

Dear Bereaved Friend,

Your life has been forever changed by the death of someone close to you. The process of realizing, adjusting to and living with this change can be a difficult one. The name of this process is *grief*.

We have assembled lists, articles, and information about the grief process. Our hope is that this material provides insight about feelings you may be experiencing as well as ideas for taking care of yourself as you work through your grief.

There is no universal timetable for bereavement. Grief does not come in nice neat stages that are completed in a certain amount of time. Each person is unique and you will grieve in your own way and time. In addition, there are many factors that influence how a person grieves. Please be kind and patient with yourself and allow those feelings to be experienced and expressed.

The materials included in this booklet come from many sources and were compiled, written and edited by several professionals throughout the Puget Sound area who work with people who are grieving. We thank them for sharing their insightful work.

May this booklet be part of your healing process. If you have any questions, need someone to talk to, or would like information on bereavement resources in your community, please call (253) 534-7000.

Blessings to you,

*Bereavement Services Staff*  
*Franciscan Hospice and Palliative Care*

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## CHARACTERISTICS OF GRIEF

Grief can be so painful and seem so overwhelming that it can frighten us.

Many people worry about whether they are grieving in the “RIGHT” way, and wonder if the feelings they have are “NORMAL”.

Most people who suffer loss experience one or more of the following:

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- \* Disorganized thinking - forgetfulness - lack of concentration - short attention span
- \* Wandering aimlessly and forgetting or not finishing things you have started
- \* Focused on remembering what feels good and bad at the same time.
- \* Needing to tell, retell and remember things about your loved one and the experience of his/her death
- \* Feeling as though the loss isn't real, that it didn't actually happen
- \* Sensing your loved one's presence, such as finding yourself expecting the person to walk in the door at the usual time, hearing the person's voice or seeing his/her face\*
- \* Feeling tightness in the throat or heaviness in the chest
- \* Feeling “numbed-out” - feeling of unreality, as being dazed or “out of body” feelings
- \* Feeling sadness/anguish, fear/panic, anger/rage, relief/ambivalence
- \* Feeling guilt, rejection, loneliness, sadness.
- \* Feeling regret or anger over things that happened or didn't happen in your relationship with the person who has died - feeling intensely angry at your loved one for leaving you
- \* Crying at unexpected times
- \* Loss of ability to experience pleasure in things
- \* Mood changes over slightest things
- \* Wanting to be left alone, wanting to not be alone
- \* Wanting to avoid feelings because they are so intense
- \* Feeling that life has lost its meaning - hopeless or suicidal thoughts
- \* Change in appetite, weight loss/weight gain
- \* Aches and pains - chest pains, abdominal pains, headaches, nausea - more susceptible to illness
- \* Sleeplessness/wanting to sleep all the time, feeling tired all the time
- \* Dreaming of loved one frequently
- \* Restlessness and/or agitation
- \* Accident prone

There is no timetable for grief. We cannot tell you how to grieve. Symptoms may go on for months, they are not experienced the same by all people, and healing is the eventual, but gradual, outcome.

## **WHY WE GRIEVE DIFFERENTLY**

by  
Ginny Tesik, M.A.

We accept without question uniqueness in the physical world...fingerprints, snowflakes, etc... But we often refuse that same reality in our emotional world. This understanding is needed, especially in the grieving process.

No two people will ever grieve the same way, with the same intensity or for the same duration.

It is important to understand this basic truth. Only then can we accept our own manner of grieving and be sensitive to another's response to loss. Only then are we able to seek out the nature of support we need for our own personalized journey back to wholeness and be able to help others on their own journey.

Not understanding the individuality of grief could complicate and delay whatever grief we might experience from our own loss. It could also influence us should we attempt to judge the grieving of others-even those we might want to help most.

Each of us is a unique combination of diverse past experiences. We each have a different personality style, various ways of coping with stressful situations, and our own attitudes influence how we accept the circumstances around us. We are also affected by the role and relationship that each person in a family system had with the departed, by circumstances surrounding the death and by influences in the present.

### ***Past Experience***

Past experiences from childhood on have a great impact on how we are able to handle loss in the present.

What other losses have we faced in our childhood, adolescence, adulthood? How frightening were these experiences? Was there good support? Were feelings allowed to be expressed in a secure environment? Has there been a chance to recover and heal from these earlier losses?

What other life stresses have been going on prior to this recent loss? Has there been a move to a new area? Were there financial difficulties, problems or illness with another member of the family or with ourself?

What has our previous mental health history been like? Have we had bouts with depression? Have we harbored suicidal thoughts? Have we been treated with medication or been hospitalized?

How have our family cultural influences conditioned us to respond to loss and the emotions of grief (stoic father, emotional mother, etc...)?

### ***Relationship with the Deceased***

No outsider is able to determine the special bond that connects two people, regardless of the relationship, role or length of time the relationship has been in existence.

Our relationship with the deceased has a great deal to do with the intensity and duration of our grief.

What was that relationship? Was the deceased a spouse? A child? A parent? A friend? A sibling? How strong was the attachment to the deceased? Was it a close, dependent relationship? What was the degree of ambivalence (the love/hate balance) in that relationship?

It is not only the person, but also the role that person played in our life which is lost. How major was that role? Was that person the sole breadwinner, the driver, the handler of financial matters, the only one who could fix a decent dinner? Was that person a main emotional support, an only friend? How dependent were we on the role that person filled?

### ***Circumstances Surrounding the Death***

The circumstances surrounding the death, i.e. how the death occurred, are extremely important in determining how we are going to come to an acceptance of the loss.

Was the loss in keeping with the laws of Nature as when a person succumbs to old age? Or was chaos thrown into order, as when a parent lives to see a child die?

What warnings were there that there would be a loss? Was there time to prepare, time to gradually come to terms with the inevitable? Or did death come so suddenly that there was no anticipation of its arrival?

Do we feel that this death could have been prevented or forestalled? How much responsibility am I taking for this death?

Do we feel that the deceased accomplished what he or she was meant to fulfill in this lifetime? Was their life full and rewarding? How much was left unsaid or undone between ourselves and the deceased? Does the extent of unfinished business foster a feeling of guilt?

### ***Influences in the Present***

We have looked at the past, at the relationship, and how the loss occurred. Now we see how the influences in the present can impact how we are finally going to come to terms with a current loss.

Age and sex are important factors.

Are we young enough and resilient enough to bounce back? Are we old enough and wise enough to accept the loss and to grow with the experience? Can our life be rebuilt again? What opportunities does life offer now? Is health a problem?

What are the secondary losses that are the result of this death? Loss of income? Home? Family breakup? What other stresses or crises are present?

Our personality, present stability of mental health and coping behavior play a significant role in our response to the loss.

What kind of role expectations do we have for ourselves? What are those imposed by friends, relatives and others? Are we expected to be the “strong one” or is it all right for us to break down and have someone else take care of us? Are we going to try to assume an unrealistic attempt to satisfy everyone’s expectations, or are we going to withdraw from the entire situation?

What is there in our social, cultural and ethnic backgrounds that give us strength and comfort? What role do rituals play in our recovery? Do our religious beliefs bring comfort or add sorrow and guilt? What kind of social support is there in our lives during this emotional upheaval?

### ***Conclusion***

When a person who is a part of our life dies, understanding the uniqueness of this loss can guide us in finding the support we will need and to recognize when help should come from outside family or friends.

When the loss is experienced by someone we would like to help or by someone under our care, this same understanding is essential. Thus we can guard against a temptation to judge or to compare their grief responses to our own. The awareness of those factors which effect the manner, intensity and duration of grief should enable us to guide the grieving person in seeking those forms of support suggested by the nature of their loss and the unique way it affects them.

# Toward An Understanding of the “Going Crazy Syndrome” Part One

by  
Alan D. Wolfelt, Ph.D

In the beautiful book, *A Grief Observed*, C.S. Lewis wrote about his experience after the death of his wife. He stated, “An odd by-product of my loss is that I’m aware of being an embarrassment to everyone I meet...Perhaps the bereaved ought to be isolated in special settlements like lepers.”

As he so appropriately teaches from this experience, society often tends to make the bereaved feel intense shame and embarrassment about feelings of grief. I’m not surprised that the most often-asked question I get from bereaved persons is, “Am I crazy?”

Shame can be described as the feeling that something you are doing is bad. And you may feel that if you mourn, then you should be ashamed. If you are perceived as “doing well” with your grief, you are considered “strong” and “under control.” The message is that the well-controlled person stays rational at all times.

Combined with this message is another one. Society erroneously implies that if you, as a bereaved person, openly express your feelings of grief, you are immature. If your feelings are fairly intense, you may be labeled “overly-emotional.” If your feelings are extremely intense, you may even be referred to as “crazy” or a “pathological mourner.”

This article is the first in a three-part series to address this frequent question, “Am I crazy?” I have provided information about the normalcy of the disorganization and confusion that often comes when we mourn the death of someone loved. In the follow-up article, I will address other aspects of grief and mourning, that unless normalized, might make you think you are crazy.

## **Disorganization, Confusion, Searching, Yearning**

Perhaps the most isolating and frightening part of your grief journey is the sense of disorganization, confusion, searching and yearning that often comes with loss. These experiences frequently come when you begin to be confronted with the reality of the death. As one bereaved person said, “I felt as if I were a lonely traveler with no companion, and worse yet, no destination. I couldn’t find myself or anybody else.”

This dimension of grief may cause the “going crazy syndrome.” In grief, thoughts and behaviors are different from what you normally experience.

It’s only natural that you may know if your thoughts, feelings, and behaviors are normal or abnormal. The experiences described below are common after the death of someone loved. A major goal of this article is to simply validate these experiences so you will know-**You are not crazy!**

After the death of someone loved, you may feel a sense of restlessness, agitation, impatience and ongoing confusion. It's like being in the middle of a wild, rushing river where you can't get a grasp on anything. Disconnected thoughts race through your mind, and strong emotions may be overwhelming.

You may express disorganization and confusion in your ability to complete any tasks. A project may get started but go unfinished. Forgetfulness and low-work effectiveness are commonplace for many people experiencing this dimension of grief. Early morning and late at night are times when you may feel most disoriented and confused. These feelings are often accompanied by fatigue and lack of initiative. Everyday pleasures may not seem to matter anymore.

You may also experience a restless searching for the person who has died. Yearning and preoccupation with memories can leave you feeling drained. Yes, the work of mourning is draining. It leaves you feeling wiped out.

You might even experience a shift in perception; other people may begin to look like the person in your life who died. You might be at a shopping mall, look down a hallway and think you see the person you loved so much. Or see a car go past that was like the person's who died and find yourself following the car. Sometimes you might hear the garage door open and the person entering the house as he or she had done so many times in the past. If these experiences are happening to you, remember-**You are not crazy!**

Visual hallucinations occur so frequently they cannot be considered abnormal. I personally prefer the term "memory picture" to hallucination. As part of your searching and yearning when you are bereaved, you may not only experience a sense of the dead person's presence, but you may also have fleeting glimpses of the person across a room. Again, remember those words-**You are not crazy!**

Other common experiences during this time include difficulties with eating and sleeping. You may experience a loss of appetite, or find yourself overeating. Even when you do eat, you may be unable to taste the food. Difficulty in going to sleep and early morning awakening also are common experiences associated with this dimension of grief.

You might find it helpful to remember that disorganization following loss always comes before any kind of re-orientation. Some people will try to have you bypass any kind of disorganization or confusion. Remember-it simply cannot be done. While it may seem strange, keep in mind that your disorganization and confusion are actually stepping stones on your path toward healing.

### **Self-Care Guidelines**

If disorganization, confusion, searching, and yearning are, or have been, a part of your grief journey, don't worry about the normalcy of your experience. It is critically important to never forget those reassuring words - **You are not crazy!**



When you feel disoriented, talk to someone who will understand. To heal, grief must be shared outside of yourself. I hope you have at least one person whom you see who understands and will not judge you. That person must be patient and attentive for you may tell your story over and over again as you work to embrace your grief. He or she must be genuinely interested in understanding you. If you are trying to talk about your disorganization and confusion, and the person doesn't want to listen, find someone who will meet your needs better.

The thoughts, feelings and behaviors of this dimension do not come all at once. They are often experienced in a wave-like fashion. Hopefully, you will have someone to support you through each wave. You may need to talk and cry for long periods of time. At other times, you may just need to be alone.

Don't try to interpret what you may not think and feel. Just experience it. Sometimes when you talk you may not think you make much sense. And you may not. But talking it out can still be self-clarifying at a level of experience you may not even be aware of.

During this time, discourage yourself from making any critical decisions like selling the house and moving to another community. Difficulty with making judgments comes naturally at this part of the grief experience, ill-timed decisions might result in more losses. Go slow and be patient with yourself.

*Reference*

Lewis, C.S., *A Grief Observed*. 1963. Seabury Press, New York, NY.

# **Toward An Understanding of The “Going Crazy Syndrome”**

## **Part Two**

By

Alan D. Wolfelt, Ph.D.

As C.S. Lewis noted, “Grief is like a long, winding valley where any bend may reveal a totally new landscape.” As you explore the terrain of your unique grief journey, you may ask yourself, “Am I crazy?” A vital part of healing in grief is understanding the normalcy of your experience.

This article is the second in a three part series to address this frequent question, “Am I crazy?” In the first article information was provided about the normalcy of disorganization and confusion that often comes when we mourn the death of someone loved. In this article, I will address aspects of grief and mourning that unless normalized, might make you think you are crazy.

My intent is not to prescribe what should be happening to you. Instead, I encourage you to become familiar with what you may encounter while you grieve and do your work of mourning. A vital part of healing in grief is understanding the normalcy of your experience.

The potential aspects of your journey are as follows:

- Time Distortion
- Obsessive Review or Ruminating
- Search for Meaning
- Is This Death God’s Will?
- Transitional Objects
- Suicidal Thoughts
- Anniversary and Holiday Grief Occasions

### ***Time Distortion***

“I don’t know what day it is, let alone what time it is!” This kind of comment is not unusual when you are mourning. Sometimes, time moves so quickly; other times, it merely crawls. Your sense of past and future may also seem to be frozen in place. You may even lose track of what day or month it is.

This normal experience of time distortion often plays a part in the “going crazy syndrome.” No, you are not crazy, but if you don’t know this is normal, you may think you are.

### ***Obsessive Review or Ruminating***

Obsessive review or ruminating are the psychological terms used for describing how you may repeat the circumstances about the death or stories about the person who has died. It’s “telling your story” over and over again. In your grief journey, you may often review events of the death and memories of the person who died over and over again. This normal process helps bring your head and your heart together! Allow yourself to do this. Blocking it out won’t help you heal. Don’t be angry with yourself if you can’t seem to stop wanting to repeat your story. Review or rumination is a powerful and necessary part of the hard work of mourning.

Yes, it hurts to constantly think and talk about the person you loved so much. But, remember—all grief wounds get worse before they get better. Be compassionate with yourself. Try to surround yourself with people who allow and encourage you to repeat whatever you need to tell again.

### ***Search for Meaning***

Naturally, you try to make sense of why someone you love died. You may find yourself asking questions like, “Why him or her?”, “Why now?”, or “Why this way?”

Yes, you have questions. You are simply trying to understand your experience. No, answers won’t always be, and often aren’t specific to your questions. Yet, you still need to give yourself permission to ask them.

As you wrestle with “Why?” you may be outraged at your God or Higher Power. You may feel a stagnation or disillusionment with your spiritual life as you embrace your pain. On the other hand, you may feel closer than ever before. You can only be where you are.

You may be able to come up with dozens of reasons why the person who died should not have died under these circumstances or at this time. Whatever the nature or number of questions, asking them is a normal part of your grief journey.

As you explore the meaning of this experience through your questions, be certain not to commit “spiritual suicide.” Do not prohibit yourself from asking the questions you know are within you. If you do, you may shut down your capacity to give and receive love during this vulnerable period in your life.

Be aware that people may try to tell you not to ask questions about your personal search for meaning in your grief journey. Or worse yet, watch out for people who always try to have easy answers to your difficult questions. Most bereaved people do not find comfort in pat responses; neither will you. The healing occurs in posing the questions in the first place, not just in finding answers.

Find a friend, group, or counselor who will understand your need to search for meaning and be supportive without attempting to offer answers. Companionship and responsive listening can help you explore your religious and spiritual values, question your philosophy of life, and renew your resources for living!

### **Is This Death God’s Will?**

Closely related to the search for meaning is the commonly asked question, “Is this death God’s will?” If you have a perception of an all-powerful God or Higher Power, you probably find this question particularly difficult.

Sometimes you may reason, “God loves me, so why take this most precious person from me?” Or you may have been told, “It is God’s will, and you should just accept it and go on.” If you, however, internalize this message, you may repress your grief and ignore your human need to mourn.

Repressing your grief because you need to “just accept it and go on,” can be self-destructive. If you don’t ask questions and if you don’t express feelings, you may ultimately drown in despair. If your soul does not ask, your body will probably protest. Repressing and denying heart-felt questions can, and often does, keep your wounds from healing. Listen to your questions!

### **Transitional Objects**

Transitional objects are belongings of the person in your life who died. They often can give you comfort. Objects such as clothing, books, or prized possessions, can help you feel close to someone you miss so much.

For example, during my counseling with a bereaved woman, she shared with me that she found it comforting to take one of her husband’s favorite shirts to bed with her. She said, “As I clutched his shirt close to me, I didn’t feel so alone. But as I worked with my grief, my need for the shirt dwindled over time.”

Some people may try to distance you from belongings such as the shirt described above. This behavior fits with the tendency in our culture to move away from grief instead of toward it.

Remember-embrace the comfort provided by familiar objects. To do away with them too soon takes away a sense of security these belongings provide. Once you have moved toward reconciliation, you will probably be better able to decide what to do with them. Some things, however, you may want to keep forever. That’s all right, too. Simply giving away the belongings of the person you loved does not equate with healing in your grief.

Nor does keeping some belongings mean you have “created a shrine.” This phrase is used when someone keeps everything just as it was for years after the death. Creating a shrine, however, only prevents acknowledging the painful new reality that someone you loved has died. Understanding the difference between transitional objects and creating a shrine is important. The former helps you heal; the latter does not.

### **Suicidal Thoughts**

Thoughts that come and go about questioning if you want to go on living can be a normal part of your grief and mourning. You might say or think, “I’m not sure I’d mind it if I didn’t wake up in the morning.” Often this thought is not so much an active wish to kill yourself as it is a wish to ease your pain.

To have these thoughts is normal; however to make plans and take action to end your life is abnormal. Sometimes your body, mind, and spirit can hurt so much you wonder if you will ever feel alive again. Just remember that in accomplishing the hard work you will find continued meaning in your life. Let yourself be helped as you have hope for your healing.

If thoughts of suicide take on planning and structure, make certain that you get help immediately. Sometimes tunnel vision can prevent you from seeing choices. Please choose to go on living as you honor the memory of the person in your life who has died.

### **Anniversary and Holiday Occasions**

Naturally, anniversary and holiday occasions can bring about “pangs” of grief. Birthdays, wedding dates, holidays such as Easter, Thanksgiving, Hanukkah, Christmas, and other special occasions create a heightened sense of loss. At these times you may likely experience a grief attack or memory embrace.

Your “pangs” of grief may also occur in response to circumstances that bring about reminders of the painful absence of someone in your life. For many families, certain times have special meaning related to family togetherness, and the person who died is more deeply missed at those times. For example, the beginning of Spring, the first snowfall, an annual Fourth of July party, or anytime when activities were shared as a couple of a family.

Perhaps the most important thing to remember is that these reactions are natural. Sometimes the anticipation of an anniversary or holiday actually turns out to be worse than the day itself.

Interestingly enough, sometimes your internal clock will alert you to an anniversary date you may have forgotten. If you notice you are feeling down or experiencing “pangs” of grief, you may be having an anniversary response. Keep in mind that it is normal. Plan ahead when you know some naturally painful times are coming for you. Unfortunately, some bereaved people will not mention anniversaries, holidays, or special occasions to anyone. As a result, they suffer in silence, and their feelings of isolation increase. Don’t let this happen to you. Recognize you will need support and map out how to get it!

The aspects of grief outlined above are in no way an all-inclusive list of potential experiences that might relate to the question, “Am I crazy?” However, my hope is that this information helps you better understand the normalcy of your unique journey into grief. In the final article in the series, I will explore Grief Attacks or Memory Embraces, Sudden Changes in Mood, Identification Symptoms of Physical Illness, Powerlessness and Helplessness, Dreams, Mystical Experiences and Self-Focus.

Reference: Lewis, C.S. *A Grief Observed*, 1963, Seabury Press, New York, NY.

# **Toward An Understanding Of The “Going Crazy Syndrome”**

## **Part Three**

By

Alan D. Wolfelt, Ph.D.

*This is the final article in a three part series to address the frequent question, “Am I crazy?” As previously noted, my intent is not to prescribe what should be happening to you. Instead, I encourage you to become familiar with what you may encounter as you grieve and do your work of mourning.*

### **The potential aspects of your journey are as follows:**

- Grief Attacks or Memory Embraces
- Sudden Changes in Mood
- Identification Symptoms of Physical Illness
- Powerlessness and Helplessness
- Dreams
- Mystical Experiences
- Self-Focus

### **Grief Attacks or Memory Embraces**

“I was just sailing along feeling pretty good, when out of nowhere came this overwhelming feeling of grief.” This comment often reflects what is commonly called a “grief attack.” Another term I use for this experience is a “memory embrace.” A grief attack or memory embrace is a period of time when you may have intense anxiety and sharp pain.

You may think that long periods of deep depression are the most common part of grief and mourning. Actually, you may more frequently encounter acute and episodic “pangs” or “spasms” of grief. That’s why they are called grief attacks. They sometimes “attack” you out of nowhere.

You may feel an overwhelming sense of missing the person you loved and find yourself openly crying, or perhaps even sobbing. As one woman reflected, “I’ll be busy for awhile, and sometimes even forget he has died. Then I’ll see his picture or think of his favorite food, and I’ll just feel like I can’t even move.”

Grief attacks are normal. When and if one strikes you, be compassionate with yourself. You have every right to miss the person who has died and to feel temporary paralysis. Whatever you do, don’t try to deny a grief attack when you experience it. It is probably more powerful than you are.

I like to think of grief attacks as a reflection of how those we love are determined not to be forgotten. Although the pain of a grief attack hurts so deeply, embrace it, or you can risk emotional, spiritual, and physical paralysis.

## **Sudden Changes in Mood**

When someone loved dies, you may feel like you are surviving fairly well one minute and in the depths of despair the next. Sudden changes in your mood are a difficult, yet natural, part of your grief journey. These can be triggered by driving past a familiar place, a song, an insensitive comment, or even changes in the weather.

Mood changes cause confusion because your inappropriate self-expectation may be that you should follow a pattern of continually doing better. You probably also have some people around you who share this expectation. Attack this inappropriate expectation and be self-nurturing as you embrace the ebbs and flows of mood changes.

If you have these ups and downs, don't be hard on yourself. Be patient with yourself. As you do the work of mourning and move toward healing, the periods of hopelessness will be replaced by periods of hopefulness. During these times, you can also benefit from a support system that understands these mood changes are normal.

## **Identification Symptoms of Physical Illness**

When you care deeply about someone and they die, you sometimes develop ways to identify with and feel close to that person who has died. For example, if she died from a brain tumor you may have more frequent headaches. If he died from a heart attack, you may have chest pains. Of course, to check for organic problems is important, but you also should be aware that you might be experiencing identification symptoms of physical illness. Bereaved people have shared with me these examples: "She had awful pain in her stomach, and after she died I began to have them, too. It kind of made me feel close to her. After awhile the stomach pain went away and I felt some sense of loss. As I have healed, I've been able to let go of the stomach pain." I loved him so much. After he died, I wanted to be just like him. One of the ways I did it was to be dizzy just like he used to be all the time."

Don't be shocked if you have a few physical symptoms like the person who died. Your body is responding to the loss. As you do the hard work of mourning, however, these symptoms should go away. If not, find someone who will listen to you and help you understand what is happening. Also, not everyone will experience these symptoms, and you may be one of those people. Of course, whenever you have questions or concerns about physical symptoms, it is wise to consult a trusted physician.

## **Powerlessness and Helplessness**

Although often ignored, your grief can at times leave you feeling powerless. You may think or say, "What am I going to do? I feel so completely helpless." While part of you realizes you had no control over what happened, another part feels a sense of powerlessness at not having been able to prevent it. You would like to have your life back to the way it was, but you can't. You may think, hope, wish, and pray the death could be reversed, but feel powerless to do anything about it.

Also, you may wonder if you would have somehow acted differently or been more assertive, you could have prevented the death. Your “if only’s” and “what ifs” are often expressions of wishing you could have been more powerful or control something you could not. Lack of control is a difficult reality to accept. Yet, it is a reality that over time and through the work of mourning you must encounter. These feelings of helplessness and powerlessness in the face of this painful reality are normal and natural.

Almost paradoxically, by acknowledging and allowing for temporary feelings of helplessness, you ultimately become helpful to yourself. When you try to “stay strong” you often get yourself into trouble. Share your feelings with caring people around you.

## **Dreams**

Dreaming about the person in your life who has died may be a part of your grief journey. If it is, remember no one is a better expert than you are in understanding what your dreams mean to you.

Dreams are one of the ways the work of mourning takes place. They may or may not play an important part in your experience. A dream, for example, may reflect a searching for the person who has died. Dreams also provide opportunities-to feel close to someone loved who died, to embrace the reality of the death, to gently confront the depth of the loss, to renew memories, or to develop a new self-identity. Dreams may also help you search for meaning in life and death or explore unfinished business. Finally, dreams can show you hope for the future.

The content of your dreams often reflects changes in your experience with mourning. So if dreams are part of your journey, make use of them to better understand where you have been, where you are, and where you are going. Also, find a skilled listener who won’t interpret your dreams for you, but who will listen with you!

On the other hand, you may experience nightmares, particularly after traumatic, violent deaths. These dreams can be very frightening. If your dreams are distressing, talk about them to someone who can support and understand you.

## ***Mystical Experiences***

When someone loved dies, you may possibly have experiences that are not always rationally explainable. However, that doesn’t mean something is wrong with these experiences. The sad reality is if you share these experiences with others, you may be considered “mentally ill.” In fact, you are actually mystically sensitive.

The primary form of mystical experience that bereaved people have taught me about is communicating with the person who died. Some people find the experience hard to believe and try to explain it away in a rational manner: “I must have been dreaming,” or “I was probably half-asleep.” Others try to distance themselves from the experience because they are taught that such things are impossible: “A rational mind just doesn’t experience those kinds of things.” So, if you want to be considered “rational” or “sane,” what would make sense is for you to feel compelled to distance yourself from this kind of “irrational” experience.



Types of mystical experiences vary. In Alabama, for example, a mother, whose daughter had died, woke up one summer morning and looked out the window and saw it snowing in her yard only. The snow lasted for 15 minutes and then stopped. The mother understood this as a communication telling her that her daughter was all right and not to worry so much. In another instance, a man whose wife had died, saw her laying on the couch in his living room. “It’s like she came to me, and wrapped me in her arms, I felt warm and happy...I experienced her presence.”

I have listened and learned from hundreds of people who have experienced seeing, hearing, and feeling the presence of someone who has died. I am a scientist and supposed to be “rational.” I can only tell you to remain open to experiences in this realm. Don’t judge yourself or others who have these mystical experiences. Or if you don’t have any mystical experiences, don’t think that something is wrong with you.

### **Self-focus**

The very nature of your grief requires a self-focus or a turning inward. This temporary self-focus is necessary for your long-term survival. Turning inward helps you feel protected from an outside world that may be frightening right now.

Some people may try to “take your grief away from you” by preventing you from any kind of self-focus. They may want you to quickly re-enter the outside world without understanding your need for a temporary retreat. If turning inward is part of your experience, be assured you are normal.

The word TEMPORARY in relationship to this self-focus, is important. You may move back and forth between needing time alone and time with other people. Be aware, however, if you stay only in a self-focused, inward mode, you may risk development of a pattern of not sharing your grief. As you well know by now, not sharing your grief will stunt your healing process.

When you are in pain following the death of someone loved, the turning inward and the need for self-focus is analogous to what occurs when you have a physical wound. You cover a physical wound with a bandage for a period of time. Then you expose the wound to the open air which contains healing properties as well as contaminants. The emotional, physical, and spiritual pain of grief certainly demands the same kind of respect.

### **A Final Word**

The aspects of grief outlined above are in no way an all-inclusive list of potential experiences that might relate to the question “Am I crazy?” However, my hope is that this information helps you better understand the normalcy of your unique Journey into grief.

## **Suggestions for Helping Yourself through Grief**

Treating yourself with care and affection is important in your journey through grief. Below is a list of suggestions which may be helpful to you.

***BE GENTLE WITH YOURSELF*** - Don't rush. Don't take on new responsibilities. Be patient--healing takes time. Don't have unrealistic expectations.

***ACCEPT YOUR FEELINGS*** - You have been touched by the loss of someone close to you. Allow yourself to feel the emotions that arise. It's OK to feel angry. It's OK to cry or feel depressed. It's OK to feel a sense of relief about the death. These feelings are natural parts of grief.

***IDENTIFY YOUR SUPPORT SYSTEM*** - Finding people who can support you can be a comfort. Calling upon them (family, friends, support group, clergy or therapist) is a step toward caring for yourself. Reading about grief can help you identify what you are experiencing.

***SHARE YOUR GRIEF*** - Express your feelings to others who can support you. Don't hide your emotions from those who care. Sharing your grief can be a relief.

***BE ATTENTIVE TO YOUR PHYSICAL NEEDS*** - Be sure that your body is nurtured by getting healthy meals, adequate sleep and exercise each day. Remember that your emotions can be affected by how your body works.

***AVOID ALCOHOL AND DRUGS*** - They can only prolong, delay and complicate your grief.

***BE ATTENTIVE TO YOUR EMOTIONAL NEEDS*** - Acknowledge and applaud yourself for making it through each day. Discover the simple things that you can do to nurture yourself.

***GIVE PERMISSION TO CHANGE YOUR ROUTINE*** - Although major life changes should be avoided, giving yourself permission to change the little reminders of your lost relationship can aid you in the grief process. Changing the furniture in the house, the schedule of when you have meals or go to bed, or the place where you eat or shop can all be small steps toward building a new life.

***KEEP A JOURNAL*** - Use a journal to express your feelings in written form. At various times you can re-read portions which can give you a broader perspective on your healing process. Writing feelings down can be an outlet for venting painful emotions in a non-threatening way.

***IDENTIFY YOUR TROUBLE SPOTS*** - Birthdays, anniversaries, holidays, and even certain times of ordinary days, may be difficult to get through. Special places may also be uncomfortable reminders. Knowing what times and places create discomfort allows you to plan ahead to face them. Giving yourself permission to feel the feelings is easier than trying to pretend the hurt is not there.

***BEGIN BUILDING TOWARD A FULFILLING FUTURE*** - Renew old friendships. Strengthen family bonds. Plan new interests. Take a class. Join a group. Rediscover old interests and activities. Plan things you can look forward to like lunch with a friend or a trip. When you are strong enough, think about volunteering some time to help others.

Begin to create goals and meaning in your life.

## **MEN IN GRIEF**

by

Alan D. Wolfelt, Ph.D.

Only 4 days after the sudden and tragic death of his 10 year old son, Roger returned to his job as manager of a large retail store. Within 5 minutes of entering the office he was asked, “How is your wife doing?” A well-meaning, yet uninformed assistant manager emphatically announced, “We have created more than your normal busy workload. We decided you should keep very busy so you won’t feel sad.”

Unfortunately, Roger’s story is not that uncommon for many males whose lives have been touched by the death of someone they loved. Even in the face of tragic loss, many men are encouraged to be self-contained, stoic, and express little or no emotion in general. Those few males who are able to openly acknowledge the pain of loss are often met with judgments about their “inability” to be strong and handle grief.

We hear discussions about how today’s male is more able and willing to express feelings, but there is still tremendous discomfort in our culture when a man weeps, openly admits being disoriented, or shudders with fear. Even among family and friends, the tolerance for him being able to acknowledge his pain is often minimal and he usually follows with an apologetic self-justification, i.e., “I’m sorry, I didn’t mean to cry, but I can’t seem to help it.” Being strong for others is often reinforced as an honorable and admired quality.

Unfortunately, today’s male continues to be “masculine” and girls to be “feminine.” Watching young children at play, the observer quickly notes a distinct difference in “appropriate” male versus female behavior. A classic example is that boys are usually discouraged from crying, while girls who cry are thought to be sensitive and warm. In other words, if he is a “good boy” he is a masculine boy who learns that certain feelings (aggression) are acceptable, while other feelings (helplessness) are unacceptable.

The common notion that the difference between males and females are grounded in genetics tends to discourage us from learning how we can help young boys and girls to acknowledge a wider range of feelings. In fact, the male who fits society’s idealized image of masculinity is often among those men who have the most difficulty when confronted with loss.

This social-conditioning process of glorified masculinity creates a major impediment to a male’s expression of grief. If being a male means repressing normal feelings after loss, the man is set up to move away from his grief instead of toward it. Unfortunately, his inability to do the “work of mourning” destroys much of his capacity to enjoy life and living.

A temporary dependence on other persons is a normal part of healing in grief. Yet, for the majority of men, dependency is equated with weakness.

Many young boys learn early in life that masculinity and “being male” equals not depending on anybody but yourself. During times of death and grief, we might even overhear well-meaning adults telling the little boy, “Now you have to be the man of the house.”

Dependency in the typical male usually creates anxiety, fear, and overwhelming feelings of vulnerability. As he begins to experience these feelings following losses, he typically moves quickly to repress them. Although allowing himself to be temporarily dependent would actually assist in the healing process, the American male fights against dependency as if he is fearing for his own life.

The grief experience naturally creates a turning inward and a slowing down on the part of the mourner, a temporary self-focus which is vital to the ultimate healing process. Yet, for most men this is threatening. Masculinity is equated with striving, moving, and activity. Men are taught to overcome grief, not to experience it. From early childhood on, the boy is urged to produce, keep on the move, and to have endless amounts of energy. The boy who sits quietly in his room, reading is often thought to be strange.

By the time a boy becomes a man, he is usually driven by a never-ending need to prove himself, which equates with keeping busy. Perhaps it is not coincidence alone that male children have a 4 to 8 times greater incidence of hyperactivity than female children. Perhaps it is also not coincidence that the high rate of heart disease among men may be partly due to the over stress of constant activity without slowing down to rest.

Unfortunately, the male who throws himself into his work following loss is not an unusual occurrence.

Another critical grief-healing ingredient is the ability to ask for or accept support. Many men are not able to seek out support even when they need it the most, and this inability is closely related to their need to be self-sufficient.

Having to ask for help or emotional support makes males anxious and uncomfortable. How many of us know men who will drive around lost for hours without asking for directions? Actually, this analogy to grief works well--driving around lost, he searches for a destination assuming no one can help him. Many men, lost in the turmoil of grief, refuse to ask for the guidance and support that might well lead them in the direction of healing.

The fear of being dependent on others isolates the male from the very people who would like to help him--friends and family. The result is that he may become incapable of even accepting unsolicited support and caring.

The male in grief usually suffers in silence, questioning if anyone really cares about him. Many men are comfortable only when they are in control, and asking for help means letting go of control and allowing oneself to be nurtured. Outwardly expressing grief equals weakness to many men. The "more in control" he seems to himself, the more appropriate he sees himself as being. The need to overcome grief denies him the opportunity to heal. When he feels surges of grief welling up inside, he invests his already drained energy level into repressing and fighting off the outward expression of these feelings.

It is very much in vogue today to encourage men to openly mourn. However, simply urging men to mourn does not adequately address the factors outlined above. Despite verbalizations to the contrary, the contemporary male is still busy protecting himself from feeling and expressing pain, and he often detaches from both his inner self and people around him when they stimulate feelings of grief.

Because grief-related feelings are repressed, the male lives in a state of constant internal tension. How he projects himself to the outward world is really a facade in total paradox to what he feels on the inside. As denial of real feelings takes over, symptoms of grief become enemies to be fought instead of friends to be understood.

The result is a virtual experience of complicated grief among males in our culture. Clinical experience suggests that a tremendous amount of anxiety, depression, chemical abuse and physical illness has resulted from men's inability to mourn.

**Among some of the more common consequences of complicated mourning in the male are the following:**

- Chronic depression, withdrawal, and low self-esteem
- Deterioration in relationships with friends and family
- Complaints such as headaches, fatigue, and backaches
- Chemical abuse or dependence
- Indifference toward others, insensitivity and workaholism.

This list does not mean, however, that all men who experience the death of someone they loved will suffer these consequences.

Open, honest mourning in the male is something stunted by an apparently more powerful pressure to maintain the masculine image. Observers might assume that he consciously chooses to repress his grief. However, to openly mourn is not something he won't do. A prisoner within himself, he experiences total frustration of even where to begin in the healing process.

Perhaps as a culture we need to begin to teach the little boy in childhood the freedom of being open to pain and loss.

Working with grown men who have come to know loss in their life, suggests to me that usually a male will work to become aware of his grief only when he begins to realize how deprived he is of being fully alive and living. Only then can the male begin to relearn how to be a feeling person.

As we work toward creating what we might term this "new male" we must be patient and understanding with ourselves as a culture. The "new male" will continually affirm his right and need to openly share his grief outside of himself. He will give himself the gift of a total experience with grief, emerging a more whole and healthy person. He will acknowledge his fears, his hopes, his dreams. Becoming a "new male" depends on a commitment and awareness of how important experiencing grief is to the ultimate quality of one's life.

I have felt a personal sense of urgency in writing this article. Why? Because as I experience losses in my own life, I find myself continually working to overcome the influences outlined in this writing. As we celebrate Father's day this month, let us hope that all of us, men and women alike, can work toward giving ourselves permission to mourn in healthy, life-enhancing ways!

## **A Death in the Family** **How Do We Explain the Sad News to Children?**

by  
Sharon Gloger Freidman

When Mary T. was 4 years old her grandmother died. Mary was sent to stay with friends for a few days, and when she returned home she was told that her grandmother had gone on a long trip. In the days that followed, Mary waited in vain for her beloved grandmother to return, and she grew more and more angry with her for leaving without saying good-bye.

Ten year old Neal H. was not told his mother was terminally ill. Rather, in order to spare his son the pain of the truth, Neal's father told him his mother was getting better. When she died, her death was such a shock to Neal that he began to be afraid to go to sleep, lest he not wake up again. He dreaded leaving his house because he was convinced he too would get sick and die.

Six year old Tommy C. was told his infant sister had died and gone to heaven. Each time he flew in an airplane, he searched the clouds for sight of his sister.

Although fictitious names have been used, the above are true incidents in actual case histories. They tragically illustrate the misconceptions children can have about death. The same society that is mindful of its obligation to teach its children the facts of life has been dolefully negligent in teaching them the facts of death.

There is nothing as devastating to a family as the death of a loved one. Thrown into a turmoil of grief and despair, many parents' first instinct is to shield their children from the pain of sorrow. They send their children away or tell them half-truths. In the belief that children cannot comprehend death or that it will be too frightening to them, parents often offer their children no explanation at all.

If the conspiracy of silence on matters of death and dying has been entered into in an attempt to spare children from the fears and pain of grief and loss, the effort has been futile.

Our children are not ignorant about death. The technology of television brings death into our homes in vivid color for our children to see daily. Furthermore, they see dead animals lying in the road; a bug is killed, a flower withers, a pet dies.

How children react to these incidents will be determined largely by their age and level of maturity. In what has come to be regarded as a classic study of children's perceptions of death, psychologist Maria Nagy determined that preschool-age children have no concept of death as final. To them death is like sleep. It is only "make believe"; they think the person will awaken. At ages 5 to 9, children begin to realize death's finality, but tend to personify it: Death is a skeleton or a ghost that will carry people off. It is at the age of 9 or 10 that children comprehend that death is final-it is not being taken away by a person or a bogey-man; those who are dead are dead. They begin to sense and to accept that death is an inevitable part of life.

Dr. Jeffrey Robbins Goldberg, former clinical instructor of psychiatry at Boston University Medical School and director of Framingham Psychiatric Counseling Associates, states: "We should take care not to shelter our children from reality. Rather, we should filter it to the degree that they can understand. A simple and straightforward explanation of the circumstances of death is the best approach. Parents should be particularly careful when using such euphemisms as "asleep," "on a long trip," "passed away" or "been put to rest." Children, especially young ones, tend to interpret such statements literally, and euphemisms only serve to confuse them and cloud their perceptions of death.

Very often the death of a pet is a child's first close experience with mortality. Sad as the occasion is, counseling professionals believe it can also provide parents with an opportunity to help their children view death in an emotionally healthy way.

Children should be allowed to mourn their pet's death and to express their sorrow. Whether it is a goldfish or a beloved dog that has died. Parents should respect their children's sadness and allow them the consolation of their grief. If a rite of burial is requested, it should be encouraged as a natural way to help children accept the finality of death.

Children should also be given time to grieve. Professionals advise against replacing the pet immediately. Doing so robs children of their right to continue to love the deceased pet and also suggests to them that all loved ones can be easily replaced.

When death in the family occurs, counselors have found it best for parents to tell their children as soon as possible. Their own grief will be apparent, and not telling their children the reason for their sorrow only gives rein to imaginations already filled with frightening fantasies.

Children should be told of a death simply and gently, and in language they can understand. Their questions should be patiently and honestly answered. Fairy-tale explanations that will later surface as untruths should be avoided.

A noted authority on death and bereavement, Earl A Grollman, writes in *Talking About Death: A Dialogue Between Parent and Child*: "When you mourn, you give your children a model to follow. They then understand that it is acceptable for emotions to be out in the open." Adults grief tells children that it is all right to cry when they are sad.

Medical and counseling professionals caution against urging children, however, to express unfelt feelings. Like adults, children react differently to sorrow, and while one child may cry, another may not.

A child's request to go outside to play or to resume his or her daily routine should not be interpreted as a lack of caring or feeling. Children are creatures of habit, and they need to go through their daily activities to reassure themselves that things will go on as they did before. Dr. Michael J. Robinson, a practicing pediatrician and clinical associate in pediatrics at Massachusetts General Hospital, states: "A child's routine is a security blanket of sort and as much as possible, the parent should reassure him or her that the family's life will go on in much the same manner it did before the loved one's death. However, this does not mean that you should make unrealistic promises. If it is a parent who has died, for instance, there are bound to be changes in the family's pattern of living, and it would be untruthful of you to tell your child that things will be exactly the same. But you can reassure him or her that you will make every attempt to see to it that the things that are important in his or her life will remain a part of the family's activities."

The grief of children is often complicated by their unspoken fears, and parents must take care to anticipate and calm their anxieties. "Guilt is perhaps the most painful companion to death," writes psychiatrist Elisabeth Kubler-Ross in *Questions and Answers on Death and Dying*, and children often suffer deep pangs of guilt when someone they love dies. Children believe that wishes come true and that bad deeds are punished, and they need to be assured that nothing they did or said or wished caused the death of the loved one.

For this reason especially it is important that a family remain together when a death occurs. When children are sent away, they often feel rejected and somehow responsible for what has happened. They see their removal from the household as a kind of punishment for the death that has taken place. Children can handle a great deal of stress if they have loved ones to lean on. They do not need to be protected from grief, but they do need the strength and comfort of family security and the reassurance that they are loved.

Children should not be denied the right to participate in the rites of burial if they express a desire to do so. Parents tend to want to shelter their children from what they consider a frightening experience. but recognized authorities have concluded that if a child is old enough to attend church or synagogue, he or she is old enough to comprehend the solemnity and purpose of a funeral.

Time should be taken to explain to children what to expect at a funeral. An emphasis can be made that a funeral is a way of saying good-bye to the loved one, and that because it is a sad occasion some people may cry. And that is all right if they cry, too. "When your youngster understands what is occurring," writes Grollman, "he may be more relaxed about the unfolding events. He understands his inclusion more than he would exclusion, and is far better off observing the funeral than living with fantasies conjured up by his young and fertile imagination."

If children seem apprehensive about attending a funeral or going to the cemetery, their feelings should be respected. They should be reassured that it is all right for them to remain at home and that no one is angry with them for doing so.

Children have the most difficulty accepting death if they have been poorly prepared when someone they love is dying. If someone in the family is terminally ill, honesty about his or her condition gives the child time to adjust to the idea of the person's death.

Authorities in the field of death and dying also believe it can be beneficial to children to visit someone who is dying if they wish to do so. However, it is important to prepare them for the visit so they will know what to expect. If for instance, the person's appearance has altered drastically, children should be told beforehand. If the person is in the hospital, they need to know the procedures that are followed and what, if any apparently will be present in the room. Above all, they need to be assured that they cannot catch the person's illness.

The death of a loved one is a traumatic and distressful time for everyone and there is no one simple way to help children cope with the upheaval it brings into their lives. Experts agree, however, that an honest and straightforward approach is the healthiest way to deal with the difficult subjects of death and dying. "A child can live through anything," writes educator Dr. Eda LeShan in *Learning to Say Good-bye: When a Parent Dies*, "so long as he or she is told the truth and is allowed to share with loved ones the natural feelings people have when they are suffering."



## Guiding Children Through Grief

by  
Joy Johnson

Lori's grandfather was dying, ten year old Lori had visited him every week since he became ill, and her mother had spoken with her about his illness and the possibility of death. As death approached, Lori's mother began making a list of things to do. "I want to put down everything we need to do if grandpa dies," she told her daughter. "Mom, grandpa's dying isn't an *if*... it's a *when*," Lori answered, with the unique wisdom of childhood.

Death is never an *if*: it's always a *when*. And the *when* of death will touch all children at some time in their lives, bringing with it the grief that accompanies loss. Death and grief are more inevitable than sex, more certain than taxes, and the one common denominator of all human beings. Grief is not a pathological illness; it is a part of the human condition. We all grieve. We all die.

Yet, educating our children about death and guiding them through grief are avoided in our society. Because we are uncomfortable with the subject, we "protect" our children from what may well be the single most important learning experience of their lives. In shielding them, we deny them the richness and openness that is unique to this occasion and also deny them the opportunity to express honest feelings. We fail to recognize that by teaching our children about death and grief, we also teach them about life and joy.

### **When Death Touches**

A chaplain working with pregnant teens found that 90% of the girls had experienced a serious grief the year prior to their pregnancy. Some of grief was death related, and some was related to the loss of opportunity (being kicked out of school) or the loss of a love relationship. He also found that the girls had few coping skills, little previous contact with death or grief, and parental directives not to discuss their feelings. He concluded that rather than discuss their feelings of grief, they acted them out! Another chaplain, working with young male felons, discovered 90% of the boys incarcerated for the first time had experienced a serious grief the year prior to their arrest. Their anger appeared to reflect their suppressed feelings of grief. Although children deal with grief in their own ways, guiding them from the start may be more important than we imagine.

When death occurs in the family or close by, children draw on their earlier coping skills. Loss and sadness are familiar childhood experiences. Separation fear, one of the dominant feelings expressed when someone in the family dies, is something nearly all infants know by a few months of age; and by two, children are well sensitized to feelings of sadness and measures of comfort. These are the cues children draw on when faced with death at a later age. Our choices as parents are to stand by silently or participate in the process. By participating, we can create a *new* learning experience. We can reinforce the healthy coping skills, introduce new ones, and help our children externalize and deal with the deep feelings that accompany loss.

***Say it like it is.*** When talking about death with your child, it is best to talk about death and not about "passing away," "being asleep," or being "gone" or "lost." When flowers wilt, we do not say that flowers have passed away; we say they have died. People and flowers and the family pet all die. Once we get used to saying the word, it becomes less frightening.

**Use the words your child can understand.** In the book *Tell Me, Papa*, a kindly grandfather explains death in a way that can be easily grasped:

*When someone dies, everything inside of that person stops.*

*The heart stops.*

*The breathing stops.*

*The thinking and the feelings stop.*

*When a person is dead, that person cannot think about things.*

*They cannot feel any hurt.*

*They cannot feel hot or cold.*

*When we are dead, we do not have any life in our bodies anymore.*

*What is left is just the body... like a peanut shell without the peanut.*

*Like an apple peel with no apple*

*Like a school with no children.*

**Tell your child yourself.** When someone your child cares about dies, it is important that *you* tell your child—simply and honestly. Let your child know early on that nothing is too frightening or too sad to talk about together. Children can face honesty with ease. Keep your statements simple and the details within grasp. For example, to a young child you might say, “I have some bad news. Grandma Elle died a few minutes ago. Remember how we went to see her when she was in bed? She was very old and very sick, and her body just stopped working.” Then wait for questions, and be prepared to be surprised.

Older children may see things differently than younger ones do. Sarah was the mother of 6 year old Cathy, who had leukemia. Cathy’s best friend Julie was also 6 and also had leukemia. The two girls met regularly at the cancer clinic, visited each other at home, and enjoyed overnights together. When Julie died unexpectedly, Sarah was tremendously concerned about Cathy’s reaction. She phoned the oncology nurse, drove to the hospital, and consulted on how to tell her daughter the news. The nurse took Cathy’s part as they role-played the telling. Sarah then drove home prepared to answer Cathy’s fears, her tears, and her grief.

She took Cathy on her lap and said, “Cathy, I have some really bad news. Julie got very sick yesterday. Her mom took her to the hospital, and the doctors and nurses tried to help her, but they couldn’t make her better. Cathy, Julie died last night.”

Cathy looked at her mother for a minute. “Gee,” she said. “What did they do with her toys?”

“I hadn’t planned on *that* question,” replied Sarah, hugging her daughter.

Different children react to death in different ways. They may pretend they do not care or act as though a death has not affected them. Usually this means they are overwhelmed and need time to let their feelings separate inside. You can support this process by letting your child know that everyone grieves in his or her own way, that it is OK to cry and OK to play, that feelings need to be talked out, you will be there.

**Encourage questions.** Children need to know that their questions are valid and welcome. Do not expect all the questions to come at once, but do realize that inviting them can reduce your child's anxiety. Very young children, up to age 5, cannot understand that death is permanent. To them, people go away and people come back. Three year old Heather, whose baby sister died of SIDS, drew many pictures and mailed them to her sister. This was her way of gently letting go.

Children between the ages of 6 and 9 often think of death as a person. A comment such as "God took her" can sound to the child as though God were a person-snatcher, an agent of death. If your child is within this age range and you do not wish to personify God in this way, now is the time to let your child know God does not snatch people. One mother said, "Betsy, I heard Uncle Gene say that God took Grandma. We think Grandma died and *then* God came to take care of her and take her to heaven." If you are a family of faith, it is important to share your beliefs with your children. Let them know, if only to avoid misconceptions at this age, that God does not pull strings to keep us safe or deprive us of life, but rather provides loving support through all we face.

**Share feelings.** Tell your child how *you* feel. Even though children are people-readers and *know* how we feel, articulating the feelings sets an example and creates a bond. Sharing tears can also bring you close together; children need to know that it is all right for adults to cry too. A shared feeling is a feeling diminished. In the book *Where's Jess?*, a child whose baby sibling has died says:

*Sometimes when I talk about Jess, Mommy cries.*

*Sometimes I think my talking makes Mommy cry.*

*Mommy smiles. She says I don't have to be afraid of her tears.*

*I can talk about Jess any time I want to.*

**Don't make grieving a requirement.** Rabbi Earl Grollman, who writes about children and death, tells a delightful story of a family concerned that their young son was not feeling sad when his grandfather died. Finally Rabbi Grollman was asked to talk to the boy. When he got to the heart of the matter, the youngster's feelings surfaced. "I only met him twice," the grandson said, "and both times he had bad breath."

**Let your child say good-bye.** A funeral is one way to do this. My most memorable funeral was when I was 16 years old. It was memorable because I did not go. When I was 5, I fell in love with Stevie Thomas, who was 4. Stevie moved away the next year, and when he moved back I was 16. I recognized him in the high school hallway, and we talked with the tender awkwardness of those who share very young memories. The following summer, Steve tried to swim across a local lake. He never made it. He drowned. His funeral was held in the big church across the alley from my home, but never having been to a funeral, I assumed they were terrible and frightening and to be avoided at all costs. I was afraid I would cry, and I did not want anyone to see me crying. So while the service was going on, I put on my own swimsuit and washed my dad's car in the backyard, listening to the funeral music and letting my tears mix with water from the hose. For years, I regretted not going to the funeral, but I was young, and no one told me about saying good-bye. In his book *Grief*, Ed Vining writes:

*The visitation, as family and friends gather, is the social release of the body, the funeral is the spiritual release and the burial is the physical release.*

**Funerals need not be frightening.** When my mother died last year, her remains sat with dignity on one of her best-made quilts. The music was an arrangement of her favorite hymns, and the sermon was the story of her country life. Her scrapbooks, filled with napkins she had collected over 30 years, were displayed on lecterns so people could thumb through memories. At the end of the service, her two granddaughters passed through the congregation carrying a basket filled with carnations, enough for each person to be able to take one home. Each of her grandchildren had a chance to place some small memento in the casket, to be cremated with her. We used the funeral to say good-bye, and it became a rich and comforting memory.

Saying good-bye makes death less frightening and grief more acceptable. Children can say good-bye to someone they love in any number of ways. Would your child like to draw a picture to be placed in the casket? Or perhaps make a tape recording of personal memories? (A child can easily accept the idea that “Grandma cannot hear us like she used to, but talking to her will help us, and it is one way we can keep her memory alive.”) Or maybe your child would like to write a message, slip it into a balloon, fill the balloon with helium, and release it at the cemetery.

A balloon good-bye, a frequent occurrence at children’s funerals, fills the sky with bright colors. One 8 year old girl stood on her father’s grave a few weeks after he died and dictated a message to her mother, who wrote it with magic marker on a red balloon. It said: “Dear Daddy, I love you very much. You are the best daddy in the whole cemetery. I will always love you.” She read the message aloud-to her father and the world-and then released the balloon into the sky.

Older children might like to keep a journal, write poems, or talk privately into a tape recorder. Any artwork, poetry, or tapes can be put into the casket or taken to the cemetery later and buried under the grass. After our 19 year old daughter’s date was randomly murdered in a grocery store parking lot while she watched, she journaled every night. Two of her poems were later published.

***Walking through Grief Together.*** Families who love together also grieve together. Here are some of the primary concerns that arise for parents wishing to “be there” for their children.

***Should a child attend the funeral?***

Most of us who work with grief think so. While a child should never be forced to attend, he or she needs to know what will happen and how the family will be gathering to say good-bye. Children need to be part of events that are important to their families.

Viewing the body can be a tender learning experience and need not be frightening. At a recent funeral, I saw a mother bring her 7 year old to his grandmother’s casket. She told him how the funeral director had carefully cleaned the body and filled it with a special fluid so it would always look this way. She talked about how easy it was to see that her body was not working. What was here was like a shell, a body that Great-Grandma had used and enjoyed.

He asked what his great-grandma’s body felt like, and his mother explained that it would feel cool and solid. He asked to be lifted up, and then gently rubbed his great-grandmother’s hand. He asked why the casket opened only at the top, and the funeral director came to explain the reason for this.

I watched as the little boy later came alone to stand beside his great-grandmother and then brought a cousin to see. He told his cousin exactly what his mother had told him, and they talked together.

Their natural curiosity was encouraged, their questions were answered, and since their parents were comfortable, so were they. Death was not something to be feared, nor was a funeral something to be avoided.

At the same funeral, the mother of two boys, ages 9 and 11, did not want to look at her grandmother. She said that the only funeral she had attended was that of a friend, she pictured her in the casket. She finally agreed to view her grandmother's body, but only after her children had spent a long time sitting alone in a connecting lobby...and only after they had picked up on her apprehension. Later they came into the visitation room, stayed toward the back, and sneaked looks at the body when their mother was not watching. Then they disappeared with their father into another room where they could watch football on TV. They said they had no questions.

One way to deal with discomfort at the funeral home is to ask for your own time to say good-bye. If you do not want to be alone, ask the funeral director, a pastor, a counselor, or a good friend to come with you. Do the crying you need to do, compose yourself, and then get as comfortable as possible with the body and the funeral setting so you can be available to your child. Try to spend some quiet time alone with your child, seeing the body and answering questions.

If your child is adamant about not attending the funeral, offer options to ensure that he or she has every chance to say good-bye and share feelings. Children who do not attend need to be cared for in a loving environment and not criticized for their decision. They need to be hugged a lot and encouraged to say their own good-byes in their own ways.

***What is a child's greatest fear?*** Even children who are not grieving are most afraid of being abandoned. When Katie's brother was very sick, Katie asked her mother if he was going to die. "We hope not, Katie," her mother replied. "But remember, even if he does, you and Daddy and I will still be a family. We'll be very sad for awhile, but we'll be OK."

*Bambi* recently reappeared on movie screens. A local parent's group recommended that children not see it because they would be frightened by the scene in which Bambi's mother dies. "A mother's death is what a child fears most," the group announced, "and this movie encourages that fear."

"Balderdash and nonsense!" I replied. "What a child fears most is *abandonment*, and Bambi's father moves in immediately, letting Bambi know that someone will care for him. Bambi is allowed to be sad, and his love for his mother is expressed." Children grieving the death of a loved one need to know they will not be left alone to fend for themselves.

***What typical reactions might occur?*** In younger children you can probably expect some understandable regression. How many of us do *not* curl up in a fetal position when we crawl into a warm bed following a sadness? Now is the time for extra hugs, reassurance that sadness is normal, and confidence that grieving is something everyone does sooner or later.

Earl Grollman, in his excellent book *Explaining Death to Children*, lists possible reactions for children 6 and up. These reactions also apply to adults.

- **Denial:** "If I pretend it didn't happen. I won't hurt so much."
- **Bodily distress:** "I can't breathe." "I can't sleep." "I can't do my homework."
- **Anger at the deceased:** "Didn't he love me enough to stay alive?"

- **Guilt:** “She got sick because I was naughty.”
- **Anger toward others:** “It’s the doctor’s fault.”
- **Replacement:** “Uncle Ben, do you really love me?”
- **Taking on mannerisms of the deceased:** “Do I look like Dad?”
- **Idealization:** “Don’t say that about my Grandpa! He was perfect.”
- **Anxiety:** “I feel like Grandma before she died. I hurt right here.”
- **Panic:** “Who will take care of me? What if Mommy dies?”

As author Robert Kavanaugh notes, in helping our children deal with death and grief, “Volkswagens do the same job as Cadillacs.” When given love, support, and simple answers to their questions, when aware that we are willing to walk with them and guide them in their grief, our children may surprise us with how well they understand death and grow through grief. It is up to us to take the black shroud off the death image and let some sunshine in. - *Mothering Spring*