advancements is essential to helping children through the grieving process. For example, knowing how children form attachments, think, and behave provides a baseline to engage children in a meaningful conversation at a level consistent with their understanding about death. The following provides a summary of what children understand cognitively, what are considered normal reactions to grief, and how to help minimize the hurt and suffering of children who are grieving.

#### *Cognition: Understanding Death*

As cited in Broderick and Blewitt (2003), "Piaget argued that young children are egocentric, centered on their own perspective and therefore unaware of the possibility of another perspective" (p. 116). As explained earlier a child's egocentrism may translate to feelings of responsibility for the death of a loved one. Feelings of guilt can paralyze a child's developmental growth socially, cognitively, and emotionally.

At this stage a child is a concrete thinker and understands their world through exploration with their five senses: touching, hearing, seeing, smelling, and tasting. What the child sees, feels, and experiences forms their understanding of the world around them. For example, the day of the funeral for Lana's father, a friend who was also 5 said, "so

your dad got planted today.” Her understanding of being buried meant the same as planting a tree or plant. Lana’s understanding of burial was different, as her experience was to bury a wooden box, called a casket, in the ground. The responses of the parents of the 5 year old were interesting. Immediately they apologized for the child’s comment and the child was told not to talk about the death of Lana’s father.

By the age of 5 a child understands death as a separation and as a loss. This loss includes the love, comfort, and protection from others. Significant to this age, death can be perceived as abandonment (Wainwright et al., 1988). Feelings of abandonment can be detrimental to Erikson’s psychosocial stage of trust versus mistrust. Feelings of abandonment may stop a child from trusting others and their own judgments to form secure relationships.

A child understands death to be temporary or reversible. The child believes that they will be reunited with the deceased, as they do not understand the finality of death. For example, a 5 year old who misses the deceased may ask when they will return. Between the ages of 6 and 12 children may begin to understand that death is final, but often believe death will happen to others outside of their family. It is typical for children at these ages to exhibit a separation anxiety towards the remaining caregiver. The fuel behind a child’s anxiety is fear, as Grollman (1995) stated, “They [children] fear that, if they become separated, either they or their parents will come to harm” (p. 5).

Children will associate death with previous experiences in life and by what they see. In the example above, Lana associated death with illness, because that is what she experienced. Lana’s father’s illness got progressively worse, ultimately causing his death. Children also learn from movies, cartoons, games, and stories. For example,

characters in cartoons and movies get shot, run over, hit by a moving vehicle only to return the next day on the same cartoon. Children may also attribute movement and stillness, as portrayed in movies, to being dead. Imagine the implications of that for a young child who comes home from school and dad is having an afternoon nap. The first thought for the child may be fear that their father is dead.

Euphemisms have a huge impact on children at this cognitive development stage. Children at this age are concrete thinkers and they cannot understand the meaning of euphemisms. Children cannot translate the meaning or decode the meaning in abstract ways. Imagine how fearful children could become when a euphemism such as “Grandpa’s gone” is used to explain death. Gone could be perceived as gone on a trip, gone home, gone to the store, but not as final as death. As in the case of Lana, gone could mean to the hospital. At this age children will expect Grandpa, or in Lana’s case her father, to return from wherever he was.

Children at this developmental stage will begin to personify death. A child will see death as a person such as an old man. Children who are exposed to horror movies may externalize death as a bogeyman or skeleton. These characters usually appear in the night to take away selective children while sleeping. At this age, children exposed to horror movies may become scarred of the dark and have difficulty falling asleep. Children learn from their environment and at this age do not have the capacity to filter what is factual or reality.

#### *Effects of Grief: Common Reactions*

The death of a loved one can be a time of uncertainty and fear. Children may experience fear of being abandoned by the deceased as well as by the remaining parent.



Changes in a child's behaviour due to feelings of being overwhelmed and lonely can trigger a child to withdraw from their family. Children may exhibit a lack of interest and concern in familiar activities with friends and family during these uncertain times.

Children are faced with dramatic changes in their daily routines. Feeling of being overwhelmed and feelings of uncertainty may trigger regressive and or inappropriate behaviours. Children may exhibit a regressive behaviour such as bed-wetting, thumb sucking, and refusing to dress independently. Other behaviours may include irritability, depression, and isolation.

Cognitive symptoms can range from having difficulty with concentration to complete simple a task. In an attempt to make sense of what has happened, children may show signs of being preoccupied with the deceased and or the cause of death. Children may also appear to be extremely forgetful or daydream all the time.

Children experience multiple physical symptoms when a death occurs. The symptoms can range from bowel and bladder irregularities, headaches, stomachaches, and sore muscles and joints. In addition children may have sleep disturbances and a loss of appetite.

#### *How to Help: Reducing the Hurt*

Adults can gain significant insight into a child's thoughts, feelings, and behaviours through carefully observing and listening to how a child outwardly expresses their grief. Changes in a child's behaviour and moods are indicators of how a child is coping during traumatic and chaotic times. Understanding the impact that death has at this level of development is critical to helping children through the grieving process.

Provide a safe and secure environment for children to express their feelings.

Provide consistent repetition of the facts and talk freely about death. Encourage children to ask questions and ensure that your answers are age and developmentally appropriate.

Include the child in the preparations following the death by providing simple explanations about the funeral and the burial.

Always keep in mind the cognitive development of a child when providing honest, accurate, and factual information to a child. Grollman (1995) asserted, “your discussion should correspond to the nature of the death, the children’s emotional involvement, and their development” (p. 8). Use teachable moments to teach children about what dead means. For example the death of a pet could be used to talk about the difference between being alive and dead. The conversation may include information that is specific to the body of the pet. The pet no longer breathes, the heart no longer works to get the nutrients through the body, and the eyes no longer see. Discussions regarding a death of a pet may be less threatening for a child.

Avoid euphemisms, as children cannot decode the meaning of them.

Euphemisms are expressions that could have multiple meanings, such as “gone.” Gone could mean, gone to the store, gone in the other room, or gone for a drive. Children at this age do not understand the finality of the word gone when used to describe death.

Euphemisms should be avoided in this concrete-thinking stage. The use of other such expressions, like gone to sleep and gone to heaven, are confusing and can leave a child feeling angry or fearful.

In times of overwhelming stress children need parents to be available and attentive to their needs. Children need plenty of reassurance regarding their future and

security in their relationships and their environment. Death threatens a child's ability to trust others. Children need plenty of hugs and kisses, calming activities, regular routines, and individual quiet times. Children respond well to soft gentle voices, environments that do not overload their senses, and one-on-one interactions. Time is one of the greatest gifts one can give to a child (Grollman, 1995; Thompson et al., 2004; Wainwright et al., 1988).

Adult time, understanding, and patience is the greatest gift that can be given to a child.

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**At A Glance:  
Ages Zero to Five  
Social and Emotional Developmental Stage**

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Cognition: Understanding of Death

- Extremely egocentric
- Concrete thought process
- See death as temporary or reversible
- Children do not understand the concept of finality of death
- Children will associate death with previous experiences
- Cannot decode euphemisms
- Personify death: see death as a person or thing
- Externalize death as a bogeyman or skeleton

Effects of Grief: Common Reactions

- Fear of abandonment
- Change in behaviours due to feelings of being overwhelmed and lonely
- Crying
- Regression in behaviours such as bed-wetting, thumb sucking, and getting dressed
- Loss of appetite
- Becomes withdrawn
- Have difficulty concentrating
- Apathetic
- Depressed: “I don’t want to play”
- Irritability
- Sleep disturbances

How to help: Reducing the Hurt

- Listen carefully to a child’s thoughts, feelings, and concerns
  - Allow expression of feeling
  - Provide consistent repetition of the facts, talk freely, and ask questions
  - Provide simple explanations about death and what follows (e.g., the funeral, the burial, and after care for the child)
  - Accurate, honest information at their level of understanding:
  - Provide plenty of physical contact, calm and soothing tones, and quiet times
  - Reassure children about their concerns of their future
  - Help children to learn about death
  - Avoid euphemisms
  - Provide structure and consistency with daily routines
-

## **Ages Six to Twelve**

### *Overview*

Erikson's social and emotional developmental stage, industry versus inferiority, is typically achieved through the ages of 6 to 12. Industry versus inferiority is a time when a child's curiosity is focused on what makes things work and how they are put together. During this stage children expand their social networks and relationships.

Children become aware of their strengths and weaknesses in a broader social context. Through these years children begin to recognize what sets them apart from their peers physically, socially, and academically. Children will strive to attach themselves to others that have the same attitude and skill level to avoid disapproval from others. Peer relationships have a significant impact on their self-identity and self-esteem. Important in this developmental stage is a child's capacity to show empathy. Children begin to show an increased sensitivity to others (Bloom, 1985).

Piaget's concrete operation stage occurs during the ages of 7 and 11 years of age. During these years children begin to use more logical operations, such as classification and ordering. For example, children begin to classify what is a number and what is a letter. The child then learns which comes first "a or b" or "1 or 2." Between the ages of 10 and 12 children begin to form more abstract concepts. Children then begin to think hypothetically

Abstract thinking allows children to cognitively expand on concepts such as the finality of death. They understand death happens in multiple ways, death is final, and death happens at all ages. Nevertheless, they do not believe it will happen to them. With

this more realistic understanding of death, children may have a heightened sense of vulnerability to the death of a parent and their security.

*Cognition: Understanding Death*

Children ages 6 to 9 still think in a concrete context. Children still understand language in a literal sense. Death is understood from previous experiences, which usually includes their understanding through movies and prime time television. For example, children may share stories of death and engage in discussions of gory deaths such as those resulting from bombs with details of disjointed arms and legs and blood all over.

Children aged 6 to 9 still exhibit magical thinking and personify death as a bogeyman. Another example of magical thinking includes a child's belief that thoughts of "if only" or "I wish" means they are responsible for the death. A child may see death as a punishment for something they have done or as a punishment for something the deceased has done (Wainwright et al., 1988). This kind of magical thinking may leave a child with feelings of guilt and shame.

*Effects of Grief: Common Reactions*

Throughout this developmental stage children will continue to experience a host of physical reactions. Some of those reactions can include diarrhea, constipation, bedwetting, sleep disturbances, loss of appetite, and fatigue. Cognitively, children may experience nightmares, which can be a result of their graphic, gory descriptions of death.

Children may exhibit inattentive behaviours, forgetfulness, and a preoccupation with death. Emotionally children fear abandonment by their parents and other family members when a death occurs.

Significant to this developmental stage is the increased cognitive ability to think in realistic contexts. Children aged 10 to 12 have the cognitive maturity to understand what death means. Children are very curious about everything such as their body and its functions. They are very interested in learning how and why things work the way they do. This stage of curiosity can lead to great teachable moments for explaining about what happens to the body when someone dies.

Children's basic emotions are established but may be expressed at inappropriate times. Children may experience extreme mood swings such as loving versus hating, politeness versus rudeness, and happiness and sadness. It is not uncommon for children at this age to express their fears and anxieties through anger. Their anger can be displayed as aggression, tantrums, and defiance. Children may not have the appropriate mastery to control their emotions and may try to act calm or use jokes to avoid showing their true feelings. In some cases a child may withdraw and isolate themselves from family and friends. In this turbulent time of raging emotions, children begin to show sensitivity towards others and display concerns about friends and declining school performances (Bloom, 1985; Grollman, 1995; Wainwright et al., 1988)

*How to Help: Reducing the Hurt*

Children need accurate and factual information about death and dying. The answers need to be short, precise, age appropriate, and provided when the child asks them. When using teachable moments to provide factual information, avoid using that opportunity "to tell" about the subject. When a death occurs explain what will happen over the next week. Explain the funeral process and what will be expected of the child.

Include the child in the preparations and formalities of saying goodbye to the deceased.  
Use teachable moments to explain death to a child.

Relate death to the child's past experiences, such as a death of a pet, to explain difference between something that is living or dead. Clarify when a person dies he or she stops breathing, their heart stops, their brain stops sending and receiving messages, and the eyes no longer see. Take a trip to your local library and find some children's books on death and dying.

Children experience fear and anxieties regarding death and their security. At this age a child's fears are still very driven by who will care for them and what will happen to them. Huber (1995) suggested that adults should encourage children to explore and search out understanding in their daily lives. Children who are encouraged to explore the answers to their fears are better equipped to face other fears and challenges in their lives. Reading books, playing games, acting, and computers are ways a child can research with age-appropriate materials. Validate a child's feelings and let them know their feelings are normal and encourage them to continue to share them. When children are sharing their feelings and emotions it is important to respect their wishes to not share. A child's expression, drawings, and writings should be respected and treated as confidential. Let the child choose whom to share those inner thoughts and feelings with.

Children need structure and routine in their daily lives. Providing routine with meals, bath time, and sleep time are ways to have some normalcy in their chaotic days. Encourage participation in healthy coping activities, such as helping with preparing healthy meals, cleaning, eating, and getting exercise. It is important to teach children that



regular responsibilities, such as chores, are still expected. Children will learn how to normalize their life in chaotic and difficult times.

Prepare children for returning to school, for example discuss how their friends and school staff may react to them. Talk to the child about what they want you to tell their friends and school staff. At first the child may deny that a death has occurred and want to continue their day as any other day. For example the child may want to go to school or attend a birthday party. Although the adults in the child's life may be uncomfortable with the child's wishes, those wishes should be honoured. The parent may have to call ahead and prepare the school to support those wishes. Honouring wishes allows the child to feel control in their life (Grollman, 1995; Thompson et al., 2004; Wainwright et al., 1988).

Kirk was 9 years old when his father died and he wanted the one consistent thing in his school life to stay untouched by all the chaos in his life. School had been the only consistent daily routine in the three months prior to his father's death. School was the place that he could block out all uncertainties of his home life. When his father died, Kirk wanted to attend school and this provided an opportunity to talk with Kirk about what he wanted the school staff and students to know. It also presented a time to discuss how he was feeling and how others may react towards him. A discussion was held about what he wanted his classmates and staff to know, who was going to tell them, and the option was presented that at any time he could call home or he could go home.

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**At A Glance:  
Ages Six to Twelve  
Cognitive, Social and Emotional Developmental Stages**

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Cognition: Understanding Death

- Death is final
- Concrete thinking
- Very curious about everything: their body and its functions, how things work
- Death itself is feared
- Still exhibit magical thinking: personify death as a bogey man
- Egocentric
- A child may see death as a punishment

Effects of Grief: Common Reactions

- Nightmares
- Bedwetting
- Being inattentive
- Bowel and bladder difficulties
- Irritability
- Have many questions regarding death
- Fears of abandonment
- Anger, such as aggression, tantrums, and defiance
- Extreme mood swings
- Emotions are established but may be used inappropriately
- Sensitivity towards others and worries about friends and school

How to Help: Reducing the Hurt

- Avoid Euphemisms
  - Factual and literal answers
  - Relate death to the child's past experiences
  - Clarify when a person dies he or she stops breathing, their heart stops, the brain stops sending and receiving messages, and the eyes no longer see
  - Concrete, accurate, simple, and honest information
  - Help reduce their fears and anxieties: model helpful coping strategies
  - Support the child to be a part of the rituals, such as the funeral and burial
  - Children need to be informed on what will happen and what is expected
  - Validate their feelings
  - Assure them of the normalcy of what they are experiencing
  - Provide reassurance of their security and their future
  - Continue with regular routines for eating, bath, and sleep time
  - Engage child to help with meals, cleaning, eating, and getting exercise
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## **Ages Thirteen to Eighteen**

### *Overview*

Erikson's psychosocial stages of development identity versus role confusion, ages 13 to 18, are seen as the adolescent years, where adolescents transition from childhood to a young adult. Through these changing years, adolescents work towards independence, finishing school, and making plans towards their future goals. This stage has its own unique set of circumstances that challenges them cognitively to look beyond themselves to understand life and death in a broader scope. Grollman (1995) asserted, "By adolescence, children have the ability to move beyond the self, to form hypotheses about the world, and to search for life's deeper meanings" (p. 53).

Grollman (1995) claimed there are three levels of maturity. These three levels of maturity have been defined as: (a) between the ages of 13 and 14 adolescents begin to achieve emotional separation from their parents, (b) by the age of 16 or 17 adolescents have developed a new level of maturity as they strive for competence, mastery, and control, and (c) between 18 and 20 adolescents have matured into young adults. As adolescents prepare for their graduation from school, they begin to plan, reorganize, and re-establish goals and relationships for their future.

At the beginning of this changing and challenging time, adolescents enter high school where there are multiple changes with their family and friends. A higher level of expectations and responsibilities are required as they learn to drive, hold down a job, and plan and prepare for the future. Throughout this stage adolescents strive to refine their self-identity, their peer relationships, and their independence from their parents as they enter into their adult years.

Adolescents have their own unique set of circumstances when it comes to processing the death of a loved one. A large percentage of their developmental task is refining relationships in the process of separating from their parents. Peers have a significant role in that transition as they provide the affirmation and acceptance needed so independence can happen. Peers can be very comforting and supportive, but often are a source of misinformation and or undo pressures to “get over” or “move on” from the death of a loved one.

Adolescent expression of grief can be from one end of the spectrum to the other. Pushing down or setting aside feelings and emotions often complicates or prolongs the journey through grief. For this very reason adults need to ensure that adolescents are not the forgotten mourners. Adolescents need significant adults in their lives to listen with patience, understanding, empathy, and compassion. Schultz (2007) concluded that effective coping strategies used in adolescence are talking about their feelings, journaling, and creative expression through painting, drawing, ceramics, music, dance, and drama (Wolfelt, 2001a). Even though this can be a time of rebellious behaviours, adults are central to providing a safe accepting atmosphere within which adolescents can mourn (Deits, 1988; Wolfelt, 2001a, 2001b).

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**At A Glance:  
Ages Thirteen to Eighteen  
Cognitive, Social and Emotional Developmental Stages**

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**Cognition: Understanding Grief**

- Abstract thinking: understands that death can happen many ways and that it can happen to anyone
- Does not believe that death will happen to them even when they participate in high risk behaviours
- Explore ideas about life, death, and after death

**Effects of Grief: Common Reactions**

- Express emotions outwardly: their expression of grief can make others uncomfortable
- Gather together with their peers: in a safe and secure environment such as at school or at one of their homes
- Inquire about the details of the death
- Expect to be treated as an adult
- Insist on being apart of preparing for the funeral
- Connects to others with similar experiences of death
- Validate feelings through stories and movies related to the death (i.e., cancer)
- Mood swings, show signs of depression
- Lack of concentration, eating, and sleeping disturbances
- Increase in sexual awareness
- Lack of concentration, drop in academic achievement, or overachievement

**How to help: Reducing the Hurt**

- Encourage connections with the peer group (i.e., in a supervised setting—home or school)
- Be a positive role model
- Be involved as adolescents need the support and guidance of parents
- Be aware and listen to what the peer group is saying
- Share feelings and experiences
- Encourage questions and artistic expression through art, photography, and journaling
- Validate feelings to provide a sense of “normalcy” in what they are experiencing
- Watch nonverbal communication to understand what they are not telling you
- Work closely with community organizations that have expertise with children and grief
- Work closely with your child’s school and other community members

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“Teens are still kids . . . while their changing outward appearance can make them look like grown-up men and women, they’re still immature inside” (Wolfelt, 2001a, p. 42).

## **Chapter Six: Parental and Other Supporting Individuals**

Dyregrov (2008) asserted, “There are more similarities than dissimilarities between adults’ and children’s grief” (p. 85). Adults have more experiences in their lives to help them cope in difficult times, whereas children look to adults for guidance and support during difficult and confusing times. With death children experience the same feelings of longing, confusing thoughts, and powerful emotions as adults do, “but lack the maturity and experience to deal with such a loss” (Dutton, 1999, p. 11). Therefore, it is important that adults are comfortable and prepared to discuss life and death with children.

As indicated throughout this manual, knowledge and preparation is essential for dialogue with children and adolescents when dealing with a death. The previous chapters provided an opportunity to have a working knowledge of a child’s cognitive developmental stages and their social and emotional development. This chapter includes additional areas of knowledge that parents and others supporting individuals need in order to help children and adolescents through the grieving process. Included is an opportunity for the reader to be proactive by understanding the child’s beliefs, values, and coping strategies regarding death. The need for further exploration in areas that have you feeling awkward or uncomfortable may appear through a reflective process. Engaging in a reflective process allows for further development on specific topics as it relates to death. For example specific topics could include how to explain death to a child and whether or not a child should be included in the funeral.

Scenario one and scenario two (see Chapter 1) provide a glimpse of the complex grieving process for children and for adults. For example, knowing a child’s perception

of death at each developmental stages and understanding your own values and beliefs about death is extremely important when supporting others through the grieving process. Scenario three (described below) reflects on a family who experiences the death of their only children. This scenario is just a glimpse of the extreme pain and sorrow of grieving parents and extended family members. It also speaks to the complex issues for supporting adults, friends, or community members.

*Scenario Three:* Imagine for a moment being the parents of children who died in a vehicle accident. At that moment the parents' lives are changed forever. If these were the only children in the family then there are no longer any children to care for or to prepare a future for. In that instance of death the previous roles held within the marriage and as a family changed. The role of the primary caregiver of the children, the role of disciplinarian, and other supporting roles cease to exist. The future goals for the family will change as the hopes and dreams for the deceased children no longer exist. For example, one goal might have been to have a savings plan for future education for their children and hopes and dreams of a wedding and grandchildren. In addition, daily routines and commitments are no longer necessary. Many of the family and friends that the couple formerly identified with as a family changed in the split second when their children's deaths occurred. The support of family, friends and community members is extremely important to this couple. The role of a supporting individual is profoundly difficult, as adults need to nurture his or her own grieving process at the same time.

“Grief transforms the broken, wounded soul, a soul that no longer wants to get up in the morning, a soul that can find no reason for living, a soul that has suffered an unbelievable loss” (Kübler-Ross & Kessler, 2005, p. 227). This resonates with the death

of my dear friends two children. Over the past 6 years I have witnessed their profound struggles to move forward and experience the pain they feel. The energy it takes for them to get out of bed in the morning and face another day. With encouragement from family and friends they face the extreme emptiness and longing for their children and that step restores a little bit of strength to go on and to find a sense of wholeness again.

It has been painful to watch my dear friends grieve and at the same time amazing to see the strength and resilience of this couple as they work through their grieving process. The couple's overwhelming eruptions of emotions are not as intense as they once were and the memories of their children are now expressed out of love instead of profound sadness. I have learned so much from this couple about life and death. As a widow I have gained a sense of strength and confidence to work through my own pain of the grieving process.

The literature stated that children and adolescents learn how to live with death by listening and observing the coping strategies of adults and close friends. Adults who fear death are more likely to avoid the topic of death and dying. Kübler-Ross and Kessler (2005) attributed grief-avoidance to adults: "not knowing how to handle the pain of grief, we avoid it, not realizing it is the pain of the loss we are trying to avoid. A pain that will strike, no matter how much we try to avoid it" (p. 229). Children then learn avoidance as a coping strategy for addressing painful challenges in their lives (Deits, 1988; Wainwright et al., 1988). Adults should not underestimate how much influence they have on children. From the time a child can focus they observe and mimic what they see and hear. It is important for adults to recognize what messages and coping strategies they are modeling to their children.



When working with children repetition of honest and truthful answers will help them to understand the meaning of death. Adults sometimes use avoidance phrases that minimize the feelings of a child by imposing their feelings or fears about death on the child. For example phrases and clichés such as “don’t cry,” “I know how you feel,” and “be brave or strong” can be confusing and misleading for children. Children may interpret those phrases as messages to avoid talking about the deceased or messages to not show or express their emotions (Grollman, 1995). Wolfelt (2004) referred to these statements as a result of a grief-avoiding culture.

Modern medicine and geographically scattered families have changed the family roles and childhood exposure to the death of a loved one. Today, children learn about and experience death by finding a dead animal that is usually a family pet, watching television, video games, and natural disasters. Children turn to adults for comfort and to understand their feelings and difficult questions they have. Questions such as “will you die” and “who will look after me?” Chances are most adults would not have had someone explain to them how to cope with the pain of death, how to explain death to children, and or what to expect from a child or adolescent when a death occurs. Adults need to be able to address the questions and the needs of a child in an age-appropriate, honest, and respectful way. Children can then learn how to manage their most challenging and painful life experiences in a positive way.

Adults need to validate how children and adolescents are feeling. Sometimes actively listening and validating feelings is the best solution when working with children. Validation is important for two reasons: (a) it lets the child know you understand why they feel the way they do, and (b) it allows the adults to reinforce that what they are

experiencing is normal. Validation allows the child to recognize that what they are feeling is normal and that they are not going crazy.

### **Explaining Life and Death**

If the current trend of our avoidance or death-denying culture continues, children will grieve without the comfort and support of their family (McBride & Simms, 2001). Hope and Hodge (2006) asserts, caregivers need to be willing to talk about death and provide accurate information about death. Coloroso (1999) stated that in her experience children respond well when being introduced to the meaning of life and death through every day events such as nature's life cycles and the death of an animal. For example, observing the life cycle of a plant from the onset of planting the seed to the wilting and death of a plant is less threatening for a child than the death of a loved one. Coloroso also indicated that in her experience children at the age of 5 begin to understand that when a death occurs bodily functions stop working. For example, the body is not sleeping, it cannot move, nor does not breath, feel, or grow. Hope and Hodge indicated when children are not provided with accurate information; they will form assumptions with their limited knowledge of fantasy-based reality of death. When children begin to understand that there is a beginning and an ending of all living things they begin to ask more in-depth questions, such as what happens when we die and will I see them again? Engaging children early in life to explore and expand on their understanding about life and death opens the door for further conversations in a non-threatening and a non-avoiding environment.

Explanations of the life cycle and bodily functions are effective ways to introduce and teach children of the realities of life and death. Matter of fact explanations will

initiates further questions from a child's developing and inquisitive mind. It is easier to answer questions children have about life and death when you are not experiencing the pain of your own grief. Using teachable moments such as those just mentioned is far less threatening and less intrusive on a child's feelings and level of understanding than at the death of a loved one. There are many children stories that can help you find ways to explain life and death to your children. Brown and Brown's (1996) book, *When Dinosaurs Die: A Guide to Understanding Death*, illustrates and explains or provides answers to the most commonly asked questions. The short explanations cover topics such as what does alive mean, what does dead mean, why does someone die, as well as feelings, saying good-bye, and what comes after death. Included is a short glossary for easy, direct, and honest explanations that can be used with children. This book has 32 pages with captivating pictures for young children to follow along with. This is just one of the many resources available to adults. Check out your community library or your child's school library for further resources.

### **Common Questions and Responses**

Child: "Why does daddy feel cold?"

Adult: "When we die our bodies no longer work, the heart no longer pumps nutrients through our body to keep us warm" or for very young children "the temperature of the room is usually kept cooler and, therefore, the body will feel cooler."

Child: "I miss Grandpa, will Grandpa be home soon?"

Adult: "No, when someone dies their body stops working."

Child: “Will you die too and leave me?”

Adult: “Yes, we all die, but we hope that will not be for a long time.”

### **Coping with Death**

Adults can teach children how to cope with the death of a loved one by modelling and engaging in brief and concise conversations about death and the grieving process. Adults need to be able to say, “this is how you heal after a loved one dies, [and] this is how we mourn” (Kübler-Ross & Kessler, 2005, p. 228). Considine and Steck (1994) asserted adults need to teach children how to grieve. For example, adults should teach children how to express their anger in a safe and healthy way by punching a pillow, through exercise, or by scribbling with colours. Children will thrive with a trusting adult who is comfortable talking about life, death, and the grieving process. The first step is to reflect on your past experiences, align your thoughts and feelings with what you believe, and recognize your coping strategies when you are faced with difficult challenges.

Saynor (1991) outlined five elements of self when referring to maintaining a healthy person. Those five elements are described as the relational, physical, spiritual, mental, and emotional self. The relational self refers to any new and old relationships that need to be nurtured through your grief journey. The physical self pertains to maintaining healthy eating and exercise habits during difficult and trying times. The spiritual self refers to your crisis or strength in faith. The mental self speaks to your attitude about life and being able to think and evaluate how you are doing and what is need to do to help myself. The last element is the emotional self and it is so much a part of everything we do and the driving force to a successful grieving process. Expressing your emotional self requires one to challenge social expectations to suppress showing emotions such as tears

and anger. A healthy emotional self will cry if they need to cry, to laugh when the feeling hits, and to express anger in a non-threatening and healthy way. It does not matter whether a person is in his or her own grief journey or supporting someone else, maintaining a healthy balance between these five elements of self is important. Parents have a responsibility to model healthy strategies to children because if adults are not healthy their children will not be healthy.

Emswiler and Emswiler (2000) emphasized the importance of maintaining your health through exercise, eating healthy, allowing time for fun, knowing your stressors, and practising appropriate coping strategies. When working with children and adolescents it is important to encourage them to feel and express their emotions, to take a break to be themselves, to be patient with the process, to ask for help, and use the resources that are available to them. There are many effective activities for reducing the pain and confusion of death. Journaling, scrapbooking, reading, memory boxes, painting, music, ceramic art, and dance are effective ways to express your pain. Find the activities that you are passionate about and use it to express how you feel. It is extremely important that adults adhere to the same process.

The balance of this chapter explores where one learns values and beliefs about death and how adults can help children and adolescents through their grieving process. “Young people are resilient, strong, amazing creatures. With lots of love and support, they can not only integrate the loss, they can grow as a result of it” (Wolfelt, 2001a, p. 100). As already stated, adults need to recognize their resilience, their experiences with death, and how they learned to cope in order to facilitate healing in a healthy way. The exercises in this chapter are intended to initiate some thoughts on their first

experiences with death, what their relationship was with that person, and how that relationship has influenced them about life and death. As the author, it is my hope that these reflections will become a starting place for further research and discussions on death and dying. These exercises are intended to provoke thoughts on how this knowledge can help adults, children, and adolescents through the grieving process. These exercises will also encourage one to reflect on future goals, hopes, and dreams and to identify any aspects that may be attached to their deceased loved one. Most importantly, it is my hope that anyone who engages in these activities face any fears they have about death and dying. Not only is this reflection good for your own grief journey, it is important to be proactive so you are prepared to help children and adolescents through the grieving process.

### **Essential Areas of Knowledge**

#### **Areas of knowledge needed to help adults and children through the grieving process:**

- Developmental stages of children and adolescents (cognitive & emotionally)
- The grieving process
- Themes in childhood grief
- How to explain the difference between being alive and being dead
- Effective coping strategies (journaling, music, drawing, talking, reading)

#### **Things that are helpful in a supportive role:**

- Active listening
- Having children involved with the funeral process (important step in saying good-bye to the deceased).
- Explain the funeral process to children (viewing the body and after, what can children be expected to see and do)
- Reassurance of security and what will happen in the immediate future
- Being able to give clear and concise answers about death and dying (human body & seasons)
- Maintaining daily routines and age appropriate expectations such as chores
- Demonstrating effective coping strategies

- Connecting with community supports that work children and grief
- Talking about the deceased
- Show your feelings and emotions about the deceased
- It's ok to not have all the answers and telling a child "I don't know" is sometimes the best answer
- A healthy diet and exercise
- Adequate sleep

**Not so helpful:**

- Do not use words that suggest travelling, such as Grandpa's gone, we lost Grandpa today, or Grandpa's gone to sleep to explain death (avoid clichés or euphemisms)
- Excluding children in the day-to-day preparations for the funeral
- Avoiding emotions and not talking about the deceased

"Anyone who is old enough to love is old enough to grieve. When we exclude children from the rituals surrounding a death we deny them the opportunity to say goodbye and begin a healthy grieving process" (Saynor, 1991, p. 34).

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### **Exercise One: Values and Beliefs**

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This exercise requires you to recall your own experiences of death and significant losses. Reflecting on how you formed your values and beliefs about death is a start to understanding your thoughts and reactions regarding death. The following exercise allows you to reflect on the relationships in your life that have been influential in your grief journey.

- What was your first experience with death?
  - How old were you?
  - What was your relationship with that individual or pet?
  - How did you feel?
  - How did the adults in your life respond to the death?
  - How was death explained to you (euphemisms or in age-appropriate explanations)?
  - How involved were you with the funeral preparations and service?
  - What kind of messages did you receive from the adults around you?
  - What did you learn from their actions and words?
  - What if anything made you uncomfortable or angry during the first few weeks after the death?
  - What are your beliefs on death and dying today?
  - How are those beliefs influenced by your culture and religion?
  - Who did or would you turn to for support and comfort?
  - What coping strategies did you use to work through your grief (journaling, walking, music, yoga)?
  - What was the most influential thing anyone did for you at that time?
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**Exercise Two:  
Life and Death**

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This exercise is intended to have you think about life and death. What is the difference between a person who is living and a person who has died? On one side of your paper title it “Life” and draw or journal what represents life or alive to you. On the reverse side label it “Death” and draw or journal what death or dead or means to you.

When you have completed this exercise reflect on the questions below.

- Using your picture or journaling as a reference point, how would you explain life and death to your child?
  - Are you comfortable giving open, honest, and clear explanations about death?
  - How will you decide a child’s appropriate participation in the funeral process?
  - Are there any areas that you feel uncomfortable discussing or explaining?
  - Who can help you or support you with finding the answers you need to discuss death?
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### **Exercise Three: Influential Memories**

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As stated earlier, Wolfelt (2007) outlined six needs of mourning: accepting the reality, feeling the pain, remembering the deceased, developing a new self-identity, searching for meaning, and receiving ongoing support. Remembering the deceased and developing a new self-identity requires an in-depth reflection on how that person has influenced your life. An in-depth reflection requires one to remember the aspects that attracted or frustrated you about them. It also requires some reflection on identifying the attributes of the deceased that have influenced your life in the past and in the present.

This exercise is intended to encourage memories of love that exist in the past and in the present. Thoughts and feelings and your hopes and dreams for the future may still be connected to your past relationship with the deceased and now requires a new direction. Past memories of the deceased can promote new energy and commitments towards the future. In doing this exercise a new level of respect and love for the deceased may be found, perhaps in how the deceased has influenced your life. As your grieving journey moves from the past to the future all that you love will remain with you. If at any time you feel overwhelmed or feel an intense anxiety or anger, seek support or professional help to work through those strong emotions.

#### **Relationship with Your Loved One:**

- What values and beliefs are shared with the deceased?
- Identify fears about “letting go” and to new beginnings.
- Identify any negative feelings you have of the deceased such as anger and disappointments. Secondary losses are important to grieve such as, anniversaries, marital status, retirement goals, vacations, and so on.
- Give yourself permission to let go of the things you no longer believe to be true (values, beliefs, and self-identity).
- Describe the things you love about the deceased.
- Identify how the deceased has been influential in your life.
- How much of your self-identity reflects the deceased? Does it still hold true?
- What are your dreams for the future and how might you get there?

### **Influences in Past and Future Goals:**

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Draw a Picture  
Do Some Journaling

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As adults work through the grieving process it is important to recognize how the deceased has affected them in both life and death. The next exercise will reflect on memories of the deceased. It also asks for some reflection on what and how the deceased has influenced you in your life.

- On one side of the paper draw or journal the most memorable memory of the deceased.
- On the other side draw or journal the most influential qualities of the deceased.

Hopefully this exercise has promoted awareness of continued love and significance of the deceased in your past and how they may influence you in the future.

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### **Exercise Four: Overall Reflection**

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The previous exercises hopefully have promoted some understanding and self-awareness and continued connections to the deceased. Attig (1996) suggested that in our transition to a new beginning we learn to adjust our love for the deceased. In one aspect we let go of living in the past and begin to treasure the love the deceased brought to our life. We do not lose our past life with the deceased; we take with us the values, the memories, and the inspirations of the deceased. In a sense we continue to “have” what we fear we have lost.

This last reflect is intended to help you realize where you are in your grief journey. It is a time to look towards the future and set some new goals and perhaps even

provide new energy for an old goal you have. In addition, as you summarize your reflective process you will become more confident with your ability to help children through the grieving process. Important to these exercises is the recognition of attitudes and beliefs that are detrimental to your grieving process, such as “get over it and move on.” Lack of awareness can create barriers and beliefs that stop the healing process. This exercise is intended as a reference point for further exploration. Perhaps there are areas that you do not feel comfortable with or are unclear of their importance when supporting children and adolescents through the grieving process.

**Reflect on these questions:**

- List ways to provide a supportive environment for healing of all age groups?
- What beliefs and values can be counter-productive to healing?
- What, if any, counter-productive beliefs and attitudes do you have? Do they apply to adult, children or both?
- Identify helpful coping strategies? Make a list for adults, children and adolescents.
- Do you feel you can explain, “what is living” and “what does dead mean” to children and adolescents?
- Are there areas of your physical, emotional, spiritual, mental, and relational “self” that requires attention?
- Make a list of your support network? Make sure to include family, friends, and community members. (Keep that list available with phone numbers, contact people and addresses.)
- What is the next step for you?
- What are your goals for the next 30, 60, or 90 days?
- Was there an “aha” moment for you during this reflective process? If yes, what was it?
- On a scale of 1 to 10 (10 being confident) identify your confidence and knowledge in helping children and adolescents through the grieving process.

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Helen Keller (as cited in Costello, Chervin, & Ciletti, n.d.) asserted, “What we have once enjoyed we can never lose. All that we love deeply becomes a part of us” (p. 16).

## **Schools**

Parents who are providing support to children need to reach out to others for community support and assistance. For example, schools are already connected to the family and can provide support on many levels. Schools have a well-established network of supports for children and adolescents, as “schools for the most part provide a tightly knit sense of unity between the students, teachers and parents” (Deits, 1988, p. 111). Schools have an important role in providing an environment where students feel safe and supported by staff and peers. Schools can also provide the same support to family and community members. It is imperative that parents and schools do not work independently, as they both have a vitally important role in helping children through their grief.

Parents, school personnel, other significant friends and family members are often the first source of support and role modeling for children who are faced with the death of a family member or friend. A caring and knowledgeable person can facilitate the understanding and expression of grief for children, adolescents, and adults. Children at a very young age have the capacity to feel the realities of death (Grollman, 1995) and, therefore, need adults to support, comfort, and answer their questions and concerns with age-appropriate answers.

Children and adolescents learn how to deal with death by listening and observing the coping strategies of adults and close friends in their lives. Adults who fear death are more likely to avoid the topic of death and dying. Children then learn avoidance as a coping strategy for addressing fears in their lives (Deits, 1988; Wainwright et al., 1988).

## Chapter Seven: Media

We encounter many losses in our lives, some of which are complicated by the immediate media coverage into our homes. The graphic details shown through the media along with the media's speculations and assumptions of a tragedy can be confusing and misinterpreted by young children and adolescents (Noppe, Noppe, & Bartell, 2006). We only need to revisit the day the world turned their attention to the assassination of J. F. Kennedy, the World Trade Center (911), and the recent vehicle accidents that killed two adolescents in Osler Saskatchewan and the eight adolescents in Nova Scotia. Instantly, these harsh realities are in our homes and part of our lives. This exposure is overwhelming and devastating to the growth and development of vulnerable children and adolescents (Noppe et al., 2006). These vulnerable individuals do not have the life experience or coping strategies to deal with such horrific visual content and devastation (Corr, 1998). Media coverage also amplifies the reality that parents need to be in a helping supportive role at such a difficult time (Noppe et al., 2006; Walker & Shaffer, 2007; Wolfelt, 2004).

There has been extensive research on the impact of children who are exposed to violent deaths, world disasters, and terrorist attacks through media (Noppe et al., 2006). The current research indicates that the graphic pictures and the commentary can create a sense of uncertainty of the child's environment and a fear of losing those close to them. It is also far too often that children and adolescent needs related to death are not properly acknowledged (Corr, 1998; Noppe et al., 2006; Wolfelt, 2004; Victims of Crime, 2001a, 2001b).

**Helpful Hints:**

- Monitor video games, movies, and television programs to ensure they are age appropriate.
- Monitor your child's use on the Internet.
- Turn radio and television news broadcasts off when children are present (wait till children are in bed before listening to the evening news).
- Use age-appropriate media for teachable moments to discuss what dead and death mean (i.e., reality vs. fantasy and life vs. death).

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