

The 10 Myths About Children and Grief
(From COPE Website)

Myth #1: Grief and mourning are the same experience.

Have you ever noticed how people tend to use the words “grief” and “mourning” synonymously? Many people are unaware that there is an important distinction between grief and mourning. This distinction is particularly important when working with and learning from bereaved children.

More simply stated, grief represents the thoughts and feelings that are experienced within the child when they have a relationship with someone who dies. In other words, grief is the internal meaning given to the experience of bereavement.

Mourning means taking the internal experience of grief and expressing it outside of oneself. Another way of defining mourning is to state that it is “grief gone public” or “sharing one’s grief outside of oneself.” Of course, bereaved children mourn more through their behaviors than they do through words.

We often refer to children as “forgotten mourners.” Why? Because they do grieve – the question is: do we create conditions that allow them to mourn? Only when we as caring adults encourage children to mourn, do we become catalysts for healing.

We have learned that children move toward healing not by just grieving, but through mourning. We must help children not just grieve inside themselves, but also mourn outside themselves.

Myth #2 – A child’s grief and mourning is short in duration.

Many adults simply do not understand that grief and mourning is a process, not just an event. Those adults who want the bereaved child to “hurry up” and “get over it” usually project that the child needs to be “strong” and stoic.

Of course, who are these adults really protecting?

The obvious answer is themselves. Why? Because if they can assume the child’s grief and mourning is short in duration, they don’t have to walk with them and encounter the pain of the loss.

I (the article's author) continue to read in professional texts comments like, "If the child's symptoms persist past six months, they should be referred for professional assistance." Inherent in this quote is that something is "wrong" with the child. Actually nothing could be further from the truth. This period around six months after the death is when it is not unusual to see some more of the visible signs of outward mourning, which is healthy, and is moving the child toward healing.

John Bowlby and other investigators demonstrated years ago that children's mourning behavior is anything but short in duration. It is easy for many adults to mistake an apparent lack of feelings as evidence that children are "over" grief or are incapable of mourning. In reality, these children are simply protecting themselves from the initial hurt of the loss in the only way they know how.

Myth #3: There is a predictable and orderly stage-like progression to the child's experience of grief and mourning.

Have you ever heard a well-meaning, misinformed adult say something like, "That child is in stage two." Well, if it were only that simple! Somehow the "stages of grief" have helped people try to make sense out of an experience that isn't orderly or predictable as we would like it to be.

The concept of "stages" was popularized in 1969 with the publication of Elizabeth Kubler-Ross' landmark text "On Death and Dying." Kubler-Ross never intended that people should interpret her "five stages of dying" literally. However, many people have done just that, not only with the process of dying, but with the process of bereavement, grief, and mourning as well.

Some well-intended adults adopt a rigid system of stage-like beliefs about children's grief and mourning experiences. Yet, no two children are alike. As caring adults, we only get ourselves in trouble when we try to prescribe what a child's grief and mourning experiences should be.

Instead of a prescriptive approach, in my (the article's author's) experience, an attitude that allows the child to be the true expert is: "Teach me about your grief, and I will be with you. As you teach me, I will follow the lead you provide and attempt to be a stabilizing and empathetic presence."

To think that one's goal is to move children through the stages of grief would be a misuse of counsel. A variety of unique thoughts, feelings, and behaviors will be experienced as

part of the healing process. We must remind ourselves to not prescribe how children should grieve and mourn, but allow them to teach us where they are in the process.

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Myth #4: Infants and toddlers are too young to grieve and mourn.

In my (the article’s author’s) experience, any child old enough to love is old enough to grieve and mourn. Toddlers and infants are certainly capable of giving and receiving love. Of course, how many times have you heard, “They’re too young to understand”?

While infants and toddlers cannot verbally teach us about their grief, if we pay attention, we will note that they protest the loss in a variety of ways. A few practical examples are

regressive behavior, sleep disturbances, and explosive emotions. I see children as young as eighteen months old in my practice.

John Bowlby's research has taught us how even babies will protest when threatened with separation, death, or abandonment. No doubt, we need more research with this young population. However, it is clear to me in my work that we should not assume that infants and toddlers are too young to grieve and mourn.

Unless we support and nurture these young children when they are confronted with the loss of a primary relationship, they can potentially develop a lack of trust in the world around them. By providing both verbal and non-verbal support, we can and should be certain that adequate maternal and paternal care is provided to bereaved infants and toddlers. Holding, hugging, and playing with them are primary ways in which we can attempt to help these lovely children.

We can also serve as support to the parents of bereaved children in teaching them about those ways of helping. In doing so, I truly believe we are doing preventative mental health care.

Myth #5: The grief and mourning of adults surrounding bereaved children doesn't have any impact on them

Many adults attempt to conceal their own grief and mourning from bereaved children. While these adults are well-intentioned, they are also misinformed. Modeling is a primary way in which children learn.

My (the article's author's) experience has taught me that the significant adults in children's lives are the most important factor in allowing and encouraging children to mourn. If adults deny their own grief, they teach children around them to do the very same thing.

When Mom or Dad is sad, children can learn that it doesn't mean that it is their fault. However, if they don't learn this, they will often assume they are responsible for the emotional environment of the household. When bereaved children can acknowledge that adults around them are sad, and that it isn't their fault, then they can become free to express their own wide range of emotions, including sadness.

One of the most loving things we can do as bereaved adults is allow ourselves to mourn. With our own capacity to love comes our own necessity to mourn. The first step in helping bereaved children is to help ourselves. We help ourselves by permitting the open expression of our own life hurts!

Myth #6: The trauma of childhood bereavement always leads to a maladjusted adult life.

Since the 1930s, numerous studies have attempted to establish relationships between childhood bereavement and later adult “mental illness” (depression, psychosis, sociopathic behavior). While a number of clinicians and researchers have tried to demonstrate this relationship, more recent critical reviews of the research literature have questioned the results. Why? Because there seems to have been a number of methodological problems with the studies. Numerous studies failed to control for such influences as social class, age of parents, and nature of the emotional relationship between the child and the parent that died. Retrospective research has not been able to evolve a definite answer to the question of whether early childhood bereavement (most studies have focused on death of a parent) is able to predict the later onset of mental health problems.

While many studies that attempt to make the above link have been rejected, some well-meaning, misinformed people perpetuate this myth. You may have witnessed this when you see adults approach bereaved children with a patronizing attitude that projects the following, “You poor child, you will be forever maimed by this experience.”

These more recent critical reviews of the literature suggest to keen observers that the death of a parent is not necessarily a determinant of later mental health problems. Interestingly, a study by Rutter on maternal deprivation has suggested that psychopathology is not necessarily linked to the parent-child bond, but instead to the lack of bonding initially.

My (the article’s author’s) own clinical experience has resulted in a personal bias on this important issue. I believe the quality of care provided to bereaved children as they are helped to do the work of mourning is a major influence on their healing, or rather what I have termed “reconciliation.”

In sum, do not assume that because a child experiences the death of someone that they will have a maladjusted adult life. Instead, work to create societal and familial environments that help them participate in the work of mourning and go on to live meaningful lives!

Myth #7: Children are better off if they don't attend funerals

The unfortunate reality is that many adults firmly believe in this myth. The result is that many children are denied the opportunity to confront the reality of the death with the support of loving adults.

Adults who have internalized this myth create an environment that moves children away from grief and mourning prematurely. The funeral provides a structural way of allowing and encouraging both adults and children to comfort each other, openly mourn and honor the life of the person who has died.

Since the funeral is a significant event, children should have the same opportunity to attend as any other member of the family. They should be encouraged to attend, but never forced.

I (the article's author) emphasize the word "encouraged" because some children are anxious when experiencing anything unknown to them. Through gentle encouragement, loving adults can help bereaved children know they will be supported during this naturally sad and frightening time in their young lives. The funeral can even provide an opportunity for children to express their unique relationship with the person who has died by including a ritual of their own during the services.

Myth #8: Children who express tears are being "weak" and harming themselves in the long run.

An important way in which children learn is through the modeling of a primary caregiver. If bereaved children are in an environment where adults are living out this myth, they will often follow suit.

Children may repress their tears either because they have internalized adult demands for repressing feelings, or they have identified with how the adults surrounding them repress their own tears. Unfortunately, many adults associate tears of grief with personal inadequacy and weakness. Crying on the part of bereaved children often generates

feelings of helplessness in adults. Out of a wish to protect the children (and themselves) from pain, well-meaning, misinformed adults often directly inhibit the experience of tears. Comments similar to, “You need to be strong for your mother,” or “Tears won’t bring him back,” and “He wouldn’t want you to cry,” discourage the expression of tears. Yet crying is nature’s way of releasing internal tension in the body and allows the child to communicate a need to be comforted.

Another purpose of crying is postulated in the context of attachment theory, where in tears are intended to bring about reunion with the person who has died. While reunion cannot occur, crying is thought to be biologically based and a normal way of attempting to reconnect with the person who has died. The frequency and intensity of crying eventually wanes as the hoped-for reunion does not occur.

The expression of tears is not a sign of weakness in adults or children. The capacity of bereaved children to share tears is an indication of their willingness to do the “work of mourning.” As loving adults we can better assist children by modeling our own expression of tears.

Myth #9: Adults should be able to instantly teach children about religion and death.

Perhaps you have heard an adult say, “I’ll just tell them he’s gone to Heaven and that will take care of it.” If only it were that simple! As one eight-year-old girl said, “If Grandpa is in Heaven, why did we put him in the ground?” Teaching abstract religious and spiritual concepts is no easy task. Children’s capacity to understand will grow with them as they mature.

While we can only teach what we believe, be careful not to expect too much of yourself in this important area. A challenging adult responsibility is to clarify for children abstract ideas about death. Such ideas are often misused to avoid providing explanations about the nature of the death or to deny feelings. Religious and spiritual belief systems can be sustaining, but children’s capacity to assimilate their beliefs over time must be respected. The child need not, and often cannot, understand the total religious philosophy of adults around them.

Whatever the specific beliefs of the family, the child must be helped to understand that the person has died and cannot come back. A sometimes witnessed misuse of religion is

to suggest that children need not mourn because the person who died “is in a better place anyway.”

To discourage children from mourning in this way can set them up for a multitude of complications on their continued living. In sum, caring adults need not feel guilty or ashamed if they cannot give specific definitions of God and Heaven, or what happens after death. Openness to mystery is valuable not only in teaching about death, but in teaching about life!

Myth #10: The goal in helping bereaved children is to “get them over” grief and mourning.

We have all probably had the experience of hearing an adult talk about a bereaved child in the following way: “Shouldn’t she be over it by now? I think it’s been over a year.” To think that we as human beings, adults or children, “get over” grief is ludicrous!

Adults who have internalized this myth often lose the most important quality of an effective caregiver – the loss of patience. Why? Because they are always trying to get the child “over it.” Children don’t overcome grief, they live with it and work to “reconcile” themselves to it.

As the child participates in the work of mourning, a natural realization follows that life will be different without the presence of the person who has died. Hope for a continued life emerges as the child is able to make commitments to the future, realizing the dead person will never be forgotten, yet knowing that one’s life can and will move forward. No, children do not get over grief, but instead they become reconciled to it. Those people who think the goal is to “resolve” bereaved children’s grief become destructive to the healing process.