

A TIME TO GRIEVE:
CHILDREN AND LOSS

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ABSTRACT

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The purpose of this paper is to give insight and awareness to counselors, teachers, and administrators who give direct care to children experiencing grief in the school setting. Based on the literature, the paper will address various effects of grief on children. It will give counselors, teachers, and administrators interventions and recommendations for helping grieving children in the school setting.

Dedication

I dedicate this paper to my beloved father, Thomas Boe. Your strength and determination guide me, your presence will always surround me, and your love will forever live on in my heart. Thank you for teaching me how to love, live, and let go.

“Profound grief is preceded by deep love which gives life meaning” (Beckman, 1990, p.ix).

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CHAPTER ONE

Introduction

The Bible says, “To everything there is a season, a time for every purpose under heaven; A time to be born, and a time to die; a time to weep and a time to laugh; a time to mourn and a time to dance” (Holy Bible, 1985). For children grieving the loss of a loved one, time can stand still. While death happens in an instant, grief goes the distance and can last for a lifetime. The Dougy Center, a national center for grieving children and families located in Portland, Oregon, cites the following:

Too often our society fails to support children after a death. Those grieving may experience isolation and misunderstanding because people pressure them to move on, put the experience behind them and get on with life. Without processing feelings and thoughts of loss and grief, individuals cannot integrate the loss into their lives (The Dougy Center, 2003, p.2).

Even under the best of circumstances and relationships, adults often have little idea what to say to a child in a time of grief. Most adults accept that death is a part of life, and that grieving is a normal adaptive mechanism. However, in an effort to shelter the young from crisis and the aftermath that follows, many children are excluded from the grief process. Studies show that even toddlers and infants recognize when a constant adult in their lives is gone (Hames, 2003). While the understanding of death and grief is not present, the physical, behavioral, and emotional response is (Hames, 2003).

Research supports the belief that children do in fact grieve, it is sometimes most confusing for adults because their grief may look differently than adults’. In fact, the

child's understanding of death and expression of grief depends on the child's developmental stage (Christ, 2000). According to Christ (2000) children's grief can be... "brief and intermittent, situation specific, and reemerging in different ways at each developmental level as the child matures" (p.73). Developmental level is not the only determining factor to how a child grieves. Gray's study of adolescents grieving the loss of their parent (cited in Christ, 2000) , showed that "healthy adjustment was influenced by high levels of social support, strong religious beliefs, a positive relationship with the surviving parent, and pre-existing personality style" (p.73). Grief can continue to resurface at significant developmental levels; therefore, adults need to be aware of students' personal histories and monitor children who have experienced a traumatic loss earlier in their life and who are now going through a developmental milestone (Winter, 2000).

Children rely on role models to learn about grief. School counselors, teachers, and administrators have a unique role in showing a child how to react to situations such as the death of a loved one. When a death occurs, it is natural for an adult to be concerned for children and to try to shelter them from the aftermath that follows (Emswiler & Emswiler, 2000). However, taking children away or removing them from the grieving process can have a crippling emotional effect. "The tendency of families to want to protect young children can result in their being excluded from family gatherings and memorial rituals that might later serve as a meaningful base for memory formation and healthy integration of subsequent grief" (Hames, 2003, p.103). By not having the opportunity to attend the memorial rituals, children do not have the opportunity to watch significant role models express bereavement behaviors that show the family's values,

traditions, and culture. Many adults choose not to discuss death with children because of their own anxiety and fear about the subject. Often adults associate death and grief with their own past experiences (Winter, 2000).

Childhood grief from death is often a taboo topic, however, it “contradicts the reality of the contemporary child’s life since most children, through television view hundreds of deaths, both real and fictionalized, in the daily course of watching cartoons, news and movies” (Webb, 2002, p.3-4). From this we can discern that if children are not receiving the facts about death and grief from adults, they are certainly receiving it from other sources. In special cases where a child loses a parent, and the surviving parent is unable to provide sufficient support due to their own overwhelming grief, schools can take on a significant role (Papadatou et.al., 2002).

One in twenty American children will lose a parent by death before the age of 18 (McGlaufin, 1998), and yet, studies have shown that adults feel more comfortable talking to children about sex than death (Webb, 2002). It is assumed that it is the adult’s responsibility to be knowledgeable about the grief process. The loss of a loved one can leave children feeling abandoned and confused. Often the family will send the children to school immediately after the death, in an attempt to normalize the situation (McGlaufin, 1998). Children look to the consistent adults in their lives for answers and support. The significant adult’s comfort with the topic of grief will impact the level of support that can be given to the children. According to Papadatou, Metallinou, Hatzichristou, and Pavlidi (2002), “research findings have revealed that childhood bereavement is largely affected by the quality of support that children receive throughout

the mourning process” (p.324). The school setting can provide a consistent, reliable environment on which these children can usually depend.

Death and grief go far beyond the boundaries of the child or family involved. When the grieving child comes back to school, it can affect all those around him or her. Other children might ask questions about death; counselors, teachers, and administrators need to be prepared to answer difficult questions (McGlauffin, 1998). The school counselor and administrators need to be prepared to inform parents about what is being taught and discussed regarding death and grief. There are numerous areas of concern that should be addressed when a crisis like death happens. Communication between the school and the child’s family can have a significant effect on how the child adjusts at school. Most schools have a crisis plan for exactly what to do in the event of a death. This crisis plan outlines strategies for communication to students, parents, and staff (Winter, 2000).

Grief encompasses all areas of a child’s life. Behaviorally, emotionally, and socially, grief eases into every form of existence. From the playground to the classroom grief cannot be turned on or shut off. For children who are grieving, it is critical that counselors, teachers, and administrators have knowledge to share with the grieving children and that they provide support through understanding and education. “Caring for the bereaved student requires a generous investment of time and heart” (Winter, 2000, p. 80).

“When the public mourning is over, the personal mourning begins” (Winter, 2000, p. 81). This statement eloquently describes the painful truth that every grieving child faces when going back to school. Counselors, teachers, and administration with

proper knowledge and understanding of grieving children, have the opportunity to play a key role in helping grieving children recognize their grief and supporting them through the process. This paper will review literature focusing on the grieving child by comparing and contrasting contemporary knowledge and studies of effects of childhood grief and interventions.

Purpose of the Study

The purpose of this paper is to provide resources for counselors, teachers, and administrators to gain knowledge and understanding of children experiencing grief from death.

Rationale

Grieving children need all the help they can get from school personnel as they move through the process. This paper will give counselors, teachers, and administrators an insight into the mind of the grieving child. It will also give interventions and suggestions for helping the child to grieve in the school setting.

Definition of Terms

There are some key terms that need to be defined for the clarification of this paper.

Bereavement- is the status of the individual who has suffered a loss and who may be experiencing psychological, social, and physical stress (Webb, 2002).

Grief- is the conflicting feelings caused by a change or an end in a familiar pattern of behavior (James & Friedman, 2001). According to Webb (2002), grief is a process that can be expressed in thoughts, emotions, and behaviors. Grief is a normal, internalized reaction to the loss of a person, thing, or idea. It is our emotional response to

loss (Goldman, 2001, p. 6). The Dougy Center (2003), a national center for grieving children and families, defines grief as “the internal anguish bereaved persons feel in reaction to a loss that they have experienced”.

Mourning- is the mental work following the loss of a loved one through death (Webb, 2002).

Assumptions

For the purpose of this study, grieving children will refer to school age children, age 6-18, who are experiencing grief from the death of a person.

Limitations

For the purpose of this study, grief is limited to include the death of a person. Grief can also occur from a loss of a pet, thing, or change in a pattern of behavior. The age is also limited to school age children age 6-18. Grief has been shown to also affect infants and toddlers. Every grief situation is unique and has a multitude of factors which may impact the student. Some students may be more resistant to intervention than others. The kind of death experienced can produce different reactions in children. It is difficult to find a critical mass of children with which to study grief. There may be significant differences between how a six year-old grieves and how an eighteen year-old grieves. There may be cultural and religious beliefs that impact how a child grieves.

CHAPTER TWO

Review of Literature

Introduction

Grief in children can be expressed in many ways. Physically, behaviorally, emotionally, socially, and psychologically children feel and express their grief. Grief does not focus on one's ability to understand but instead upon one's ability to feel (Webb, 2002). Adults often think if a child cannot understand the concept of death, then they cannot experience grief. According to Goldman (2001), "Children need to make sense of loss at whatever developmental stage they experience it." There are many different factors in a child's life that need to be considered, including: age, culture, circumstances around the death, relationship to the person who died, and support system in place for the child. Children's grief will vary in intensity and duration depending on contributing factors surrounding the children (Worden, 1996).

The interventions for grief are as diverse as the children experiencing it. There is no cookie cutter approach to helping a child experience grief. Children often turn to adults for assistance, understanding, and help in coping with grief (Adams et al., 1999). The stages and tasks of grief are similar to those of adults; however, the developmental issues of the child influence these stages (Worden, 1996).

This chapter will focus on available literature on the effects of grief on children. It will include an examination of the physical, behavioral, emotional, social, and psychological effects of grief on children. The chapter will include suggested interventions for children experiencing grief. These interventions will include individual,

group, play therapy, art therapy, and bibliotherapy. This chapter will conclude with suggestions for counselors, teachers, and administrators, based on the literature.

Effects of Grief on Children

Physical and Behavioral

Grief affects children in many ways that are similar to the grief of an adult.

According to Emswiler and Emswiler (2000), the main distinguishing difference is that children lack experience and coping skills. When children experience grief, they often express it in actions rather than words. Children may lack the comprehension or understanding of what they are experiencing, so it is often hard for them to verbalize their feelings (Emswiler & Emswiler, 2000). Children's physical symptoms of grief can occur with or without the child's knowledge of why she is experiencing the symptoms.

According to Emswiler and Emswiler (2000), common physical symptoms that can accompany grief include: headaches, grinding teeth, throat tightness, heart palpitations, dizziness, nausea, diarrhea, stomach pains, fatigue, muscle tension, shortness of breath, nervous tics, sweating, and menstrual changes. These physical symptoms usually subside after two years (Worden, 1996). According to Christ (2000), children age six through eight years old often "experienced more physical symptoms than older children, as well as fearfulness, sleeping problems, and separation anxiety" (p.75).

Grieving children can have behaviors that directly impact their performance in school. Common behavioral responses include: crying, restlessness, withdrawal, lack of concentration, eating changes, accident-proneness, dreams, hyperactivity, clinginess, lack of interest in hobbies or school, regression, and risky and self-destructive behaviors (Emswiler & Emswiler, 2000). It is possible for grieving children to have difficulty

focusing or concentrating on academics. This can result in declining grades, incomplete work, and general inattentiveness (The Dougy Center, 2003). Grieving children may experience an extended period of depression, prolonged fear of being alone, acting younger than usual, excessively imitating the deceased, talking about wanting to join the dead person (American Academy of Child & Adolescent Psychiatry, n.d.).

“According to the Child Bereavement Study, in the months shortly after the death of a parent, twenty-five percent of grieving children experience an accident” (Emswiler & Emswiler, 2000, p. 39). There are many speculations regarding this statistic: the unconscious need to get the dead to return, punishment for their roles in the death, depression, subconscious suicidal behavior and preoccupation (Emswiler & Emswiler, 2000).

According to James and Friedman (2001), adults often encourage children experiencing grief to keep busy with physical activities hoping that it will keep their minds busy. This can be a dangerous behavior that can create an exhausted child with maladaptive ways of dealing with uncomfortable emotions. If children are taught repression and denial, a child can become stuck and not process through their grief.

Children who have experiences have just experienced the death of someone close may react to the news casually because of the body's natural reaction of shock. According to Beckmann (1990, p.7), “Shock is the body's physical denial and protection. The body system temporarily shuts down, sometimes to the point that the child is unable to cry.” This may give adults misinformation about the state of mind that the child is in; adults may commend the child and create messages of maturity that can be difficult for

the child to continue to do once the shock has worn off and feelings of grief flood their mind (Beckmann, 1990).

Emotional and Psychological

“A merry heart makes a cheerful countenance, but by sorrow of the heart the spirit is broken” (Holy Bible, 1985). There are many emotional responses that children might feel when experiencing grief. Kubler-Ross (1983) explained how fear from separation is normal in young children because they are aware of their dependency and the absence of someone close to them. Death of a loved one can leave children feeling scared. Worden (1996, p. 17) concurred with Kubler-Ross by saying, “A key component in children’s grief is their emotional reaction to separation. This exists very early and may predate a realistic concept of death.” According to Jewett (1982), many children have trouble working through strong feelings of sadness and anger because they lack the modeling experience from grieving adults. Children can feel confused about showing the emotions of sadness and anger because of their past experiences. If children have been punished for angry outbursts in the past, they may not feel that they can express their anger. Crying from sadness is often discouraged. Jewett (1982, p. 50) gave the example of common reactions including calling the child a “crybaby” and “don’t cry, you’re a big boy.” According to James and Friedman (2001), adults want children to feel better so they say things like, “Don’t feel bad”; however this dismisses their feelings and suggests their feelings are wrong. Children who do not talk about their grief often lack the vocabulary or they cannot decipher between the complex feelings and emotions that they are experiencing. According to Emswiler and Emswiler (2000), common emotional reactions to death among children include: sadness, sorrow, depression, fear, insecurity,

anxiety, ambivalence, loneliness, alienation, hypersensitivity, guilt, shock, anger, and helplessness. Children experiencing grief will often experience many emotions simultaneously. This can leave children feeling confused.

Children experiencing grief may report feeling that they have less control over their lives. Two years after the death, some children have shown lower self-esteem than non-grieving counterparts (Worden, 1996). According to the American Academy of Child and Adolescent Psychiatry (n.d.), children can have severe psychological issues if they experience long-term denial or avoidance of grief. Children have a natural sense of stability with familiar people around them; when one dies, the event can shake the stability of the child's world. It is a natural response for children to demonstrate anger towards surviving family members (American Academy of Child & Adolescent Psychiatry, n.d.). The American Academy of Child and Adolescent Psychiatry (n.d.) suggest referring a grieving child to a qualified professional, such as a psychiatrist or other mental health professional.

Christ's (2000) study of grieving children who had lost a parent to cancer found key developmental differences in the way children understood and expressed their grief. Children six through eight years old were found to have had illogical errors or magical thinking about the causes of the death. "A 7-year old girl who had prayed that God would relieve her mother's pain the night before she died" thought she had killed her mother (p.76). This child could hold on to this guilt subconsciously throughout adulthood if not properly processed with an understanding adult. According to the same study, children nine through eleven years old often compartmentalized their grief, showing small, short bouts of emotion. A child in this category might be playing with other

children on the playground and suddenly burst out into tears, only to continue playing a short time later. The child may be processing the grief in short segments like commercials during a television program. Children twelve through fourteen years of age often tried to use avoidance as a method of dealing with their emotions. Christ's study showed... "Early adolescents were preoccupied with public emotional control... They generally cried alone in their room at night" (p.77). A child in this category may be consumed with thoughts of how their peers will react to their knowledge of the death. Children fifteen through seventeen years of age experienced grief much like adults but in shorter duration; "The impact of such intense grief was sometimes underestimated by parents, teachers, and other adults" (p.77). Children at this age have often internalized the image of the parent and often feel a sense of losing a part of themselves. According to Corr (1995), the difference between adolescent and childhood grief has to do with the ability to process the death abstractly. While some children can comprehend the concept of death as final and irreversible, some adolescents can understand the significance of the death by thinking how the death will affect their life (Corr, 1995).

Social

Social implications of grief include interactions with peers, parents, siblings, teachers, and other influential people. The social implications usually culminate around relationships. According to Worden (1996), most children reported spending more time with friends after the death than before the death. Grieving teenagers who have lost a parent frequently reported feeling different from their friends because they felt their friends did not understand what they were experiencing (Worden, 1996). Teenagers may be fearful of how the event will change their peer relationships. Often, adolescents are

not prepared to help out a friend who is grieving. Sometimes the friends will avoid the grieving friend because of fear of not knowing how to act or what to say. This often leaves the grieving adolescent feeling isolated and alone. According to Worden (1996, p. 71), "Social problems are more likely to show up two years after the death." This is when the shock and denial have ended and the child begins to comprehend the realization of the death. Difficulty in school and concentration are common for the grieving child. Children who are experiencing grief are easily distracted and preoccupied with thoughts of the person who died. Grieving children are sensitive to being different from their peers and may try to hide the death, if possible (Webb, 2002).

According to Christ (2000), Children's social implications from grief are greatly differential to the developmental age of the child. Children in adolescence are the most apt to rely on peers as a method of support. Some younger adolescents may feel uncomfortable bringing up the situation with friends for fear of rejection. These adolescents rely more heavily on adults for their support.

"Changing social relationships with family members and peers may involve both opportunities for growth and dangers of social losses in the form of 'little deaths'" (Corr, 1995, p.29). Corr (1995) explains the difficulty of distinguishing between adolescents grieving the death of a person and general challenges of adolescence by comparing Sugar's (1968) description of adolescent mourning and Fleming and Adolph's (1986) description of developmental tasks. Sugar (as cited in Corr, 1995) "described 'normal adolescent mourning' as involving processes of protest/searching, disorganization, and reorganization" (p. 29). Fleming and Adolph (as cited in Corr, 1995) described

adolescent tasks of “establishing emotional separation, achieving competency or mastery, and reestablishing intimacy” (p. 29).

Interventions

“Recovery from grief is achieved by a series of small and correct action choices made by the griever”(James & Friedman, 2001, p. 10).

Grief interventions are not only for the children “stuck” or having trouble with coping with grief, they are for all children with grief. Children need to be given support through sensitive understanding by adults they trust. According to Webb (2002), grieving children often find themselves alone, without support, because the adults and peers in their lives are uncomfortable with or lack the knowledge of what to say about the situation. Therefore grieving children often need the assistance of trained professionals. Grieving children can be helped with traditional interventions such as individual and group therapy or creative therapies such as play, art, and bibliotherapy.

The interventions used with grieving children need to be heavily based on the child’s developmental level. According to Tonkins and Lambert (1996), “children have less adequate coping skills, and are continually faced with reprocessing their grief at various developmental stages” (p.3). From this we can discern that grief interventions for children should not only be immediately after the death, but should continue to be cushions of support throughout the development of the child. The child may mourn the loss of a significant person at each developmental stage.

According to Beckman (1990) childhood grief can linger long into adulthood if it is not resolved. Unresolved grief can result in depression, substance abuse, accidents,

anxiety, and loneliness (1990). “Through grief we can grow in inner and outer strength and healing can take place” (Goldman, 2000, p.113).

Individual Counseling

Individual counseling can provide grieving children an avenue of support. Often grieving children need to be heard. Individual counseling gives children the feeling vocabulary necessary to express what they are experiencing. Individual counseling can discern and identify feelings such as anger, panic, denial, guilt, and withdrawal (Goldman, 2000). Recognition and acknowledgment can be given by reassuring the student that what they are feeling is normal (Hospice of the Monterey Peninsula, 1987). Through individual counseling counselors can give the grieving child an outlet to express and acknowledge his feelings. Grieving children need an outlet in which they can be heard and validated; individual counseling provides this necessary environment.

Individual counseling can guide the grieving children through the four psychological tasks: understanding, grieving, commemorating and going on (Goldman, 2000). Understanding involves helping the child make sense of death; this might include defining death in the child’s own cultural way. It is important for counselors to remember the developmental age of the child when defining death (Goldman, 2000). James & Friedman (2001) explain that most children, regardless of age, understand and are aware of a change. They encourage adults to be honest with children; “You can hurt them with avoidance and lies, because those behaviors can create a separate grief issue- loss of trust” (James & Friedman, 2001, p. 223). “We cannot expect to explain the loss instantly, and a child cannot learn it instantly” (Goldman, 2000, p. 48).

Grieving involves a number of phases that include: shock and disbelief, searching and yearning, disorganization and despair, and rebuilding and healing (Goldman, 2000, p.47). These phases are interchangeable, continuous, and are not on a rigid timeline. It is most important for counselors to get the child extra help if a child seems stuck in a particular phase (Goldman, 2000). The extra help could be group counseling or a form of creative therapy.

Commemorating could entail memorials, honoring the deceased with a task or donation, or making memory books or boxes. Commemorating gives the child an outlet to physically do something to remember the deceased. It provides a realization and acceptance of the finality of the death. Going on does not entail forgetting the death but refers to a readiness to fully participate in life. When a child is ready to integrate the knowledge of the death and adjust their everyday life to include this acceptance, they have completed the final task.

Group

A grief group could provide grieving children with peer support and a chance to learn coping strategies. Group allows children to normalize their feelings by the realization that others are feeling the same way in similar situations. Grief groups can give children insight into their feelings about their loss. Grief groups vary on the age, maturity, and surrounding circumstances of the loss (Webb, 2002). Tonkins and Lambert (1996) created a bereavement group for children and studied the effectiveness of this group. The subjects were children between the ages of seven and eleven who had lost a significant family member within the past year. The grief group curriculum was created by the investigator and included discussions of deceased, focusing on positive memories,

feelings, possible reactions, ways death changes their lives, and ways they can say good-bye (Tonkins & Lambert, 1996). According to a parental/guardian report, they found children who had participated in the grief group had less behavioral disturbances, depression, and overall emotions than those children who participated in the control group. The differences they found were significant and suggest the effectiveness of the grief group rather than simply the passage of time (Tonkins & Lambert, 1996). From this we can discern that the elements of sharing feelings in a group setting are beneficial for many children experiencing grief.

Roberta Beckmann (1990) created a curriculum for conducting support groups entitled, *Children Who Grieve*. The manual includes suggestions for group composition such as age appropriateness. It also gives an outline of seven group lessons including: feelings, what is death, grief reactions, memories, taking care of yourself, changes in roles, and parents participation and closure.

Creative therapies

Play therapy can create a non-threatening environment in which children can express their feelings. Children practice and rehearse life through their play. For grieving children it can be the outlet for expression that they need. Play therapy can provide children experiencing grief with props or toys through which children can “play out” what they are thinking. “Children escape and deny just as adults do...their form for working through much of their grief is play” (Goldman, 2000, p.xv).

Art therapy can help many grieving children. Art therapy helps grieving children communicate, understand, and cope with their grief. It can be especially useful for children who lack the language to express how they are feeling (Goodman, 2002). This

therapeutic approach uses art materials as a medium for expression and communication. Often children can draw pictures of their feelings easier than they can express them verbally. Many times children do not understand what they are feeling. Art can be therapeutic by encompassing the physical, visual, and mental stimulation of children's imagination and letting it be expressed in pictures, sculptures, or designs. "In art psychotherapy, the *thoughts* stimulated by the art making becomes the focus" (Goodman, 2002, p. 300). For children who do not lack the language, art can help stimulate conversation while they are creating. Counselors can ask the child to tell them about the art they are creating.

Creative writing can be a useful technique for counselors to use in all stages of grief. Students could write letters to the deceased, create a journal or diary, write poetry, or create memory books. "In griefwork, the most important aspect of artwork is freedom of expression without judgment" (Goldman, 2000, p. 95). Children who are in early adolescence often feel more comfortable expressing their feelings in diaries, poetry, and fictional writing than speaking openly about them (Christ, 2000).

Music can be used as a technique for expressing feelings. Grieving children can create sounds using instruments or their voices for expressing feelings. Children can also listen to songs that they can relate to surrounding a theme of loss. Music can also be a medium for discussion and a way for children to cope with their feelings (Goldman, 2000).

Children communicate and construct a sense of self through the stories they tell (O'Toole, 2002). Bibliotherapy provides grieving children an opportunity to receive therapy through stories. Children who are grieving can learn hope and resiliency through

age appropriate stories about grief and death. Stories of grief can sometimes normalize the process for children. Stories can also provide validation of feelings and a model of ways to externalize feelings of grief (O'Toole, 2002). Through books, children can observe fictional characters as they experience death and learn from their encounter at a safe distance (Bertman, 1995).

Maryanne Schreder (1995) suggests activities for young children could include: giving the child time to talk about special memories, sharing specific mementos that remind them of the deceased, having the child draw a picture of the person who has died, reading an age appropriate book about death, creating a worry rock that the child can paint and carry with them to absorb their pain and give them strength, using puppets to provide a stage in which the child can "act out" what is happening, or having the child identify a color that describes how they are feeling.

Schreder (1995), also suggests activities for adolescents: ask the grieving student to record their thoughts and feelings in a journal and possibly have them read their journal out loud, have the adolescent write a letter to the person who has died, create an anonymous questions box in which the students can put in questions about death or dying and have them answered in a group setting for discussion, use role playing in a group setting, have adolescents create a collage of memories of the person who has died or one based their journey through grief, have students draw a self-portrait of themselves expressing their feelings. She supports this by the following:

Scheder (1995) emphasizes the importance of closure and good-bye ceremonies.

These activities afford the opportunity for closure and celebration of love and life: plant a tree, plant a potted flower to keep, light a candle next to a photograph,

release a helium balloon with a message attached for the person who died, make a 'prayer feather' (a decorated feather to which special thought or wishes are attached) and release it to the wind, sing a song or write a poem on the anniversary of the death, create a plaque or mural in honor of a loved one (p.209-210).

Suggestions for School Counselors, Teachers, and Administrators

"And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying" (Holy Bible, 1985). Often caregivers wish they could take away the grief from their children's lives; while this is not a possibility, school counselors, teachers, and administrators need to understand and help grieving children within the school environment. It is inevitable that grief from a death will come into the school. The realities are that all children grieve and many lack sufficient support from important adults in their lives (Adams et al., 1999). School personnel have an opportunity to help grieving children in a consistent environment (Emswiler & Emswiler, 2000). For children experiencing grief, time can stand still and the world can seem cold. In today's society, children are expected to grieve over the death of a loved one in about three days (Kubler-Ross, 1983). According to Goldman (2000, p.5), "We can help the children by first helping ourselves. Our honesty in seeing and relaying loss and grief issues that run through our lives will indeed be the role model for our children." It is important for adults to come to terms with their own grief issues in order to create an environment open to working through the pain. Counselors, teachers, and administrators need to have sensitivity and resources for children grieving the loss of a loved one.

School Counselors

School counselors usually have the most responsibility when it comes to direct interventions for grieving children in the school. The counselor should have sufficient knowledge and resources available to help the grieving child. School counselors are natural advocates for children and should provide adequate support and intervention for children experiencing grief. Counselors need to be aware that “a major loss in early childhood can reverberate through the years as the person progresses through life’s milestones” (Naierman, 1997, p. 62). Counselors need to be aware and acknowledge holidays that could create potential problems for the grieving student (Schreder, 1995). As the holidays approach, the counselor can help prepare the student by planning special memorial activities (Schreder, 1995). School counselors need to act as an advocate for the grieving child by outlining guidelines that will be set in place once the child returns to school. Goldman (2000) outlines some possibilities: “permit the grieving child to leave the room, allow the child to call home, assign a class helper, and create private teacher time” (p.143). School counselors have the opportunity to meet with the grieving children for individual and group counseling (Emswiler & Emswiler, 2000).

School counselors have the opportunity to communicate with parents of the grieving child and refer them to outside resources such as mental health agencies for counseling or community grief networks for extra support (Emswiler & Emswiler, 2000). Winter (2000) proposes the school counselor work with the community with notification. In a situation where the death impacts the school, the counselor could send a letter home to all parents explaining what has happened. This provides open communication between the counselor and school community. Goldman (2000) suggests educating the adults surrounding the grieving child about common indicators and age-appropriate vocabulary.

Counselors should have a crisis plan in place for a death affecting the school (Hospice of the Monterey Peninsula, 1987). This plan might include the death of a teacher or significant community member. It is crucial that the plan reaches out to grieving students and their family. Often, crisis plans deal with the needs of the moment and not the long-term effects of grief. Naierman (1997) states that “Children don’t work through their grief on a predictable timetable” (p. 62). It is often the school counselor’s responsibility to organize a crisis plan and team to transition the school through grief (McGlaulin, 1998).

Sometimes it is necessary for the counselor to educate the teachers and staff about a particular student or situation (Hospice of the Monterey Peninsula, 1987). School counselors often provide training sessions to parents, teachers, and administration on children and grief. It is essential for the counselor to provide trainings that heighten awareness of and create sensitivity to the ways children grieve (Goldman, 2000).

Teachers

Often children will cling to what is most familiar to them after a death. In Holland’s (1993) study on child bereavement in primary schools, schools rated themselves second, next to parents, in connection with helping the bereaved child. Teachers have the unique opportunity to be able to educate children about grief and death by weaving it into everyday curriculum (Emswiler & Emswiler, 2000). Jackson and Colwell (2001) introduced a British death and dying curriculum that weaved the talk of death into everyday lessons instead of having a separate lesson. “Teaching about death should not be as a separate subject but as a natural extension of what is already being taught” (Jackson & Colwell, 2001, p. 322). Many children are naturally scared of death

and do not understand what is going on. The study said the education should start at age eight, according to Piaget's developmental stages (Jackson & Colwell, 2001). The model of introducing death and dying as part of the curriculum included using average age of death, average lifespan, and cemetery markers for use in mathematics. The curriculum also surveyed children's attitudes on death and incorporated the current knowledge into the curriculum. Stevenson (1995) suggests that schools have a critical role in helping students understand death in providing counseling services as well as a thoughtful curriculum where topics of death and dying might be introduced.

Teachers can use teachable moments to educate students about healthy grief and ways to be supportive and empathic to a grieving person (The Dougy Center, 2003). Goldman (2000) defines teachable moments as "spontaneous mini-lessons inserted into the daily planned activities based on something that has just happened" (p.117). When a student is grieving from the death of someone close, the teacher can support the child while introducing the topic of death and grief into the classroom. The teacher can integrate appropriate vocabulary, and ask open ended questions to produce classroom discussion. Goldman (2000) suggests teachers use practical age appropriate knowledge. "Children will be more open to learning and relating if they are given avenues to express their bottled up feelings. Their academic, social, and spiritual growth will soar with the release of stored up hurts" (Goldman, 2000, p. 116). According to McGlauffin (1998), there are three main points that should be taught about grief: grief is normal, grief is a process, and everyone can heal from grief. Integrating death and grief into everyday curriculum is important for normalizing the process (Reid & Dixon, 1999). By normalizing the process, the subject is no longer taboo and children can feel open and

free to discuss and ask questions about grief. According to Stevenson (1995), death education for children should include three basic concepts: “they need to understand that death is universal; all living things will eventually die; death is permanent and irreversible; and dead people can no longer feel anything” (p.187).

Reid and Dixon (1999) surveyed early childhood teachers and found the majority of the teachers felt minimally to completely unprepared to deal with the topic of death in the classroom. Teachers who did feel prepared to discuss death in the classroom said they also felt prepared to answer their student’s questions about death (Reid & Dixon, 1999). This shows that the attitude and individual preparation of teachers greatly affects the ability to offer discussion and assistance to children who have experienced death and who are grieving.

Teachers can let the child know they care by listening. Often children want to tell their stories about what happened and how they are feeling. Adults are often too quick to give advice and tell the child what to do when the child just want to be heard. Teachers should paraphrase and ask clarifying questions to let the child know they are listening (The Dougy Center, 2003).

Administrators

The principal is often the first person notified after a death. It is often the administrative responsibility to notify all faculty and staff. The administrators often help implement the school intervention plan after a death and address the special issues surrounding the grieving child. The administrators can also provide support to the family of the child through phone calls indicating the desire for the school to help (Hospice of the Monterey Peninsula, 1987). It is critical that the administrative staff is prepared to

deal with a grieving child and a grieving school, in the case of a school tragedy.

Administrators can create a consistent and predictable environment by enforcing rules and keeping routines (Emswiler & Emswiler, 2000). Grieving children need consistency and predictability in their environment. The school environment provides natural routines that can provide stability to a grieving child. The consistency in the routines provides the grieving child with a sense of continuity between life before the death and afterwards (The Dougy Center, 1999). Administrators play an important role in keeping the school environment consistent and predictable. This need for consistency and predictable routines does not negate the possible need for special accommodations for the grieving child.

Administrators can address the topic of death and grief directly by talking about concerns from teachers, counselors, and other school staff. They can even plan memorials for grieving students in the school community (The Dougy Center, 1999). Administrators have great responsibility for setting the tone for other school professionals to follow.

The literature illustrated many ways in which children grieve, gave examples of possible interventions used, and provided suggestions for counselors, teachers, and administrators. Outlined in the literature were some basic ways in which children feel and express their grief. While it is easiest for adults to see the affects of grief in its physical, behavioral, and social manifestations, children are also affected emotionally and psychologically. The interventions strategies used must be tailored to fit the specific needs of the child. The developmental age and circumstances surrounding the death are some considerations that need to be taken when implementing interventions.

CHAPTER THREE

Summary, Critical Analysis and Recommendations

This chapter will provide a summary and critical analysis of information from the literature. This chapter will conclude with recommendations for future study on children and grief.

Summary

Children's expressions of grief touch every aspect of their lives; physically, behaviorally, emotionally, psychologically, and socially grieving children are communicating their pivotal life experiences. Physical symptoms could include headaches, gastrointestinal problems, or unexplained pains in the body. According to Worden (1996), these ailments usually dissipate after two years. Behavioral changes might consist of changes in sleep and eating patterns, crying, restlessness, withdrawal, regression, or lack of interest in activities or school (Emswiler & Emswiler, 2000). It is crucial for adults to recognize these physical and behavioral changes and understand the source. Children's emotional reaction to death might include sadness, sorrow, fear, anxiety, loneliness, or anger (Emswiler & Emswiler, 2000). According to the American Academy of Child and Adolescent Psychiatry (n.d.), grieving children could have psychological problems if they are stuck in denial or avoidance. Christ's (2000) study of children grieving the loss of a parent, differentiated key differences in development and expression and understanding of grief. Social implications of grief heavily depend on the developmental level of the child and usually initiate up to two years after a death (Worden, 1996). The changing of social relationships can create difficulty in the lives of children.

There are many avenues of interventions for grieving children. The developmental age of the child usually determines what interventions will be implemented. Individual counseling, group counseling, and creative forms of therapy were discussed in the literature. Individual counseling is a method of identifying and expressing feelings about the loss. Individual counseling can also provide guidance and education for children to learn about the grief process. Group counseling involves creating a cathartic environment where children, experiencing similar situations, can learn from each other while having a facilitator guide them through the grief process. Tonkins and Lambert (1996) discovered that children who participated in a grief group exhibited less behavioral disturbances, depression, and overall emotions than children who did not participate in a grief group. There are also many types of creative therapies used to help grieving children. Some of these creative interventions include: play therapy, art therapy, music, writing, bibliotherapy, and memorial activities.

Grieving children face many challenges that differ from grieving adults because of their developmental level. Children who are grieving are often forced to go back to school immediately after a loss. This presents a challenge for the student and the school staff; counselors, teachers, and administrators have an opportunity to help grieving children in the school environment. Suggestions for school counselors, teachers and administration included: looking at their own grief as a means of role modeling, being sensitive to the child returning to school and looking for outlets where children can express their grief, communicating with the parents for special accommodations the child might need, using teachable moments to discuss death in the classroom, and keeping

daily routines to provide a consistent and predictable environment for the grieving student.

Critical Analysis

The major issue with grief appears to be that no one wants to talk about it. There are many reasons for this but the main is that frankly, it's depressing. However, especially for children and other people who might lack resources and healthy coping mechanisms, it can be a crucial, life-turning issue.

The issue of grief and children is complex in its variables. Some of these include age, developmental level, circumstances surrounding the death, the relationship of the child and the deceased, and the support system in place for the child. Corr (1995) examined the difficulty of distinguishing between grieving adolescents and normal developmental tasks. Children have little control of their environment and it is up to the adults around them to offer support. Adults and peers often do not give the support that grieving children need. Like many ignored topics, this problem is exacerbated by a lack of attention. While Grey (cited in Christ, 2000) has shown us that social support during grief is key to healthy adolescent adjustment, that support isn't possible if a problem cannot be socially discussed.

It is difficult to measure effectiveness of interventions for grieving children because it is difficult to separate the effectiveness of time and the intervention. It is also challenging to gather a large research population to differentiate between the complex variables involved. Descriptive research leads us to believe that some form of treatment is better than no treatment at all. The research also shows the impact a caring adult can have on the life of a grieving child. According to Adams et. al. (1999), it is inevitable

that school personnel will be faced with the challenges of grieving children in school. Counselors, teachers, and administrators have an opportunity to reach out and make a difference in the life of the grieving child.

As children must deal with grief at whatever developmental stage that they are at (Goldman, 2000), so too must adults, in the form of school personnel and professionals, be helped to progress through unresolved emotional developmental stages so that they are able to become a more broad and stable support system for the students that depend on them.

As these children grow up with unresolved grief issues, they become adults who are in turn unable to assist children that are grieving. This perpetrates a cycle of ignorance that must be broken by proper education and understanding. Individuals in education are accountable for providing the best care possible to the children they educate and mentor. While some steps in regards to this work have been undertaken, much work remains to be done. Some of the contemporary literature that can be used as intervention tools is listed in the Appendix (p.35).

While failure of children to cope with grief has clear and profound consequences that can send a reverberation of fear and failure throughout a person's life, so too can the triumph over adversity send a reverberating message of hope and confidence that can last throughout the development of a person's life. As children are able to become aware of and cope with major change in their lives (James and Friedman, 2001), so too might they become aware of grief as a form of change that can be coped with. While these problems are difficult, complex, and often unpleasant, the rewards for our labors in this regard are great and have clear benefits in the form of lower rates of depression, substance abuse,

and anxiety, and a greater chance for children to become healthy and contributing members of society.

Recommendations

A recommendation for future research would be an investigation into the impact of cultural and spiritual aspects of grief. Culture and spirituality define children's realities and concepts of death. The differences in these beliefs about death and grief could have a major impact on the differing ways children experience grief. It would be fascinating to see the amount of impact that culture and spirituality have on grieving children as well as the different views of grief and death.

A recommendation for future research in the schools would include measuring and comparing school and counselor preparedness to react to death and grief affecting the school. It would be helpful to understand the connection between knowledge about children and grief and school preparedness to respond. This study could also review the connection between a teacher's comfort level to talk about death in the classroom and grieving students' willingness to talk about the event.

A third recommendation would be to research case studies on the effects of grief in children. This would give information from the child's perspective. This research would be invaluable to truly getting inside the mind of the grieving child. While it may be difficult to gather large numbers of subjects, it would nonetheless be valuable to study case studies to examine the grief process.

A fourth recommendation would be to assess the effectiveness of grief interventions as applicable to different developmental levels. It would be imperative to have research to support the age appropriate strategies for helping children with grief.

The study could also address the different stages of grief and link appropriate strategies to the different stages.

There are several different proposals for future research in grief that correspond to current literature. More research is needed to clarify attributes of grieving children in and out of school. Grief is something that touches all life, regardless of age, therefore more research is needed to shed light on this critical aspect of life.

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APPENDIX: RESOURCES

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