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Grief and loss : the effects on children and the school counselor's role

Hope Nicole Bleckwehl
University of Northern Iowa

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Abstract

School counselors may play a major role in the lives of grieving children. It is inevitable counselors will work with children having grieving issues. Children do grieve and their grieving process may look the same or different than adults. Children's experiences with death, developmental level, and individual differences all effect how a child will react to the loss of a loved one or a pet. The grieving process, developmental considerations, gender differences and common sources of loss are discussed in the following paper. Interventions a school counselor may use with children in classroom guidance, group counseling, and individual counseling are also outlined. It is important for school counselors to understand children's grieving process to best work with them effectively.

**University of Northern Iowa
Instructional Resources
& Tech Svcs - SEC 222
Cedar Falls, Iowa 50614-0609**

Grief and Loss: The Effects on Children and the School Counselor's Role

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By

Hope Nicole Bleckwehl

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Adviser/Director of Research Paper

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Michael D. Waggoner
Head, Department of Educational Leadership,
Counseling, and Postsecondary Education

Abstract

School counselors may play a major role in the lives of grieving children. It is inevitable counselors will work with children having grieving issues. Children do grieve and their grieving process may look the same or different than adults. Children's experiences with death, developmental level, and individual differences all effect how a child will react to the loss of a loved one or a pet. The grieving process, developmental considerations, gender differences and common sources of loss are discussed in the following paper. Interventions a school counselor may use with children in classroom guidance, group counseling, and individual counseling are also outlined. It is important for school counselors to understand children's grieving process to best work with them effectively.

Grief and Loss: The Effects on Children and the School Counselor's Role

Many experiences in a child's life help shape who he or she is in the future. Some experiences are positive while others are negative. Many children in the United States will or have experienced the loss of a loved one, may it be a human being or a pet. In fact, twenty percent of children will experience the death of one of their parents before they graduate from high school (Goldman, 2000). In an average classroom, there are at least two students in the class who are grieving the death of a loved one at any given time (Lawhon, 2004). Furthermore, it has been found by the time students enter middle school, a large percentage, ninety-five percent, have experienced at least one loss in their lives (Glass, 1991). Experiencing loss can put children in a vulnerable position. It effects their overall development, in particular their social and emotion well-being (Graham, 2004).

Many situations and experiences may induce feelings of loss in children. Divorce, death of friend or relative, abuse, serious illness, death of a pet, imprisonment of family member, moving, loss of a dream, change in routines, and loss of a tooth are all examples of experiences in which children may be dealing with loss (Graham, 2004). Parents, teachers, and counselors need to be educated on the topic to be able to help children cope through this stressful time in their lives. It is especially important for school counselors to be educated about this topic because it is almost inevitable that they will encounter this issue in the school setting. Loss is a major change in a child's life and may be too stressful for him or her to handle on his or her own. Grief and loss are important for people to learn about because everyone will, at some point in his or her life, experience loss. Counselors, teachers, and parents need to be educated on how to help children cope with the major changes in their lives. The following sections will focus on the grieving

and loss of children in reference to the death of a loved one, a human or a pet. The bereavement process, symptoms one may observe of a child grieving, developmental characteristics to consider when working with a child experiencing a loss, and the school counselor's role will be discussed.

The Bereavement Process

The terms bereavement and grief are often used interchangeably. The two terms are not the same even though many people use them to mean the same thing. Bereavement includes three stages: loss, grief, and recovery. Grief is the second stage of the bereavement process. Loss is a term meaning the situation of having lost a loved one physically and emotionally, without regard of the emotional reaction to the loss (Cohen & Mannarion, 2004). Grief is the emotional reaction to the loss. It is an interaction of internal perceptions, feelings, and thoughts in response to the loss. The final step, recovery, includes the healing process (Cooper, 1999). Similar to the stages of bereavement, researchers have defined the stages of grief for adults and children.

Kubler-Ross (1969) defined a series of five stages one goes through during the grieving process; a) denial; b) anger; c) bargaining; d) depression; and e) acceptance. In the beginning stage, one first has feelings of denial. During this stage people do not accept the fact a loved one has died and tells themselves he or she will be back. Then the individual becomes angry the person was taken away from him or her. Bargaining is the next stage. During this stage the grieving person bargains to bring the person back to life. An example of this would be, "I will not take him or her for granted if you bring him or her back to me." The next stage is having feelings of sadness and depression. The person understands the person will not be back and mourns his or her death. Eventually, during

the last stage, the person accepts the loss. One celebrates the life of the loved one and develops new relationships with those around him or her. People may move through these stages in any order and may go back and forth between stages.

Baker, Sedney, and Gross (1992) established a similar set of stages to define children's grieving process. Children accomplish a series of psychological tasks as they go through the grieving process. The first task is for the child to understand a loss has occurred. Next, the child needs to establish the feelings of his or her basic needs are being met, such as feelings of safety and security. After this has been done, the child will come to an acceptance of the permanence and reality of the death. Lastly, the child will establish a new sense of identity relating to the loss, look at and establish new relationships, and return to developmentally appropriate behaviors. Fox (1988) also developed a grief model, which focuses specifically on children (as cited in Webb, 2002). Her model states grieving children need to do four things: a) understand; b) grieve; c) commemorate; and d) move on. First, the child needs to understand that all things die and death is universal. Death is simply a part of life and it is no one's fault. The child must also understand that the dead person no longer feels anything because it no longer functions as it did in the past. Also, part of this task is understanding death is permanent and the loved one will not be returning. Then the child must grieve. Grieving includes many different emotions such as sadness, guilt, and anger. The child must be able to express and experience the different feelings and emotions in which are part of the grieving process. After this, he or she must commemorate, which means the child needs to remember the loved one who has died. The child should remember good things as well as bad things about the person, thus the child is mourning the actual person who is gone.

The last task is moving on, helping the child understand the loss and the changes the loss has caused. The child must invest emotions in other relationships. An individual child needs to do all of these things as well as the classroom, the school, and the community. Knowing and understanding the frameworks of bereavement and grief can help counselors be more effective when working with children and when developing interventions for the individual students, a whole classroom, and the school (Finn, 2003).

Even though researchers have defined grieving processes for children, some people do not believe children are capable of grieving. Whether children have the cognitive and emotional capabilities to grieve has been questioned (Cooper, 1999; Hope & Hodge, 2006). Hope and Hodge (2006) state children do grieve and many times experience a great amount of distress in response to the loss of a loved one. An anonymous expert has been quoted saying “Anyone old enough to love is old enough to grieve” (Wolfelt, 2001, p.1; as cited in Hope & Hodge, 2006). Therefore, children are affected by the loss of a loved one and may need help going through the process.

Children do go through the bereavement process, even though they may not fully understand the permanence of the death (Samide & Stockton, 2002). How a person responds to the loss of a loved one is highly individualized. Not everyone grieves the same way and many factors influence how a person reacts to a loss (Sandoval, 2002). Children often uniquely respond with imaginary thinking and regressive behaviors (Samide & Stockton, 2002). Other symptoms of loss one may observe in children are discussed more in depth later. Feelings of grief are experienced most intensely in response to the deaths of a parent, sibling, grandparent, and close friend (Cooper, 1999).

Children also grieve in response to the death of a pet; although implications for total life affectedness are less severe and more short-term (Brown, Richards, & Wilson, 1996).

Factors Influencing the Process of Grief

As mentioned earlier, there are many factors which may effect how a child reacts to a loss or responds to the stressful experience. Understanding the developmental needs and characteristics of each age group is important when working with children experiencing a loss. In addition, males and females have been found to express or behave differently in response to a loss. When working with children, it is useful to consider and understand the typical socioemotional, cognitive, and behavioral characteristics of children in early childhood, middle childhood, and adolescence (Rowling, 2003). One also needs to have a general awareness of the differences as well as the similarities across the developmental phases. The following is a general overview of the developmental characteristics of each age group and how they may effect the bereavement process.

Developmental Characteristics

Early childhood. Children in early childhood, ages two to seven, are in Piaget's preoperational stage of cognitive development (Goldman, 2000a). In this stage, children are characterized as having magical thinking, being egocentric, not understanding irreversibility, and thinking in causality (Davies, 1999). Their magical thinking may cause the children in this stage to believe they caused the death of a loved one (Rowling, 2003). For example, a young child may tell his brother he hates him and wishes he were dead. Then if the brother is killed in a car accident, the young child may think it is his fault his brother died. These children are also egocentric, meaning they believe everyone is feeling the same way they are and the world seems to revolve around them (Rowling,

2003). They typically can not understand another person's perspective. Another characteristic of this age group is they do not understand irreversibility. They do not understand the permanence of death (Webb, 2002). This means a young child may believe he or she can write a letter to heaven and the loved one will return.

Children in this phase often ask many questions about the death and should be encouraged to do so (Lehmann, Jimerson, & Gaasch, 2001a). At this age, children typically do not understand the abstractness of death, but can understand death is a part of life and the body is no longer functioning normally. During this stage, it is very important adults talk to young children in words they understand. These children may lack of vocabulary to express their feelings about the event. Therefore, they need help expressing themselves and need to hear others using feeling words to help them understand how they are feeling and increase their feelings vocabularies.

There are a few common mistakes adults make when talking to young children about death. Some adults assume young children think like adults and perceive death the same way as they do (Lehmann, Jimerson, & Gaasch, 2001a). This is not true. It is very important to provide developmentally appropriate support for these children. Adults must be sensitive to developmental differences of each age group of children. Another mistake some adults make is telling the young child the loved one has gone to sleep and will not wake up. This confuses the child because he or she may think the person will eventually wake up or the child may be afraid to sleep himself or herself in fear of not waking up like the loved one. An additional mistake is suggesting because the loved one went to the hospital, he or she died. This may induce the child to fear hospitals in fear of someone dying if they have to go there. The last mistake is assuming the young child understands

the words the adult is using. The child may be using the words dead and die, but not truly understand what the words mean. It is important for adults to ask the child what the words mean to see if they really know the meaning of the words they are using (Lehmann, Jimerson, & Gaasch, 2001a). If they do not truly understand the word, then adults need to define the word in a developmentally appropriate way.

Children in this stage of development have some typical reactions to a loss at this age. The initial reaction to the loss may be very intense, but is usually short in duration (Rowling, 2003). The child may be unable to explain how he or she is feeling, as mentioned earlier, and this may cause a wide range of reactions to help manage their overwhelming emotions. The best way to assess the effects the death is having on the young child is to watch his or her social interactions. When he or she is stressed, he or she may lose the most recent acquired skills and a regression of behavior may result. Some common regressive behaviors are bedwetting, tantrums, and thumb sucking.

Middle childhood. Children in middle childhood, ages eight to twelve, are in Piaget's concrete operational stage of cognitive development (Goldman, 2000a). During this stage, children become less egocentric and show decreases in magical thinking (Davies, 1999). Therefore, these children understand death is irreversible, but they still lack the capacity of abstract thinking. Children's thinking becomes more logical and there is an increase in capacity for reasoning during this stage as well. These skills form during adolescence (Lehmann, Jimerson, & Gaasch, 2001a). There is an increase in vocabulary and communication skills. For this reason, the child is able to express his or her thoughts and feelings about the death more effectively than a younger child (Lehmann, Jimerson, & Gaasch, 2001a). Because of the increases in cognitive development, these children are

able to understand death is permanent and that it is inevitable everyone will die someday (Webb, 2002). Although the child has a better grasp of what death is, the child in middle childhood often has some misconceptions about death.

One misconception children in this age group often have about death is it only happens to old people and those who are too weak to get away from ghosts, creatures, etc. who causes their deaths (Fox, 1985; Nagy, 1948; as cited in Webb, 2002). Therefore, many believe they will not die because they are fast and can outrun the ghosts, creatures, etc. Early in this stage, children believe death is not the final stage of life, but a person becomes a ghost, skeleton, or a walking dead man. This occurs typically when children are six to nine years old (Lehmann, Jimerson, & Gaasch, 2001a). Children this age often have scary thoughts about death, such as associating death with the bogeyman, witches, ghosts, and monsters. Towards the end of this stage, children gain a more realistic perception of death.

Children in the concrete operational stage often begin to think about their religious beliefs and question them (Goldman, 2000a). They also want to know the scientific reasons for the death of the loved one. This age group wants to better understand the cause of death and what will happen to the body after it has died. They are able to grasp the concept much more than younger children. Children in this age group may show the effects of the death differently than younger children do.

It is common for this age group to reenact the death of the loved one through fantasy play (Lehmann, Jimerson, & Gaasch, 2001a). Just like it is helpful to watch young children's social interactions, watching the children's reenactment can help adults to see the impact of the loss has on the children and how much they understand death. Another

way children in this age group may express their thoughts and feelings is through drawings. Broken hearts, tears, and objects seen at a funeral may be drawn by children to express themselves. These drawings also help adults “see” into the child’s world.

Just like there are mistakes adults make when working with young children, there are also mistakes that can be made when working with children in middle childhood (Lehmann, Jimerson, & Gaasch, 2001a). Adults often assume children in middle childhood are not capable of understanding a discussion about death. For some, this is true, but for others it is very important to have an adult to listen and talk to them while they are trying to understand death. Another mistake adults sometimes make is assuming, since the child is not sharing his or her thoughts and feelings, that he or she already understands death and the experiences of death. A child in this developmental stage does not share a great deal of thoughts and feelings because of the limited vocabulary. It is important for adults to provide honest and simple information about death while being willingly to listen to the children as well.

There are common mistakes adults make when talking to children about death, but there are some common reactions parents and counselors can look for in children in middle childhood. Many times children regress to clinging and disobedient behaviors after a loss (Rowling, 2003). Children may be confused about their feelings and may be sad or depressed (Johnson, 1993; as cited in Rowling, 2003). An increased appetite may express their emotional needs. There may also be some common physical reactions as well as emotional reactions. During middle childhood, children’s physical symptoms include: (1) sighing; (2) feeling ‘lousy’; (3) feeling hollow and vacant; (4) shaking; and (5) being over sensitive to stimuli.

Adolescence. Most adolescents view death as something very far from them.

Adolescents have to deal with many issues because of their developmental tasks (Lehmann, et.al., 2001a). They are often dealing with self-identity, changing school settings, peer relationships, boyfriends/girlfriends, and thinking about their futures. They are often very self-absorbed and are very focused on their present lives. This does not mean they are immune from being effected by death. Actually, adolescents often think they are responsible for tragedies that happen around them. Because of all of the unique developmental issues adolescents are going through, it may be difficult working with them through the bereavement process. There are many things influencing the process.

Children in adolescence, ages twelve and up, are in Piaget's formal operational stage of cognitive development (Goldman, 2000a). Adolescents tend to have an "adult" understanding of death and loss (Lehmann, et.al., 2001a). They understand death's irreversibility and universality. That is they understand death is permanent, the person ceases to breath, feel, and exist, and every living thing will eventually die. Adolescents are cognitively able to think abstractly and therefore, contemplate their own death. Adolescents are more advanced cognitively than younger children are and therefore they often have many questions about religious teachings about death, about philosophical teachings about death, and may struggle with the meaning of life and death (Lehmann et. al., 2001a). It is important for adults to listen and answer the questions. Adults need to answer questions, only if they can be answered honestly. In addition, adults need to explain to them that some questions cannot be answered because the answers are unknown.

Adolescents often have intense grief responses because they have an adult like understanding of the death (Lehmann et. al., 2001; Rowling, 2003). In addition, they have emotional highs and lows due to hormonal changes of puberty (Rowling, 2003). Death and loss can intensify the emotional continuum for them. Their responses to death can often cause them confusion because they may feel they are “losing their minds.” (Lehmann et. al, 2001, p. 19). Adults need to reassure them grief reactions vary depending on the person. Everyone reacts to death differently and all feelings are okay. They need to understand there is not a right or wrong way to respond to grief. It is important they understand at times responses may be intense, that grief takes time, and all feelings are okay.

There are several common responses adolescents have when they experience a death or loss in their lives. Many adolescents struggle with their roles in their families and wondering how others expect them to act in the situation (Lehmann et. al., 2001a). Some families depend on the adolescent to be adult like and take a leadership role in the family after a death is experienced. The new adult responsibilities can be detrimental if the appropriate support is not provided to help the adolescent grieve. It is common for adolescents to rebel during this time. The rebellion is typical and often represents a struggle for independence. It is often common for adolescents to not want to talk to their parents about the loss. Also, they may not talk to their peers about the loss because they want to fit in. They may fear if others see them grieving them they are different from their peers. It is unfortunate adolescents do not talk about death to peers because often times peers are the best support for one another. Adolescents who have experienced a loss, in fact, are often very helpful in consoling bereaved adolescents (Lehmann, et.al.,

2001a). Support groups are good for adolescence going through the bereavement process, so they feel safe talking about their thoughts, feelings, and experiences (Goldman, 2000a). This way they do not feel different and they feel more comfortable sharing personal information.

Just like the earlier developmental stages, there are common mistakes people make when talking to adolescents about death. The most common mistake is trying to take the pain of grief away (Lehmann, et. al., 2001a). Adolescents do have a better understanding of death and have the vocabularies to express themselves effectively. Therefore, people need to give them the opportunity to express themselves and should listen to them. Adults need to be supportive, sympathetic, and engage in discussions with them. Although, adolescents look and act somewhat like adults, it should not be assumed that all of them understand death fully. By careful listening and engaging in conversations with adolescents, people can better understand what they comprehend and what they are curious about.

Gender Differences

Children's reactions to grief vary depending on their developmental level as well as their gender (Lawhon, 2004). Hope and Hodges (2006) believe boys express and react to loss more externally and girls more internally. Therefore, boys and girls often express and react to a death differently. Anger is often a part of the grieving process (Parkes, 2002). Girls express their anger differently from the way boys usually express their anger. Girls usually turn their anger inward while boys often express their anger outwardly. Adults may see more aggressive behaviors from boys, such as fighting (Barett, 1995; as cited in Lawhon, 2004). Boys and girls also tend to have different

emotional responses to grief. Girls tend to have depressive thoughts as a response to grief and they cry more often than boys (Hope, & Hodges, 2006; Lawrence, Jeglic, Matthews, Pepper, 2006). Girls also work through their grief with a wider range of emotions than boys (Staudacher, 1991). In general, boys tend to keep their feelings to themselves and do not want to talk about their feelings in relation to the death, whereas girls tend to be more open to discussing feelings (Hope and Hodges, 2006; Staudacher, 1991).

Not only are their gender differences in the expression and reaction to death, but the roles of the children may also be affected by the death. Children may be expected to take on new roles following a loss according to their gender. Boys often have the social expectation to be strong and therefore they might be expected to be the man of the house (Staudacher, 1991). Girls have the social expectation of caregiver and nurturer and might be expected to take the adult role of the woman of the house (Wolfet, 1983). Wolfet (1983) feels taking on these roles could be the child's effort to keep the departed parent alive. It is the adult's responsibility to be aware this may happen and help them continue to be a child. The new responsibilities expected of the child may be developmentally inappropriate and cause them more harm than good (Sandoval, 2002). The children may not understand why they are expected to take on these new roles and may not know how to do so. For the sake of the children, it is beneficial to educate adults about the normal grief process so that they can help prevent these children from taking on such roles (Sandoval, 2002).

Symptoms of Grief

The grief process is complicated with many different characteristics affecting how a child may grieve. There are some symptoms of normal grief in which researchers have

identified. There are different behavioral, cognitive, emotional, and physical symptoms children may exhibit (Goldman, 2000b). Some behavioral symptoms are: sleeplessness, poor academic performance, sighing, dreams of the deceases, social withdrawal, fighting, bed-wetting, excessive touching and hugging, crying, nightmares, and verbal attacks (Barnard, Morland, & Nagy, 1999; Goldman, 2000b). Common thought patterns or cognitive symptoms include: difficulty making decisions, confusion, disbelief, low self-image, self-destructive thoughts, and inability to concentrate. Children often have different emotions associated with grief. Some common feelings children have are: anger, sadness, guilt, depression, relief, helplessness, fear, loneliness, and hysteria. Children also often have mood swings during grieving. Their feelings fluctuate and often have many of these feelings at once. Some physical symptoms teachers, parents, and counselors can expect to see/hear about are: headaches, fatigue, dizziness, increased illness, and stomachaches. Knowing these common symptoms can help adults know what to expect to hear and see from grieving children in their lives.

Common Losses for Children

Not only do gender and developmental levels influence children's grieving process, but the source of the loss does too. Children react differently to the loss of a parent, sibling, grandparent and friend. It is important for parents, teachers, and school counselors to understand the differences and the effects each of the different sources of loss has on children. This way adults can help children in the most effective way possible and to somewhat understand what the children are going through. The most important information to know that will help determine the response of grief is the relationship between the mourner and the deceased (Sandoval, 2002). The nature of the attachment

between the two has several significant components. The more attached the child was to the deceased, the more intense the grief is expected to be. The most common sources of loss for children are the death of a parent, sibling, grandparent, and friend.

Death of a Parent

The death of a parent is one of the greatest catastrophes that can happen to a child or adolescent (Sandoval, 2002). It is one of the most stressful events that can happen in one's life (Marwitt & Carusa, 1998). Five percent of children experience the death of one of their parents before the age of eighteen (U.S. Bureau of the Census, 1998; Wessel, 1983; as cited in Webb, 2002). No matter the age of the children when the loss occurs, there are wide ranges of emotions associated with the loss. There may be feelings of shock, bewilderment, sadness, anger, and guilt. Children may feel abandoned, helpless, despair, and threat because of their dependence on their parents (Sandoval, 2002). When one parent is no longer in their lives, it is hard for them to cope with the loss. Various factors effect how children grieve in response to the death of one of their parents. For adults, it is harder to cope with an unexpected death than a death in which they know is coming, such in the case of a chronic illness (Hope & Hodge, 2006). The opposite is true for children. It is hard for them to anticipate the death of a loved one and often times they are very confused and stressed. The way the surviving parents grieves and copes with the loss effects their children. Often the surviving parent is unable to comfort and take care of his or her grieving children because of his or her own grief (Sandoval, 2002). This is especially true in the beginning stages of the bereavement process. The children do need continued love, support, and comfort from other family members in this tough time. It is

common for a family member to “adopt” the children of the widow until he or she is able to cope and respond effectively to his or her children.

After the death of a parent, the child’s family system changes and shifts (Doka, 2000). Often times these changes induce more feelings of loss in children (Sandoval, 2002). Children need stability and the security of a familiar environment, but often relocating follows the death of a parent. The move may be because of finances, to be closer to family, or to get away from past memories. Relocating means attending a new school, making new friends, and meeting new neighbors, which may be difficult for children to cope with on top of grieving his or her deceased parent. The child now has to cope with multiple losses in his or her life (Hope & Hodges, 2006). It has been found eighteen months after the death of a parent, most children are once again considered to be well-adjusted (Kalter, Lohnes, Chasin, Cain, Dunning, & Rowan, 2003).

Death of a Grandparent

The death of a grandparent is most often the first familial loss experienced by a child and can lead to depression, anxiety, and anger (Ens & Bond, 2005). The relationship between grandchild and grandparent is often mutually satisfying (Sandoval, 2002). The grandparent does not have the discipline responsibilities of a parent and because of this; children do not have feelings of frustration or rebellion towards them. Both parties have nothing to lose only everything to gain from one another. Therefore, the relationship between the two is often very strong and satisfying. Therefore, the death of a grandparent can be very difficult for children of all ages (Ens & Bond, 2005). Many of the same feelings associated with the death of a parent are related to the reaction to the death of a

grandparent to a child. The older the child is, the more meaning the death will potentially have for the child.

Death of Sibling

The death of a sibling is often very hard for children to cope with. It has been found, in one study, twenty-five percent of children experiencing the death of a sibling needs clinical interventions to help cope with the loss (Worden, Davies, & McCown, 1998). Surviving children are often overlooked because of the strong emotional reaction from the parents in losing a child (Sandoval, 2002). Parents grieving a loss of a child are so overwhelmed by their own feelings, they do not have the strength to tend to their surviving child. Children recognize the intensity of their parents' reactions and try to overprotect their parents by hiding their own reactions. They try to be strong for their parents. On the other hand, parents often try to protect their surviving children from many things associated with the death. They often times do not let them see the body of their sister or brother in fear of them having nightmares. Parents may also tell an incomplete story of how the sibling died to protect them. This can be more harmful because the children will fantasize or come up with their own stories of how their sister or brother died and this usually intensifies their feelings of guilt or responsibility for the death (Sandoval, 2002). It is important for parents to attend to the surviving children and be very honest with them about their sister or brothers death in a developmentally appropriate way.

Death of a Friend

The death of a friend can be especially upsetting and confusing for children (Webb, 2002). It may be hard for a child to understand someone his or her age could die. Children may become afraid that they could die at anytime as their friend did. Fear and

guilt are two emotions that are likely to arise. They might feel guilty because they are still alive and are able to play while their friend or classmate is gone and never coming back. The reaction to the death of friend may not be as strong a reaction as the previous sources of loss because the nature of the relationships. The age of the child is a major factor in how the child may respond to the death of a friend. The older the child is, the harder it may be for him or her to mourn the loss (Sandoval, 2002).

School Counselor's Role

School counselors will work with children in the bereavement process individually, in groups, and/or in classroom guidance (Finn, 2003). Grief is a hard subject to talk about with children because of the emotional intensity. Children need support from adults in their time of loss (Sandoval, 2002). Liotta (1996) defined four grief tasks counselors can guide children through when working with them. The first task is to help them accept the reality of the loss. The counselor can help them understand the loved one will not be coming back and confront their denial. The second task is to have them experience the pain of grief/loss. Help them to identify and explore their feelings about the death/loss. The third task is to help them adjust to life without the deceased person in their life. This includes defining the role the deceased played in the child's life and how the role can be changed or filled. The last task is taking the emotions related to loss and investing them in other relationships/activities. Counselors can help children go through these tasks individually, in groups, or in classroom work. The following are some ways or interventions in which school counselors can work with children during the bereavement process. Most of the interventions in each setting can be used in multiple settings. The school counselor may need to alter the activity to fit the setting.

Individual Counseling

Working with children individually can be very beneficial for a child (Smith, 1999). It allows the child to work through his or her grief at his or her own pace and at his or her own level of understanding. It gives the counselor the opportunity to work with the child at his or her developmental stage and use interventions that are appropriate for the child's developmental level. For example, if a child is quiet and nonverbal, the counselor can use play and drawing to work with the child (Smith, 1999). Children sometimes have unanswered questions about the death, but do not feel comfortable asking adults.

Working one-on-one gives them the opportunity to ask questions in a safe environment. The safe environment gives children the opportunity to express their feelings, talk about fantasies, clear up any confusion they have about the situation, and come to terms with the changes going on in their family. School counselors can use many different interventions when working with children individually. They may use play therapy, creative writing, art, memory work, and bibliotherapy.

Play therapy. Play is developmentally appropriate for younger children (Lehmann et.al., 2001a). They are able to show and tell their feelings in a nonthreatening way. Also, many times children are not able to verbalize their thoughts and feelings and play gives them a medium to express themselves. Children use play, drama, and imagination to act out and identify thoughts and feelings (Goldman, 2000b). Puppets may be used in play therapy. This allows children to role-play becoming the loved one or any other family member. Play is a powerful tool to use with children to see 'inside' their world.

Creative writing. Creative writing includes an array of activities a school counselor can use with children. Creative writing may include writing letters to loved one,

journaling, writing poetry, and writing essays (Goldman, 2000b). Each of these activities allows children to express their held-in thoughts and feelings. It is important for school counselors to ensure the children the loved one will not really be receiving the letter because he or she is no longer living. School counselors need to have the children decide what they want to do with their creative writing. They can share it with others, put it in a special place, or tear it up and throw it away. It can be up to the children what they wish to do with it. This is a useful tool with children ages three on up. School counselors need to use it in developmentally appropriate ways.

Art. Art can be used in numerous ways as a tool to work with children during the bereavement process (Finn, 2003). Art helps children discover things or aspects about themselves that are not easily accessed verbally (Dalley, 1990; as cited in Finn, 2003). Younger children have troubles verbally expressing their emotions and may be limited by their language and cognitive development. Art allows them to show how they are feeling and what they are thinking. Secondly, art can help children define and recognize the wide variety of emotions evoked by loss (Finn, 2003). Art is very nonthreatening and children usually feel safe to express themselves honestly. Lastly, art can be used to stimulate conversation between the school counselor and a child (Dalley, 1990; as cited in Finn, 2003). It can be a useful tool to build a relationship with a child and to understand the child without having to do much talking.

Memory work. Memory boxes, books, pictures albums, tables, and collages are important tools to work with grieving children (Goldman, 2000b). They enable children to share their thoughts, feelings, and ideas. Children can collect special pictures, figures, or anything that belonged or reminds them of the loved one who has passed away. This

memory project can be very special to children and helps them to remember the loved one. Memory projects can also help children to complete unfinished business with the loved one, such as telling something they did not get a chance to say to them before they were gone. Memory work can also stimulate conversation between the school counselor and the student.

Bibliotherapy. Bibliotherapy is using books and stories to work with people on counseling issues (Jones, 2001). Using books and literature helps children deal with difficult issues and allows them the opportunity to relate to a character in a book. It can be a nonthreatening way for children to express themselves and to help normalize their thoughts and feelings. It can be nondirective, it can be the child's choice to extract what he or she is relevant to him or her. Bibliotherapy can be used with individuals, groups, and in the classroom. It is a very useful intervention to use with children of all ages and in all situations (Lawhon, 2004). Books can be found on a wide range of topics. There are books about cancer, death of siblings, death of grandparents, chronic illnesses, funeral practices, and grief (Finn, 2003). School counselors can find a book to fit almost any child's situation.

Group Counseling

Many times children feel isolated and a lack of support from their peers (Smith, 1999). The main goal in group work with bereaved children is to create a safe space for children to share their similar situations and creating universality. The children are able to support one another and not feel so alone in their experiences. Group allows children to 'normalize' their situation and gain support from others. School based groups have been found to be very effective and help children to adjust to loss and separation (Klicker,

2000; as cited in Finn, 2003). Some interventions a school counselor may use with a bereaved children's group are discussed below.

Death web. The school counselor and the members of the group brainstorm thoughts, feelings, and images associated with the word death. The school counselor writes down the children's responses and makes a visual web of their thoughts, feelings, and images. The students benefit from exploring their feelings and thoughts by seeing them visually. They also validate each other's feelings because they realize others feeling (Lehmann, Jimerson, & Gaasch, 2001b).

Balloon burst. A useful tool to use with bereavement groups is the balloon burst, which is adapted from a balloon release activity (Goldman, 2000b). This helps group members symbolically release their thoughts and memories of their loved ones. The school counselor has the children write thoughts, feelings, and questions on the outside of a balloon with permanent marker. The counselor processes the things the children wrote on the balloon and telling their loved one goodbye. Then the counselor lets the children pop each of their balloons. This helps them release their feelings and to listen to one another about their feelings.

Classroom Guidance

School counselors and teachers may incorporate the bereavement process and death into their guidance lesson and lessons in general. This can serve as a prevention technique for children, so if a death does occur in their lives or in their classroom then they have somewhat of an understanding of the process (Lawhon, 2004). Talking about death and dying does not always have to be a reactive thing, but prevention can be taught as well. Some schools offer information about death and dying in a life skills course

(Glass, 1991), which is also a preventative action. Sometimes school counselors have to deal with a death of a student, teacher, or staff member, which would be a school wide intervention. They may go into the classroom to do guidance lessons about death and the bereavement process. The following are interventions a school counselor might use when working with a classroom and/or school.

Memory work. Just as a school counselor can do memory work individually with children, he or she can do it during classroom guidance when a classroom is grieving the death of a student, teacher, or staff member (Goldman, 2000b). The students can make a bulletin board in memory of the loved one or the class can raise money to buy a shrub or tree in his or her memory. The class can then plant the memorial plant.

Grief education. Talking to students about death does not just have to be in reaction to a death. A school counselor could incorporate grief stages into his or her guidance curriculum. One lesson a school counselor could do is to talk about and display stages of grief in a mnemonic device (DABDAH- denial, anger, bargaining, depression, acceptance, and hope) in the classroom (Lunn, nd). Students then could talk about what each of the stages mean and what each one may be like. The school counselor could read a bibliotherapy book about the grief process. This way the students can identify their own feelings and times they felt each of the stages of grief. They will not be surprised at the reaction they have when they experience a loss in their lives and will know somewhat what to expect.

Conclusion

School counselors and teachers are often the first people to notice the changes in a child after the loss of a loved one (Lawhon, 2004). It is important for them to understand

the reactions and changes children may go through in this tough life change. They need to be knowledgeable of the bereavement process, understand developmental and gender differences, know how different sources of loss may effect children differently, and ways in which they can help their students effectively. Death is a tough and emotional topic for people to talk about and children often do not understand the feelings they are having. They are often overlooked because of adults dealing with their own feelings (Sandoval, 2000). As educators, it is important to recognize children's' needs and to help them cope with the loss in a time when their parents may be unable to meet their children's needs.

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