

THE ROLE OF PARENTS, EDUCATORS, AND COUNSELORS
IN
SUPPORTING BEREAVED PRESCHOOLERS AND ELEMENTARY SCHOOL
CHILDREN

by

Bonnie Schoepke

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a major in

Guidance and Counseling

Approved: 2 Semester Credits

Investigation Advisor

The Graduate College
University of Wisconsin-Stout
May 2003

ACKNOWLEDGEMENTS

I would like to thank Dr. Jan Hare for sharing her expertise in the field of child bereavement and for all her time and dedication in helping me to complete this thesis.

I would like to especially thank my family for their love and support. I would like to thank my husband who has believed in me and truly was there to help when I needed him. I would like to thank my son Dustin who has shown me that persistence will bring you closer to your goals. I would like to thank my son Jon who acted as my technical assistant and solved my technology problems in producing this thesis. A special thanks goes to my parents who been wonderful role models and have supported me throughout my life and especially during family losses.

In loving memory of my son Travis whose short life was the inspiration for this thesis because he taught me that life goes on after loss.

TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
CHAPTER ONE.....	6
INTRODUCTION.....	6
STATEMENT OF THE PROBLEM.....	9
PURPOSE.....	10
DEFINITION OF TERMS.....	10
CHAPTER TWO.....	11
LITERATURE REVIEW.....	11
INTRODUCTION.....	11
CHILDREN’S COGNITIVE UNDERSTANDING OF DEATH.....	11
PRESCHOL AGE CHILDREN.....	11
EARLY ELEMENTARY AGE.....	12
MIDDLE SCHOOL AGE.....	14
EXPRESSION OF GRIEF BASED ON YOUNG CHILDREN’S DEVELOPMENTAL STAGES.....	15
PARENT AND TEACHER ROLE IN PROVIDING POST INTERVENTION STRATEGIES TO YOUNG CHILDREN.....	19
THE COUNSELOR ROLE IN PROVIDING YOUNG SCHOOL AGE CHILDREN POST INTERVENTION STRATEGIES FOR GRIEF AND LOSS.....	24
RECOLLECTION.....	25
PLAY THERAPY.....	26
BIBLIOTHERAPY.....	28
ART THERAPY.....	28
STORYTELLING AND USE OF METAPHORS.....	29
JOURNAL WRITING.....	31
GROUP THERAPY.....	31
GOOD-BYE OR CLOSURE CEREMONIES.....	34
COUNSELOR PROACTIVE APPROACHES TO PREVENTION PROGRAMS ENTITLED NONCRISIS DEATH EDUCATION FOR YOUNG SCHOOL AGED CHILDREN.....	35
INFORMAL DEATH EDUCATION.....	36
FORMAL DEATH EDUCATION.....	37
DEATH EDUCATION AND SKILLS TRAINING FOR TEACHERS, SCHOOL COUNSELORS AND PARENTS.....	44

CHAPTER THREE.....	48
INTRODUCTION.....	48
SUMMARY.....	49
RECOMMENDATIONS TO SCHOOLS.....	50
PRESCHOOL SETTINGS.....	50
ELEMENTARY SCHOOL SETTINGS.....	52
RECOMMENDATIONS FOR FUTURE RESEARCH.....	54
CONCLUSIONS.....	55
BIBLIOGRAPHY.....	57
APPENDIX A.....	64

CHAPTER ONE

Introduction

The children of today are often exposed to a world full of references to death that may directly or indirectly impact their lives. Just as the nation is grieving and attempting to regain a sense of security that was lost by the tragic events of September 11th, the children of the family members who died that day are grieving a very personal loss. These children have had their sense of security shattered by the very unnatural and surreal death of their loved ones. They are grieving like no children in this country have grieved before because not only was this act of incomprehensible terrorism, but it took their loved ones in an explosion that in most cases did not even leave a body to mourn.

This death crisis will require a long recovery time for our nation and for the bereaved families. The support of caring parents and other caring adults, including those trained to assist with the grief process will be needed. When a death occurs in a family, it is viewed as a time of crisis for the family. Educators and school counselors also go into crisis mode, not only when children are dealing with such national tragedies as September 11, the Columbine High School shootings, and the Challenger explosion, but also basically when any death loss occurs. They often provide post intervention services.

Most children will experience the inevitability of death as a more natural part of life with the loss of a family member possibly following illness or old age. This does not minimize the loss, but puts it in a framework that is part of the cycle of life. Like the children of September 11 and Columbine, these children may need post intervention services for these losses. The literature suggests children may also benefit from

prevention services that are referred to as noncrisis death education to prepare them for their life experiences with death (Aspinal, 1996; Deaton & Berkan, 1995; Glass, 1991; Stevenson & Stevenson, 1996).

Kubler-Ross (1969; 1983) has written several books describing how human beings, including children in *On children and death*, deal with what she called the great transition or death. She views this transition made by all ages and cultures as just as much a miracle of life as birth is considered to be. Her writings shared what dying children have to teach about death. This expert on death and dying (Kubler-Ross, 1983, p. xviii) states, “Those who learned to Know death rather than to fear and fight it, become our great teachers about LIFE.” She advises not to shield surviving children from death issues by saying “Should you shield the canyons from the windstorms, you would never see the beauty of the carving” (Kubler-Ross, 1983, p. xix).

Parents, educators, and counselors often prepare or assist children with many life transitions or losses such as the birth of a sibling, a family move, and family changes due to divorce or separation. But when it comes to lost life due to death, adults may be silent and shield children from this life transition. Through experience as a grief counselor, Jewett has found it increasingly apparent that death education should be part of the school curriculum (1982). She found that children can not only be helped at their developmental level with coping skills at the time they may be experiencing the loss of a loved one, but they along with their classmates can also benefit from learning more about death and the normal grief reactions associated with this process before experiencing such a loss. Jewett indicated that talking about death to include death by suicide is a protective measure because it opens the door to communication and facilitates talking about very

serious problems. It communicates to children that they have options and support no matter how serious they view their concerns to be.

Most children during their school years have some experience with death in relation to such losses as the death of a pet, close relative, friend, or neighbor. In fact, Oates noted that, if one adds to the deaths of parents and relatives, the increasing number of violent deaths of school-age children, it seems unlikely that any school-age child will reach adulthood without experiencing a loss related to death (cited in Mauk & Sharpnack, 1997). With children having more direct experiences related to natural and unnatural death through suicide, homicide incidents related to gang violence, and AIDS, Wass, Miller and Thornton found that only 11% of public schools in the United States offered a course or unit on death education and only 17% had grief support programs (1990).

Costa and Holiday (1994) suggested that helping children adjust to loss by assisting them through the grieving process is one of the most important roles that elementary school teachers and counselors can take because this adjustment to loss can affect children throughout their life. One suggested guideline for elementary school counselors, parents and other adults such as teachers was to talk about death in a less threatening context, hopefully before an actual death loss is experienced. They give examples of such life lessons as talking about a plant dying or possibly the loss of a pet as invaluable learning opportunities about death. Glass (1991) recommended that elementary school counselors offer programs on death, loss and grief for parents so they can help their children deal with death issues.

School age children will experience death losses as a natural part of the life cycle and other unnatural deaths that are more traumatic including suicide and homicide.

Parents and educators can not shield children from these experiences but they have the very important task of assisting children by utilizing proactive interventions and post intervention services.

Statement of the Problem

Children experience death and the aftermath of grief (Bowlby, 1960; Corr, Nabe, & Corr, 2003; Doka, 1995; Furman, 1974). Educators and counselors must have the skills to respond effectively to grieving children and their families. Glass (1991) states that caring about children is not enough and that educators and counselors must know something about how children think and how they feel when coping with death. With this knowledge base, educators and counselors can develop effective strategies for helping children (Bertoia & Alan, 1988). Teachers may unconsciously avoid acknowledging the death experiences of children if they do not have the confidence in their skills (Atkinson, 1980; Galen, 1972). For example, Hare, Pratt, & Wright (1987) found the early childhood educators lacked confidence in dealing with death subjects especially when it related to helping preschoolers with the death of a parent or close relative. Although the majority of those surveyed felt death education was important, most did not feel they were adequately prepared to deal with death as part of the curriculum or when it arose naturally in the classroom. The comfort levels for educators surveyed increased with death education training and with experience in talking with children about death.

Purpose

The purpose of this critical analysis is to describe the role parents, elementary school teachers, and school counselors can play in supporting the bereaved student in the school setting. This thesis reviews prevention and intervention strategies, as well as proactive death education approaches which are designed to assist students and their families. Training options for parents, teachers, and counselors are presented.

Definition of Terms

To insure clarity of the content of this research paper the following key words are defined.

Bereavement – the state of being bereaved or deprived of someone or something that is valued. The three elements of bereavement are a valued relationship with some person or thing, a loss of that relationship and a survivor who is deprived of the lost person or thing (Corr 2003).

Grief - the reaction to a loss to include the physical, psychological (affective/cognitive), and behavioral dimensions (Corr, 2003).

Mourning – the process of attempting to cope or learn to live with the loss and grief (Corr, 2003).

Noncrisis death education - the teaching of basic facts about death in a school setting when students are not in crisis or in distress from a recent loss or death (Edgar & Howard-Hamilton, 1994).

Post interventions – after the fact interventions focusing on children who are immediately or indirectly affected by a broad range of traumatic losses (Corr, 2003).

CHAPTER TWO

Literature Review

Introduction

Based on developmental criteria, young children's cognitive understand about death and their expression of grief will be described as a basis for parent, teacher and guidance counselor understanding of children's needs.

Post intervention strategies and resources for assisting young children with grief issues for parents, teachers and guidance counselors will be reviewed. Finally proactive approaches to include some informal and formal death education programs for school children will be discussed as a way to strengthen their mental health.

Children's Cognitive Understanding of Death

The concept of death is difficult for children to understand. Nagy (1948) and Piaget (1950) theorize that what children understand about death is dependent upon age and experience. Nagy (1948) conducted studies to define what children actually understood related to the concept of death. From these early studies three major developmental stages categorized by age were identified for young children:

Preschool age children

According to Nagy (1948), children under age five, do not recognize death as irreversible or final. They may view it as temporary or they see life in death. They view death as a departure and that the person is living somewhere else. They are curious about how that person continues to live or about the nature of their life in the grave. Nagy's work correlates well with the theory of the developmental cognitive theorist, Piaget

(1950) who explained that children age three and under view death as the inability to move which is called preoperational thinking. Preschoolers, age three to five, do not grasp the finality and irreversibility of death. They may link certain events or magical thinking with causes of death. For example, the National Association of School Psychologists (2001) note that as a result of the World Trade Center disaster, some children may imagine going into tall buildings may cause someone's death. They may think death is reversible and that people can come back to life, like E.T. came back and Jesus rose from the dead (Schaefer & Lyon, 1988). They may believe a dead person can be awakened or be put back together again. After grandma dies, they may ask about her return or when she is coming to play again. They cannot comprehend the concept of death and need to play and reminisce to support their emotions of loss. Providing structure, maintaining routines, and affection are essential at the time of loss.

Early Elementary Age

From age five to nine a death is most often personified and thought of as a contingency. Death may take on imagined forms such as the grim reaper, a skeleton, a ghost, or the death angel. Because of the child's strong aversion to death it is represented as a person or reality outside or remote from the child. Death is something that the child can escape from or avoid (Nagy, 1948).

This developmental stage is identified by Piaget as the concrete operational stage where children see their world in terms of real objects and are concerned with the mechanical aspects of how things work (Kelly, 1990). They begin to understand the causes of death but may over-generalize. They understand that if large planes crash into buildings, people in these planes and buildings will die but they may assume that if jet

planes stop flying, people will not die (National Association of School Psychologists, 2001).

At this age they can understand that dead people differ from living people because they cannot move, feel, hear, see, smell, or speak (nonfunctionality). It is more difficult for children of this age to understand that dead people have a physical change in their appearance or they decay, and this concept does not develop until nearer puberty (Landsdown & Benjamin, 1985).

It is a transitional time for understanding the universality of death. Children at this age have an acceptance of death happening to others but not to themselves or their own families. They may personify death and think the bogeyman has come to take a loved one to heaven. Death is viewed as a taker or something violent that comes and gets you like a burglar or a ghost. Often at this age children retain magical thinking. They are afraid that death is contagious. Some children may think they can catch death by just playing with a child whose parent dies or by playing in the same house where the dead person lived (Schaefer & Lyons, 1988). Because of their magical thinking, they may also need reassurance that they are not at fault in some way for causing the death of a loved one.

By age five to nine, children may understand the difference between temporary separation and death. Over half of all children age five or six have a full understanding that death is final and permanent, and by age eight or nine virtually all children understand this core concept (Sheldon, 1998).

Middle School Age

After about age nine the child grasps that death is a process happening within us that is both final and universal (Nagy, 1948). That dying is inevitable and not avoidable. Children have an acceptance of death as something that could happen to them. This realization may be emotionally overwhelming. They are more realistic and cognitively comprehend death to be a final event but may not understand the more abstract adult concepts related to death. At this age they want the facts and are curious about what happens physiologically to make the person die. They may want to know what the dead person looks like and what process the body goes through at burial. They may not have the language to express the grief feeling of anger, vengeance, and despair, and may instead express it with acting out or self-injurious behaviors (National Association of School Psychologists, 2001). They may still think that wishful thinking or past behavior caused their loved one to die and they may view the death as a punishment for their thoughts and actions.

To help in understanding how children conceptualize death, Doka summarized in *Children mourning, mourning children* for the Hospice Foundation of America in Washington, DC that there are four general concepts that children come to understand about death depending on their developmental level (cited in Selekman, Bush, & Kimble, 2001). They are: *universality* or that all things must die and death can not be avoided or predicted; *irreversibility* or that when one dies, one can not come back to life; *nonfunctionality* or that once a living thing dies, its bodily functions stop working; and *causality* or that one understands what happens to bring about the death of a living person. Doka (1995) mentions a possible fifth concept or that children understand there is

some type of continued life form after death and this was revealed through a review of more than one hundred research studies done by Brent and Speece (1993). Children question what happens after death and may wonder where the soul goes or will the person's spirit go on to a better life. The child may question if they will ever come to life again or be alive in this body or in some different form.

Expression of Grief Based on Young Children's Developmental Stages

In infancy children may not have the cognitive skills to understand death concepts but they experience the loss and express it in their own way. Their reaction to this loss is their expression of grief. If they are missing the attachment figure they will cry or react with feeding difficulties, bedwetting, constipation or sleeping difficulties.

Bowlby (1960), a theorist on children and grief, suggested mourning unfolds in four phases and that these stages or phases are fluid which means that they do not occur in an orderly fashion. The first phase he describes is shock and numbness. During this phase the child experiences emotional numbing and disbelief that the death has occurred. This usually lasts from a few hours to a week and may be expressed by extreme emotion. In the second phase the grieving child is restless and preoccupied with thoughts of the person who died as part of a yearning or searching for that person. It is common that events such as the phone ringing or the door opening is interpreted as coming from the person who died. Crying, calling to the person who died or focusing on things that suggest the presence of the person is common. As a part of the third phase disorganization and despair are experienced as the child realizes the behaviors that were effective in maintaining the attachment bond with the lost family member, friend, or pet when alive are no longer working now that the loved one is dead. The child may regress

and find simple developmental tasks difficult to do. In the final phase the child's life begins to reshape as the child makes adaptations to the changes in their daily routine and in their relationships. Bowlby (1980) states that children struggle to find a new mode of living with thoughts of the person who died taking a different place in their life (as cited in Freeman & Ward, 1998).

Children age three or younger may regress to earlier developmental behaviors such as sucking their thumb, clinging to their caretaker, or wetting their pants as they look for security in a time of crisis. Some children may not react immediately to the loss but that they have a delayed emotional response that is expressed once they have the proper conceptual understanding of the event (Elkind, 1977). Because young children are very concrete in their thinking and narcissistic, they will respond to the death of a parent or caregiver in terms of how it will affect their sense of security or daily routine. They may question who will read their favorite bedtime story or make their favorite treat. They may express concerns over whether they can still attend a birthday party or a ball game. Because children do not understand the permanency of death, they repeatedly ask when the person is coming back.

Because of the egocentricity of the child, the three primary concerns of the child are (1) Did I cause the death? (2) Is it going to happen to me? (3) Who is going to take care of me? They may feel guilty for feeling angry or for feeling happy when that person is dead. The first concern is that children may feel insecure or guilty because they think they had some magical affect in causing this bad thing to have happened. An exasperated parent saying to their child, "You'll be the death of me" may reinforce this thinking. Death may be perceived as a punishment for a misdeed or as something caused by a

specific illness or accident they had. They need to be reassured that the death is not their fault (Worden, 1996).

A child may appear unaffected by the death as they go off to watch television or head for school. They may appear to be unaware or lacking in feelings related to the death but Corr (2003) explains that this turning away from death is more likely due to a child's short attention span, a failure to realize the loss is permanent or a temporary defense against being overwhelmed by the implications of the loss.

With childhood grief comes the mourning process or the process of coping and living with the loss. Bowlby (1960) and Furman (1974) suggest that children are capable of mourning similar to adults. Furman (1974) lists the following requirements for the child to mourn: 1) Sufficient stable and differentiated self and object representations in the inner world so that the integrity of the self representation can withstand the threat implicit in the death of someone else. 2) Sufficient ego mastery over the id so that the concept of death can be relatively more integrated within the ego's expanding pool of knowledge rather than utilized for the arousal of instinctual derivatives. 3) The ability to distinguish animate from inanimate and thus have a concept of living as opposed to the nonliving. 4) Some ability to understand time in terms of the past, present, and future. 5) Sufficient secondary-process causal thinking to understand that since something is dead; it can no longer do certain things (as cited in Fox, 1988).

The age and stage of a child's development may limit their ability to verbalize questions and concerns. The behaviors of bereaved children usually include strong feelings of anger and fears of abandonment or death (Corr, 2003). Without an outlet for these emotions a child may develop symptoms of inner turmoil. Maladaptive patterns

and symptoms may emerge such as difficulty concentrating or school problems. They may withdraw, display sleep disturbances, or regress in speech, bowel, or bladder functioning.

Bereaved children use the resources available to them at their age and stage of development. They include such psychological defenses as reducing the intrapsychic conflict over unacceptable wishes and feelings, preserving the self-esteem, and preventing the ego from becoming overwhelmed. A child's emotional reaction can be delayed or put on hold if s/he is overwhelmed by the surviving parent's display of grief. The child may be on a different timetable in displaying his or her grief and it might be triggered by the surviving parent's resolution time and resulting interest in dating or a new relationship. This may complicate things because the child may be invested in keeping the fantasies going that the dead parent is returning (Buirski & Buirski, 1994).

Furman (1974) suggests that to mourn successfully a child needs a consistent and unchanging person whom the child can invest with the energy gradually withdrawn from the lost object. They work to establish a new object relationship. She suggests that children need to have the process of mourning facilitated with therapeutic interventions when this process is inhibited. Prior experiences with death of a person or pet may help educate the child to the reality and finality of death (as cited in Fox, 1988).

As the child reaches different developmental stages, s/he may need to readdress and continue the work of mourning. For example, the child who has lost a parent may have intensified feeling of loss when missing the parental support and acknowledgement of achievements during the school years. They may feel different from their schoolmates who have both parents for support.

Corr (2003) states that helping children with death is an ongoing process. Adults can not face death or mourn for children, but they can help prepare them for the life adventure of dealing with loss, separation, and death.

Parent and Teacher Role in Providing Post Intervention Strategies to Young Children

A collaborative effort or partnership of the primary caretakers (home) and the secondary caretakers (school) in supporting the child during grief recovery is necessary. To get the most benefit from interventions started at school, parents need to follow through in the care situation at home. They need to assist children with what Fox (1985) defines as the four tasks central to productive mourning:

- To understand and try to make sense out of what has happened.

The child may seek parents and teachers out to provide information about the death and its circumstances. If the child is not getting the facts as to what actually happened, s/he may fill in the blanks with a distorted view that is probably much worse than what the facts are. Young children understand much more than they are given credit for and know that something is wrong. When someone is gone from their lives, they need to have the facts given at their level of understanding. Parents and teachers need to reinforce the learning of three basic death issues that death happens to everyone and everything, that the body no longer functions after death and that death is permanent.

- To express emotional and other strong responses to loss.

A common signal to grownups that a child is grieving is that the child will tell his or her story over and over again. Parents and teachers will need to validate the

child's feelings and help find appropriate ways for the child to express his or her grief.

- To commemorate the life that has been lost through some formal or informal remembrance.

They may need to help the child memorialize or remember the significant person they lost in their life. To offset the feeling that death (especially sudden or senseless death) makes life seem to be out of control, children can benefit from having a part to play in the death rituals of the family (Stevenson & Stevenson, 1996). If a child chooses to participate in the funeral or wake, they need to have the support of caring adults who understand that they may not have the attention span to stay during the whole ceremony.

- To learn how to go on with living and loving.

In an attempt to integrate this loss the child may need permission to go on to living a healthy life. Parents and teachers have the important task of helping children to learn to deal with major life events to include death. They cannot protect children from the pain or disruption of a loss but they can help them to feel less overwhelmed.

Children need to feel they have legitimate thoughts and feelings and that they have a place to turn to for sharing, support, and guidance (Silverman, 2000). He defines support for bereaved children as a provision of care, continuity, and connection. These are especially critical when a child is dealing with death. The family will need to continue to feed, clothe, and love the child while attending to their emotional needs by being responsive to where they are developmentally when

providing information and resources. They can reassure the child that he s/he is not to blame for the death and that everyone in the family is feeling the pain and disruption this death has caused. Children need to know that their world has stability and that the family will provide the continuity or carry on with life. Children need to feel connected socially and emotionally to the family and a part of the rituals of mourning. Parents can help the child by respecting their child's need to remember the deceased person, by talking about them and helping them to find a place for the deceased person in their current lives. Silverman (2000) states that parents need to let children help define and solve the problems that the family copes with.

Teachers and counselors can be supportive to the child without having the burden of experiencing the loss themselves to the degree the family may be mourning. Children need someone to listen to them when the family survivors are too emotionally affected to be tuned into their children's needs.

Because death may impact the entire school community due to the tragic death of a classmate or teacher, teachers and parents need to prepare for this before the crisis occurs. Some schools have available to them crisis teams consisting of trained community psychologists, social workers or other bereavement specialist, who serve as consultants when a loss situation occurs. To assist elementary children in the school setting following the death in the school community, Stevenson and Wallace (1996, p. 89) provide the following post death guidelines:

1. Before the need arises, find what local support systems exist in your area and how and who to contact.
2. When a death occurs in the school community, inform the class and talk about it. Silence can be very damaging.
3. Because parents are a child's primary support, schools should do all they can to assist parents at this difficult time.

4. Children are helped most when home and school cooperate.
5. In the long run, being silent about a loss is more likely to hurt a child than speaking about it in an open and caring manner.
6. Nonverbal communication can sometimes convey more than words alone. Teachers and parents should use both methods of communication.
7. When memorials and rituals are held following a death, they acknowledge that a change had occurred that in turn validates children's feelings of loss. Also, memorials and rituals let children know that when someone dies, life does not just continue as if nothing had happened and that each of us is important.
8. With proper preparation, schools can offer support to students of all ages, but each child must be helped in a manner appropriate to the child's developmental level.
9. When a death occurs (especially an accident), a person's feelings of control over life are put in serious jeopardy, so it is important to affirm those areas in which the person still has control.
10. A student's death has an impact, not only on other students, but on teachers too. School administrators at all levels must remember to make time to help the helpers.

Parents have the very important role of teaching their children what they believe concerning afterlife. It is the task of school staff to respect diversity of world views and belief systems in relation to what happens after death and to help the child find comfort and a way to express the emotions that are part of grieving. Breaking the silence to lessen the feelings of helplessness and hopelessness students may feel when dealing with grief issues is important (Bordewich, 1988). By seeing parents and teachers openly grieve, children can learn from all adults that expressing their grief emotions freely including tears is normal and needed when experiencing grief. Children do not need to feel helpless and alone in their grief if teachers and counselors are willing to talk with them and acknowledge their loss.

Kelly (1990) suggests the following simple and truthful communication to use when explaining accidental death. "Jamie was killed in a car accident last night. The doctors and nurses tried to help him, but they could not." She suggested letting the children know how you feel by stating, "I am very sad and my feelings are all mixed up

right now. Each of you may have different kinds of feelings. I want you to tell me what you are thinking. I will try to answer what you ask.” She suggests letting them know it’s okay to cry. “Feeling bad inside is okay. After a while, you will feel better.” When the parent or teacher shares his or her feelings of grief and sadness, they are modeling natural responses to death. Children will let you know what comfort they need and what information they can handle (Kelly, 1990).

Grief can affect children in school academically, behaviorally, and emotionally. The child may experience having a shorter attention span or difficulty remembering facts. This may lower the student’s grades and diminish the self-confidence level the student has regarding school assignments. The student may display more disruptive classroom behavior by acting out or even becoming violent. School absenteeism or dropping out of school activities or sports that were once important to the student may be signs that the student is struggling. There may be more visits to the school nurse because of ailments or injury because of more frequent accidents on the playground. The child may become more emotionally needy and require more teacher attention and support. Apathy, greater feelings of anger, guilt or sadness may be apparent and the child may not enjoy life in general to include school activities.

Schools need to provide some normalcy in the lives of children by providing the usual structure of classes. This helps children to feel they still have control over this part of their life. But this does not mean that they are expected to behave as if nothing has happened. Because there is such a range of developmental levels in the elementary school setting, teachers and counselors need to listen carefully to the questions of children and try to respond to each child at the appropriate developmental level. Teachers need to

work with families and other staff to provide the needed student support or interventions when the child is having academic, behavioral, and emotional difficulties during the bereavement process.

The Counselor Role in Providing Young School Age Children Post Intervention

Strategies for Grief and Loss

Counselors can offer individual sessions with children to invite them to appropriately grieve by encouraging them to freely express their emotions. Their empathy, unconditional acceptance, and support can help children during the loss to understand what they are experiencing in the bereavement process. Doka (2000) states that the child needs validation or to be reassured that the ways they are responding to loss are normal and natural. The child may have uncomfortable feelings and fears, confusing thoughts and serious spiritual questions as they adapt to the loss. They may find their physical responses to grief are frightening and that they are confused by their own behavior. The best counselors are those that listen with compassion, and patiently allow the child to feel safe in finding his or her own insights and answers (Ward-Wimmer & Napoli, 2000). Grief counseling is a combination of comforting, educating, exploring, and inviting expression.

A critical point made by Doka (2000) is that the most meaningful interventions are those that are natural or draw upon a child's play, creativity or spirituality. He states that simply talking to an adult is perhaps not the most effective way for children to adapt to loss (Doka, 2000). Counselors with specialized training in grief issues may use a variety of counseling techniques to include recollection, play therapy, bibliotherapy, art therapy, story telling, metaphors, journal writing, and group therapy to assist the child.

When the child is ready, the counselor may offer to assist with finding a meaningful closure ceremony that allows the child to say good bye to a loved one. Doka (2000) stresses the need for “intervention intentionality” or that counselors need to have a clear objective and tailor the intervention strategy to meet the needs and draw on the strengths of the individual child. To follow are descriptions of possible counselor intervention strategies:

❖ Recollection

The first thing a counselor must do is acknowledge the child’s grief. Each child has unique way of expressing grief and should be allowed to use his or her own timing in this process. The child may need to tell their loss story over and over again and to freely express their emotions related to the death. It is important for the child to talk those positive memories of the person who died and recall the special times shared that were filled with fun and laughter (Schreder, 1995) The child may want to share pictures of the deceased. Goldman (2000) finds the expression of memories through pictures or a memory book collection of pictures of the deceased is an important grief resolution technique. Some children make a collage of the memory pictures, stories and souvenirs. A memory box decorated with stickers and pictures can store special belongings that once belonged to someone for whom the child is grieving. A memory book created by the child’s writings and drawings about the deceased can be a useful tool to enable the grieving child to tell about his or her loss. The memory book reflects the child’s feelings and reflects the child’s sense of the person who died. This may change as the child matures. Some children like to do a talking memory book or one they tape record. Utilizing e-mail, classmates may share memories over the Internet.

❖ Play therapy

Play activity is a medium where children can reenact experiences and play out their life anxieties, fears, and losses. This is often especially helpful with younger children because they may not have the verbal skills to express the emotions they are feeling but they can act them out or play out their feelings. Play therapy is a natural means for children to express their thoughts and feelings in a meaningful way without the feeling that constant conversation is required. According to Schaefer and Lyon (1988), play helps a child achieve mastery over a hard to understand and difficult situation. Because the child is a step away from real life he or she may feel comfortable and safe in using play as an emotional release. Mishne (1983) states play has a cathartic effect because conscious and unconscious material is acted out through play, relieving the built up tension a child feels (as cited in Schaefer and Lyon, 1988). Play is the method of choice when helping bereaved children to express their feelings. Webb (2000) feels it is important to convey to the child that he or she had the control of how they want to express their grief by stating “sometimes we talk and sometimes we play”. The initiative of connecting the play scenario to grief issues should come from the child not the counselor (Webb, 2000).

Play therapy may be directive or nondirective. The nondirective approach is encouraging spontaneous play with a variety of toys such as puppets, dolls, little play figures, clay, or play phones to facilitate the expression of grief. Puppets encourage dialogue and can be a form of psychodrama for children as they express some loss issues. Children from preschool age and much older work out or release strong feelings such as anger through pounding and kneading modeling clay. Some children find it helpful to

engage in even more physical activity such as punching bags for expressing anger (Webb, 2000).

Playing in a sand table allows the child to mold and shape his environment feeling some control or mastery at a very difficult or emotional time. A child may or may not act out the actual death that occurred in the family but regardless s/he is exploring how the members of a grieving family feel and grow from this experience. It is helpful when the counselor reflects on the emotions and meanings revealed through the play. Because children often need help in finding the words to verbalize their feelings, the counselor can help by restating the feeling expressed (Webb, 2000).

Many children love to collect rocks. Schreder (1995) suggests encouraging a child to find a special rock that they can decorate or leave plain. They are instructed to carry the 'worry rock' in their pocket and hold it when they feel the pain of their loss. It becomes their special rock that symbolized courage and strength they find after the rock absorbs some of their pain.

Directive play is more structured oftentimes with a specific intent in mind. An example of this might be setting up a role play situation. They might find emotional releases through role playing or doing something like building with a hammer and nails.

While young children enjoy pretend play, older children may prefer structured therapeutic board games to include communication games, self-understanding games, and problem solving games. Schaefer and Reid (1986) have written the book *Game Play: Therapeutic Uses of Childhood Games* discussing the merits of various games in the therapeutic process. These games are played to help children to express their feeling and to discuss ways of coping with their problems. Cook and Dworkin (1992) suggest that

the more structure and rules a game has the less therapeutic value it has because the focus is more about the game process and less about the therapeutic process.

❖ Bibliotherapy

When using literature to help a child who is bereaved, the counselor is using a counseling technique entitled bibliotherapy. Gladding and Gladding (1991) describe how to use this technique when counseling individuals or groups. They provide information on the skills needed by the facilitator and review the benefits and limitations of this approach. The counselor will choose materials appropriate to the situation and depending on the child's reading ability will either read the material to the child or have the child read the material. Because a study by Moore and Mae (1987) found that the grief process is not always accurately portrayed in children's books, Wolfelt (1983, p.154)) gave the following guidelines or question to be answered for selecting the literature to be used:

What message would the child get from the book? How are feelings dealt with in this book? Are the content and language in the book appropriate for the developmental level of the child? How could the book best be used with children? Does the book represent a general humanistic approach to death or a particular religious point of view?

Bibliotherapy facilitates discussion and on an affective level it promotes the expression of feelings, sometimes feelings that have been pent up and now have an avenue of release. On a behavioral level the child may learn from the story characters how to handle difficult situations and on a cognitive level may learn strategies for dealing with life issues to include grief and loss. (See Appendix A for an annotated bibliography of literature for elementary school children.)

❖ Art therapy

Other children like to express themselves through drawing, painting, sculpting, clay structures, collages or papier- mache' creation. This is called art therapy. Finger

painting can be an especially helpful way to express feelings. Drawing pictures of activities formerly enjoyed with the deceased can be therapeutic. According to the children's grief therapist Crenshaw (1990) having something down on paper makes it easier to get children to talk about the details of their experiences. It can often bring into focus the feelings that have been so hard for them to express. Children will need to have time allowed to process the strong feelings that may surface with art therapy.

Interpretation of the art can lead to overprojecting into the child's experiences and this can lead to errors in interpretation that are particularly problematic when working with children from multicultural background. The expressive arts can help a counselor see what the child is feeling and can open the door for possible dialogue about these feelings (Barrett, 1996).

❖ Storytelling and use of metaphors

Storytelling is another technique used by counselors when working on grief issues. One way to assist a child in talking about a difficult time or expressing their feelings is to make up a story. The stories hold their attention and are easily remembered. James (1989) points out, that having a metaphor embedded in story is a powerful teaching tool and a good way to transmit empowering messages. This is a safe way for children to explore frightening feelings.

Some grief counselors use metaphors to help children understand death and grief concepts. Martha Oates (1993, p. 49-50) when counseling children uses these examples of metaphors about nature:

While playing on the mountaintop, you are hit by a small snowball or even several. You feel the pain, but are not overwhelmed. Small snowballs cause little pain and melt quickly. However, if you run from the snowball, and it rolls on the ground behind you, it becomes larger and larger. The snowball is very quiet, but

you always know it is there and keep looking back to be sure it isn't getting too close. One day, when you can run no more, the giant snowball hits you with all its force and the pain is immense.

(Interpretation)

That's how grief is. Although we run from grief or deny it, it is still there. All the time we refuse to acknowledge our grief, it is present and keeps us looking backward instead of forward. And one day the grief overtakes us and the pain seems unbearable. If we encounter our grief fully at the time of the loss, the pain will not overwhelm us. (p. 49-50)

You have spent the day on the beach constructing the most intricate of all sandcastles. You feel satisfied and safe in the warm sunlight. Suddenly the tide come up and washes your creation away in an instant (or someone kicks it into many pieces either accidentally or purposefully). Helpless to undo the damage, you feel outraged and angry with the other person for the sea. You tell yourself, "If only I had constructed this farther from the water, if only the other person had not been so careless or so mean, if only...." Your bright spirits and feeling of security are dashed forever, or so it seems. You will never build another sandcastle as long as you live, at least not one that beautiful!

(Interpretation)

That's how grief feels when someone we love dies unexpectedly.

With the technique of mutual storytelling, the counselor starts telling the story and the child then tells a part of it. Children have their own stories to tell following a death and find it to be therapeutic to share them. They often like to give their stories permanence by writing them down or if too young to write, having the counselor record them. The counselor guides the content of the story to reflect possible issues of anger, guilt, or wishful thinking. Major themes may be revealed or the feelings a child avoids or returns to again and again may become apparent.

Techniques used to help children normalize their grief reactions or accept what they might think are unacceptable feelings is to tell a fantasy monologue. For example the counselor might start by stating they know another child whose father died and then they describe how that child felt and what s/he thought after the death. This storytelling

approach can be used to test for feelings that a child might be experiencing and might be having difficulty expressing. When grief counseling with children, Wolfelt (1983) described telling a scenario where after the fictional child's father died, the child told his mother he was too sick to go to school because he was fearful his mother might die too. This storytelling approach would allow expression of the child's fears and anxieties related to feeling abandoned and would allow efforts as regaining that sense of security that has been lost.

❖ Journal writing

Children have their own stories to tell following a death and find it to be therapeutic to share them. They often like to give their stories permanence by writing them down or if too young to write have the counselor record them. Some children find it therapeutic to express their feelings by writing them in a journal and then they may chose to confidentially talk about them with a teacher or counselor. As an avenue for closure or catharsis, a child may write a letter to the person who died, expressing guilt or regrets about things said or done related to their relationship. They may write about things they wished they had shared with the person when they were alive. Or they may simply want to say good bye.

❖ Group therapy

Another beneficial intervention is to invite bereaved children to participate in group therapy. According to Jewett (1982) children who have the option to talk about their loss at a set time or in a group are more likely to be able to focus on school work when in the classroom. A school counselor or psychologist can provide a place at school where it is alright to think about the loss, instead of always having to attend to class

responsibilities. A developmental guidance program can provide support groups throughout the school year especially for students dealing with grief. This helps the child perceive school as an understanding place. Children have an outlet and can share their experiences and emotions with other children who are having similar experiences.

Dougy Center in Portland, Oregon, is an exemplary community based grief counseling center founded in 1983 by a nurse named Beverly Chappell. Schuurman (2000) states these grief groups helped children in the following five ways. First of all they de-pathologized for the children the experiences of normal grief reactions. Children found out that what they were experiencing was not crazy but instead were common grief experiences. This included very scary or unwelcomed grief reactions of nightmares, voices, body aches and pains, shaking or waves of heat or cold. Seeing the ghost of the dead person was found to be an experience some of the other group members experienced. Secondly it helped children to see they were not alone in their grief or that they were not the only one that experienced this kind of loss. Thirdly, children's feelings are not always validated by those around them. Ill-informed parents, teachers and other community helpers may direct the child to "get over it" or "put this behind them" when instead they need support in making sense of what they are experiencing and to be able to grieve. The group can be a place where someone else cares about what they are going through and allows them to express their feelings. The fourth way that groups help children is in communicating that their feelings matter, even feelings that don't feel good such as anger or self-pity. And finally the group can provide healthy ways for the child to express his or her feelings verses unhealthy or self-destructive means of self expression (Schuurman, 2000).

Dougy Center groups tend to be non-directive discussions evolving naturally from the group circle where children identify topics to meet their own needs. Some group activities are more structured when topics are identified and some group activity is unstructured and children can choose from a range of play activities to include: talking in the “Talking room, going outside to play, punching a bag or throwing soft objects in the “Volcano Room,” painting, drawing, mask-making, clay and other art media, dressing up, puppetry, sandtray or water play, playing air hockey or foosball (Schuurman, 2000). Play is a natural way for children to express themselves and work through their grief issues.

Some groups are more structured or curriculum-driven such as the HEALS (Hospice Expressive Arts Loss Program) model, developed in 1990 by Anne Black and Penny Simpson-Adams at The Center for Creative Healing in Brattleboro, Vermont. This program was designed to train school counselors and paraprofessionals who were seeking to meet the needs of bereaved students and resulted in the facilitation of many support groups in the school setting.

The educational training component includes learning about how children grieve based on their social and emotional development, and learning about the psychological task of grief work, and the signs of grief in children. Respectful and empathic listening was stressed as a needed skill to be acquired by helpers. This program incorporated the expressive arts or an approach developed by Natalie Rogers that links body, the emotions, and the child’s spirit in expressing grief. Through such expressive art forms as movement, art, sound, and writing children are able to use their body in a non-verbal way

to access and release strong and varied emotions that developmentally they may not have the verbal skills to express (Black & Simpson-Adams, 1993).

The training consisted of suggestions for planning eight HEALS sessions, to include sample sessions with teaching objectives and learning concepts outlined. The framework of these sessions based on the Good Grief Program developed by Sandra Fox were to: 1) Gain an understanding of the event as a loss 2) Tell the grief story 3) Grieve the loss and feel the feelings 4) Physically and creatively express anger 4) Deal with unfinished business and provide for farewell rituals 5) Commemorate the special person who died 6) Claim a new sense of self and 7) Create a ceremony for closure and receive permission to go on. This program allowed group member to access their own healing energy and inner wisdom to grieve through the use of art, movement, sound, guided visualization (relaxation technique to get child to state of relaxed wakefulness when the brain is not actively engaged in any specific mental or emotional activity), writing, and ritual (Black & Simpson-Adams, 1993).

A group intervention commonly focuses on the following: getting acquainted with others in the group, telling your grief story, telling about your relationship with the deceased person, questioning what happens at funerals, sharing feelings, discussing the changes that occurred in your family as a result of this loss, and saying goodbye to the deceased family member and eventually to members of your group.

❖ Good-bye or closure ceremonies

The counselor may suggest a simple ceremony were the child in a positive manner says good-bye to the loved one. This is very successful with young children

(Schreder, 1995). The follow activities with the help of an adult can offer closure for the child and be symbolic of the celebration of love and life:

- Plant a tree.
- Plant a potted flower to keep.
- Light a candle next to a photograph.
- Draw a picture or create a card for a special occasion or for placement in the casket or grave.
- Release a helium balloon with a message attached for the person who died.
- Make a “prayer feather” (a decorated feather to which special thoughts or wishes are attached), and release it to the wind.
- Sing a song or write a poem to perform on the anniversary of the death.
- Create a plaque or mural in honor of a loved one.

When the child needs more intensive support than the family or school can provide through post intervention services, a referral to community counseling agencies would be helpful.

Counselor Proactive Approaches or Prevention Programs Entitled Noncrisis Death

Education for Young School Age Children

In addition to providing post intervention services, a school guidance counselor may assume a variety of roles in educating children about death to include implementing prevention programs or a noncrisis death education unit to be taught by the counselor or to include encouraging teachers of such classes as social studies, health and home economics to teach or team teach units on topics of death, loss, and grief as it applies to

the regular classroom curriculum. Stanford (1977) and Bartalos (1996) suggested incorporating death education into the established curriculum. Bartalos also contends that a course on human development that discusses the life creating process and should logically include discussion on cessation of life. Education with a focus on family-life seems to be a natural place in the curriculum to include death education issues because life and death are inseparable. The purpose of death education is to prepare students for life crises by providing information, coping strategies and helpful resources available to them in a crisis and the counselor may promote a variety of informal and formal approaches to accomplish this objective.

Informal death education

Informal death education is characterized by teaching death education as it comes up in the classroom without prior curriculum planning or preparation. These “teachable moments” related to death education are common. This was a term coined by Carson (1984) that refers to taking advantage of the events that occur around children to teach them about coping with life and death issues (as cited in Silverman, 2000). Death-related discussion may be precipitated by news reports related to current catastrophes or by a child discussing a personal family loss, or by the death of a pet. Silverman (2000) defines these teachable moments as opportunities to help children develop a vocabulary for what they feel and experience, to help children learn what are appropriate behaviors given the circumstances, and to help children learn to appreciate their need for others during these times. An atmosphere of openness where children can feel free to ask questions, learn from each other and solve problems is necessary.

Children may write stories or draw pictures during classroom activities that stimulate discussion on death related issues. The teacher needs to be watchful and sensitive to the reactions of students when having these discussions. If discomfort is displayed, the teacher may want to provide some time with the student by himself instead of in front of a classroom. The child should never be forced to discuss death topics if they do not want to. To facilitate accepting death as part of the life cycle, all that have a role in caring for children need to be comfortable with and accept that death is a part of the human experience. The school's role in teaching about death and dying can occur during these informal teachable moments or as part of a formal curriculum.

Formal death education

Other ways of promoting classroom discussion and learning about death issues is to provide formal death education. Formal death education is a planned curriculum-based approach utilizing classroom literature, or videos that are developmentally appropriate the age group being taught to facilitate learning and discussion. Wass, Miller and Thornton (1990) found classroom-based death education is offered in less than a fifth of middle school and high schools and seldom at the elementary level. According to Oats (1993), the 1970s was a time when efforts were being made to establish death education programs, but these efforts failed to gain wide acceptance. An early attempt at providing death education by Mueller (1978) was criticized because it attempted to infuse into a variety of school subject's death education topics to include a field trip to a funeral home into a very short and intensive time frame of only three days. It was felt that more time was needed to discuss, analyze, role-play and synthesize the concepts (as cited in Oats, 1993).

Another death education curriculum was developed by Allan and Anderson (1986) as a six-phase guidance unit with several forty-minute lessons focusing on students in grades two, five, and eight identifying their biggest crisis and reviewing coping strategies. Through discussion, essays and art many of the students shared death experiences. Importantly, they also identified a number of coping strategies to include: talking with teachers, counselors, or friends; crying; talking to pets; writing in journals; applying problem solving strategies; relaxing; and praying. The curriculum teachers evaluated the program and reported little evidence that the experience of disclosing these painful experiences was too overwhelming for their students (Allan and Anderson, 1986).

Some death education programs develop out of classroom opportunities. A kindergarten teacher in Lexington, Massachusetts hatched ducks in the classroom and when one died while a parent was caring for it in her home the parents and teacher decided to expand on this and incorporate lessons not only on birth but also on life, death and the life cycle. This opportunity to learn about death began as an informal educational opportunity with the death of the duck and then the experience facilitated a formal death education program with the development of a five session death education curriculum using children's books, art and discussion (Katz, 1997).

Edgar and Howard-Hamilton (1994) felt a noncrisis course on death and dying offered at the fifth grade level would promote mental health. This upper elementary grade student was targeted because by age 10 to 11 developmental theorists such as Kane (1979) and Nagy (1948) found this age level to have the cognitive skills to understand a more mature definition of death. By this age they are out of the magical thinking stage and beginning the self-and-other-responsibility stage. Waiting until junior high or high

school was not optimal because they found students were often into social situations that encourage a strong or more macho attitude and they were unwilling to deal with the emotional responses to death unless a crisis forced the issue.

This course was team-taught by a school or community counselor and a fifth or sixth grade teacher know to the school children. Before the unit was taught, parents were informed about the content of the curriculum and were encouraged to meet with instructors prior to giving permission for their child to participate. Parents want to be part of the process and to know what is being taught in the death education courses. These courses are often “ice breakers” for discussion that carries over into the home. Parents may want support because they fear they might say the wrong thing. Parent involvement can facilitate effective communication at home. It was also felt to be important to identify death-causing conditions in the lives of the children and the children’s family or issues of unresolved grief before offering the death education course. This was done through guided pre-and post drawings and tests acquired by the teachers who then considered the needs of all the children when developing the lesson plans (Edgar & Howard-Hamilton, 1994.)

Appropriate behaviors or expressions of compassion and tolerance were defined for class participants to include giving a tissue to an emotional crying classmate or supporting someone overcome by sadness with a pat or hug. While one instructor taught, the co-instructor was available to students needing more emotional support. The student was given a homework assignment focused on learning from parents and grandparents their family, religious or secular death traditions. They also heard from community guest speakers about death cultural practices that may be unfamiliar to them and about some of

the historical origins of the modern American death rituals (Edgar & Howard-Hamilton, 1994).

This death education curriculum became so popular that over a ten-year span nearly one thousand students in this southeastern university town in the United States completed this elective course (Edgar&Howard-Hamilton, 1994). From a psychological standpoint the first objective of this noncrisis death education program was to give information to children about death providing students with an appropriate vocabulary to express their feelings about death. According to studies by Jenkins and Cavanaugh (1985), the development of the concept of death seems to rely heavily on the development of the verbal-conceptual skills of the child.

The second objective was to clarify life and death values. The value of each individual life was stressed and children were given the facts about what does and does not happen when a person dies, dispelling any myths that a person can come back to life and eliminating any mental horror developed from watching movies or television. Discussion would also provide for an opportunity to sensitively talk about what the children imagined about death from learned superstitions or “facts my Grandma told me” and would rationally explain death concepts (Edgar & Howard-Hamilton, 1994).

Finally, this noncrisis death education program would allow children to grieve the losses they had already experienced but had not fully mourned. The program did not set out to do this when first offered but the need for students to develop appropriate grieving behaviors became apparent (Edgar & Howard-Hamilton, 1994).

To identify the developmental and mental health benefits to children as a result of this noncrisis death education program for fifth graders, a pre and posttest was conducted

that revealed students showed an average 74% increase in their factual knowledge of the death process and mourning behaviors. Six years after participating in the course a follow-up test indicated that students who participated in noncrisis death education demonstrated greater attitudes of self-identity (9% were more defined), and self-responsibility (16% greater) as well as the beginnings of generativity (11% higher) particularly concerning younger siblings and schoolmates (21% increase). These students also tended to be more involved in peer counseling groups and drug abuse campaigns (13% higher) later in their academic career than the students who did not participate in the death education course (Edgar & Howard-Hamilton, 1994).

Stevenson (2000), another death education instructor who has worked with children for more than twenty-five years, identified the following benefits of teaching death education in the schools:

- 1) It prepares students for coping with future losses. The information received helps children to understand what they are experiencing and what may be expected of them when a loss occurs. They may be assisted with looking at the effectiveness of past coping strategies and develop new and more effective coping styles for future losses. Knowing what elements are common when grieving can assist children in recovery. For example a child may be able to accept and feel less guilty about lower academic performances if they realize that concentration difficulties may be a part of the grieving process.

- 2) The most significant benefit of death education was improved communication. Death subjects that once were taboo topics could be discussed because the channels for communication were opened up.
- 3) Fear and anxiety related to death issues were lessened. For some children who had high death-related fears, talking about death helped them to be less afraid. Those who had not given much thought to death experience increased death-related fears that lessen with the opportunity to process the experience.
- 4) Children felt they had more personal control in their lives with participation in death education. Instead of feeling helpless, feelings that are often magnified with grief, the child felt there was a safe place to share sorrow and experience support. Adults, who are silent, communicate helplessness or that nothing can be said to improve how the child feels in this situation. This may lead to feelings of hopelessness and loneliness. Death education gave children the experience of the support that can be there for them when future losses occur.
- 5) Through this death education experience children often displayed a greater appreciation for preciousness of life with an increase in such behaviors as expressing their love to family members, reconnecting with relatives or friends or being more community service minded. Contrary to the death education critic's concern that it would undermine family authority, death education has actually strengthened family ties.

- 6) Death education may broaden children by giving them a greater appreciation for cultural differences related to how people mourn death and express their grief. Death is a universal experience but there are similarities and differences among cultural death practices.
- 7) Death education may have a therapeutic effect on children. Although, Stevenson recognizes that this type of course for children is not therapy but instruction. Teachers need to be adequately trained to deal with the sensitive subjects in death education courses and they need to know how and when to assist the child and when to get assistance from other professionals. Some children in death education courses may have problems that would best be dealt with in outside counseling settings. School counselors and psychologists may assist or through consultation with parents or guardians they may refer the child to community mental health or counseling centers. Death education courses need to be evaluated and monitored by educators, counselors, students, parents, and community members to insure they are meeting the needs of the children involved (Stevenson, 2000).

The school counselor can take a proactive approach and include noncrisis death education in the developmental guidance curriculum as well as encourage informal and formal death education efforts by classroom teachers. It is said that knowledge is strength and strengthening the mental health of children through death education is one of the primary goal of school counselors (Stevenson, 2000).

Death Education and Skills Training for Teachers, School Counselors, and
Parents

Death education and skill training for teachers, school counselors and parents are necessary to develop and strengthen their skills to assist with the grieving process and death education. Because school teachers and counselors are some of the first adults called upon to assist grieving students, those who are not prepared to respond to grief reactions should be trained before a crisis occurs (Oates, 1993). Workshops and reading materials are available to increase the understanding of how the loss affects children and what helping strategies would be appropriate. This training does not need to be extensive, but should increase the comfort level of the teacher or counselor in talking about death and the grief process, and it should develop skills in talking to children about death. Corr (1984, p.49) wrote that being helpful is within the capability of most interested adults:

In general, they will need an opportunity and some direction for examining their own perceptions of death, a certain amount of information, and appreciation of typical concerns of children, a chance to benefit from the viewpoint of others, and practice in elementary interactions skills.

It is important that teachers and counselors work through or recover from their own losses before they offer help to others. Information and exercises are available through, *The grief recovery handbook: A step-by-step program for moving beyond loss*, written by James and Cherry (1986). Participating in a hospice-training course is one way of addressing personal losses.

It was suggested by Glass (1991) that an important function of the school counselor might be to conduct an in-service workshop for teachers to enhance their

knowledge, skills, and confidence level to deal with students with death issues. Kelly (1990, pp, 29-30) a health educator suggests, covering the following topics:

1. Teachers becoming aware of their own attitudes toward death. The Leming Death Fear Scale (Leming and Dickinson, 1985) is useful in this regard. It consists of a 26-item questionnaire that asks individuals to rank their fears and concerns and then groups these for subsequent discussion.
2. Knowledge of student bereavement behavior. Many teachers do not realize the range of behaviors that students exhibit when a relative or classmate dies or how long the grieving process can go on. By becoming familiar with these behaviors, teachers can better determine if professional help is needed.
3. Knowledge of children's cognitive development with regard to concepts about death. If teachers are to help the grieving child, they need to understand children's perception of death from preschool through adolescence.
4. Knowledge of available resources. Many printed and audiovisual resources are available. Local resources include counselors trained in grief counseling, hospice staff, and grief support groups. A local college or university may offer a course in death education.

The former head of a Parent's League for private school children in New York wrote that the entire responsibility of child's death education can not fall on the schools (Lippman, 1996). She suggested that parents need the same training that school professionals are seeking to better understand grief and to increase their comfort level in talking with their children when they encounter death. Parents often are reactive and learn only after they need the knowledge. They may not have the skills to help their children cope with the trauma of death experiences. She feels that this process may help a parent deal with unhealthy attitudes about death and may help sort through their own emotional baggage regarding death. She would like to see death education offer strategies, suggestions and specific information to help parents and educators help their children.

A study by Hare & Skinner (1988) supports providing training to parents on child bereavement because the research found the parents gained knowledge and understanding

of death issues. Although the study also found that knowledge alone does not improve parent's ability to communicate with their children about death (Hare & Skinner, 1988). It was recommended that parents may need skill training to include role playing to practice and acquire parent-child communication skills about death.

Providing an educational program on death, loss, and grief for parents as well as educators was also advised by Glass (1991) as a way to help parents with the role of dispelling myths and confronting their children's anxieties and uncertainties surrounding death.

This literature review highlights the role parents, educators and counselors can take to assist grieving children. To be effective in assisting children, it emphasized the importance of understanding children's cognitive understanding of death and of understanding children's expression of grief based on their developmental levels. The challenge of meeting the individual needs of the grieving child is also an important task. Death education and training for parents, teachers, and counselors can facilitate effective skill development in assisting the grieving child at home and in school. School guidance counselors may also have the skills to provide such post intervention services as individual counseling, recollection, play therapy, bibliotherapy, art therapy, story telling, metaphors, journal writing, group therapy, and closure ceremonies to assist grieving children. Proactive approaches to include informal and formal death education programs in the school can provide mental health benefits.

To strengthen the coping skill and mental health of those touched by death, the silence needs to be broken. Supportive parents, educators and counselors can work to

facilitate learning and communication with the children they care for who will have life experiences with death.

CHAPTER THREE

Summary, Conclusions, and Recommendations

Introduction

In a time of heightened fears of terrorism and war, death is brought to a more conscious level. As young school children are likely tuned in and curious about how such death causing events as September 11 and the Iraq War may impact their lives, the adults in their lives may or may not be prepared to talk with them about their fears. A young child's life experiences will include encounters with death, loss and grief. The child may experience the death of a grandparent, parent, sibling, relative, classmate, friend, neighbor, teacher or pet. Children will come to school bearing these losses. To cope effectively with bereavement and grief, children will take their cues from the adults around them and they will need their assistance. To be effective with these children, parents, educators and counselors will need to be well informed and trained in child bereavement. They will need to create an atmosphere of safety that allows children to learn about death, and that allows children to experience and express their grief. Facilitating a normal mourning process can prevent delayed or distorted grief responses. Rando (1984) suggests that if bereaved children do not actively confront death they may be predisposed to significant pathology and life-long problems.

The most important factor is the quality of available support. The role of parents, school teachers, and school counselors is to honor and support a young child's unique grief process. To follow is a summary of some of the literature reviewed for this thesis that describes the grief process in terms of the cognitive understanding and in terms of

expression of grief in young children that provides a foundation for parent, teacher and counselor understanding of bereaved children.

Summary

As suggested in the problem statement, parents, educators and counselors must develop the skills to be effective in supporting bereaved children. They need to understand what children cognitively understand about death based upon their developmental level. The literature review summarizes what theorists such as Nagy and Piaget (Nagy, 1948; Piaget, 1950; Landsdown & Benjamin, 1985; Schaefer & Lyons, 1988; Sheldon 1998; Brent and Speece, 1993) have found children to understand related to such common concepts of death as universality, or that all things must die; irreversibility or that when one dies, one can not come back to life; nonfunctionality or that once a living thing dies, its bodily functions stop working; and causality or that one understands what happens to bring about death of a living person.

Also discussed is the mourning process as it unfolds in such phases as shock and disbelief, preoccupation to include yearning and searching, despair and disorganization to include regression for children and finally adaptation to the loss (Bowlby, 1960; Furman 1974; Fox, 1985; Silverman, 2000; Corr, 2003). Adapting to the loss and mourning can be an ongoing process or a part of life that parents, educators, and counselors need to understand. They may need to assist the child. Support may be needed at the time of a loss or as it resurfaces later in the child's life when the child reaches another developmental stage that gives the loss new meaning. For example a child may later understand cause and effect concepts and may want to know what caused the death and if it was preventable. An older child may wonder what the person was like and if that

person is still alive in another mode of existence. Other loss experiences or transitions such as, moving, changing schools, graduation, leaving for college or a parent's remarriage may bring about a resurgence of grief, sadness and longing for the person who died.

With this understanding of the grief process for children, the following is an analysis of what schools can do to support grieving children.

Recommendations to Schools

A child needs to be reassured and validated that his or her responses to loss are normal and natural. Teachers and counselors must acknowledge the losses of children rather than avoid them. There are many intervention options that can be tailored to meet the individual needs of the young child. The literature suggests that the most meaningful interventions are those that draw upon what is natural for the child. It is natural for the young child to express their emotions through their play activities. Teachers and counselors who have a relationship with their students are aware of meaningful ways each individual child has for expressing their emotions and can draw upon the child's strengths. Some children have strong verbal skills and can express their feelings while others may need to have more physical outlets or artistic means of expressing themselves. To follow are examples of teacher and counselor support efforts to include educating the child, exploring death issues with the child, comforting the child and inviting the child to grieve in the preschool and elementary school setting.

Preschool setting

Educating the child can be accomplished by providing the vocabulary needed to express their emotions related to loss. Because young preschool children often do not

have the verbal skills to express feelings and emotions related to loss, teachers and counselors can help the child by defining the words that represent the feelings being expressed by the child's body language and actions such as mad, sad, scared or lonely. They can explore death issues by warmly and confidently responding to the "death talk" of small children and following the child's lead in providing the information children are asking for. Some children may want to be physically comforted by a hug or to be held or rocked while others may need a straight forward answers to questions like "When is Grandma coming back?" They need to know a very sad thing has happened. Grandma is not coming back because she died. She was very old and her body wore out and stopped working. These are questions that educators with bereavement training will come to expect, knowing that children do not yet grasp the finality of death. They are also aware that the child's developmental skills may regress in such areas as speech, bladder or bowel functioning when experiencing bereavement.

Play in this setting can be therapeutic. Teachers and counselors tuned into the bereaved child's individual needs must invite the expression of grief and find outlets for it. For the child that tends to be more verbal, a dialogue while playing dolls, dressing up or playing house may facilitate the expression of loss issues whereas other children may need a more nonverbal means or the child's body to express these strong and varied emotions. Each child has a unique way of achieve mastery over difficult life experiences to include loss issues. Preschool settings often have a wide array of physical play options to include pounding with hammers, kneading clay, building in the sand table or climbing on playground equipment. The expressive arts provide avenues of expressing and releasing pent up emotions.

Children are often comforted by having their familiar school routine to follow and by having familiar objects of attachment like his or her favorite toy or activity available to them. Some children love to be read to and having books to read to the child related to death issues can be therapeutic. Children need to know that teachers will continue to provide the care and necessary support during his or her bereavement.

It is helpful to incorporate life lessons on loss that are developmentally appropriate to this age. This might include talking about a plant dying or the loss of a pet, family member or friend as it comes up informally in the child's day to day learning experiences or by planning a unit in the structured curriculum.

Elementary School Setting

The elementary school staff and the parents of the child have the primary roles in helping children to understand their world. Children spend much of their day structured into this educational setting and naturally may look to their teachers and school counselors for support and normalcy when dealing with loss issues and may view them as role models for grieving. Informally teachers can help children by listening and by helping them to develop the necessary verbal-conceptual skills to understand death concepts but they must be open to talking with children about death. Children at this age understand the concept of nonfunctionality and by age nine understand the finality of death. Because they have personified death they may fear that death or the bogeyman has come to take their loved one from them or that they somehow caused the death. This can be a heavy load for a child to carry. Through talking with the child, teachers can come to understand what the child's cognitive understanding is of death and help the child to deal with any fears and anxieties related to death. It is very important to know that child's

cognitive and emotional development. Communication between the parent, teacher and the school counselor can determine the emotional support needed and define if there are counselor interventions that would be helpful in supporting the child in the school setting. Drawing from a wide array of intervention techniques, counselors can provide grief counseling that is based on the needs and strengths of the child and when necessary refer for additional mental health counseling. Through post intervention services young children can be supported and helped to integrate the losses in their lives and to go on without their loved one.

Finally, teachers and counselors can provide noncrisis death education to help all students develop concepts of death by assisting them with the necessary verbal-conceptual skills (Jenkins & Cavanaugh, 1985). Death education can help by opening up lines of communication with children and as a result these children will gain support and get assistance with developing coping strategies for past and future losses (Stevenson, 2000).

To insure death education is taught it must be included in the school curriculum. This can be accomplished in the following ways: seeking parental and administrative support for this mental health training, facilitating selection of age appropriate curriculum and encouraging teachers and counselors to work together to incorporate death education into the curriculum either as part of the regular curriculum or as part of the developmental guidance curriculum. Ideally it would be helpful to provide noncrisis death education at all elementary grades levels. As recommended by Edgar and Howard-Hamilton (1994), fifth grade would be an optimum age to focus on providing a death and dying unit because children are developmentally ready for the more mature definitions of

death as they move out of the magical thinking stage and into the self-other-responsibility stage.

Recommendations for future research

Not all parents, teachers and counselors are comfortable or prepared to accept possible significant roles in assisting young bereaved children. Hare, Pratt, & Wright (1987) sampled preschool educators and found that most did not feel prepared to discuss death as a formal part of the curriculum or when it arose naturally even though they deemed it to be important. Recommendations were made to include a component of death education in teacher preparation programs and as in-service topics for practicing teachers. Kreul (1999) surveyed sixty-six preschool through fifth grade teachers from three districts in Southwestern Wisconsin and found that a majority of teachers did not include death education in their curriculum because they did not have teacher preparation in this area. Only 30.3% had any formal death education training and those with the training and those with more years of teaching experience were more likely to implement concepts of death into their curriculum.

Although school counselors may have post intervention training related to loss issues, school counselors may not pursue developing specialized skills in grief counseling as part of their elective graduate work. Parents, administrators and teachers may have the expectation that counselors are to be able to assume the counseling role with grieving children and to support teachers in their effort to assist grieving students. Graduate schools with elective course work in grief counseling may want to consider requiring course work in developing these skills.

Much could be learned from examining what is actually occurring in schools related to providing grief interventions and death education programs for young children to include getting parental views of this process. Research that evaluates post interventions strategies and death education programs could help provide direction for future program development. At a time of budget constraints some approaches such as group counseling or noncrisis death education initiatives may be viewed as more economical because more students can be reached. Justification for death education programs needs to be based on defining and evaluating how death education programs make a positive difference in children's lives.

This research paper has identified and defined the important role that parents, educators and counselors can have in supporting young bereaved children. Of further consideration would be to investigate whether this supportive role is valued and encouraged by the educational system as it prepares teachers and counselors to do their jobs, since training provisions to enhance the skills of young children, their parents, and professionals would be an indicator of the educational system's commitment to the mental health of bereaved children.

Conclusion

This thesis provides valuable information on what young children cognitively understand about death and how they express grief based on their developmental level. Through gaining a knowledge base on the grieving child and through skills training, parents, teachers and counselors will be able to be effective in the important role of supporting and assisting young bereaved children. Post intervention strategies and proactive noncrisis death education programs are advocated by experts in the field. All

children are touched by death experiences and can be resilient when supported in their efforts to cope with death.

BIBLIOGRAPHY

- Allan, J., & Anderson, E. (1986). Children and crisis: A classroom guidance approach. *Elementary School Guidance & Counseling, 21*, 143-149.
- Aspinall, S.Y. (1996). Educating children to cope with death: A preventive model. *Psychology in the Schools, 33*(4), 341-349.
- Atkinson, T.L. (1980). Teacher interventions with elementary school children in death-related situations. *Death Education, 4*(2) 149-162.
- Barrett, R.K., (1996). Young people as victims of violence. In R. Stevenson & E. Stevenson (Eds.). *Teaching Students about death: A comprehensive resource for educators* (pp. 63-75). Philadelphia, PA. The Charles Press.
- Bartalos, M.K., (1996). Death and the school aged-child. In R. Stevenson & E. Stevenson (Eds.). *Teaching Students about death: A comprehensive resource for educators* (pp. 63-75). Philadelphia, PA. The Charles Press.
- Bertoia, J., & Allan, J. (1988). School management of the bereaved child. *Elementary School Guidance and Counseling, 23*, 30-38.
- Black, A., & Simpson-Adams, P. (1993). *The art of healing childhood grief: A school-based expressive arts program*: Brattleboro, Vermont. The Center for Creative Healing.
- Bordewich, F.M. (1988). Mortal fears, *The Atlantic, 261*(2) 30.
- Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *Psychoanalytic Study of the Child, 15*, 9-52.
- Bowlby, J. (1980). *Loss, sadness, and depression*. New York: Basic Books.
- Brent, S.B., & Speece, M.W. (1993). "Adult" conceptualization of irreversibility: Implications for the development of the concept of death. *Death Studies, 17*, 203-224.

- Buirski, C.K., & Buirski, P. (1994). The therapeutic mobilization of mourning in young children. *Bulletin of the Menninger Clinic*, 58(3), 339-355.
- Crenshaw, D.A. (1990). *Bereavement*. New York: Continuum.
- Cook A., & Davorkin D. (1992). *Helping the Bereaved: Therapeutic Interventions for children, adolescents, adults*. Basic Books.
- Costa, L., & Holiday, D. (1994). Helping children cope with the death of a parent. *Elementary School Guidance and Counseling*, 28(3), 206-212.
- Corr, C.A. (1984). Helping with death education. In H.Wass & C.A.Corr (Eds.). *Helping children cope with death: Guidelines and resources* (2nd ed., pp. 49-73). Washington, DC: Hemisphere.
- Corr, C.A., Nabe, C.M., & Corr, D.M. (2003), *Death and dying: Life and living* (4th ed). Belmont, CA. Wadsworth/Thomson Learning.
- Deaton, R., & Berkan W. (1995). Life and death: Concepts and feelings in children. *Day Care and Early Education*, (4), 27-39.
- Doka, K.J. (1995). *Children mourning, mourning children*. Hospice Foundation of America.
- Doka, K.J. (Ed). (2000) *Living with grief: children, adolescents, and loss*. Hospice Foundation of America.
- Edgar, L.V., & Howard-Hamilton, M. (1994). Noncrisis death education in the elementary school. *Elementary School Guidance & Counseling*, 29(1), 38-46.
- Elkind, D. (1977). Life and death: Concepts and feelings in children. *Day Care and Early Education*. 4(3), 26-29, 39.

- Freeman, S., & Ward, S. (1998). Death and bereavement: What counselors should know. *Journal of Mental Health Counseling, 20*(3), 216-226.
- Fox, S. (1985). *Good grief: Helping groups of children cope with death*. Boston, MA: The New England Association for the Education of Young Children.
- Fox, S. (1988). *Good grief: Helping groups of children when a friend dies*. Boston, MA: The New England Association for the Education of Young Children.
- Furman, E. (1974). *A child's parent dies. Studies of childhood bereavement*. New Haven and London. Yale University Press.
- Galen, H. (1972). A matter of life and death. *Young Children, 27*, 351-356.
- Gladding, S.T., & Gladding, C. (1991). The ABCs of bibliotherapy for school counselors. *The School Counselor, 39*, 7-13
- Glass, J. (1991). Death, loss, and grief among middle school children: Implications for the school counselor. *Elementary School Guidance & Counseling, 26*, 139-148.
- Goldman, L. (2000). *Helping the grieving child in school*. Bloomington, Indiana. Phi Delta Kappa Educational Foundation.
- Grollman, E. (1995). *Bereaved children and teens: a support guide for parents and Professional*. Boston, MA. Beacon Press.
- Hare, J., Pratt, C., & Wright, C. (1987). Death and dying in early childhood education: Are educators prepared? *Education, 107*(3), 279-286.
- Hare, J., & Skinner, D. (1988). A child bereavement training program for parents. *Early Child Development and Care, 36*, 31-48.
- James, B. (1989). *Treating traumatized children: New insights and creative interventions*. Lexington, MA: Lexington Books.

- James, J.W., & Cherry, F. (1988). *The grief recovery handbook: A step-by-step program for moving beyond loss*. New York: Harper & Row.
- Jenkins, R.A., & Cavanaugh, J.C. (1985). Examining the relationship between the development of the concept of death and overall cognitive development. *Omega*, 16, (3) 193-199.
- Jewett, C. L. (1982). *Helping children cope with separation and loss*. Cambridge, MA: The Harvard Common Press.
- Kane, B. (1979). Children's concepts of death. *Journal of Genetic Psychology*, 134. 141-153.
- Katz, J. (1997). *Learning about loss: Bringing death into the life cycle, a K-2 curriculum*. Lexington, MA: Lexington Public Schools.
- Kelly, E. (1990). *Dealing with death: A strategy for tragedy*. Bloomington, Indiana: Phi Delta Kappa Educational Foundation.
- Kreul, B. (1999). *Death Education in preschool through fifth grade: Opinions of teachers*. Unpublished field study, University of Wisconsin-Stout, Menomonie, WI.
- Kubler-Ross, E. (1983). *On children and death*. New York: MacMillan.
- Kubler-Ross, E. (1969). *On death and dying*. New York: MacMillan.
- Lansdown, R., & Benjamin, G. (1985). The development of the concept of death in children age 5-9 years. *Child Care Health Development*, 11, 13-20.
- Leming, R., and Dickinson, G. (1985) *Understanding Dying, Death, and Bereavement*, New York: Holt, Rhinehart and Winston.

- Lipman, M., Sussman, J., & Shneur, A. (1996). Death education in school: What parents want. In R. Stevenson & E. Stevenson (Eds). *Teaching students about death: A comprehensive resource for educators* (pp.110-113). Philadelphia, PA. The Charles Press.
- Mauk, G.W. & Sharpnack, J.D. (1997). *Chapter 33: Children's needs II: Development problems and alternatives*. Bethesda MD: National Association of School Psychologists.
- Moore, T. E., & Mae, R. (1987). Who dies and who cries: Death and bereavement in children's literature. *Journal of Communication*, 37, 52-64.
- Mueller, J.M. (1978). I taught about death and dying. *Phi Delta Kappan*, 60, 117.
- Nagy, M. (1948). The child's theories concerning death. *Journal of Genetics and Psychology*. 73, 3-4, 26-27.
- National Association of School Psychologists. (2001). Helping children cope with loss, death and grief: Response to a national tragedy. Retrieved August 28, 2002 from: www.nasponline.org/NEAT/grief.html
- Oates, M. (1993). *Death in the school community: A handbook for counselors, teachers, and administrators*. America Counseling Association. Alexander, VA.
- Piaget, J. (1950). *The psychology of intelligence*. London: Routledge & Kegan Paul.
- Rando, T.A. (1984). *Grief, dying, and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.
- Schaefer, C., & Reid, S. (1986). *Game play: Therapeutic uses of childhood games*. New York: John Wiley and Sons.

- Schaefer, D., & Lyons, C. (1988). *How do we tell the children? Helping children understand and cope with separation and loss*. New York: Newmarket Press.
- Schreder, M. (1995). Special needs of bereaved children: Effective tools for helping. In E. Grollman (Ed.), *Bereaved children and teens*. Boston, MA. Beacon Press.
- Schuurman, D. (2000). The use of groups with grieving children and adolescents. In K. Doka (Ed), *Living with grief: children, adolescents, and loss*. Hospice Foundation of America.
- Selekman, J., Busch, T., & Kimble, C. (2001). Grieving children: Are we meeting the challenge? *Pediatric Nursing*, 27(4), 414-419.
- Sheldon, F. (1998). Bereavement. *British Medical Journal*, 316 (7129), 456-458.
- Silverman, P. (2000). *Never too young to know*. New York: Oxford University Press.
- Stanford, G. (1977). Methods and materials for death education. *The School Counselor*, 24, 350-360.
- Stevenson, R., & Stevenson, E. (Eds.). (1996). *Teaching students about death: A comprehensive resource for educators*. Philadelphia, PA. The Charles Press.
- Stevenson, R. (2000). The role of death education in helping students to cope with loss. In K. Doka (Ed), *Living with grief: children, adolescents, and loss*. Hospice Foundation of America.
- Stevenson, R., & Wallace, K. (1996). Helping elementary school children cope with grief: What teachers and parents should and should not do. In R. Stevenson & E. Stevenson (Eds.). *Teaching students about death: A comprehensive resource for educators* (pp.110-113). Philadelphia, PA. The Charles Press.

- Ward-Wimmer, D., & Napoli, C. (2000). Counseling approaches with children and adolescents. In K. Doka (Ed), *Living with grief: children, adolescents, and loss*. Hospice Foundation of America.
- Wass, H., Miller, M.D., & Thornton, G. (1990). Death education and grief/suicide interventions in the public schools. *Death Studies, 14*, 253-268.
- Webb, N. (2000). Play therapy to help bereaved children. In K. Doka (Ed), *Living with grief: children adolescents, and loss*. Hospice Foundation of America.
- Wolfelt, A. (1983). *Helping children cope with grief*. Muncie, IN: Accelerated Development.
- Worden, J.W. (1996). *Children and grief: When a parent die*. New York, N.Y: Guilford Press.

Appendix A

ANNOTATED BIBLIOGRAPHY

Author: Charles A Corr

Taken from *Living with Grief: Children, Adolescents, and Loss* by Kenneth J. Doka

2000 Hospice Foundation of America

Pages 299-308

Picture and Coloring Books for Preschoolers and Beginning Readers

Bartoli, J. (1975). *Nonna*. New York: Harvey House. A boy and his younger sister, with good memories of their grandmother, are permitted to participate in her funeral, burial, and the division of her property among family members so that each receives some memento of her life.

Blackburn, L.B. (1987). *Timothy Duck: The Story of the Death of a Friend*. Omaha, NE. Centering Corporation. Timothy Duck tries to understand his own reactions to the death of a friend and the ways in which the needs of his friend's sister are being overlooked by the adults around her. Sharing his questions and concerns with his mother and with his best friends is helpful.

Boulden, J. (1989). *Saying Goodbye*. Weaverville, CA: Boulden Publishing. This activity book tells a story about death as a natural part of life, the feelings that are involved in saying goodbye and the conviction that love is forever, while allowing the child-reader to draw pictures, color images, or insert thoughts on its pages.

Brown, L.K., & Brown, M. (1996). *When Dinosaurs Die: A Guide to Understanding Death*. Boston: Little, Brown. A cartoon format introduces young children to issues of death and loss.

Brown, M.W. (1958). *The Dead Bird*. Reading, MA: Addison-Wesley. Some children find a wild bird that is dead, touch its body, bury it in a simple ceremony, and return to the site each day to mourn ("until they forgot"). The moral is that sadness need not last forever; life can go on again.

Carlstrom, N.W. (1990). *Blow Me a Kiss, Miss Lilly*. New York: Harper & Row. Young Sara's best friend is Miss Lilly, an old lady who is her neighbor across the street. When Miss Lilly is taken to the hospital and dies, Sara cries, looks for the light in her house, and is lonely. In spring, Sara finds happiness in Miss Lilly's garden and in her conviction that Miss Lilly is blowing her a kiss.

Clardy, A.E. (1984). *Dusty Was My Friend: Coming to Terms with Loss*. New York: Human Sciences. Benjamin is eight when his friend Dusty is killed in an automobile accident. As Benjamin struggles to understand his reactions to this tragic event, his parents give him permission to articulate his thoughts and feelings, mourn his loss, remember the good times that he shared with Dusty, and go on with his own life.

Cohn, J. (1987). *I Had a Friend Named Peter: Talking to Children About the Death of a Friend*. New York: Morrow. The children's section of this book describes Beth's reactions when her friend Peter is killed by a car, along with the helpful ways in which Beth's parents and teacher respond to her needs, the needs of her classmates, and the needs of Peter's parents. An adult section tries to prepare adult to assist children in coping with death.

Dean, A. (1991). *Meggie's Magic*. New York: Viking Penguin. After eight-year-old Meggie's illness and death, her mother, father, and sister feel sad and lonely. But one day when Meggie's sister goes to their special place, she finds it still filled with the magical qualities of the games they used to play and she realizes that Meggie's magic still remains inside each of them.

De Paola, T. (1973). *Nana Upstairs and Nana Downstairs*. New York: Putnam's. One day, young Tommy is told that his beloved great-grandmother ("Nana Upstairs") is dead, but he does not believe this until he sees her empty bed. A few nights later, Tommy sees a falling star and his mother explains that it represents a kiss from Nana who is now "upstairs" in a new way. Later, an older Tommy repeats the experience and interpretation after the death of "Nana Downstairs." A charming story about relationships, whose interpretations should be addressed with caution.

Dodge, N.C. (1984). *Thumpy's Story: A Story of Love and Grief Shared by Thumpy, the Bunny*. Springfield, IL: Prairie Lark Press. In picture book, coloring book, and workbook formats (in both English and Spanish), a rabbit tells a simple story about the death of his sister, Bun, and its effects on their family.

Fassler, J. (1971). *My Grandpa Died Today*. New York: Human Sciences. Although David's grandfather has tried to prepare the boy for his impending death, when it actually happens David still needs to mourn his loss. But he does find comfort in a legacy of many good memories from his relationship with his grandfather and in the knowledge that his grandfather does not want him to be afraid to live and enjoy life.

Fassler, D., & McQueen, K. (1990). *What's a Virus, Anyway? The Kids' Book About AIDS*. Burlington, VT: Waterfront Books. This book is designed to help parents and teachers begin to talk about AIDS with young children, using just a few words or pictures on each page so as to leave lots of room for coloring, drawing, and shared discussion.

Fox, M. (1994). *Tough Boris*. New York: Harcourt Brace & Co. Boris von der Borch is a tough, massive, scruffy, greedy, fearless, and scary pirate-just like all pirates. But when his parrot dies, Boris cries and cries-just like all pirates, and just like everyone else.

Gaines-Lane, G. (1995). *My Memory Book*. Gaithersburg, MD: Chi Rho Press. A good example of a workbook providing suggestions, guidelines, and space for children to draw or write out their memories of someone who has died.

Hazen, B.S. (1985). *Why Did Grandpa Die? A Book About Death*. New York: Golden. When Molly's beloved Grandpa dies suddenly, Molly cannot accept that harsh fact. She feels frightened, awful, and misses Grandpa very much, but cannot cry. Only after a long time is Molly able to acknowledge that Grandpa will not come back, to cry, and to realize that Grandpa still is available to her through pictures, in her memories, and in stories shared with her family.

Heegaard, M. E. (1988). *When Someone Very Special Dies*. Minneapolis, MN: Woodland Press. A story line about loss and death provides inspiration and opportunity for children to illustrate or color and thus to share thoughts and feelings.

Johnson, J. & Johnson, M. (1982). *Where's Jess?* Omaha, NE: Centering Corporation. A good book to use in helping young children cope with infant sibling loss.

Jordan, M. K. (1989). *Losing Uncle Tim*. Niles, IL: Albert Whitman. When Uncle Tim becomes infected with HIV, develops AIDS, and dies, his nephew looks for solace through an idea they had once discussed: "Maybe Uncle Tom is like the sun, just shining somewhere else."

Kantrowitz, M. (1973). *When Violet Died*. New York: Parents' Magazine Press. After the death of their pet bird, Amy, Eva, and their friends have a funeral with poems, songs, punch, and even humor. It is sad to think that nothing lasts forever, but then Eva realizes that life can go on in another way through an ever-changing chain of life involving the family cat, Blanche, and her kittens.

London, J. (1994). *Liplap's Wish*. San Francisco: Chronicle Books. As Liplap builds the winter's first snow bunny he remembers his Grandma and misses her. He finds comfort in an old Rabbit's tale about how, long ago, when the First Rabbits died, they became stars in the sky who even now come out at night, watch over us, and shine forever in our hearts.

Mellonie, B., & Ingpen, R. (1983). *Lifetimes: A Beautiful Way to Explain Death to Children*. New York: Bantam. Through many examples, this book affirms that "there is a beginning and an ending for everything that is alive. In between is living... So, no matter how long they are, or how short, lifetimes are really all the same. They have beginnings, endings, and there is living in between."

Numeroff, L., & Harpham, W. (1999). *Kid's Talk: Kids Speak Out about Breast Cancer*. Dallas, TX: Susan G. Komen Breast Cancer Foundation. This book uses animal drawings to depict common situations experienced by children whose mothers are diagnosed with breast cancer. Death is not directly addressed, but the book conveys children's confusion when confronted by difficult situations and offers guidelines to open communication and help parents talk to children at their level.

O'Toole, D. (1988). *Aarvy Aardvark Finds Hope*. Burnsville, NC: Compassion Books. Designed to be read aloud, this is a story about how Aarvy Aardvark comes to terms with the loss of his mother and brother. Many animals offer unhelpful advice to Aarvy; only his friend, Ralph Rabbit, is truly helpful.

Rylant, C. (1995/1997). *Dog Heaven and Cat Heaven*. New York: Blue Sky Press. Vivid illustrations and charming story lines in these two books describe the delights that dogs and cats might find in their own special heavens.

Stickney, D. (1985). *Water Bugs and Dragonflies*. New York: Pilgrim Press. This little book focuses on transformations in life as a metaphor for transformations between life and death. One key point is that the water bug who becomes transformed into a dragonfly is no longer able to return to the under water colony to explain what has happened. Each individual must wait for his or her own transformation in order to appreciate what it entails.

Stull, E.B. (1964). *My Turtle Died Today*. New York: Holt, Rinehart & Winston. When a pet turtle dies, a boy and his friends bury it and talk about what all of this means. They conclude that life can go on in another way through the newborn kittens of their cat, Patty. Much of this is sound, but the book also poses two questions that need to be addressed with care: Can you get a new pet in the way that on child has a new mother? and Do you have to live-a long time-before you die?

Varley, S. (1992). *Badger's Parting Gifts*. New York: Mulberry Books. Although Badger is old and knows that he must die, he is not afraid. He worries about his friends, who are sad when he dies but who find consolation in the special memories that Badger had left with each of them and in sharing those memories with others.

Virost, J. (1971). *The Tenth Good Thing About Barney*. New York: Atheneum. When a pet cat dies, a boy tries to think of ten good things to say about Barney at the funeral. At first, he can only think of nine things until he argues with a friend about whether or not cats go to heaven. Out in the garden, he realizes the tenth good thing is that "Barney is in the ground and he's helping grow flowers."

Warburg, S.S. (1969). *Growing Time*. Boston: Houghton Mifflin. When his aging collie, King dies, Jamie's father gets him a new puppy. At first, Jamie is not ready for the new dog, but after he is allowed to express his grief, he finds it possible to accept the new relationship.

Weir, A.B. (1992). *Am I Still a Big Sister?* Newtown, PA: Fallen Leaf Press. This simple story follows the concerns of a young girl through the illness, hospitalization, death, and funeral of her baby sister, and the subsequent birth of a new brother.

Wilhelm, H. (1985). *I'll Always Love You*. New York: Crown. A boy and his dog, Elfie, grow up together, but Elfie ages and dies while her master is still young. Afterward, family members regret that they did not tell Elfie they loved her. But the boy did so every night and he realizes that his love for her will continue even after her death. He doesn't want a new puppy right away, he though he knows that Elfie will not come back and that there may come a time in the future when he will be ready for a new pet.

Zolotow, C. (1974). *My Grandpa Lew*. New York: Harper. When six-year-old Lewis wonders why his grandfather has not visited lately, his mother says that Lewis had not been told that his grandfather had died because he had never asked. The boy remarks that he hadn't needed to ask; his grandfather just came. Sharing warm memories of someone they both miss leads his mother to conclude, "Now we will remember him together and neither of us will be so lonely as we would be if we had to remember him alone."

Storybooks and Other Texts for Primary School Readers

Alexander, S. (1983). *Nadia the Willful*. New York: Pantheon Books. Nadia's older brother dies and her father decrees that no one may speak of his death. Nadia helps her family, particularly her father, deal with their grief by willfully talking about her brother.

Arnold, C. (1987). *What We Do When Someone Dies*. New York: Franklin Watts. This book provides information about death-related feelings, concepts, and beliefs, but gives most attention to disposition of the body, funeral customs, and memorial practices.

Buck, P.S. (1948). *The Big Wave*. New York: Scholastic. After a tidal wave kills his family and all the fishing people on the shore, Jiya chooses to live with his friend Kino's poor farming family instead of being adopted by a rich man. Years later, Jiya marries Kino's sister and decides to move back to the seaside with his new bride.

Bunting, E. (1982)). *The Happy Funeral*. New York: Harper & Row. Two young Chinese-American girls are puzzled when their mother says they will have a "happy funeral" for their grandfather. In the end, the children realize that although no one was happy that their grandfather died, his good life and everyone's fond memories of him did make for a happy funeral.

Carrick, C. (1976). *The Accident*. New York: Seabury Press. Christopher's dog, Bodger, is accidentally killed when he runs in front of a truck. Christopher is angry at the driver, at his father for not getting mad at the driver, and at himself for not paying attention and allowing Bodger to wander to the other side of the road as they walked. Christopher's parents bury Bodger to quickly the next morning before he can take part, but anger dissolves into tears when he and his father are able to join together to erect a marker at Bodger's grave.

Cin-Yee, F. (1988). *Sam's Story: A Story for Families Surviving Sudden Infant Death Syndrome*, Available from the Canadian Foundation for the Study of Infant Deaths, Toronto, Ontario. A rare book that tells a story (with pictures) about the confusing experiences of a child in a family that has experienced the sudden death of his infant brother.

Coburn, J.B. (1964). *Annie and the Sand Dobbies: A Story About Death for Children and Their Parents*. New York: Seabury Press. When young Danny encounters the deaths of both his toddler sister from a respiratory infection and his dog after it ran away from home, a neighbor uses imaginary characters to suggest that the deceased are safe with God.

Coerr, E. (1977). *Sadako and the Thousand Paper Cranes*. New York: Putnam's. This book is based on a true story about a Japanese girl who died of leukemia in 1955 as one of the long-term results of the atomic bombing of Hiroshima (which occurred when Sadako was two years old). While in the hospital, a friend reminded Sadako of the legend that good health will be granted to a person who folds 1,000 origami paper cranes. With family members and friends, they began folding. Sadako died before the project was finished, but her classmates completed the work and children all over Japan have since contributed money to erect a statue in her memory.

Coleman, P. (1996). *Where the Balloons Go*. Omaha, NE: Centering Corporation. When Corey asks where balloons go as they fly up into the sky, Grandma suggests that perhaps their destination is a lovely Balloon Forest. Later, after Grandma becomes sick and dies, Corey wishes that his balloons could carry him up to the Balloon Forest to see Grandma, but settles for attaching a message of his love to a balloon and releasing it.

Corely, E. A. (1973). *Tell Me About Death, Tell Me About Funerals*. Santa Clara, CA: Grammatical Sciences. The book depicts a conversation between a young girl whose grandfather has recently died and her father. In ways that avoid euphemisms, they discuss guilt, abandonment, and choices about funerals, burials, cemeteries, and mausoleums. At one point, we encounter a child's delightful misunderstanding about the "polarbears" who carry the casket.

Donnelly, E. (1981). *So Long, Grandpa*. New York: Crown. Michael at 10 witnesses his grandfather's deterioration and eventual death from cancer. We learn about his reactions to these events and about the way in which Michael's grandfather had helped to prepare the boy by taking him to an elderly friend's funeral.

Douglas, E. (1990). *Rachel and the Upside Down Heart*. Los Angeles: Price Stern Sloan. After Rachel's daddy died when she was four, she was sad and had to move from a house with a yard, green grass, and two dogs in Kentucky to a noisy apartment in New York City. Mommy and Daddy would always be in Rachel's heart, so she began to draw hearts but could only make them upside down. Later, Rachel began to find some new friends and some of the hearts that she drew were upside up. Finally, when his father died, Rachel was able to talk to a new friend and help his with his loss.

Erling, J., & Erling, S. (1986). *Our Baby Died. Why?* Maple Plain, MN: Pregnancy and Infant Loss Center. A little boy shares his story about the death of his stillborn brother and the subsequent birth of sibling twins.

Goldman, L. (1997). *Bart Speaks Out: An Interactive Storybook for Young Children About Suicide*. Los Angeles: Western Psychological Services. Provides words for children to use to discuss the sensitive topic of suicide.

Goldman, M.B. (1990). *Vanishing Cookies: Doing OK When a Parent Has Cancer*. Available from the Benjamin Family Foundation. Downsview, Canada. This book's goal is to bridge the gap between adults and children by helping them share feelings in situations when an adult is coping with cancer. Children are encouraged to ask questions and are offered information about cancer, treatments, coping with feelings, friends and school, and death. The title refers to the vanishing cookies that some children shared with their mother when they visited in the hospital.

Graeber, C. (1982). *Mustard*. New York: Macmillan. Mustard is an elderly cat with a heart condition who needs to avoid stress. But one day Mustard runs outside and gets into a squabble with another animal, leading to a heart attack and to Mustard's death. After Father buries Mustard, Alex wisely declines (for now) a well-meaning offer of a new pet.

Greene, C. C. (1976). *Beat the Turtle Drum*. New York: Viking. Mostly, this book describes thirteen-year-old Kate and eleven-year-old Joss' loving, warm family. When Joss is abruptly and unexpectedly killed in a fall from a tree, the family is flooded with grief. Conveying this sense of the many dimensions of bereavement is the book's strong point.

Gryte, M. (1991). *No new Baby*. Omaha, NE Centering Corporation. A caring Grandma explains the sadness and loss of miscarriage to her grandchild, reminding her that she's not to blame and that it's okay to ask questions and express her feelings.

Johnson, J., & Johnson, M. (1978). *Tell Me, PaPa: A Family Book for Children's Questions About Death and Funerals*. Omaha, NE: Centering Corporation. Using the format of a discussion between children and a grandparent, this slim book provides an explanation of death, funerals, and saying good-bye.

Krementz, J. *How It Feels When a Parent Dies* (1981) and *How It Feels to Fight for Your Life* (1989). Boston: Little, Brown; paperback by Simon & Schuster, 1991. Short essays by children and adolescents (seven to sixteen years old) describe individual reactions to the death of a parent and to a variety of life-threatening illnesses. An author's photo accompanies each essay.

Marshall, B. (1998). *Animal Crackers: A Tender Book About Death and Funerals and Love*. Omaha, NE: Centering Corporation. A young girl describes her Nanny who hid animal crackers all over her house for her grandchildren. After Nanny became forgetful and went to live in a nursing home, she eventually died. But the children always remember Nanny fondly through the good times they shared with her and through her "Nanny crackers."

McNamara, J. W. (1994). *My Mom is Dying: A Child's Diary*. Minneapolis: Augsburg Fortress. The illustrated diary format of this book presents an imaginary record of Kristine's conversations with God while her mother is dying. Notes from the author identify Kristine's reactions and suggest how they could provide a basis for discussion with children.

Miles, M. (1971). *Annie and the Old One*. Boston: Little, Brown. A ten-year-old Navajo girl is told that it will be time for grandmother to return to Mother Earth when her mother finishes weaving a rug. Annie tries to unravel the weaving in secret and to distract her mother from weaving, until the adult realize what is going on and her grandmother explains that we are all part of a natural cycle. When Annie realizes that she cannot hold back time, she is ready herself to learn to weave.

Powell, E. S. (1990). *Geranium Morning*. Minneapolis: CarolRhoda Books. Two young children—Timothy, whose mother is dying—struggle with strong feelings, memories, and Frannie, whose mother is dying—struggle with strong feelings, memories, guilt ("if only"), and some unhelpful adult actions. In sharing their losses, the children help each other; Frannie's father and her mother (before she dies) also are helpful.

Saltzman, D. (1995). *The Jester Has Lost His Jingle*. Palos Verdes Estates, CA: The Jester Co., This is the tale of a Jester who awakens one morning to find laughter missing from his kingdom. The Jester and his helper, Pharley, search high and low to find it. Ultimately, they discover that laughter- the best tonic for anyone facing seemingly insurmountable obstacles –is buried deep inside each of us.

Shriver, M. (1999). *What's Heaven*. New York: Golden Books. When the adult son of an elementary school teacher dies in a mountain climbing accident, Sam and other members of his class can observe how Mr. Hall is affected by his grief. In time, the children persuade Mr. Hall to share with them a scrapbook and other memories of his son, and they plant a tree as a class memorial.

Sims, A. (1986). *Am I Still a Sister?* Albuquerque, NM: Big A & Company. A young girl writes about her real-life experiences when her baby brother died from cancer.

Smith, D. B., (1973). *A Taste of Blackberries*. New York: Scholastic. After the death of Jamie as a result of an allergic reaction to a bee sting, his best friend (the book's unnamed narrator) reflects on this unexpected event. Did it really happen to is it just another of Jamie's pranks? Could it have been prevented? Is it disloyal to go on eating and living when Jamie is dead? He concludes that no one could have prevented this death, " some questions just don't have answers," and life can go on.

White, E.B. (1952). *Charlotte's Web*. New York: Harper. This book is now a classic with its story of friendship on two levels: that of a young girl named Fern who lives on a farm and saves Wilbur, the runt of the pig litter; and that of Charlotte, the spider, who spins fabulous webs that save an older and fatter Wilbur from the butcher's knife. In the end, Charlotte dies of natural causes, but her achievements and her offspring live on.

Whitehead, R. (1971). *The Mother Tree*. New York: Seabury Press. Where do eleven-year-old Tempe and her four-year-old sister, Laura, turn for comfort in the early 1900's when their mother dies and Tempe is made to assume her mother's duties? To a temporary spiritual refuge in the large, backyard tree of the book's title and eventually to good memories of their mother that lived on within them.

