

Should a child attend a funeral?

The fact that this is such a common question suggests that there are real concerns about a child attending a funeral. Adults can worry that the child will be upset by the experience. A fear can be that the child will be disturbed by seeing adults upset and crying. There can also be a concern about who will attend to the child's comfort and needs if the adults are in the midst of their own intense emotions. Many adult concerns about children are related to the presence of a dead body at the service. Adults worry that the image of the dead body will confuse and needlessly scare the child. Some adults remember their own childhood experience at being pressured to touch or kiss the person who died, and this was not something that they wanted to do.

Questions of children and funerals raise another question: Why do we have funerals? In our many cultures we have rituals for times of significant transitions. We have baby showers, multiple graduations throughout our education, weddings, going away parties, housewarmings, and retirement dinners. We also have funerals to mark a major time of transition for the dead and the mourners. Funerals help us to be with others who share similar feelings about the person and the death. Funerals help us to look back at how life was, see what gifts we received from the person and look forward to a different life. For many, funerals connect them to their religious faith and tradition, reminding them of greater truths and meanings in life. The presence of the body gives a unique opportunity to say goodbye and to begin to understand that the person is really dead. Seeing the body that no longer breathes and responds helps us understand the reality of death on a deeper level than just hearing the news of the death.

Children can get many of these same benefits from funerals. They can benefit from being with others, being guided to look back and look forward, connecting to their family's view of life and religious traditions, and understanding death better by being in the presence of a dead body. In some ways, children may need the experience of a dead body more than adults. Because of their more limited life experience, it may be difficult to imagine what it means to be dead. As a ten year old, I went to the visitation for my grandmother. I stood by the casket and looked at her. She looked

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like she was just sleeping. With no one else around, I reached out and touched her hand. It felt cool and hard. She was not just sleeping. This was a new thing and being in her presence helped me understand that.

The question of children attending funerals is actually too narrow a question. After someone dies, there are a variety of activities from which to choose: a private visitation, a public visitation or wake, the funeral service, sometimes a graveside service or burial, sometimes a distribution of the cremated remains, and a community gathering following the service. Especially for a child who has never experienced a funeral service, one option to seriously consider is a private visitation. Beforehand the child will need an explanation of what to expect—what the child will see and how the body might feel if touched. With a private visitation, the child will be more free to ask questions and express emotions or a desire to leave without the embarrassment with others watching. This experience would also help the child make a better decision about participating in the other memorial activities that will occur.

The general rule is that a child should not be forced to attend a funeral nor should a child be kept from attending a funeral. A child should have some say in the matter, and a child will need enough good information about what to expect in order to express a true preference. In Kansas City, there is a church that reserves a pew at funerals for families who do not know the deceased well so that children can have a funeral experience and be better prepared for future funeral experiences. If a child does not participate in the funeral, one consideration would be to videotape the funeral so the child would have an option to learn about what happened when questions may arise in years to come.

A counselor once told a story of working with a young boy who had someone special die. The plan was to have a graveside service only, and the counselor asked the boy if he planned to attend. The boy said he didn't want to go because everyone would be crying. The counselor asked the boy if he had ever been to a cemetery. He said that he hadn't, and she explained that in many ways a cemetery was like a park. What if there was someone to be with him at the service so that if he wanted to get away from the crying he could go and play? The boy agreed and arrangements were made. The counselor saw the boy again after the funeral service and asked if he went away

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to play. He did not, but the comfort of knowing that he could made it possible for him to be with his family during this special time.

What do you tell a child when someone is very sick and is likely to die?

What do we tell a child? The truth. Nothing but the truth. But not necessarily the whole truth. This is where it gets complicated.

One of the things we want for our children is for them to be able to trust the adults who care for them—their parents, teachers, counselors, coaches, pastors, etc. This means that we don't want to tell a child something that we may need to later come back and correct, "I know I told you _____ before, but the real truth is _____." Having to explain that we failed to be truthful with a child does not help them trust us and feel secure in the world. So the first guideline is to tell the truth—nothing but the truth.

But we don't need to always tell children the whole truth—everything we know about a situation. To treat children as adults—to tell them everything we know and understand about a situation—would be expecting a child to no longer think and act as a child and would not help the child understand the situation in the long run. To get such an explanation would be confusing and possibly unnecessarily frightening. There needs to be a better way.

When thinking of what to tell a child, here are some ideas to keep in mind:

- Be careful with language—choose words that the child can understand and explain any new words that must be used.
- Start simple—tell a child the basics first knowing that more information and more detailed explanations can always be offered.
- Keep communication lines open—Giving a child periodic updates and opportunities for questions helps avoid confusion and helps a child understand and feel more secure about what is happening.

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Perhaps the hard part for most of us is not telling a child that someone is very sick, but it is talking about dying and death. If dying is part of the reality of the situation, however, then we need to consider when and how to explain this to the child. We know that we will have to talk about death with the child if the person does die, and even for children knowing what to expect can be a helpful thing as opposed to being totally shocked and surprised. One way to introduce the possibility of dying might be to say something like this,

"You know we've talked about how Grandpa has cancer, and the cancer can make him very sick. He is very sick now and in the hospital. Sometimes someone gets so sick that he dies. The doctors are trying to help Grandpa, but we are all worried that he may not get better and he may die. We are hoping and praying that he won't die, but he's so sick that it could happen."

After such an explanation, more conversations could happen with a child to see what concerns or worries the child has and what they might want to do in regards to the person who is sick—make a get well card, visit the person, give Grandpa a hug, etc. If the person does die, the previous conversations will be helpful as a reference in informing the child: "You remember how we talked about how Grandpa was so sick that he could die. Well, we just had a call from the hospital, and Grandpa died this morning, and we are all very sad."

If you do decide to talk to a child about someone dying, it is best to use the words "die", "dying" and "death" rather than other words that are more metaphorical and may be misunderstood such as "pass away," "gone" or "taken." These terms may be well understood for adults, but they can be abstract and confusing for a child.

Children take their cues from adults and finding a way to talk about even very upsetting things like someone dying tells a child that nothing is unspeakable and we can share and cope together rather than alone. Hedda Bluestone Sharapan put it well:

"So, there are no books that will do it for us and there are no magic "right" words to say. It's the trying, the sharing, and the caring—the wanting to help and the willingness to listen—that says "I care about you." When we know that we do care

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about each other, then, together, we can talk about even the most difficult things and cope with even the most difficult times."

Hedda Bluestone Sharapan

Talking with Children about Death

How long should you grieve?

How long grief should last seems a common concern and sometimes a distorting question. "How long" suggests that there is an end, a time where there are no feelings left to feel and the loss underneath the grief no longer matters. Suggesting this type of ending of grief doesn't fit with the experience of most people. Grievers say things like "life will never be the same" and "it will never be 'over.'" For most of us with significant losses, grief doesn't end but it does change.

Consider a six year old girl whose mother dies. Won't she miss her mother differently when she's ten years old and playing in a soccer game or a piano recital and her mother isn't there? When she enters puberty and her body begins to change, will she not miss her mother in new and different ways? How about when she's sixteen and gets her driver's license or goes to the prom? What about when she graduates from high school and her friends are taking pictures with their parents on either side of them but her mother is not there? And when she gets married and when she is pregnant and has a child of her own and when that child turns six—at what point is she to stop missing her mother, to stop wishing that her mother was still alive? When should her grief be done?

Especially for children, but for adults, too, grief changes as time passes. Hopefully some of the changes are eventual decreases in the intensity of painful feelings and longing and decreases in the length of time grief feels overwhelming. The low times aren't as low and don't last as long. As time passes and we grow, we can also have new questions and insights about our losses which change the grief we experience. Transition times are often times when we miss someone in new and different ways—when we graduate, move, marry, start a new job, have children, retire, or begin a new relationship. Singer/songwriter Ken Medema writes that "we always need the

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leaning, but in the turning, we need it more" and we can feel the loss again and anew when we feel that need for leaning.

How long should we grieve? Perhaps as long as we remember that or who was lost. Or perhaps there's not a very good answer because in the end, it's not a very helpful question.

How do we know what is healthy mourning behavior?

It's a common question in grief and mourning—"Is that healthy?" Sometimes it's when someone goes to the cemetery frequently or never. Sometimes it's keeping the room of the person who died the same or giving away the person's possessions. Other times it's starting a new relationship or refusing to entertain a new relationship now or ever. How do we know when something is healthy or not?

One way of approaching such questions is to look at the role and consequences of the particular behavior and see how it is working in the life of the person doing the mourning. Healthy mourning calls and moves us to deal with the pain of the loss, to establish a new relationship with the one who was lost so that the relationship fits our new reality and to live (again) open to the possibilities of this new reality. Whatever the particular behavior, the question is how does this behavior function in the light of the needs of healthy mourning—giving the pain its needed attention, establishing new relationships and saying yes to our new life. Does the behavior work for us or does it ultimately work against us? It may not always be easy to tell and behavior that works for us in the early days of mourning may later become a stumbling block. Similarly, behavior which wouldn't really help at all in the beginning of mourning may eventually be just what we need. No surprise that the reality of mourning is not always simple in the actual living of it.

A case in point could be a situation where a mother visits the grave of her child every day. Is this healthy? It depends, of course. Perhaps the daily visit grounds the mother in the reality of her child's death, reconnects her with her child and so frees her to move through her day and new experiences with the affirmation that while her child

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has died, her child continues to live in her. Her daily visit helps her live more fully than if she did not have this grounding and reaffirmation. If this is the case, then a daily visit to the cemetery may be very healthy for this mother. In a different scenario, perhaps the daily visits function more as a jailer keeping her imprisoned to the past than as a support to a new life. The time and energy she spends at the grave leaves her spent and unable to give herself to her present relationships with her family, herself and her new world. Instead of her child going with her into her new life, she continues to be tethered to her child only in her old life. In the beginning the daily visits may have been mostly a source of comfort, but as time goes by, she senses that she is stuck but is unable to do otherwise. In this case, the daily visits, which may have been initially beneficial, are no longer helping the mother in her mourning.

In the end, it's not the behavior itself but the function of the behavior—does it help or hold back—that lets us know how healthy a particular mourning behavior may be.

It's been six months since the death...why do I feel worse instead of better?

For many griever, around six months following the death of a family member or close friend is one of the most difficult times. Six months have passed—shouldn't one be feeling better instead of worse? "I thought I was doing OK and then it's like the rug was pulled out from under me" can be a common experience. There are several factors that can come together to make this a difficult reality for grieving people:

- Support from others wanes over time. The first days following a death can be filled with calls, cards, visits, flowers, meat trays and casseroles. People say "How are you doing?", "I'm so sorry" and "Let me know if there's anything I can do." After a while, the cards and calls slow down to a trickle, if any, and expressions of sympathy and questions of how you're doing go away, too.
- Practical tasks surrounding the funeral and initial arrangements are mostly over. Just following a death there is much to do and manage. There are many decisions and

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activities relating to the funeral as well as financial considerations, belongings to sort and decide about, and day-to-day adjustments of how things are done in the absence of the one who has died. The emotions of grief can be channeled into these tasks but what to do when the list has been accomplished?

- Initial numbness or shock decreases. Sometimes it's hard to be aware of how much numbness or shock is present until it starts to go away, but the protectiveness of numbness will eventually fade. Similar to after a major surgery, you don't know how much pain you have until the pain medication wears off.
- Reality of the death is experienced in new ways. Over time those left behind begin to experience a more and more ways of how they miss their special person—on Monday after work, during the day when they would often call or email, on Friday night, Saturday afternoon or Sunday morning. There are a myriad of circumstances, large and small, that are different and the reality of the death gets reinforced in new and unexpected ways.

If you are one of these grievers for whom around six months is harder than the weeks and months before, you are in good company. And most of those who have gone before can say that the acute pain of this difficult time waxes and wanes and eventually softens and changes.

How do we be a friend to someone who is grieving?

There are at least three general ways for being a friend to someone who is grieving:

Be there—One of the things that many grievers share is that after the initial press of calls, cards, phone calls and visits is over, it can be and feel very lonely. This is where a good friend is needed, not to do anything particular or special, but to be there. Being there is not a one-time thing, of course. To really live up to being there for someone, we have to be faithful to be there repeatedly over time.

Be a "distraction companion"—Grievers don't always want or need to talk about their loss and grief and they often do need encouragement and companionship as

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they find ways to be again in the world. This can mean doing what used to be normal things—fun, educational, social, work, or religious things. Having a companion to join you, even when you do not feel the best of company, may help provide the extra encouragement you need. Grievers generally do not need to be reminded of what was lost but they may need reminded of what is still present—you and things to do together.

Be a companion in the pain—This may be the most difficult task for a friend, especially if you, too, are feeling the pain of grief. One of the biggest challenges we face is enduring the suffering of those we love when what we really want to do is make all the pain go away. Pain is part of the deal with grief. We can sometimes mask it or temporarily avoid it but ultimately we can't eliminate it. As a friend we can be open to expressions of grief and loss. No "shoulds" or "oughts" to be offered but a willingness to listen and accept what is shared. Being a companion in the pain can mean offering attentive silence when the griever is sharing. A squeeze of the hand, a hand on the shoulder, a hug--lots of words generally aren't needed. What may be needed is an invitation to share—an invitation that that gently encourages but does not pressure—as a griever may be interested in sharing but is looking for a sign that it's OK to do so. To be a companion in the pain is a true and deep gift of friendship.

What are helpful ways to deal with guilt in grief?

Guilt is a stalker who never sleeps and a faithful heaviness refusing to abandon us. It is one of the most common feelings in grief as it comes for both things done and said and things undone and unsaid. When we get stuck in guilt our grieving can also get stuck. There are helpful ways to deal with guilt but guilty grief is hard to escape.

Sometimes we can decide that we do not deserve to feel guilty as we are truly not to blame. Believing that we are not to blame can take a lot of practice as there is part of us attracted to feeling guilty. There is a comfort in guilt—if I am guilty then I could have done differently and changed what happened, and if this is so, then I have more control over my life than if I am innocent and could not have changed what happened. It can be a choice of feeling guilty or feeling helpless and many will choose guilt over helplessness. When we can let ourselves off the hook our better selves convince us that we don't deserve to be punished by guilt. Guilt is quite the unfair

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taskmaster suggesting that we are responsible for knowing then what we know now—which is really an impossible thing—but guilt has the gall to persuade us otherwise. If we find the strength to resist guilt's unfair accusations, we can free ourselves and our grieving to move to a less burdened living.

There are times, however, when we cannot find a way to let ourselves off the hook and feelings of guilty may be fitting to the situation. No matter what mental gymnastics we try, we feel guilty and believe our guilt is deserved. If this is the case, our tasks are to find forgiveness and offer restitution.

Years ago a man named David Biebel spoke in Little Rock about the death of his son, Jonathan. Mr. Biebel was a pastor and he had written a book about his son entitled *Jonathan You Left Too Soon*. He talked about the guilt he experienced in his grief and how friends would tell him that he didn't need to feel guilty. He continued to feel guilty, however, and realized that what he needed to hear from someone was something like this: "Dave, I don't think you need to feel guilty but I believe you when you say you do feel guilty, so what I want you to know is this--I forgive you."

When guilt feels appropriate and deserved, we need ways of experiencing forgiveness. Many faith traditions offer guidance and paths for experiencing forgiveness and one's spirituality can be a great resource in this search. Themes of apology and forgiveness can also be found in a letter-writing exercise where the mourner writes a letter to the person who died and then responds with writing a letter from the perspective of the deceased. (See "In the Spotlight," *The Mourning News*, February 2005 for more information about this letter-writing activity).

Offering restitution can be a healing activity but a challenge when the one felt due restitution is dead. Too often the idea of restitution is twisted into a form of self-punishment with the thinking, "I will pay my debt by suffering." Healthy restitution, however, does not pay a debt by living a restricted and "less than" life of suffering. Paying a debt and honoring a life ended is done by living fully and generously in ways that contribute to others in the spirit of the one who died. Guilt that moves us toward a better and fuller life can be a healthy thing, but guilt that traps us in our grief and in the past does no one—dead or living—any good.

What about the stages of grief?

There are a variety of models with varying stages of grief, but the stages that most of us learned come from Elizabeth Kübler-Ross. Kübler-Ross was a psychiatrist (she died in 2004) who wrote a very important book published in 1969 entitled *On Death and Dying*. In this book, she talked about stages of grief that she observed while talking with older adults who were dying. The stages were, in order, denial, anger, bargaining, depression and acceptance. Her observations were helpful to many grieving people who felt validated and "normal" for experiencing one, some or all of these stages: when death felt unreal (denial), when people felt not only sad but mad (anger), when they wrestled with God or fate wanting to change what had happened (bargaining), when it felt overwhelming, exhausting and hopeless (depression) and when some peace was made with their new reality (acceptance).

These stages gave the impression that grief could be orderly and predictable—so much so that they have been generalized to all kinds of loss and grief situations and for many different kinds of people. A problem with this impression is, however, that for most of us, grief is messy and refuses to be orderly or predictable.

We can wake up in the morning and think, "Did that really happen?...it just feels like a bad dream (denial)...oh yeah, it did happen...but it's just not right... they shouldn't have died, it's not fair (anger)...if I could just go back and do...or say...maybe it could be different (bargaining)...but I can't go back and I can't change it...and that is so very depressing (depression)...but I guess I've got to get up—got to get the kids going, get dressed, get to work...live with it for today (acceptance)." Some of us never feel angry in our grief, some don't bargain with God, and certainly not all come to acceptance. These stages, and anyone else's stages, can be helpful as they let us know that we're not alone and that what we're feeling is common or "normal", but they don't predict what our experience will be like or the experience of someone we know.

Stages may be helpful when they give us language to better describe what grief feels like and they can also communicate hope that there can be a better day if we make it long enough. Yet stages can oversimplify our grief experiences, give us uniform and unrealistic expectations as to how we're supposed to do this thing, and tempt us to



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try to fit our messy reality into someone else's labeled boxes that make up "the" stages of grief. Life and people are generally messier and more diverse than any model of stages of grief.