

**GRIEF IN CHILDREN:
UNDERSTANDING AND COPING WITH SEPARATION AND LOSS
ADDITIONAL BACKGROUND NOTES FOR THE WORKSHOP ON
CANCER STRESS: GRIEVING AND HEALING**

**BY
MARY LOU MORRISON**

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Introduction

We cannot prevent loss. Grief is the response to loss and the inescapable consequence of caring. Although unable to prevent the pain of loss, we can learn to understand the grief experienced by the bereaved and improve our ability to help.

This talk explores the subject of grief in children, its causes, extent and treatment. Some effective counselling and helping techniques and approaches are put forward. Suggestions for preparing children in the classroom to understand and cope with death are also explored.

Grief

Grief, a normal reaction to death or loss, must be expressed. It is a challenging task to help children (including adolescents and young adults) face this very difficult time in ways which will assist them to grow in understanding, strength and maturity, however painful the experience. A young person will deal with the sense of loss and sorrow as any adult would. Nevertheless, children's grief is a particularly complicated mechanism involving a wide array of emotions. Grief demands honest expression and requires time for a healthy readjustment to life.

Children suffer the pain of loss for a number of reasons, perhaps the death of a parent, close relative or friend. More often it is loss due to separation and divorce. It is quite usual for children to experience the loss of a much-loved pet or even the loss of "home" because of a family relocation. You will have the opportunity to consider various forms of "loss". Whatever the loss the response is the same.....grief.

Grief is not easy to appreciate in adults and grief in children is even more difficult because society would prefer to deny its existence. The literature, however, makes it obvious that not only are grief and bereavement being felt by children, but unresolved and unexpressed grief may cause major problems for their future health.

Claudia Jewett-Jarratt, well known American family therapist (who gave a workshop here several years ago) indicates that research points to seven years as the normal grieving time necessary for children to go through all the stages of the process.

Jewett-Jarratt discussed three stages of grief in children along with appropriate responses from concerned adults: EARLY GRIEF, ACUTE GRIEF and INTEGRATION OF LOSS and GRIEF.

Early grief involves a number of defense styles and reactions which occur in no particular order, which may switch from one style to another and which could overlap. There are four common styles:

1) Denial/Disbelief/Protest and Disassociation. Immediate or verbal responses include wailing, disbelief and protest. Parents, teachers and counsellors shouldn't try to discourage these thoughts, feelings, needs and expressions. Early behavioural responses are reflected in such things as refusing to listen or respond, falling quickly asleep or forgetting. As reality becomes more integrated, the child may seem to busy him/herself in normal activities of play, chores, and routine. Adults may presume that the child is doing fine or that she/he is unfeeling, but they should watch for the content of the play and also what message is being given. The child may not want to see the parent upset because she/he cannot deal with the pain she/he sees expressed. Adults should forewarn the child when opening a conversation about the defended and painful topic and should empathize, i.e., "I know this is really hard for you."

2) Acute Panic/Alarm; Heightened Anxiety Reactions. Children exhibit "survival terror," i.e. "Who will take care of me?" They also project concerns about safety onto other significant people in their lives and often "regress," reverting to earlier behaviours and levels of developmental functioning. As well, children may become preoccupied with injury, illness or death and be extremely sensitive to separation or abandonment with cues such as refusing to leave the caregiver's side in play. Increased nightmares or hassles at bedtime may become apparent. In such cases,

concerned adults should make the length of time spent with the child concrete and be sensitive to feelings of aloneness.

3) Preoccupation. Kids go through "preservation" where they keep returning to the place, situation; or demonstrate increased aggression whereby they bite, kick, and punch - behaviour without words. They may wonder "How can others be happy when I've been stricken?"; they may also show an excessive need to please in order to ensure that they are not left alone and have a need to put cause/effect under their control rather than leaving it to terrifying random chance.

4) Numbness/Shock/Shut Down. This involves a mechanical behaviour or escape giving relief against emotional overload. Throughout this "robot stage," daily routine tasks are carried out, children try to keep busy and may fantasize.

Appropriate responses from concerned adults to early grief behaviours, needs and defences include providing verbal reassurance, i.e. "Someone will take care of you." There should also be a willingness not to be believed or trusted by the child. Supportive bedtime activities like the radio, lights, and "snugly" things sometimes are helpful.

Stage two is acute grief. This is a bridge behaviour stage in which there is a preoccupation with surviving. It includes five categories of behaviours/defence mechanisms:

1) Yearning/Bargaining/Searching. There is a compulsive restlessness with a need perhaps to revisit places that remind them of how things were. Excessive fantasy or daydreaming may be apparent. It is important for parents not to label these as lies, but use the word "wish." Is that for real or for pretend? How would that wish be good for you? Children may comfort themselves with stories or play about themselves or others which have restitution endings. "Snow White" and "Cinderella" are examples of character models who survived grief by taking care of others and earned their love; they may have strong reactions to such restitution themes.

2) Strong feelings like anger, sadness, guilt, shame and role confusion. Guilt and shame may result in a diminished self-esteem, accompanied by being very critical of one's self and others along with being overly sensitive to actual or even perceived rejection. A response by a caring adult could include, "You are loveable for who you are, not just what you do." Children experiencing grief sometimes need to be the centre of attention and sometimes think that no one understands how they feel. Jewett-Jarratt suggests that parents respond by saying something to the effect of, "Your feelings are important to me. Can you tell me what I said or did that made you feel that way?" "You are loveable for who you are not just for what you do." "Here is how you can get the good things you deserve."

3) Deprivation or scarcity reactivity, expects to be deprived. Children experiencing grief often can't get enough and this may present itself as gorging or hoarding food or something else. They need to be the centre of attention and may talk constantly. Some have trouble enjoying what they have and focus on what they don't have. A child in this stage may become peripheral to avoid repetition and comfort him/herself with imaginings, day dreams, fantasies. Many such children stop reaching out to others and think no one understands how they feel. Jewett-Jarratt suggests that we respond by saying, "Your feelings are important to me. Can you tell me what I said or did that made you feel that way?" Don't label and don't argue, Jewett-Jarratt advises, as it is disrespectful. Children do not have to agree with us. "We seem to have a difference of opinion" or "I'm sorry you feel that way."

4) Disorganization/Confusion. This involves a preoccupation with loss, survival and waiting for the return. In addition, there also may be physiological changes in neurotransmitters which can lead to an unavoidable lack of ability to organize thinking, work habits or concentration. When an adult is in this stage, someone at work helps cover for them; no one helps cover for the child. The child exhibits vigilance against other bad surprises: "Life caught me unprepared once - what if . . ." This may occur up to 18 months after the loss or separation. It is as though a person cannot master everything, personal, social, academic - when doing grief work. Often children in this stage have trouble finishing tasks, have difficulty with transitions of subject or activity and react strongly to stop/start messages. They activate or reactivate issues of control. Appropriate responses by caring

adults are to simplify, simplify as a dog trainer would. Also offer choices that are realistic: From a parent - "You may wear this or this."

5) Despair. "The worst possible thing has happened to me and there is nothing I can do to make it better. It's hopeless and I'm helpless." At this level, there is a frank depression and physical symptoms may appear. There may be lethargy: depressed people walk differently; bedwetting, bleeding gums, and respiratory afflictions are all more prevalent during this time of grief. Once again, parents can offer comfort and reassurance. Adults also have to stand by; the children too are "walking through the valley of the shadow of death."

6) Reorganization. "The worst thing that could happen has happened. And I survived." There is a reduction in outbursts and an increase in attentiveness along with performance. During this period, it is an excellent time to help the child review his/her personal sense of meaning and details of the loss along with sharing those feelings and coming to grips with them. The child will begin to reach out to others again, although anniversaries may cause regression.

The final stage is the integration of loss and grief. At this time, there will be a return of sense of humour, play, joy, peace and growth (physically, empathetically and emotionally). Self-esteem is restored and there is pride in survival and growth. When this stage is not attained, the child may continue to have difficulty expressing feelings and developing interpersonal ties. Self-esteem can remain low, while anger and depression remain.

Each child is unique, however, and all do not experience the grieving process in exactly the same way. There is often movement between the stages. Even when in the final stage, something can trigger movement to an earlier stage of grieving. Jewett-Jarratt refers to grief as a stew pot. When it cools down some of the fat can be skimmed off the top and set aside. This heating up, cooling down and skimming off the top occurs again and again. Then something triggers off a stirring up of the whole stew pot of grief. Big chunks of forgotten meat/painful memories surface and have to be dealt with.

It should also be pointed out that for some children there are traumatic after effects due to sudden death, the nature of the death or how they are told about it. The death may have been due to violence or the child may have witnessed the death. In these cases it is as though the event is burned into the child's memory and becomes a serious threat to the child's security. Unless children are helped to work through this trauma, grief work may be slowed down or stopped.

The Work of Grieving

What is it? It is the process of acknowledging and expressing the intense emotions of sadness and anger. Anger is the stronger feeling but sometimes anger is converted to sadness, a more allowable feeling, particularly in children.

Children often have little experience with mourning adults. They lack models to show them how to deal with grief. For children of divorce there are no traditional mourning rituals for the loss they must undergo. Children frequently connect tears with experiences when they were in some way vulnerable as in injury, fear, separation, rejection or being lost. For some children tears are met with disapproval and censorship from adults and peers.

Children learn early that angry outbursts can lead to angry responses in parents. Thus when already feeling a loss in adult protection, children are often reluctant to risk bringing anger upon themselves by voicing their anger.

It is not uncommon for children to feel such strong feelings of sadness and anger that they fear a loss of self-control if they give in to these feelings. Many children who have experienced loss have a storehouse of anger as a result of their feelings of betrayal by those best loved and trusted.

As the first anniversary of the loss approaches, the child who is resolving grief will have fewer episodes of anxiety, crying, and angry or destructive outbursts. Children who are in difficulty can be spotted by the way they respond when distressing or frustrating things happen. Either they do not express feelings of sadness or anger where most other children their age would or they

express much more, more frequently or in situations where other children are less upset.

Helpers have to guard against inhibiting the child's expression of feelings. Bereaved children are particularly sensitive to verbal and non-verbal signs that the helper is uncomfortable with their expressions of feelings.

It is important to help the grieving child connect feelings with their physical expression. Just talking about feelings is not enough. There needs to be a physical component in the release of feelings - crying, door slamming. "Grief in children as in adults is painful to watch. Since everyone is likely to wish the child might escape the pain, denial is often reinforced even by the very person who is helping the child work out feelings of grief.

Sharing the tears is very important because overcoming grief by crying alone is next to impossible. The helper must be prepared to stand by the child at this stage for the next 3-4 weeks - once the "plug is pulled" to provide comfort. To bring out these feelings of sadness and also feelings of anger similar techniques can be used. First encourage the child to look angry, then act angry, and finally to put words to the actions.

The earliest outbursts of anger usually occur soon after the loss when the child is in the early stage of grief. These involve hostility towards adults and aggressive behaviour towards other children. He/she lashes out against people who are "untouched" by the loss and are carrying on their lives as usual. He/she snaps at those around him/her rather than show pain or sorrow. With other children a grieving child may hit, bite, pinch, trip or make hurtful remarks... with parallel behaviours at later ages.

It is important for counsellors, parents and teachers to understand that this aggressive behaviour seems to serve a purpose. To coax, threaten, embarrass or punish a child for this behaviour discounts its function. It is better to talk with the child about the ultimate outcomes of the aggressive behaviour, so that the child can find other ways to take care of him/herself. Try to allow for some freedom of choice since much of the aggressive behaviour arises out of feelings of helplessness. What are the best ways of having their needs met? They are in control and can change. Helping adults may need to set limits and forbid dangerous or harmful behaviour. Remember that for the child to give up the aggressive behaviour for another type of behaviour requires time. It is good to plan for substitute behaviour to deal with the urge to be aggressive as a kind of bridge before giving up the aggressive behaviour completely.

There appears to be a driving need in both adults and children to make sense of what has happened and to understand the hows and whys that led to the loss. Jill Krentz's interviews with eighteen children who had had a parent die reveal this desire to know what happened. One child expressed it this way: "Not knowing what happened is terrible; it's like you're in suspense all the time and you just want to get the facts so that you won't have to think about it again."

Many losses experienced by children occur during the years of magical thinking and because school aged children and even adolescents are likely to revert to this kind of reasoning the vast majority of children assume that they were in some way responsible for their loss. Either their wrong behaviour, wrong thinking or wrong feelings led to the loss.

It is important to provide young people with enough "how" and "why" answers that the child can be relieved of blame, can reestablish an accurate self-perception, can progress in developmental tasks and move on to have good relationships with others.

The problem here is that the helping adult available to the child may have a great deal of anger and distress him/herself and be unable to talk constructively with the child. How difficult for anyone in such a state to make the wisest decisions for support of their children! Some adults worry that the child is too young, too fragile or too tense to handle the causes of the loss or separation. Unfortunately this well meaning avoidance leaves the child alone with his/her own fantasies -ones that are often much more damaging than the actual facts would have been.

Segal suggests there are a number of general principles to help guide the way with a bereaved child although age and life experience must also be considered:

- 1) Be honest about your grief. Shared grief, like shared fun and laughter means a sense of

feeling connected to others in the household.

2) Relieve the child of self blame. Children often respond to the death of a parent, for example, with a lacerating sense of guilt. They need down to earth explanations and information about what caused the death.

3) Accept the child's own grief. The grief may be displayed "as if they don't really care." They may become openly hostile and angry; some may act out their anxiety through compulsive or self-defeating behaviour. Regardless, all these turbulent reactions are the child's predictable backlash to unspeakable grief.

4) Restore a sense of security. The child's belief that the world is a safe, predictable place may be destroyed with the loss or death. Thus, above all, the child needs to feel that his/her own survival will remain unthreatened. The comforting presence of a parent or other adult who can be relied upon is very important. This person provides verbal reassurances plus a continuing sense of order and routine in the child's day to day life.

5) Find the support you need. This also keeps bereaved spouses from turning to their children for their primary psychological and emotional support.

6) Help the child get on with life. The bereaved child needs, first, ample opportunity to express feelings of grief and then he/she can come to understand the finality of death.

Temporary and permanent parent loss among those under the age of 17 - through divorce, hospitalization, residential mobility and death- has accelerated so fast that it is becoming statistically normal to undergo loss during childhood. Death in the family during early childhood has been associated with a higher incidence of learning disabilities, school failures, juvenile delinquency and hospitalization for depressive illness in adult life.

Children of Divorce/Separation

From research with divorced families, we know there is considerable trauma as a result of parents' separation. They reported a staying power of feelings and affects throughout the child's growing up years, and possibly into adulthood as well. The timetable of divorce is considerably longer than they initially supposed, and children did not experience relief from conflict parallel to parental relief, despite a balanced understanding of what had led to the parents' decision.

Abandonment and rejection did not dim the child's awareness of the parent or the child's longings for him or her. It is harder to help children deal with separation and divorce than with the death of a parent because of the divorcing parents' hostility, ambivalence and lack of objectivity. There can be established guidelines for professional work with these families:

- 1) The child is the primary patient.
- 2) The parents will not be granted privileged communication.
- 3) Whatever is revealed will be used to the professional's discretion.
- 4) Payment for the consultation will be made in advance.

It is important to convey to parents, even in the midst of divorce, that there are serious and adverse consequences on their children if there is a lack of responsible and consistent parenting by both parents.

When parents separate often the children experience a double loss - the loss of the parent who leaves and the loss of the remaining parent who may be unavailable to the child because of his/her own emotional turmoil. Research suggests that while many separating adults seek professional help, the majority of children are left to work through the problems they face - alone. Children of divorce display a broad spectrum of psychological problems. The number being seen for behavioural, psychological problems is growing. In non-clinical settings children from divorced families are characterized as exhibiting greater personal, social and school related problems than children from intact families. Some findings suggest that even after ten years the effects of parents' divorce continued to be a negative influence on the lives of many children.

It appears that small counselling groups are beneficial to children experiencing divorce. If

the intervention provides children with a means of communicating their feelings effectively, to develop relaxation skills and provides a forum for discussing and resolving problems - then it may empower them and increase their ability to act independent of outside influences and to adjust to various events in their lives. A well timed counselling program can benefit the children of divorce by increasing their sense of well-being. In every school there are many children of divorce and often their needs are neglected unless their behaviour disrupts the classroom or their achievement falters.

Group counselling intervention strategies can assist children of divorce. Counsellors need to work with children of divorce and divorce counselling groups seem to be the good technique for young children, allowing them to focus on divorce issues, express their feelings and develop a more positive self concept. Grief only becomes a tolerable and creative experience when love enables it to be shared with somebody who really understands.

Group counselling or self help groups are also effective with bereaved adolescents. I remember listening to a number of high school students share their appreciation of and enthusiasm for the support group (which existed in their high school in Massachusetts) - a support group of peers who had lost a parent through death.

Children's Understanding of Death

Children growing up in contemporary Western society are aware of the reality of death - a pet is killed, a grandparent dies, a classmate is killed in a car accident, a political leader is assassinated, and pictures of death and terrorism from around the world are shown on television. Death is the biological end of life yet it is also a social event affecting friends and relatives. It is an awesome event almost never completely understood or accepted. How important the task then of counsellors and teachers who work with children, and have the opportunity and responsibility to help children understand this mystery of death.

First of all we know that understanding of death depends upon the intellectual maturity and experience of the child. Because it varies with age it is a developmental process which helpful adults can facilitate. The importance of children understanding death and the way significant adults in that child's life relate to him/her when confronted with death should not be underestimated. When a child suffers a death of someone with whom he has enjoyed a loving, close relationship, her/his bereavement may be one of the most important influences upon their subsequent mental development.

A parent, teacher or counsellor who is aware of the concerns and perceptions a child at various ages may have about death will be better equipped to comfort and help the child cope.

Children understand death more realistically as their cognitive development matures through pre-operational, concrete and formal operational stages of Piaget. The pre-operational child reveals egocentric concepts of death; much use of magical thinking and fantasy. In the concrete operational stage, children tend to conceptualize death in highly specific ways. In the more formal operational stage, the child is capable of using logic in reasoning causes of death and in conceptualizing death in an abstract manner.

Some researchers have found that between the ages of 3-5 children are essentially ignorant of the meaning of death. If they are interested, it is usually a very limited or erroneous perception of it. Between the ages of 6-8 children become preoccupied with the death ritual. By the age of 9 or 10 they begin to have a more accurate and meaningful understanding of the word "death." At this age they are ready and able to understand as much about death as adults will tell them. It is so important for adults to recognize the differing perceptions of death and the confused emotions that children experience. Adults must allow children to experience the powerful emotions surrounding a death and to deal with these emotions in positive ways. Projection of adult fear of death onto children does not help children cope with death. It is also useless to try to protect children from sadness that they really cannot escape. Experts in the field agree that it is probably better to risk explaining too fully rather than omitting an explanation entirely. Children seem to have a way of tuning out information they cannot assimilate. Well chosen explanations and answers to a child's

questions will facilitate cognitive growth and emotional maturity.

There are different developmental ages, counselling implications, and specific counselling strategies for each age. For pre-operational children (up to 6 or 7 years) group counselling and group guidance activities within the classroom and in cooperation with the classroom teacher. Play (role play and using puppets) can also be effective.

By the end of the pre-operational stage, the child will respond well to media approaches. The child can think, reason and reach conclusions, thus more verbal approaches are feasible.

With concrete operations come more mature understanding of death and perhaps preoccupation with death rituals. This fascination with the details of death may bother adults but this is a time of questioning and focus on details. Emotions become more adult like as children discover death is not reversible and it may happen to them. Learning in the social and biological sciences helps the child understand the biological meanings of death and more of the social aspects.

Play and media approaches lose their effectiveness during this stage of development. Group counselling and group guidance activities continue to be helpful. Verbal approaches can be used and values clarification techniques are effective tools. Bibliotherapy and videos can now be employed. By the end of this stage and throughout the stage of formal thought - almost any recognized adult counselling approach is suitable.

Bibliocounselling/Bibliotherapy

"From every experience that a child has he takes what he needs at the moment for mental, emotional or spiritual growth, for grow he must: it is his nature to do so. The experience of reading a book can contribute to the child's growth and the better the book the more vigorous the growth. The reading of a good book leaves a little residue behind in the heart of the child."

There are a number of books written on the subject of death education and ways of facilitating a healthy grieving process in children. I personally have used books for daily reading aloud in the classroom. Through the sharing with teacher and peers of the experience of death presented in the book, children are free to talk about death, explore their own feelings, questions and understanding of this topic. They each can relate to some experience of death, that of a loved pet, a neighbour, a grandparent or even a friend. For many of the children there is some pain in remembering but there is also a joy in understanding the grieving process, the necessity of healthy grief work and techniques or strategies to use with oneself or with others experiencing a loss. The sample letters I am including at the end exemplify the depth of understanding possible in children of eleven and twelve years of age - as a result of bibliocounselling or death education through children's literature.

In some children's books the subject of death is imbedded in the main theme but not specifically emphasized. Death is depicted as a significant part of life. Two good examples are Charlotte's Web by E. B. White and The Big Wave by Pearl S. Buck. Some writers, in response to a new death awareness in our society, have chosen death as the main theme. In books such as Jean Little's Mama's Going to Buy You a Mocking Bird and Sadako and the Thousand Paper Cranes by E. Coerr, the portrayal of death, dying and grief is sensitive, not sensational or melodramatic, honest, straightforward and believable in a context of hope and strength of human spirit.

The very fact that books are such an integral and natural part of the world of children makes bibliocounselling, help through books, such an extremely useful tool. Books provide opportunities for children to identify with characters having problems similar to theirs. The social and emotional issues raised in books are springboards for discussion of children's own problems. Bibliocounselling as a process wherein normal children, with the assistance of a skilled teacher or counsellor, can obtain help with developmental concerns through the therapeutic mechanisms of identification, catharsis and insight. As a natural part of an ongoing curriculum, this affective education contributes in a preventive way to the mental health of the children. In my own experience, children can be

helped to understand and cope with death through bibliocounselling.

Counselling with the Arts

Children experience all the powerful emotions of grief that adults do. They are capable of resolving loss at their own level of comprehension and capable of achieving high levels of emotional well being with proper intervention and support. Because each person's grief process is unique counsellors may be required to move beyond traditional modes of therapy to be truly helpful. Verbal therapy alone, for children dealing with loss, may not be enough. The arts provide for an expressive and non-threatening means to work through grief. The arts make the expression and experience of grief tangible, thereby allowing real understanding to occur. The arts, whether visual, drama, mime, dance, music or writing reach the depths of the psyche and help to resolve grief. Some researchers believe that it is not until adolescence that an individual is capable of cognitive grief work. Thus for children, the expressive arts are extremely successful in facilitating grief work. In art therapy, the actual process of drawing involves decisions and risk taking and allows for building a sense of control in creating which carries over into other areas of life. Rage not easily accepted in other forms of communication can be expressed and transformed into beauty via visual art.

Writing, another of the expressive arts, is a personal experience which serves as another form of communication with self and with others. It helps children frame and clarify their own thinking and feeling through the concrete act of putting emotion into words. Through writing children can safely share their feelings and regain a sense of control so critical to emotional healing. In my own classroom, I use writing in response journals as an extension of the bibliocounselling. Children openly reflect on "death" or on a particular character or scene from the book - exploring and deepening their own awareness.

Death Education

Death is a natural part of life; a unique dimension with the special powers to make us appreciate the preciousness of living. Learning about death, a constitutive element of human existence, is really learning about life. There is, however, a tendency to shield children from the harsh reality of death and dying. Such a repression of this reality only magnifies the child's fears and replaces truth with fantasy and psychological defence mechanisms. One cannot protect him/herself from the sorrow surrounding death, so one cannot be expected to shield the child. Often children ask about death because they want reassurance and emotional security. Behind the questions may lie anxieties or fears.

Today, death seems more remote than during the 19th and earlier 20th century when children often witnessed death. Frequently it was the young people who had to care for dying family members at home and witness those last moments. The average life span has since increased with advanced medical technologies and improved nutrition. Now, a direct personal experience with death has become more limited. Indirect experiences, however, have greatly increased through the media. Television, in particular through cartoons, does not depict death as final. Many other programs which do involve death or dying, do so without pain or tears.

An effective educational program must try to correct the imbalances in our individual and social perceptions of death. In a sense education about death and dying is really education about life and living. There are a number of different ways death education may be incorporated.

- 1) A formal course on death and dying.
- 2) Units on death and dying within a course such a health education or language arts.
- 3) "The teachable moment" when a child finds a dead animal or bird or becomes aware of the death of a plant or the death of a public figure.
- 4) The "nurturing moment" when death happens to a classmate or friend, relative or family member.

CONCLUSION

For counsellors, teachers and parents wishing to facilitate children's growth and development in this area of grieving, there are some simple guidelines.

- a. talk about death openly
- b. read aloud books and stories which have death as a direct or indirect theme
- c. discuss honestly as such books are being read aloud
- d. listen to children's thoughts and ideas
- e. encourage them to write down their feelings in journals, letters, stories or poetry
- f. be patient about the time required for grieving
- g. create an atmosphere of caring so that a grieving child knows you are there to help
- h. encourage the grieving child to talk about past experiences with the person who has left or died
- i. be flexible and accommodating regarding work expectations at the various stages of grief
- j. think twice about assuming a behaviour problem in a grieving child
- k. remember that no two people do grief work in exactly the same way or on the same schedule
- l. call in professional help for children who seem "stuck" in the process, particularly if there has been trauma involved
- m. remember that a child grieves other losses, like divorce

Although researchers and psychologists have categorized the stages and emotions surrounding death, separation and loss, each child is a unique individual with varying needs. Each caring adult figure, whether counsellor, parent, friend or teacher, must be sensitive to that particular child's thoughts, feelings and actions. Helping children cope effectively with loss is a challenge but a worthwhile and rewarding task.

Further research, skill development in counselling and general education will have a significant positive effect in helping all involved deal with grief and its accompanying behaviours.

APPENDIX

Children's spontaneous letters which demonstrate the sensitivity and understanding of eleven year old children to the main character, Jesse, on the death of his friend Leslie, in the book *Bridge to Terabithia* by Katherine Patterson

Dear Jesse,

I feel really sad, too. I know what you feel like because my dog died very suddenly. I was close to him and I miss him a lot. My family misses him, too. People say that after 7 years it really won't bother you as much as it does now. Chico died 2 years ago when he got hit by a car. Again I miss him a lot, very much indeed. I think what you should do is either talk about it to someone or even to yourself, teddy bear or something so it won't hurt. The second thing to do would be to cry. Let it out. You know just let out how you feel, scream, shout, cry, do anything. Let it out. Why? Because I never let it out and I'm very sorry I didn't.

With sympathy,
Rachel

Dear Jesse,

I'm very sorry about your friend. I was shocked. My mother died when I was ten months old. I know it must be hard for you to have your best friend die so suddenly. I know you think it was your fault but death is natural and nobody can prevent accidents. I hope you can start over again and keep Leslie@s name alive.

Sincerely,
Debbie

Dear Jesse,

When I heard about Leslie's death I was so sad I couldn't believe she died. I felt like crying. Jesse you shouldn't keep it bottled up like that. You should explain to others how you feel. I'm really sorry. You know how you feel when you are about to cry. You get this lump in your throat and you feel sick? Well, that's how I felt when I read that! I'm really, really sorry. Bye!

Kelly

Dear Jesse,

I am sorry that Leslie died. I know that you really liked Leslie a lot. It shocked me when I heard about when she drowned in the creek. It was so sad. I think that you should never try to block her out of your mind. Try to remember her always. Maria

Dear Jesse,

I'm sorry about your friend Leslie. I heard what happened but you've got to let it out or you'll feel sick for the rest of your life. It will take a while to get over but once you let it out you'll feel a lot better. Yours truly,

Jarrold

Dear Jesse,

I am very sad that your best friend died. I remember when my best friend died but he was my dog. He grew up with me and that's why I cried when he died. From Wayne
P.S. I'm sorry that it happened.

Dear Jesse,

I heard what happened to Leslie and I'm sorry. I understand that she was special to you. She told you stories and helped you discover Teribithia. Sure sounds like someone special to me. How is Miss Bessie? And the rest of the family, how are they? Maybe some day I could teach you how to swim. We could go to the beach or something. Well I have to go now. Again I'm so sorry.

From your friend, Alexandra

P.S. I'll write you again about that beach trip!

Dear Jesse,

How are you? When I heard what happened to Leslie the first person I thought of was you so if you want to talk I'll listen. I've had a lot of people in my life die and it is nice to know that someone's there to talk to. - Cheryl Clay

Dear Jesse,

How are you doing? I'm really sorry about Leslie dying. I know she must have been a good friend. If you feel you need to talk about it you can always talk to me. I don't really know how you feel because I've never had someone close to me die. Once again I'm very sorry. Sincerely, Heather

Dear Jesse,

Hi Jesse it's Heather, how are you? I'm sorry about Leslie. She was such a nice girl but don't worry about it. Maybe you and I could go to Teribethia and talk about all the special times you had with Leslie or if you want we can go to MacDonald's or somewhere like that. I didn't really know her but I did know her enough to say goodbye. I know the way you feel right now. If my friend died I would feel the same way you do. And it was so sad the way they told you but let it all out. Even if you cry don't hold it in. It will make matters worse. So remember if you want to talk I'm always here. Sincerely, Heather C.

Dear Jesse,

Hi, how are you? Probably not that happy. I'm sorry about what happened to Leslie. I know she was a good friend of yours. It must be hard to have your best friend die. I know how you feel because my grandfather died 3 years ago. If my best friend died I wouldn't know what to do. My best friend is Chelsea. If I heard that Chelsea died I wouldn't believe anyone and just act if nothing happened. Then when I did believe someone I would never stop crying since she is my best friend. Well, sorry again. Gotta go.

Bye from Amanda