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Toward an Understanding of Childhood Bereavement: an Exploratory Study

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TOWARD AN UNDERSTANDING OF CHILDHOOD BEREAVEMENT: AN
EXPLORATORY STUDY

by

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Honours Bachelor of Applied Science in Early Childhood, University of Guelph Humber, 2011

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in partial fulfillment of the

requirements for the degree of

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TOWARD AN UNDERSTANDING OF CHILDHOOD BEREAVEMENT THROUGH THE EYES OF A PARENT: A CASE STUDY

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Master of Arts, 2012
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ABSTRACT

The death of a parent is one of the most significant and traumatic events children encounter throughout their lives. During this difficult time, educators are uniquely positioned to support grieving children because the classroom may be the primary setting in which children begin to express their grief. The extent to which students express their feelings depends on the classroom climate. The classroom can provide the stability and security grieving children need. Trust and rapport can also be established as educators discuss illness and death. Providing children with accurate information helps prevent misconceptions and worrying associations that can complicate reactions to death and loss. This study explores childhood grief with a focus on how the death of a parent affects children, as perceived/understood through their parents, and aims to provide educators with knowledge and skills to enhance their support of grieving children and their families.

Key Words: childhood bereavement, childhood grief, loss, religious beliefs, educators, support from educators

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Last but not least, thank you to my dad whose journey of strength was the source of this paper.

Dedication

I dedicate this research to my parents. To my father's strength and journey with cancer that influenced the person I am today. To my mother whose constant belief and confidence in me was my source of inspiration and motivation.

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Introduction

The death of a parent¹ is likely the most difficult loss that a child can experience because parents are the people of the greatest importance in a child's life (Silverman, 2000). For the vast majority of children, parents remain the children's most significant others. Parents typically support their children, both physically and emotionally; parents provide a secure home environment in which children can grow and mature; and parents act both as the children's protectors and as their models (Worden, 1996). Immediately after birth, infants begin to develop an attachment to their parents in order for social and emotional development to occur. Parental responses to this relationship lead to the development of attachment, which further supports the development of the child's emotions, thoughts, and feelings (Silverman, 2000). Essentially, parents are negotiating the necessary developmental tasks that will bring children to adulthood (Worden, 1996). When a parent dies the child loses a key relationship; thus, creating profound change in the child's social, emotional, and cognitive capacity. The child loses a significant person in his or her life, as well as the sense of security that existed in that relationship (Silverman, 2000). The loss of a parent to death and the effects the parent's death has in the home and in the family changes the very heart of the child's existence (Worden, 1996).

Whether or not children grieve has long been debated (Bowlby, 1963; Furman, 1974; Wolfenstein, 1966); however, the most common conclusion is that while children vary in their emotional and behavioural reactions, children of all ages grieve (McGuinness, 2011). Worden (1996) developed four tasks of mourning children proceed through after the loss of a parent. The first task is to *accept the reality of the loss*. Similar to adults, children must believe their parent is dead and will not return before they can deal with the emotional impact of a loss. This acknowledgement requires the child to comprehend the finality and irreversibility of death.

¹For the purpose of this research, I am mostly interested in understanding the loss of a parent who has had regular contact with the child.

The second task is to *experience the pain or emotional aspects of the loss*. It is necessary for children to acknowledge and work through their emotions associated with the loss of their parent; otherwise, these emotions will manifest in other ways, such as irregular behaviour patterns. The third task is to *adjust to an environment in which the parent is missing*. The achievement of this adjustment is determined by the roles and relationships that the deceased parent played in the child's life, as well as in the family's life. An aspect of the mourning process includes adapting to the loss of these roles, which have been lost with the death of the parent. The fourth task is to *relocate the dead person within one's life and find ways to memorialize the person*. There is a widely accepted belief that bereaved individuals must let go of the deceased, and while this may be moderately true, it is also true that one never forgets a meaningful relationship. As a result, the task does not require bereaved children to give up the relationship with the deceased parent; rather, the task is to find a new and appropriate place for the parent in the children's lives. While there is a wide range of normal responses to the death of a parent, each child will negotiate these tasks in his or her own individual way, and the personal circumstances of each child will influence the way in which he or she ultimately deals with the loss (Worden, 1996). Furthermore, there are many determinants to children's adjustment to the loss of a parent; therefore, each child's adjustment will look different.

According to Cohen and Mannarino (2011), educators are critical sources of support for children who are grieving the loss of a parent; however, educators often feel uncomfortable discussing death and loss with children (Naierman, 1997). Since educators spend so much time interacting with children, educators play a vital role in helping children understand and transcend their grief (Naierman, 1997). Educators may be the first and only adults to recognize children's significant symptoms of grief because grieving parents are often too overwhelmed with their

own loss to recognize their children's loss (Cohen & Mannarino, 2011). An awareness that children grieve and knowledge of the grieving process and its manifestation in children is crucial in the field of early childhood studies because it prepares practitioners and professionals with the skills needed to provide effective support and interventions to grieving children and their families (Naierman, 1997). "Educators who understand the grief process and its manifestations in children can provide the continuity, security, and support that grieving students so desperately need" (Naierman, 1997, p. 62).

The purpose of this research is to explore childhood grief with a specific focus on how the death of a parent affects children as understood through the eyes of the remaining parent, and aims to provide educators with knowledge and skills to enhance their support of grieving children and their families. I chose to focus my research on how the death of a parent affects children and the support grieving children require from educators because my father died when I was sixteen years old and support from my teachers at the time was nonexistent. My father was diagnosed with *Lymphoma* which is a cancer of the lymphocytes, a type of cell that forms part of the immune system (Canadian Cancer Society, 2012). His cancer began with a tumor on his spine and one year later, it ended with sorrow for my mom, my two younger sisters who were ten and thirteen at the time, and me. At an age when life already seemed so complicated, it suddenly became insufferable for me.

I remained home from school for two weeks after my father died. I remember feeling scared to go back to school because I did not know how I would be treated or what other students would say about me. I was also unsure about how my teachers would treat me. The last thing I wanted was for them to expect less of me because of my circumstances. To my surprise and eventual disbelief and disappointment, my loss was not even acknowledged by any of my

teachers. I remember walking into my first class and feeling embarrassed because the other students were looking at me and talking to each other about “the girl whose father died”. At the time, I wondered how the other students knew about my father’s death, but I later found out it was announced over the P.A system the day of his death for the whole school to know. At first I was upset by the reactions I received from my classmates, but now I am grateful for them because at least they acknowledged my loss, even if it was not in the most supportive way. My teachers on the other hand, did not. At times when I needed someone to talk to, their lack of acknowledgement left me feeling alienated and alone.

I was not the only child in my family to experience a difficult return to school. The middle child, who was thirteen at the time, also returned to school two weeks after my father died. The day of her return was the first time since my dad’s funeral that she saw her best friend. Upon my sister’s arrival, her best friend hugged her and welcomed her back to school. In a matter of minutes, my sister and her friend were taken to the principal’s office and my mom was called to have my sister taken home because she broke the “hands off” rule. At a time when my sister needed a hug and to feel welcomed, she was made to feel belittled. You can only imagine how my mother felt when she was called to retrieve her daughter for hugging her friend after the death of her father.

Children, at any age, should not feel alone, alienated, or unsupported by their educators at such a difficult time in their lives. I truly believe my grief experience would have been very different had I received some emotional support from the adults with whom I spent most of my day. My aspiration is to provide educators with a snapshot of how the death of a parent may affect children and to provide educators with knowledge and skills to enable them to support grieving students.

Grief, Mourning, and Bereavement

McGoldrick (2004) stated, “Death is a central experience of life, one that the dominant American culture has not dealt with very well” (p. 82). Unfortunately, this cultural avoidance of death has caused educators to feel reluctant to discuss death in the classroom because childhood grief is misunderstood, there are cultural variations in how death is expected to be experienced and discussed, and as such, death is viewed as a forbidden topic of conversation to be had with children. In order for educators to understand childhood grief and feel comfortable talking to children about death, educators should first develop a general understanding of grief, mourning, and bereavement.

Loss can be defined as the end of a relationship between an individual and someone or something to whom or to which that individual has become attached. Terms used to refer to individuals coping with loss include bereavement, grief, and mourning. Although these terms are often used interchangeably and are obviously related, there are differences in their meaning (Doka, 2010). According to Steen (1998), *bereavement* is the internal process that takes place after having lost a significant person in one’s life. It is a human experience that can be potentially harmful to an individual’s health because a bereaved individual may experience psychological, social, and physical stress as a result of losing an important person in his or her life (Kirwin & Hamrin, 2005). Webb (2010) describes three elements essential for defining bereavement experiences. First, a relationship with a person that is valued; second, the loss, ending, termination, separation of that relationship; and third, a survivor deprived by the loss.

While bereavement is the human experience connected to losing a significant person in one’s life *mourning* is defined as the “...mental work following the loss of a loved object through death” (Furman, 1974, p. 34). Krueger (1983), states that in order for this mental work to be

successful and for mourning to occur, the bereaved person must comprehend the “significance, seriousness, permanence, and irreversibility” of his or her loss (p. 590). In other words, in addition to feeling typical grief reactions such as sadness and anger, a mourning individual must also understand that the deceased person will never return, but that life can continue to be meaningful without that person’s physical presence. This acceptance of the irreversibility of loss is referred to by Bowlby (1960) as *relinquishing the object*. The mourning process, specifically the action of relinquishing the object, can be very difficult mental work. As a result of this difficulty, Rando (1993) developed a model called, *Six”R” Processes of Mourning* that facilitates healthy grieving through the following six processes: “recognizing the loss, reacting to the separation, recollecting and re-experiencing the deceased and the relationship, relinquishing the old attachment to the deceased and the old assumptive world, and reinvesting in new relationships” (p. 45).

As previously mentioned, the terms “bereavement” and “mourning” are closely related to the term “grief”; however, grief theory has a much longer and detailed history. In Western cultures, the beginning of a modern theory of the process of grief is credited to Freud. In 1917, during the development of psychoanalysis, Freud proposed that people needed to work through the loss of a loved one by emotionally detaching from the deceased and letting go of hopes for a future relationship with the deceased individual. Freud anticipated that grieving involves a process of *hypercathecting* and then *decathecting* the internal image of the deceased person. In other words, the grieving individual would stay closely attached to the deceased person and eventually begin to detach from the relationship he or she had with the deceased person. Subsequent psychoanalytic theorists such as Bowlby carried Freud’s theory forward which led to the development of a definition and understanding of grief (Rothaupt & Becker, 2007).

In more modern approaches, *grief* is defined as the emotional response to loss including reactions in feelings, in physical sensations, in cognitions, and in behaviours (Kirwin & Hamrin, 2005; Webb, 2010). Grief is considered a process rather than a specific emotion like fear or sadness and it can be expressed by a variety of thoughts, emotions, and behaviours (Wolfelt, 1983). Bowlby (1960) describes grief as “...the sequence of subjective states that follow loss and accompany mourning” (p. 11).

Webb (2010) outlines three tasks for working through the grief process. First, one must release oneself from his or her connection with the deceased. When a person loves someone, he or she is emotionally bonded to that person. This is called *cathexis*. When this loved one dies, the individual left behind has to release his or her connection to the deceased as a result of the death. Consequently, the living individual develops an altered attachment with the deceased in the form of memories. Second, one must readjust to the environment because the deceased is missing. The person who is grieving must develop a new view of the world and lifestyle without the loved one. The person may need to redefine his or her roles and skills to incorporate the roles and skills the deceased individual used to perform. For example, a bereaved husband may need to take on the unfamiliar role of cooking dinner or bringing the children to school, if the wife was responsible for these tasks. Third, the remaining individual must form a new relationship; the emotional energy that is displaced from the relationship with the deceased is reinvested in someone or something else.

According to Webb (2010), how an individual responds to loss and how he or she completes the tasks of grieving depends in part on whether the loss was anticipated or not. *Anticipatory grief* refers to grief reactions experienced prior to an expected loss; for example, how one might respond to the approaching death of a terminally ill loved one (Webb, 2010).

According to Fulton and Fulton (1971), aspects of anticipatory grief include depression, a heightened concern for the ill loved one, and preparation for the death. Fulton and Fulton (1971) further suggest that although these aspects of anticipatory grief can be difficult, anticipatory grief has its benefits over unanticipated grief because it allows for completing unfinished business by expressing feelings and resolving past issues as well as providing time to prepare for and absorb the reality of the loss. On the other hand, *unanticipated grief* often evokes complex grief reactions resulting from a sudden, unexpected loss. The griever may then experience complicated grief reactions (Fulton & Fulton, 1971). Worden (1991) listed several factors that interfere with the grief process; the type of relationship the individual had with the deceased, the circumstances that surrounded the death, the bereaved person's past experiences with complicated grief, the bereaved person's character and how he or she copes with emotional distress, the support system surrounding the bereaved individual, and if the bereaved person and those around him or her act as if the loss did not happen. Grief work involves not only grieving the loss of the loved one, but it also includes grieving the loss of all that made their relationship, with the hopes, dreams, and goals that the person had for the deceased (Doka, 2010).

Difficult grief work as described by Fulton and Fulton (1971) and Worden (1991) often leads to *unresolved grief* (Webb, 2010). According to Rando (1984), there are seven forms of unresolved grief. These forms can overlap, and each has components of denial or regression. These seven forms of unresolved grief are absence of feelings of grief and mourning, embarrassment with/surrounding some of the normal symptoms of grief such as fear and anger, delayed grief due to other responsibilities or obligations, conflicted grief involving manifestations of anger and extreme guilt, and chronic grief which includes intense grief reactions for a long period of time.

Children and Grief

“Mourning” was defined in a variety of ways in the literature focusing on childhood bereavement; however, I found Krueger’s (1983) description of mourning to be most appealing because it contradicts the modern belief that children of all ages have the ability to mourn. This definition and description of mourning suggests that in order for mourning to occur and for grief work to be successful, a bereaved individual must understand that death is not reversible and the deceased cannot return. This definition also suggests that children whose parent dies before children develop an understanding of irreversibility will experience unresolved grief. If mourning was dependant on an understanding of irreversibility, children would not be able to mourn until they were between the ages of five and seven (Dyregrov, 2008). However, my research will contribute to a deeper understanding that children of all ages have the ability to mourn, regardless of their age and understanding of death.

Wolfelt (1983) stated, “...grief does not focus on one’s ability to ‘understand’, but instead upon one’s ability to ‘feel’. Therefore any child mature enough to love is mature enough to grieve” (p. 20); however, the grief of young children is often ignored because of the misguided belief that children are too young to understand (Webb, 2010). Lack of knowledge and limited interest in the childhood grieving process led to myths about childhood grief. The most common myth is that children do not grieve and that they recover quickly from a loss (Auman, 2007). Another myth is that children who experience parental death will grow up to be maladjusted adults; however, this is not necessarily the case (Auman, 2007). The most compelling myth is that it is best to protect children from death and grief (Auman, 2007). It is natural for adults to want to protect children from painful experiences, but children will grieve in their own unique ways and it is imperative that caring adults do not dictate or interrupt that process. Instead, adults

should encourage and facilitate children's expression of grief (Fiorelli, 2002). As a result of these myths, children are regarded as "the forgotten mourners" (Auman, 2007).

In order to recognize children as mourners it is important to understand children's grief experiences. To understand how children experience the grieving process it is important to note some of the differences between child grief and adult grief. First, the grief of children is usually cyclical. With each new stage of development the child may recycle and in some ways revisit previous feelings and behaviours associated with the death itself (Willis, 2002). It is common for grief to periodically reappear over a lifetime, sometimes as a function of cognitive and emotional maturation, at other times triggered by some emotional or physical indication, or in response to future losses. As children mature, the focus of their grief may shift from missing the deceased person to mourning what the person could have been to the child, and coming to terms with the person's own responsibility for his or her absence. Furthermore, the manner in which children come to define the memory of the deceased may determine their level of adaptation and coping throughout childhood and adulthood (Hung & Rabin, 2009).

Second, while adults are better able to express themselves and ask for what they need, depending on their age, children often do not fully understand why they feel the way they do (Willis, 2002). Children's grief reactions are sporadic because children cannot thoroughly explore all their thoughts and feelings as rationally as adults can (Howarth, 2011). As a result of this inability to explore their thoughts and feeling, children often demonstrate what come to be seen as unacceptable behaviours, which are actually expressions of the child's confusion about what has happened. A variety of emotional reactions may be expected from a grieving child, among them numbness, disbelief, yearning, anguish, anger, and guilt. Grief reactions in children may also manifest in psychosomatic symptoms, temper tantrums, and academic failure

(Howarth, 2011). According to Willis (2002) children often have difficulty articulating their feelings about grief; thus, it is through their behaviour that they may demonstrate strong feelings of anger and fear of abandonment or death.

Third, adults have the life experience to understand that adjusting to the loss of a loved one gets easier over time, but the concept of time is less clear to young children. Children do not always understand that things usually get easier as time passes (Willis, 2002). As a result, children may feel abandonment and a loss of security and control in their lives (Naierman, 1997). Fourth, adults usually have some form of built-in support system that includes family and friends who help the bereaved adult cope (Willis, 2002). Unlike adults who may obtain comfort and support from the condolences of their family and friends, bereaved children may dread this process and often, their peers feel equally uncomfortable at the idea of having to speak to the bereaved child. The bereaved child's peers likely do not know what to say and maybe afraid that they or their friend will start crying (Webb, 2010). Furman (1974) comments that children consider crying a sign of immaturity and children believe crying makes them look infantile; therefore, bereaved children and their peers will often avoid discussions that may elicit crying.

Although children grieve quite differently than adults, traditional grief theory states that children will adjust to their loss and be able to move on by completing certain tasks (McClatchy & Vonk, 2009; Worden & Silverman, 1996). Grief resolution has been conceptualized as a series of essential tasks that children need to complete (Dowdney, 2008). Worden and Silverman (1996) emphasize that a normal grieving process for children includes specific tasks associated with common responses to loss over time. In their model, children must complete four tasks in order to adapt to the loss and reintegrate into a new life. The first task is to accept the reality and permanency of the loss (Worden & Silverman, 1996). Children of young ages are not cognitively

able to understand death as adults do; thus, they grieve without the same level of comprehension of what is happening to them, for they have not had the experience of finality that accompanies someone's death (Fitzgerald, 2003). As a result, in order for children to accomplish this first task, children need accurate information about the death so they can avoid "magical thinking" or filling in the gaps with misinformation. Emotional recognition and acceptance of the loss are very difficult; the process involves complete recognition that the deceased individual will not return. The second task is children need to experience the pain and the emotional aspects of the loss. Intense emotions such as sadness, despair, anger, guilt, fear, loneliness, shame, and jealousy may all be part of this experience. These painful feelings may initially be constant, but they later become sporadic or intermittent, resurfacing at unexpected times, and causing the child to feel out of control. Eventually, the painful feelings become less frequent and they may only arise during anniversaries of the loss, holidays, and special events such as the deceased individual's birthday. The third task is adjusting to life without the loved one. The difficulty of this task depends on the relationship between the child and the deceased individual and the amount of disruption the loss has caused in the child's daily life. Finally, the child must adapt the relationship with the deceased from one based on continuing interactions with the deceased to one based on memories. Children gradually withdraw emotional energy from the lost loved one and focus on establishing new relationships with others (Worden & Silverman, 1996). Freud defined this withdrawal of emotional energy as *decathexis* (Christ, 2000). Worden and Silverman (1996) declare that releasing a central attachment to the deceased person allows for more room and energy to engage in the present life. Ultimately, the process outlined in Worden and Silverman's (1996) model is characterized by reconciliation. *Reconciliation* is defined as the process that occurs as the bereaved child works to integrate the new reality of moving forward in

life without the physical presence of the person who died. With reconciliation comes a renewed sense of energy and confidence and a capacity to be involved in the activities of living (Cohen et al., 2002).

According to Howarth (2011) all children, depending on their age, are generally able to cope with the normative grieving process without complications; however, some children who cannot successfully address the four tasks of grieving may suffer from complicated grief. *Complicated grief* has been identified as a combination of depression and grief-related symptoms that meddle with a child's ability to return to his or her life after a period of "normal" grieving (Mitchell et al., 2004; Prigerson et al., 1995). Goldman (2001) describes children with complicated grief as caught in "frozen blocks of time", incapable of moving through the grief process because of overpowering feelings. Goldman (2001) also suggests that children can become "imprisoned in these feelings if they are not given the freedom to work through their grief" (p. 10). In order to assist and encourage children through the grieving process, professionals, caretakers, and parents need to provide a safe environment where the child can re-experience the loss of a loved one and all the associated feelings, without shame or fear of judgement.

Worden and Silverman's (1996) tasks of grief demonstrates and provides a path for children to work through their grief. The tasks begin with acceptance of the death and ends with a new relationship with the deceased based on memories. However, Worden and Silverman (1996) are not the only researchers who developed stages of grief for children (Kubler-Ross, 1969; Lindermann, 1944). Many researchers have developed stages of grief for children because they have yet to explain the "normal" processes for grieving children, resulting in numerous opposing conceptualizations. Researchers have also yet to agree on an universal grief theory for

children (Scott, 2004; Trembley & Israel, 1998); therefore, I later argue that a universal grief theory, including tasks of grief, is unnecessary and challenging to develop for children because the effects of parental death on children varies tremendously. How the death of a parent affects children weighs heavily on a number of factors including their age at the time of the death, their gender, religious beliefs and practices, and circumstances of the death. Furthermore, since researchers have yet to explain the “normal” processes for grieving children (Scott, 2004; Trembley & Israel, 1998) it seems difficult to define complicated grief as a child’s inability to return to his or her life after a period of “normal” grieving (Mitchell et al., 2004; Prigerson et al., 1995).

Cultural and Religious Aspects of Death and the Grieving Process

Any analysis of grief and the grieving process in childhood must include the cultural and religious beliefs in the child's home environment that have an impact on the grieving child (Webb, 2010). Grief felt for the loss of a loved one can occur across all ages and cultures; however, the role of cultural heritage in an individual's experience of grief and mourning is not well understood by educators (Clements, Vigil, Manno, & Henry, 2003). McGoldrick et al. (1991) caution professionals to "...be careful about the definitions of 'normality' in assessing families' responses to death, [since] the manner of, as well as the length of time assumed normal for mourning differs greatly from culture to culture" (p. 176-177). The child absorbs and interprets the beliefs and customs maintained by their family and this influences the child's grieving process; therefore, it is especially important for early childhood professionals to understand different cultural and religious beliefs about death, rituals, and acceptable mourning patterns (Webb, 2010).

Death is a universal experience and a certainty for members of all cultures; however, what people experience, believe, or feel after a loved one has died varies significantly across cultures and even within a culture (Clements, Vigil, Manno & Henry, 2003; Perkins, Cortez & Hazuda, 2009). Lopez (2011) defines *culture* as the way of life of a society, consisting of prescribed ways of behaving or norms of conduct, beliefs, values, and skills; it is the sum total of life patterns passed from generation to generation. Culture has notably been recognized as a key factor in understanding an individual's experience of loss, mourning, bereavement, and grief. Established cultural traditions of mourning may vary for practices such as decisions about burial or cremation, funeral or memorial services, acceptable lengths of time for grieving, expressions

of grief and emotional responses of griever, use of customs and rituals, and help seeking behaviours (Clements, Vigil, Manno & Henry, 2003; Lopez, 2011).

Grieving and death rituals are often heavily influenced by religion. Religious faith addresses the existential questions of life and death (Lobar, Youngblut & Brooten, 2006; Walsh et al., 2002). Religions help people connect to one another and to the “Divine” as part of a healing process during the time of suffering. Religions also provide concepts, rituals, and values that help individuals find meaning and purpose, experience the power of community, and cope with serious aspects of life, in particular, illness, loss, death, and dying (Puchalski & O’Donnell, 2005). Mainstream Western culture tends to focus on the individual rather than the collective, to deny the importance of continuing bonds, and to identify abnormal grief reactions as pathological (Shapiro, 1996). Grieving individuals are expected to display certain emotional reactions, usually in the form of sadness and depression, over a typical length of time in order to grieve acceptably. These responses to death are considered the norm and reactions that are different from the norm are considered pathological or inappropriate. However, ethnic/minority families may have different norms (Webb, 2010). As a result, ethnic/minority children, and their families may experience “disenfranchised grief” when their cultural beliefs and practices are not recognized or respected by the majority culture (Webb, 2010, p. 96).

The literature shows that there are many similarities and differences across and within cultures and religions with respect to death, and it is important for early childhood professionals to understand those differences, specifically the children’s role in the death rituals, in order to provide parentally bereaved children with adequate support (See Appendix 1 for details on various religious views on death, death rituals, and the grieving process).

How the Death of a Parent Affects Children

Age at Time of Death as a Predictor for How Children Respond to the Death of a Parent

A child's age has a significant impact on his or her adjustment to the loss of a parent. Children of different ages are working through different developmental tasks and the death of a parent will almost certainly affect the way in which a child negotiates those tasks (Worden, 1996). Children at each age grieve differently from other ages and some researchers suggest children's mourning is brief and intermittent, re-emerging in different ways at each developmental level (Nickman, Silverman, & Normand, 1998; Speece, & Brent, 1984). Children in all age groups may develop severe depressive and somatic symptoms and some age groups have been found to be at greater risk for maladaptation. Research suggests that children who are younger than five years of age appear to be more vulnerable to later adjustment problems and adolescent or adult mental illness (Christ, 2000; Hunter, & Smith, 2008; Lehman, Lang, Wortman, & Sorenson, 1989; McGuinness, 2011); however longitudinal research that observes grieving children over a period of time is very limited. In order for researchers to understand how the death of a parent affects children in adulthood, it is necessary for research to look at the grieving processes of children in their environments throughout time (Stroebe, Hansson, Stroebe, & Schut, 2001).

Children's understanding of death does not exist in isolation from other developments taking place in their cognitive life. A child's conceptualization of death varies with overall level of cognitive development (Hunter & Smith, 2008). According to Speece and Brent (1984) several cognitive achievements are essential for children's ability to understand death. These cognitive achievements include a linear notion of time; an ability to perform reversible operations; an ability to learn from experiences of others; and an increase in objectivity and

decreased egocentrism. Young children often view death as temporary and reversible. They believe the deceased parent can return after receiving medical intervention, after eating and drinking water, by magic, through wishful thinking, and by praying (Speece & Brent, 1984). Moreover, some young children believe death can be avoided by certain individuals such as children, family members, and teachers (Hunter & Smith, 2008). It is not until children are between five and seven years of age that they develop an understanding for irreversibility, non-functionality, universality, and inevitability (Dyregrov, 2008). According to Speece and Brent (1984) *irreversibility* is an understanding that once a living thing dies, its physical body cannot be made alive again; *non-functionality* is an understanding that all life-defining functions end at death; and *universality* is knowledge that all living things die. According to Hunter and Smith (2008) *inevitability* is a comprehension that one cannot control death. Once children understand these components of death they are able to acknowledge the deceased parent has not abandoned them, which in turn will positively influence their grieving process.

Nagy (1984) further outlines three distinct stages of a child's understanding of the death process. Stage one, ages three to five years, occurs when a child sees death as a departure from a place and that the person who died has just moved and is living somewhere else. Stage two, ages five to nine years has the child believing that death may be avoided. Stage three, ages nine to ten years, is when the child reaches an understanding that death is permanent, inevitable, and affects all living things (as cited in Willis, 2002).

Summarized below is how children of different ages are believed to be affected by the death of a parent, as outlined in the selected literature.

Birth-Three Years Old:

Infants do not have the cognitive capability to understand an abstract concept like death (Fiorelli, 2002); however, Bowlby theorized that infants at approximately six to eight months of age are capable of grief because they develop a sense of object permanence with the caregiver (Christ, 2000). If the caregiver does not return after repeated protests over time, despair develops, eventually leading to detachment. For an infant, the most painful emotions associated with grief may include intense feelings of abandonment and disruptions in forming future healthy attachments with others (Lehman, Lang, Wortman, & Sorenson, 1989). Johnson (1999) and Willis (2002) acknowledge that infants respond to the changes in the schedule, the tension he or she feels in his or her remaining parent, and to the disruption in the home. Furthermore, Geis et al. (1998) states that children between six months and one year can maintain *object constancy*, the internal representation of their parent, even when this parent is absent; therefore, leading to the conclusion that even children as young as infancy can experience an emotional reaction following the death of a parent. This present research later confirms the belief that children as early as infancy have the ability to grieve the death of a parent.

A toddler may express grief by regressing back to a younger stage of development when the family was in a safer and happier time, before the death of the parent (Kirwin & Hamrin, 2005). This regression usually presents itself as thumb sucking and toileting accidents (Christ, 2000). Toddlers also display separation anxiety, clinginess, and tantrums, along with obvious sadness and withdrawal. A grieving toddler is potentially fearful of the dark and often experiences sleep disturbances and nightmares. Toddlers often feel they have caused the sadness and grief they sense in others around them and lack the necessary verbal skills to understand this is not so (McGuinness, 2011).

Three- Five Years Old:

Children of this age are believed to be in the pre-operational stage of their development and thus lack the cognitive ability to understand death (Boyd, Johnson, & Bee, 2012). Children do not yet understand concrete logic, cannot mentally manipulate information, and are unable to take the point of view of other people. These pre-operational cognitive attributes make it difficult for children to understand the meaning and the permanence of death (Hunter, & Smith, 2008). Since children at this stage do not understand death they are more likely to express their grief with irritability, regression, stomach aches, and repetitious questions (McGuinness, 2011). Similar to infants, children of this age range experience intense separation anxiety because they are learning to trust and form basic attachments (Fiorelli, 2002); however, unlike infants, children in this stage are able to express their thoughts and feelings through play, fantasy, and drawings (Christ, 2000).

Six-Eight Years Old:

Children in this age range have an advantage over younger children because they possess more advanced language skills. This group of children are most able to speak openly about death, because younger children cannot and often, older children will not (Hunter, & Smith, 2008). Children of this age range demonstrate sadness and anger over their loss and often experience physical symptoms such as stomach aches in response to their grief (McGuinness, 2011). They often experience fearfulness, sleeping problems, and separation anxiety. Moreover, finding a place for the deceased parent, like heaven where the parent is watching them, is very common. Children's late pre-operational cognitive capacities influence magical thinking about the causes of death which may lead to feelings of guilt and self-blame (Christ, 2000).

Nine-Eleven Years Old:

Children of this age need detailed, factual information about their parents' death in order to gain some sense of control over the event. They often express their feelings by being messy, stubborn, argumentative, and withdrawn (Christ, 2000). Children in this age range may control their grief by *compartmentalizing*; they refrain from talking about their loss or the emotions as a result of their loss (Lehman, Lang, Wortman, & Sorenson, 1989).

The notion of childhood innocence leads adults to avoid or postpone providing children with information about death (Webb, 2010). Millay (1934/1969) said that "childhood is the kingdom where nobody dies", and Becker refers to adults' "ever present fear of death" (as cited in Webb, 2010, p. 17). However, children eventually come to know the necessary truth about death, including its irreversibility, inevitability, and universality. Most children achieve this knowledge by approximately seven or eight years of age due to their cognitive development and life experience. Some children may achieve a mature conception at younger ages if they have had an experience with the death of an animal, or if they have had early experience with the death of a family member. For most children, the natural advancement of their ability to think rationally leads gradually to a mature understanding about death (Webb, 2010).

Gender as a Predictor for How Children Respond to the Death of a Parent

Research regarding predictors for how children respond to the death of a parent emphasizes gender as a factor in children's grief experience and adjustment (Lawhon, 2004; Raveis et al., 1999). Raveis et al. (1999) interviewed a group of children between three and eighteen months following the death of a parent from cancer. The researchers discovered that depressive symptoms were significantly related to a child's gender. Parentally bereaved girls reported higher levels of depressive symptoms than boys. Similarly, in their investigation of

post-traumatic stress symptoms in parentally bereaved children, Stoppelbein and Greening (2000) concluded that parentally bereaved girls and younger children reported more post-traumatic stress disorder symptoms than boys and older children. Furthermore, Hope and Hodge (2006) reported that the male children they interviewed tended to externalize their grief and exhibit more acting out behaviour, whereas females tended to internalize their grief. The female participants were more verbal and expressive; they were better able to express their feelings verbally, but boys acted out their feelings in art or construction activities. Worden (1996) states that parentally bereaved girls, regardless of their age, feel more anxious than boys during the first two years of grief. This anxiety manifests itself in concerns about the wellbeing of the remaining parent, as well as their own wellbeing. Girls are also socialized to be more sensitive than boys to family arguments that may occur in the early months after the death. Somatic symptoms are also more likely to be experienced by girls, especially during the first year after their parent's death. Furthermore, girls are more likely to speak to their remaining parent about the death, are more prone to cry throughout the first year of bereavement, and are more able to share their feelings with their family. Girls seem to be more attached to the deceased parent than boys and after the first year of grief, girls are more likely to idealize the deceased parent (Hope & Hodge, 2006).

Conversely, boys are more likely to evaluate their behaviour as inferior to their peers', and boys are more apt to have learning difficulties during their first year of bereavement. Boys are also more likely to be told they need to "grow up" and be the man of the house in the early months after the loss of a parent. Hope and Hodge (2006) conclude that parentally bereaved male and female children react and adjust to parental death differently due to differences in socialization. It is more acceptable for girls in the West to grieve openly than it is for boys.

Furthermore, Hope and Hodge (2006) noted that male children seem to get more support if they show their grief because people do not expect them to react that way.

Gender Match as a Predictor for How Children Respond to the Death of a Parent

Worden (1996) credited differences in child behaviour following a parent's death to the gender of the deceased parent and, to some extent, to the gender of the child. All children need parental involvement and support, but boys and girls may look to each parent for the fulfillment of different needs. Children from Worden's (1996) study who had lost a same-gender parent were more likely to identify with the dead parent and to see themselves as more like that parent than the remaining one. Gender mismatch also had a large influence on children's bereavement experiences. Children who lost a parent of the opposite gender felt more fear for the safety of the remaining parent and reported more health problems during the first year; however, gender mismatch had less influence during the second year of bereavement. Interestingly, girls who experienced mother loss had more emotional and behavioural problems at the first year assessment (Worden, 1996).

Legacy Building as a Predictor for How Children Respond to the Death of a Parent

Silverman et al. (2003) report on the findings of a qualitative analysis of a sample of children who participated in the Harvard/MGH Child Bereavement Study. These children were identified as displaying problematic behaviour associated with serious emotional problems. The purpose of Silverman et al.'s (2003) study was to learn more about these children's lives and what might be associated with their elevated negative behaviour. The researchers discovered that the children had a particular kind of relationship to their deceased parent. This relationship was difficult and uncomfortable; therefore, leading to their unwanted behaviour. Similarly, Normand (1994) found that children, with what seemed to be careful consideration, chose aspects of the

deceased's personality or behaviour that connected the children to their dead parent. While many children in Normand's (1994) sample initially reached out and talked to the deceased parent, these conversations eventually became internalized and these children saw themselves as what Normand called "a living legacy" for their parent. The children experienced this as a very positive connection, giving them comfort and support (as cited in Silverman et al., 2003).

Unlike Normand's (1994) findings, Silverman et al. (2003) found that their sample of children had a relationship to the deceased that, for one reason or another, caused the children to worry, feel burdened, and/or be fearful. This was related to the deceased parent's life, illness or death, and/or the child's relationship with the deceased parent. Five kinds of legacies were identified. First, a *physical or health related legacy* relates directly to the illness that caused the parent's death. It reflects the child's fear that he or she will die from the same condition or disease that killed his or her parent. Second, *role related legacy* describes children who felt they needed to assume the deceased parent's role in the family in order to fill the space their parent left behind. Third, the *personal qualities legacy* describes children who identified themselves with personal qualities that they saw in their deceased parent. These were qualities that were assumed by the children that made them more like their parent, or alternatively, qualities that the children intentionally rejected so as not to be like the deceased parent. Fourth, *a legacy of blame* includes children who remained connected to the deceased by holding on to the belief that either they, or their remaining parent had not done enough for the deceased and that this led to his or her death. This sense of blame is often associated with a sense of guilt. Fifth, *emotional legacy* describes children who appeared to have an emotional connection to the deceased. There are a variety of possible explanations as to why legacies become negative and lead to problems in bereaved children; however, the reactions of the remaining parents are recognized and

understood as important factors, but it is not clear how the remaining parents influence legacy building (Silverman et al., 2003).

Cause of Death as a Predictor for How Children Respond to the Death of a Parent

It is commonly accepted that sudden, or unanticipated death, creates more difficulty for children's adjustment over time than does an anticipated death (Dunning, 2006). Sudden death has long been seen as more difficult to grieve than deaths for which there is prior warning (Worden, 1996). When a child's parent dies unexpectedly and there is no opportunity to prepare the child for the death, later adjustment can be problematic (Raveis, Siegel, & Karus, 1999). A sudden death contributes to a tendency toward denial among survivors, which further leads to problematic adjustment in parentally bereaved children (Webb, 2010). Although unanticipated death is commonly accepted as more difficult to children's adjustment than anticipated death, the opposite has been documented in a longitudinal study of the effects of parent death on children. This study found that the death of a parent following an illness of two or more weeks is associated with significantly more distress in children than a comparable sudden parental death. Moreover, lengthier illness correlated with worse outcomes for children after the parent's death (Kalter et al., 2002).

Saldinger et al. (1999) found that the lengthiest anticipations of the death of a parent were associated with the worst post-death adjustment for children. The researchers hypothesized that this may be because the anticipation of death or the stress of awaiting an approaching death may be more emotionally difficult on a child. The terminal illness of a parent presents the family with an experience outside the expected norm for the developmental stage of the child and the family. An anticipated death produces significant stress for adults and children, especially when the dying is prolonged (Dunning, 2006). Factors surrounding anticipated death such as the length of

illness, prior knowledge of the imminent death, or the degree to which the child is aware that the parent will die might affect the child's adjustment after the parent has died. The stresses of a fatal illness and the changes imposed by the progression of a chronic illness and its treatment, such as alterations in lifestyle, the absence or withdrawal of the ill parent from family functions, and household economic changes have been suggested as factors that might negatively affect a child pre-death and can continue to negatively affect the child until after the parent has died (Raveis, Siegel, & Karus, 1999).

Researchers have long debated whether suicide bereavement is different from anticipated and unanticipated grief (Webb, 2010). Melhem et al. (2007) concluded that complicated grief scores of children bereaved by suicide were similar to complicated grief scores of children bereaved by accidental or sudden natural deaths; however, it is possible that the unexpected nature of suicidal, accidental, and sudden natural deaths may have led to the similarity in complicated grief scores. Many other pieces of literature conversely suggest that suicide bereavement differs in many ways from other types of grief in terms of the bereaved children's increased risk for psychopathology or poor social functioning as well as the potential stigma, shame, and isolation associated with suicide bereavement (Cain & Fast, 1966; Hung & Rabin, 2009; Pfeffer, 1981; Rutter, 1966; Shepherd & Barraclough, 1976). Additionally, finding meaning from a suicidal death is more challenging for children than finding meaning following deaths from other causes (Webb, 2010). Jordan (2001) argues that some common survivor questions such as, "Why did they do it?", "Why didn't I prevent it?", and "How could they do this to me?" differentiates suicide bereavement and "may distinguish it from other losses, regardless of the measured intensity of the grief or psychiatric symptoms" (p. 92). Furthermore, suicide bereavement is a form of *disenfranchised grief*, a term created by Doka (1989) and used

to refer to a type of grief that individuals, including children, experience when a death cannot be “openly acknowledged, publicly mourned, or socially supported” (as cited in Webb, 2010, p. 111). Mourning children bereaved by suicide often feel stigmatized and may be looked upon more negatively by their peers and social group (Jordan, 2001). Children bereaved by suicide may be perceived as being more emotionally dysfunctional, more ashamed, more depressed, more often blamed, and more in need of psychological counselling than other mourners (Jordan, 2001).

You will later read the stories of two remaining parents. One individual’s spouse committed suicide and the other individual’s spouse died of cancer. You will notice many similarities between both families and their children’s grief reactions; however, this does not suggest that suicide bereavement is similar to anticipated or unanticipated bereavement. Rather, the similarities between the two family’s stories confirms that it is difficult to define “normal grief”, whether the death is anticipated, unanticipated, or suicide because each family and child’s experience is unique and dependant on a number of factors.

Remaining Parents’ Contribution to Their Children’s Response to the Death of a Parent

Factors that may influence the adjustment of parentally bereaved children include both child-level and family-level variables. Several family-level variables, such as the adjustment of the remaining parent and the quality of care received by the child after the loss, are significantly related to how children cope (Kalter et al., 2002). When a parent dies, life changes for the child, the remaining parent, and the family because a vital member is missing (Worden, 1996). The impact of loss for the remaining family members is often colossal (Rothaupt & Becker, 2007). Most families exist in homeostasis, but the loss of a significant person, along with the roles played by that person, can throw the family system off balance (Worden, 1996). When faced

with the stress and anxiety that develops from the death of a parent, families commonly become emotionally overwhelmed and reactive to each other (Rothaupt & Becker, 2007).

The child's adjustment to the death is influenced by the way in which the family, and especially the remaining parent, responds to this loss (Kalter et al., 2002). How the remaining parent copes with the loss of their partner affects how their children work through the tasks of grief (Kirwin & Hamrin, 2005). With the death of a spouse, the remaining parent is forced into the new role of a single parent, he or she must deal with his or her own reactions to the death, and the remaining parent must respond to his or her child's needs (Worden, 1996). The remaining parent may not be prepared for managing his or her own reactions as well as the reactions of the child (Howarth, 2011); however, the degree to which a parent can meet both sets of needs will affect how well the child responds and adjusts to the loss and the changes in his or her life (Worden, 1996).

According to Worden (1996) bereaved children need three things to help them cope with the disruption in the family system caused by the death of a parent: support, nurturance, and continuity. The child will feel *supported* when the remaining parent can function as a teacher and guide, providing feedback, and encouragement about the child's feelings and behaviour following the death. A *nurturing* parent provides food, clothing, and shelter, but most importantly, he or she listens to the child and uses this information to help the child. *Continuity* is frequently overlooked when considering children's needs after the death of a parent; however, the child's world has changed forever and each bereaved child needs a sense that the family will continue, with connection between the past and the future (Worden, 1996). Frequently, however, the remaining parent does not recognize a child's grief responses and needs. Sometimes, remaining parents may be too absorbed by their own grief; therefore, they become unavailable

and experience difficulties in supporting the child, talking about death, sharing feelings, and answering the child's questions (Papadatou et al., 2002). Nickman, Silverman, and Normand (1998) present three basic suggestions for remaining parents to support their grieving children. First, the remaining parent should acknowledge the child's loss and his or her feelings as a result of the loss. Second, that the remaining parent considers the child when making decisions related to the deceased, such as disposal of possessions, recognizing that these now concern the whole family. Third, the remaining parent should be cautious about making changes in the family structure without talking to the child first. Following these guidelines conveys to children that their feelings are being respected, and that the family process that existed when the deceased parent was alive is being sustained.

Supporting Parentally Bereaved Children in Child Care and School

Child care centres and schools are a place where the majority of children spend a significant part of their lives and what children learn from educators may have long-term effects (Lowton & Higginson, 2003). Rowling and Holland (2000) state that society expects schools to support children in more than just their academic achievement; a universal goal for educators and schools is to care about the holistic development of each student, and sometimes that includes supporting children through the grieving process (Lawhon, 2004). Children spend a great deal of time in childcare or school and educators can be an important source of support for a grieving child (Fiorelli, 2002). It is important for educators working with grieving children to understand the manifestation of grief at various developmental stages and to provide competent support to children of all ages who experience loss (McGuinness, 2011). Undoubtedly, many educators may be appropriately perceived as an important contact in a child's bereavement experience at a time when parents may be under substantial emotional pressure.

A concern educators often encounter is whether they have the skills necessary to work with children who are grieving (Doka, 2010). Cullinan (1990) who studied educator's death anxiety and perceived capability to support bereaved children, determined that the support children receive depends on the educator's perception of his or her role as an aid in the grieving process and his or her perceived comfort in dealing with death-related issues. Papadatou et al. (2002) also explored the perceptions of educators about children's adjustment to death, and the educator's personal experiences with a student who was grieving the death of a parent. Most participants perceived their role in supporting a bereaved student as significant, but a large majority felt unprepared to take on such a responsibility (Papadatou et al., 2002). Although there are qualified specialists in the field of bereavement counselling who are prepared to assume such

a responsibility, what a grieving child needs more than anything is to be listened to and soothed by a caring and empathetic individual with whom the child interacts on a daily basis (Doka, 2010). Educators are uniquely positioned to guide grieving children because the classroom may be the primary setting in which children begin to cope with personal reactions to a parent's death. The classroom can provide the continuity and security of a safe place that a grieving child may need to express his or her grief and talk about his or her loss (Naierman, 1997).

Bowen (2002) asserted, "Chief among all taboo subjects is death" (p. 322). Educators' attitudes towards death are not different from the attitudes commonly held by adults in Western culture. Such attitudes typically include anxiety and are characterized by the automatic impulse to protect children from death-related events. Another barrier is the glorification of childhood, a period of life void of any pain or sorrow; therefore, shielding children from the morbid aspects of life is preferred more than helping children to develop coping abilities (Ayalon, 1979). However, as Kastenbaum (2000) states, "Nobody comes to an understanding of life without coming to some kind of understanding of death, and this process begins earlier than most of us imagined" (p. 6).

Death is not necessarily depressing or frightening for children (Ayalon, 1979); however, children need accurate information about death in order for them to recognize, normalize, and discuss their grief concerns, providing children with a sense that death can be managed and it should not overwhelm them (Dowdney, 2008). When talking to children about death, it is important for educators to use the correct language such as "dead", "killed", "cancer", and "suicide" (Fitzgerald, 2003). Using the correct language in such a way that children do not feel death is a taboo or unspeakable subject provides children an opportunity to begin accepting the finality of death (Willis, 2002). Euphemisms such as "he passed away" or "we lost him" can lead

to misinterpretation (Fitzgerald, 2003). Children have fears, fantasies, and questions; therefore, they need educators to listen to them, not minimize their concerns, and provide them with facts. Educators should also ensure they are acknowledging and respecting the children's feelings.

Mehrabiy (2003) advises that bereaved individuals should be allowed to express feelings of grief because suppressing them is damaging. The loss has to be acknowledged, the different emotions of grief have to be freed, new skills may need to be developed, and emotional energy must be channelled into a new approach to life. Mehrabiy (2003) also states that bereavement is an upsetting and traumatic experience and it might comfort the mourner to know that such reactions and feelings are almost universal responses to loss, and that they are not abnormal. Shock, disbelief, denial, anger, guilt, bargaining, depression, and acceptance are common human reactions to the loss of a loved one. However, the duration, frequency, and intensity of the grief process may vary based on individual family and cultural beliefs (Walsh, King, Jones, Tookman & Blizard, 2002). As a result, culture is a complex but vital considerations in the process of helping people overcome death.

Recognizing that there can be different patterns of mourning presents unique challenges to educators in understanding what normal and acceptable behaviour is for grieving children and families (Lopez, 2011). Cultural and religious variations in grief require educators to have the knowledge and skills to support children and families with different backgrounds than their own (Sheikh, 1998). Educators should feel compelled to learn about the bereaved family's religious traditions, but there are two challenges to this. First, educators have a responsibility to listen to families and support their religious beliefs about grief and educators also have an obligation to support children. This can be challenging for educators because Buddhist, Hindu and Islamic families may expect children to refrain from grieving shortly after the child has lost a parent, but

the educator may want to encourage parentally bereaved children to express their grief. Second, an educator's responsibility to learn about another religion and facilitate certain rituals in the classroom may be a difficult task if the religion is significantly different from the educator's personal religion. It is debatable whether or not educators should feel obligated to talk about death in light of another religion if they do not feel comfortable doing so; however, if educators do not collaborate with bereaved parents and provide support for parentally bereaved children in a way that is consistent with the child's religion, the educator may not be providing adequate support.

With the increasing diversity of society, educators may have children with a wide array of cultural and spiritual backgrounds in the classroom. Educators must recognize that many religions and cultures hold different end-of-life practices and beliefs about death, death rituals, and grieving. Sensitivity to different cultures' response patterns to death can help educators support children through the grieving process after the death of a parent. Educators cannot be expected to become an expert on every culture, but gaining a basic familiarity with the religions of the families within the community and knowing where to locate experts in these areas allows educators to provide optimal care to parentally bereaved children and their families. The family is the best source of information for culturally sensitive assessment; therefore, educators should be comfortable asking families whether there are particular customs and rituals surrounding death and grief that they wish to share with the child care centre. By asking and listening to remaining family members, educators can obtain information and assess and integrate that information into the classroom's framework in a way that is culturally sensitive and family specific. By assessing and facilitating culturally appropriate grieving practices, educators can promote a healthy grieving process (Clements, Vigil, Manno & Henry, 2003; Ross, 2001).

Methodology

Approach

Qualitative research is a term used for research methodologies that describe and explain people's experiences, behaviours, interactions, and social contexts without the use of statistics (Fossey, Harvey, McDermott, & Davidson, 2002). "People...enter qualitative studies primarily by virtue of having direct and personal knowledge of some event...that they are able and willing to communicate to others" (Sandelowski, 1995, p. 180). Morgan and Smircich (1980) argue that qualitative research reflects an *approach* rather than a specific set of techniques and its appropriateness is dependent on the nature of the study. A qualitative inquiry was selected as the most appropriate approach for exploring the experiences of a bereavement counsellor and remaining parents with the effects of parental death on children because all participants have unique/distinct, personal knowledge about the topic. Specifically, this method allowed for a professional and personal description of the effects of parental death on children. Furthermore, researchers studying bereavement often embrace the qualitative approach rather than the quantitative approach because it may represent the experiences of the bereaved more appropriately and adequately. A qualitative approach to bereavement research allows for the exploration of questions about meaning, experience, and understanding after the death of a loved one and contributes to a developing model of grief that focuses on the intricacy of human relationships and the connectedness of individuals to those living and to those who have died (Buckle, Dwyer, & Jackson, 2009). In addition, personal experiences reflected in qualitative research can lead educators to critically theorize about their teaching experience and assemble new knowledge and practices regarding teaching and themselves (Breidenstein, 2002).

The interviews occurred over three days, one day per participant, at a time and location that was convenient for the participants. Qualitative interviewing was used to collect data relevant to my research question. Qualitative interviewing is defined as “... face-to-face encounters between the researcher and informants directed toward understanding informants’ perspectives on their lives, experiences or situations as expressed in their own words” (Taylor & Bogdan, 1984, 0. 77). The qualitative interview method is based on the recognition of multiple, subjective realities which is relevant to this study (Taylor & Bogdan, 1984). My aim was to understand different perceptions and experiences and how these influence accounts of events rather than attempting to condense them to one reality. While individual accounts of how the death of a parent affects children were considered, no single version will be regarded as truth; rather, all three stories were analyzed with the intention of drawing upon commonalities that could be used to inform the current body of literature and enhance the ability of educators to support grieving children.

The interviews were conducted using a semi-structured general interview guide approach (See Appendix 4 for Interview Guide). According to McNamara (2009) the strength of the general interview guide approach is the ability of the researcher to “...ensure that the same general areas of information are collected from each interviewee...” (p. 755), but the interview questions are not necessarily the same. This approach allowed the participants to tell their story and it allowed me to personalize the interview questions for each participant while still focusing on the major themes of inquiry. I asked each parent questions such as: “How did your children change after the loss?”, “How has their mother’s/father’s death affected them in school?”, and “Did your children understand what was happening to their mom/dad?”. I asked the bereavement counsellor questions such as: “How does the death of a parent affect children of different ages?”,

“How does a child’s understanding of death influence the grieving process?”, and “How does the death of a parent affect children in school?”. The interviews were done in a face-to-face fashion after consent by the participants and at a location chosen by the participants (See Appendix 5 for Consent Agreement). I interviewed the father at a (quiet and very private) local coffee shop and I interviewed the mother and the counsellor in their office at work. According to Neuman (2006) face-to-face interviews are beneficial because they have the highest response rates and they allow for clarification of vague responses or extraction of greater detail. I introduced the interviews as outlined by the interview script and the questions were taped using an audio recording.

Case Study

Case studies explore and investigate real-life occurrences through detailed contextual analysis of a limited number of events or conditions and their relationships (Yin, 1994). A case study may be understood as the intensive study of a single case where the purpose of that study is to shed light on a larger population and can be a practical solution when a big sample population is difficult to obtain (Yin, 1994). Case study research may also incorporate several cases, to involve multiple case studies (Gerring, 2007). Discussing death, grief, and bereavement can be very difficult for individuals who are grieving the loss of a loved one; therefore, I anticipated that finding a large sample of participants would be difficult. As a result, this research was conducted as a case study involving one bereavement counsellor and two remaining parents.

Unlike traditional experimental methods, researchers who employ a case study method to investigate a particular research question are not concerned with the discovery of a generalizable, universal truth, nor do they look for cause and effect relationships; rather, researchers who employ a case study method emphasize exploration and description (Gerring, 2007). A case

study was chosen to explore this issue because of its use in helping to identify social patterns as opposed to an exclusive interest in causation. In this regard, the study and comparison of the cases will explore the personal experiences with bereavement. In doing so, the study will offer a description and comparison between three individuals' accounts and experiences with childhood grief, rather than a universal truth for how the death of a parent affects children.

Since I am not concerned with the discovery of a universal truth I will also employ a narrative research method. Narratives are subjective, personal accounts told to others as stories. The telling of the story is affected by both the narrator and the listener, each with a different perspective that will influence how the story is told. The choice of what to tell lies entirely with the narrator, but may be modified by the questions or reactions of the listener (Gale, Mitchell, Garand, & Wesner, 2003). The goal of narrative research is not to discover or uncover the truth, but it is to see how individuals impose order on the flow of experience to make sense of events in their lives. Narratives represent the natural way by which human beings impose meaning on their lives and the process of telling stories allows humans to construct meaning from their lived experiences (Reissman, 1993). According to Worden (2009) when bereaved individuals talk about their loss, it allows them to explore their thoughts and feelings about death. Since this is a difficult subject to talk about, I wanted the remaining parents to benefit from the interview by talking about their experiences, which will hopefully help them to further construct meaning of their loss and grieving process. I also provided the participants with a list of bereavement support centres in the event the participants wanted to continue exploring their thoughts and feelings with a bereavement support group (See Appendix 2 for a list of bereavement support groups).

Strategy

The study was conducted over the course of four months (April to August 2012), and included the recruitment of research participants, the facilitation of three interviews, the transcription and analysis of data, and the writing of the final research report (See Appendix 3 for recruitment flier). One bereavement counsellor and two remaining parents were interviewed. The participants were selected using non-random sampling methods known as criterion sampling and expert sampling. In *criterion sampling* the researcher identifies cases or individuals who meet a certain criterion. In this case I sought two parents whose spouses died. In *expert sampling* the researcher identifies individuals who have particular expertise (Given, 2008). For the purpose of this study I sought and interviewed one trained bereavement counsellor who has been practicing for approximately five years, who shared her knowledge about parentally bereaved children. I required a trained bereavement counsellor—Jessica—who has been practicing for a minimum of five years because she was able to provide me with knowledge about how the death of a parent affects children gained by both education and an ample amount of experience. I also interviewed two remaining parents; one female—Sarah—whose husband died two years ago and one male—Mike—whose wife died one and a half years ago. The remaining father's wife committed suicide a year and half before the interview took place. His two female children were five and three at the time of their mother's death. The remaining wife's husband died approximately two years before the interview occurred, after battling a rare form of cancer. At the time of their father's death, the remaining mother's son was nine years old and she has two daughters who were four and one and a half years old. For the purpose of this study all participants have been given a pseudonym.

To initiate communication with potential participants, I contacted *Gilda's Club* which is a cancer support community for children and families impacted by cancer. I explained the purpose of my research to the organization and I asked if a bereavement counsellor may be interested in participating in my research study. I explained that he or she would be involved in an interview discussing the impact of parental death on children. I then contact *Bereaved Families of Ontario* which provides bereavement counselling to children and their families. I provided the organization with a recruitment flier asking parents to connect with me if they were interested in participating in my study.

Results and Discussion

Contemporary research validates the belief that children have the capacity to grieve and they do so in a multiplicity of ways (Bowlby, 1980; Eppler, 2008; Haine, Ayers, Sandler, & Wolchik, 2008; Silverman & Worden, 1992; Worden, 2002). Children's grief reactions are dependent on factors such as their age, level of understanding of death, cause of death, support from the remaining parent, and religious beliefs and practices. In order to better understand childhood grief and how these factors influence childhood grief, I interviewed two remaining parents and an expert and found both similarities and differences in their responses and experiences with the parents' perceived effects of parental death on children. Below are three similarities in the participants' responses.

Children's Age and Understanding of Death as an Influencing Factor on Children's Grief

My research shows that according to parents, the age of the child clearly has a significant impact on the child's adaptation to the loss of a parent. Like (Worden, 1996), my interviews revealed that children of different ages are struggling with different developmental tasks and ultimately, the death of a parent will affect the way in which a child works through those tasks. The bereavement counsellor, Jessica, for example, explains that the death of a parent affects children across all developmental levels and ages:

“Children are like barometers; they sense every change in the atmosphere... [C]hildren as young as eighteen months will sense something is different...For really young kids who can't really understand the idea of death, can't have a conversation about it, can't have it be explained to them...you will still see the effects on their behaviour.”

Jessica emphasizes that a set timeline for grief does not exist and children are going to grieve the death of a parent throughout their life. She explained that children's understanding of death does not exist independently from other developments taking place in their life. This echoes the work

of many, who argue that a child's conceptualization of death varies with overall levels of cognitive development (Christ, 2000; Hunter & Smith, 2008; Lehman, Lang, Wortman, & Sorenson, 1989, Nickman, Silverman, & Normand, 1998; Speece & Brant, 1984; Webb, 2010). Jessica underscored the fact that at each stage of development, children's understanding of death matures, and along with this maturation comes curiosity and query. Interestingly, both parent participants expressed their experiences with their children's curiosity, query, and fear of death and an afterlife. For example, one parent said: "... [T]he immediate changes were, they were very worried that something was going to happen to them, that something was going to happen to me".

Parents reiterated that their children believe that the people they love will never die. Parents often reassure their children that they will always be there to care for them. This desire parents have to shield their children from death is understandable; however, when a death directly affects children, children can no longer be protected from the reality of death (Schonfeld & Quackenbush, 2009). When a parent dies, children typically fear the other parent will also die, especially if the remaining parent becomes ill. Children may believe that all illnesses have the same outcome (Curie, 2008). As a result, remaining parents should help their children understand that death is a part of life because the more parents try to shield their children, the more confusing and frightening death can be for children (Lasher, 2008). The bereavement counsellor, Jessica, suggests that parents worry that as soon as they talk about the possibility of their own death with their children, parents are taking away their children's hope; however, children can have information and still have hope.

"...When a child asks the [remaining] parent, 'What if you die?' So many parents want to ease their child's fear and they say, 'I am not going to'. Well, that other parent wasn't supposed to either and the fact that they did made the fact that people die a true reality in

the child's world, and so a parent saying, 'I am not going to die' is not going to bring any comfort to that child."

On more than one occasion, Mike's oldest daughter Laura, who was five years old when her mom died, has spoken to Mike about her fear of her own mortality. Her fear is that this is the only life she will have the opportunity to live. "When I ask, 'what do you mean'...she says... 'that I am going to live my life and then that's it'". Her fear is not that she is going to die; rather, Mike believes Laura's fear is that an afterlife does not exist: "It's more of an esoteric worry for her and I don't think it's like, 'I am worried I am going to die'. It's more like, 'what's next?'"

Sarah experienced a very similar conversation with her four year old child, Maggie, who asks questions about the possibility of other family members dying, as well as the possibility of her own death. Sarah provided a detailed plan for her children in the event of her death. "... [W]ell, I said, 'likely nana will be there and Dede', my sister, 'knows she is responsible for you guys if something happens to mommy and daddy'. I said things to reassure them". It is important to be honest when talking to children about death, especially during times of grief. When children question what will happen to them in the event both parents die, the remaining parent should provide information in a way as to prepare children for an unexpected death (Corr & Balk, 2010). Jessica explained that when someone dies in a child's life, the world seems confusing and out of control. All the child wants during this time of upheaval is to know what they can count on as being consistent. Jessica states:

"There is a lot of hardship in life and protecting a child and not giving them a chance to experience and learn these things isn't as beneficial as teaching them how to handle the undoubted sadness. You know, people don't want to face it, but the world, unfortunately, is full of hard things and you're giving children a gift by giving them the tools to survive."

Explaining to children what their life will look like should both parents die, provides children with comfort and control because the children will know what to expect.

Unpredictable and Sporadic Grief

Mike and Sarah both shared that their children quickly transitioned from play, to a discussion about their parent's death, and back to play again. Mike also discussed the changes he observed in his youngest daughter's behaviour, who was three at the time of her mother's death.

“Sophia's a little angry about stuff and I notice there's kind of like a temper tantrum. She gets frustrated with stuff. She gets physically aggressive with her sister and myself. I think part of that is developmental stuff anyways... [B]eing so young, she and her sister will be talking and being sad about mommy to then, 'Let's go play now'...I think just the mind of a child, they just don't focus and linger on stuff they're worried about.”

Jessica explains that at each stage of development, children understand death a little differently. “Parents are always wondering how grief is impacting those behaviours and whether it is just a toddler being a toddler or a toddler having difficulty because of their grief and the loss. And you're never going to be able to separate it”. While adults tend to grieve more continuously and intensely, children's grief is often sporadic because they are simultaneously facing a number of developmental issues, pressure, and questions (Zonnebelt-Smeenge & De Vries, 2006). Children's grief reactions are intermittent because children cannot thoroughly explore all their thoughts and feelings as rationally as adults can (Howarth, 2011). As a result of this inability to explore their thoughts and feelings, children often demonstrate what come to be seen as unacceptable behaviours, which are actually expressions of the child's confusion about what has happened (Willis, 2002). Children often have difficulty articulating their feelings about grief; thus, it is through their behaviour that they may demonstrate strong feelings of anger and fear of abandonment or death. Children may be laughing and playing one minute and crying uncontrollably the next (Washington, 2010). Sarah described the physical and behavioural

changes she noticed in her children as a result of their inability to express their feelings:

“[Verbally expressing their feelings] can be very hard to do...sometimes it can manifest in cranky behaviour or lack of sleep, not eating properly, losing weight and all that...those kinds of things did happen with my children”.

Remaining Parent's Reactions as an Influencing Factor on Children's Grief

The most important influencing factor on children's grief, according to Jessica, is the remaining parent's personal grief experience.

“You know, they really say that you can only have one person grieving the hardest at a time...Sometimes the [remaining] parent is the one grieving the hardest...Sometimes the [remaining] parent is really angry at the person who has died and they are angry for leaving them alone, and they're angry for making them a widow or widower, for leaving them to take care of the children by themselves. You sort of have to give them time to work through that...And I think that the way that the [remaining] parent feels towards the parent who has died will sometimes really impact the child's feelings towards the parent that has died and the parent who has survived.”

A child's adjustment to the death of a parent is influenced by the ways in which the remaining parent responds to this loss (Kalter et al., 2002). How the remaining parent copes with the loss of their partner affects how their children work through the tasks of grief (Kirwin & Hamrin, 2005). Adjusting to the intense emotions of grief can be exhausting for the remaining parent; as a result, grieving parents may not attend to their children's needs in the same way they did prior to their loss (Crane & Marshall, 2006). The remaining parent may not be prepared to manage his or her own grief as well as his or her child's grief; however, the degree to which a parent is able to meet both sets of needs will affect how the child responds to the death of his or her parent (Worden, 1996).

For the first few days after Silvana's death, Mike says he experienced what it was like to be depressed; getting stuck in a cyclical feeling that Silvana's death was his fault. “I wish my

wife was still here...I wish I could have said something different... [I]f I could change it I would, but that's not possible. So we are just moving forward". Sarah also avoided the cycle of depression and she owes this to her faith.

"I relied on my spirituality...You really have to take some dedicated time to mourn and to talk about it, feel it, experience it...You have to cry it out, you have to talk it out, you have to hear it out... [L]ook for the blessings and if you can't see it or find it, I do this, I pray to God to help me figure it out. And sometimes, it will happen in a few days, hours, weeks, months, if not years and when you come to know, it will be the right time. It will be the right time and that light bulb will turn on and you will say, 'That's why this happened' ...I think if you go back and change things then the variables change...That's why I am at peace and I know I did whatever I possibly could to prolong my husband's life and take those chances."

When I asked Jessica how remaining parents influence their children's grief experiences, she responded:

"One thing that we hear from kids time and time again is that, 'I wish I had known' ... [N]ot only was there sadness that the person had died, but there was anger at the [remaining] parent for having not told them...It's important for parents to have a good relationship with their child so they feel like they can turn to the parent for support. If [children] are angry because [parents] haven't told them, then that's going to be difficult on their relationship...Open communication is going to impact that...It's just about giving everyone the room that they need sometimes to feel the way they feel and just be open and talk about it."

Two to three months after Silvana's death, Mike explained his wife's death to his children. It was important for him that his girls could trust him. "I was the only parent left. I didn't want them to think I was lying to them or keeping something a secret from them". Mike expressed the importance of open communication and treating his children as "...equals and not as fragile little beings that need to be protected from the truth. I think if you go through something like this together, it reinforces the bonds and it shows them trust and safety with the parent that is left". Sarah also values her children's trust and maintaining open communication with them.

“Oh contraire to what the extended family believed...I was very comfortable letting my children know daddy has cancer and might die...I'm very comfortable with my children, to talk to them if they have questions...Being okay with talking about it I think was really one of the things that I put a lot of energy into.”

Along with open communication, Jessica thinks it is important for parents to create an environment where a child feels that they can come and talk about their parent's death.

“A lot of the times children are worried they will upset their parent. So if they want to talk about the parent who has died and they start to talk about them and this causes the [remaining] parent to start crying, a child feels like they caused that and that's not good. The answer is not that the parent shouldn't cry, but to explain that it's not that you are making me sad. The situation is making me sad...I miss mom too...[T]he message that they give to the child is, ‘We can talk about this. You can come to me if you want.’”

Mike makes a conscious effort to not hide his grief from his children. He wants his children to understand that it is okay for him to cry and for him to be sad about their mother's death.

“I realize I don't need to involve them in everything...but if I start to cry I won't remove myself...I will show them...we can go through this together when they are feeling sad. I think it has helped with their level of openness and having that level of safety and comfort to kind of express what they're going through.”

Sarah also dedicates her energy to creating an environment that encourages her children to talk about their father's death. “We talk about it very frequently, me and my children... [I]f I need to cry, I cry in front of them... [I]f I need to cry or be very quiet and alone I will tell them I need to be alone right now and I don't want any noise”.

A child's healthy adaptation to the loss of a parent is dependent on whether or not the family openly shares their feelings. If the family does not communicate with each other about the death, the children are more likely to suffer, to deny, to act differently, or to feel guilty about causing their parent's death (Dennis, 2009). Parents cannot shield their children from the sorrow as a result of a parent's death, but remaining parents *can* equip children with the tools they need to cope. Without open communication, children are left with their extensive imaginations and

inaccurate information to assist in the formation of their understanding of death (Corr & Corr, 2009).

Although there were many similarities in the children's reactions to the death of their parent, there were also differences because both families who were interviewed had a very different death experience. There are two common factors that influenced the grieving process for the children discussed in this study. These factors include the family's religious practices and beliefs and the cause of death.

Religion as an Influencing Factor on Children's Grief

Religions help people connect to one another and to the "Divine" as part of a healing process during the time of suffering. Religions also provide concepts, rituals, and values that help individuals find meaning and purpose, and cope with death and dying (Puchalski & O'Donnell, 2005). Characteristics of religion that provide comfort to people after the death of a family member varies widely between cultures and within cultures, but all religions try to provide a purpose and meaning for human existence (Aiken, 2001).

Mike is a secular Jew; however, he defined himself as more spiritual rather than religious. "I have thought about the soul...I have wondered about Silvana...if she is around, if she has a presence, if she saw the affect that her death had on the children". Mike explains that religion and these thoughts about the soul did not comfort him or his children because of the nature of his wife's death. "...if you're really religious and you really believe in religion, then no, that's not true [Silvana is not in heaven]. Silvana committed suicide; she's not in that place". Judaism strictly forbids suicide and considers suicide as a criminal act (Worchel & Gearing, 2010). "One who commits suicide is abhorred by Judaism as one who has denied the life given to them by God" (Robinson, 2000, p. 185). According to Kaplan and Shoenberg (1988) Judaic

principles assign a spiritual consequence to suicide. When an individual commits suicide, the soul does not have a place to go. It cannot return to the body because the body has been destroyed and it cannot be let in to any of the worlds destined for the soul because its time has not yet come. Therefore, the soul is in a state of limbo, which is believed to be very painful (Kaplan & Shoenberg, 1988).

Conversely, Sarah has a strong religious foundation that she claims is her source of strength during her time of grief. She believes, "...it's not to fear death, but to look forward to returning to God because that's where you came from". Muslims typically believe that death is not the end of an individual's life; death is a transition into a new phase of existence (Spiro, Curnen, & Wandel, 1996). Sarah's nine year old son Joseph also has a strong religious foundation. As part of the Muslim faith, they pray five times a day. Prayer is a time for direct connection with God and formal prayers are meant to constantly remind Muslims of the purpose of life and reaffirm their faith in God (Dodge, 2009). During one of these prayers Joseph says a *supplication*.

"When we say a prayer, it's different from prayer in the Western sense. Prayer in the Western sense is, 'Oh God, give me this or do this'. To that type of prayer we call supplication...There are certain supplications he does and versus from the Quran that he reads which is like giving a gift to his [deceased father]...we believe God gives that person, their soul, that message... He has chosen a particular time of the day, every day, when he says his special prayer. It's his routine and it is his way of remembering his dad."

The word *du'a'* or "supplication" means "to call upon" God. Supplications are used to voice one's personal feelings and situation to God; it is a personal prayer to God asking for what you want (Chittick, 1992). Even before they go to sleep, the family reads a supplication.

"... [T]he basic meaning from Arabic is that from God we have come and we will return to him in a state of death when we sleep, but when we wake up in the morning and we

read certain prayers praising Allah, praising God, that he has revived you from a state of death.”

Cause of Death as an Influencing Factor on Children's Grief

Normand (1994) found that children choose aspects of the deceased's personality or behaviour that connects the children to their dead parent. While many children in Normand's (1994) sample initially talked to the deceased parent, these conversations eventually became internalized and the children saw themselves as what Normand called “a living legacy” for their parent. Silverman et al. (2003) found that their sample of children had a relationship to the deceased that, for one reason or another, caused the children to worry, feel burdened, and/or be fearful. Mike's daughters were five and three years old when their mother committed suicide after battling depression for many years. As a result of the nature of Silvana's death, Mike's daughters were immediately worried that something was going to happen to them or to him. Children who think of their deceased parent as having been mentally ill, reinforces the fear that they may take that same path one day (Edwards, 2000). As a result, Mike's daughter Laura seems to have formed a *physical or health legacy* which relates directly to the illness that caused the parent's death. It reflects the child's fear that he or she will die from the same condition or disease that killed his or her parent (Silverman et al., 2003). Laura is afraid that she will battle depression and later commit suicide just like her mother.

“The older one, Laura...expressed...she was worried if she had the same disease as her mom... [she questioned] how did I know if she didn't? I tried to explain to her, you know, that we don't know if you have it or not and even if you do, most people don't do what mommy did.”

Children whose parent commits suicide may have an increased risk for mental disorders, suicidal behaviour, and impulsive aggressive behaviour (Kuramoto, Brent, & Wilcox, 2009). Runeson and Asberg (2003) reported that the rates of suicide are twice as high for those who

have a family member commit suicide, as compared to families that do not experience a suicide death. Although Mike offers Laura words of comfort, when I asked what his greatest fear for his daughters is he replied:

“Well, I fear that they are going to suffer from depression and that one or both of them are going to commit suicide... [T]he whole notion of well, you know, well my mom did this so you know, how bad can it be? She wasn't a stupid woman...that's my fear...That they are going to have this depression. And I am never going to feel safe. Silvana was forty-one, so it's not like once they get through the teenage years, or once they get married things will change. It's always going to be at the back of my mind.”

Interestingly, Mike's daughter Laura has the same fear for her three year old sister Sophia. Laura is worried about her sister because Sophia looks a lot like Silvana. Laura is worried that Sophia will commit suicide because Sophia is a lot like her mother. This fear Laura has for Sophia relates to the *personal qualities legacy* which describes children who identify themselves with personal qualities they saw in their deceased parent (Silverman et al., 2003); however, Laura sees these personal qualities in her sister rather than in herself.

When a parent commits suicide, children are left with confusing messages. Children feel a sense of abandonment, betrayal, and fear because “Parents are supposed to love, not leave. Parents are supposed to be strong, not weak...Parents are supposed to be there, not disappear” (Lewis & Lippman, 2004, p. 64). Children are devastated and they search for explanations (Lewis & Lippman, 2004). Often, children believe that their parent committed suicide because of something they did or said (Monroe & Kraus, 2010). Children may blame the remaining parent, express intense anger, or withdraw (Lewis & Lippman, 2004). Since her mother's suicide, Mike's youngest daughter Sophia experiences moments of anger.

“... [W]hen she's angry...I tell her...it's okay. Those are your feelings and it's okay to feel sad, to be angry at mommy for doing what she did, to be angry at me, to be angry at the way things are...It's nothing to be ashamed of...The way that a person dies isn't who they are. And so often when a person dies in a traumatic way, you focus on the way that they

died and that last day instead of their life. It does just a disservice to the way that they lived...I try to tell the girls...how mommy died isn't who mommy is and there's lots of other wonderful things about her life."

Jessica's discussion about suicide mirrored what Mike tells his daughters:

"There can be a lot of anger after suicide... [H]elp the children understand that the person that they knew, that's still the person who they knew, and would that person ever want to hurt them? And kids are always saying 'no'...Try to help them understand that a mind can get sick just like the body can get sick...Suicide is to the mind what an illness is to the body. Someone really needs to have an ill mind to do that because you would really think that someone must not be thinking straight because they wouldn't want to put their family through that kind of pain if they were thinking rationally and if their mind was healthy."

When a parent commits suicide, the remaining parents often attempt to protect their children because parents fear that suicide is too frightening a concept for children to understand. However, children as young as six years understand what it means to "kill oneself" even if they do not understand the meaning of the word "suicide". By third grade, children are able to distinguish death from suicide. Therefore, it is important to speak openly about suicide so that children are able to grieve this type of loss without feeling tremendous anger towards the deceased parent. Denying or withholding the truth about suicide from children may interfere with a child's grief process and make it more difficult for a child to process his or her feelings about the parent's death, which leads to feelings of anger, betrayal, and abandonment (Webb, 2010).

Sarah's family's experience with the death of a parent was very different. Sarah's husband died of a rare form of cancer that was diagnosed in the later stages. Her children were nine, three, and one and a half at the time. "The cancer started in his knee and by the time he was diagnosed with the word 'cancer', it had already spread to his spine". The growth on his spine impacted his nerves and his mobility was compromised. As a result of Sarah's husband's immobility, many changes were made to the structure of the house and this affected the children. When death is anticipated, the nature and length of the illness, the routine and security parents

create for the children and the parents' presence in the children's daily lives all affect the intensity of the children's grief. A period of extended illness disrupts family functioning which may be more difficult than the death itself. A disruption in family functioning often results in greater anxiety and fear (Hooyman & Kramer, 2006). Sarah explains:

“Your home is like your microsystem; it's your foundation of safety, security, and stability and all your basic needs are being met. And if you physically change your home, your home is psychologically, as an innate sense of your humanity, is your sense of basic needs; your shelter, your food, your love, your security, your safety. Everything is coming from that physical location and if there is any mistrust or your safety is assaulted by a death, then psychologically at certain turning points of our life it becomes a very shady fear that sometimes we misplace and we don't know where it's coming from. That's what happened to my children.”

Consequently, Sarah's children experience a lot of mistrust, which is common for children after a parent's death (Abrams, 1999). The death of a parent leads to new feelings for children such as depression, sadness, anger, guilt, fear, and confusion. These feelings are often new, unfamiliar, and uncomfortable (Kroen, 1996). Sarah's children always want to know what time Sarah is coming home and what she is doing while she is gone. “If I say I will be home at 5:30 and I'm not, Joseph will call and say ‘I just wanted to know where you were’”. Sarah's children also have a heightened level of fear and sensitivity to noise and going to the upper floor of their house alone.

“[My husband] needed a lot of support even to come up and down the stairs so that's why we moved everything to the main floor and I think they would think of him and think maybe he was sleeping in the room. And daddy looks different. When you have a more severe type of cancer and you have a really intense chemo, you know, it just changes you completely. And that's what had happened to him and they don't like being alone. We all still sleep together in the same room.”

Similar to Mike's children, Sarah identified a legacy her son has with his deceased father. Joseph has also formed a *physical or health related legacy*. This type of legacy relates directly to

the illness that caused the parent's death. It reflects the child's fear that he or she will die from the same condition or disease that killed his or her parent (Silverman et al., 2003).

“On occasion, my son does get really bad headaches and that was part of my husband's life since we met. So on occasion, when he gets headaches or if he has leg or knee pain which is what his father experienced leading to his diagnosis, he is very intensely afraid that it can be something serious.”

Although Sarah's children experience fear and mistrust as a result of the nature of her husband's death Sarah would not change the circumstances of his death.

“... [E]ven though things might seem horrendous to us or horrible...it's a huge blessing that we have all these resources. What if he had died in an accident...and if he was in a different country and we didn't have those resources? That would have been more devastating I think.”

Mike on the other hand, would change his circumstances.

“...I wish that my wife was still here...that's the magical thinking stuff. You wish you could have said something different or you didn't say something or done something, but yeah. I wish things were different and if I could change it I would, but that's not possible. So, we are just moving forward...”

Even though we have heard from only three individuals, we saw both similarities and differences in their responses that both confirms and counters some of the existing literature.

Conclusions

Beginning in the 1960's, many theorists and researchers have aimed to explain the typical and expected grief processes of children through grief stage theories (Kubler-Ross, 1969; Nagy, 1984; Rando, 1993; Webb, 2010; Worden, 1996; Worden & Silverman, 1996); however, researchers have yet to define the "normal" grieving process for children, resulting in several opposing conceptualizations (Scott, 2004; Trembley & Israel, 1998). Researchers have not established a grief theory for children because theories were originally developed from adult participants (Kubler-Ross, 1969; Lindermann, 1944), theorized from attachment research (Bowlby, 1960), and taken out of context (Kubler-Ross, 1969).

Theories, such as grief theory, are used to guide research, assessment, and treatment; therefore, Scott (2004) argues that a grief theory for children would advance the knowledge about childhood bereavement and inform the development of treatment and support interventions. I, conversely, argue that a universal grief theory for children will continue to be challenging to develop and I also believe it is unnecessary to develop. Although all children experience grief and loss, each child's grief experience is unique, with certain key factors such as age at death, gender, religion, and remaining parent's ability to cope which clearly influences experiences and outcomes differently. Humans do not grieve exactly the same way and one's loss is not the same as another individual's loss. "There are aspects to each relationship, and within each individual, that makes his or her story personal" (Mccall & Koenig, 1999).

Although the literature acknowledges grief as an individual and unique process, current researchers such as Webb (2010) continue to develop grief stage theories. It seems as though Webb's (2010) three tasks for working through the grief process requires individuals to release their connection to the deceased and reinvest the emotional energy from that relationship into a

bond with someone else; however, maintaining a connection with my father was the *only* thing that supported me through my grief work. Webb (2010) obviously suggests that the only way to grieve the loss of a loved one is to let go of that individual. It seems insensitive to expect children to release their emotional bond with the deceased parent after having lost such an important person and relationship in their life. My research contradicts Webb's (2010) tasks of grief because it demonstrates how children—at least as they are perceived by their parents—can successfully work through the grief process while maintaining a relationship and an emotional or spiritual connection with the deceased parent. My research also contradicts Willis' (2002) belief that children are unable to express their feelings because my research explores bereaved children's feelings of anger and fear of abandonment or death and it also demonstrates that children are able to articulate these feelings.

When a parent dies, life as the child knows it is most certainly disrupted and permanently changed. This is likely to be a time of pain and confusion for grieving children (Auman, 2007; Christ, 2000; Dunning, 2006; Furman, 1974; Silverman, 2000; Worden, 1996). Although the literature suggests that most children will share common emotions and experiences after the death of a parent, each child's experience of the time following the death will be shaped by a large range of factors. Among the factors existing in current research and confirmed in my research are the circumstances of the death, the ways in which the remaining parent copes, the child's age and level of understanding of death, and religious beliefs and rituals. Each of these factors can—and through my research we see that they clearly do—have a significant impact on a child's adaptation to the death of a parent and the influence these factors have is different for each individual grieving child. As a result, each child's grief experience is inimitable and

individual and it is challenging to have certain expectations or theories for how a child's grief should look.

In an attempt to develop an universal grief theory for children, researchers have predominantly conducted their studies by asking remaining parents to complete standardized measures to assess their children's grief. These measures include measures such as the **General Life Events Schedule for Children, Parental Death Event List** (Haine et al., 2003; Wolchik et al., 2008), **Post-Traumatic Stress Disorder Reaction Index** (McClatchy, Vonk, & Palardy, 2009), **The Children's Questions About Death Scale** (Hunter & Smith, 2008), and the **Child Behaviour Check List** (Silverman et al., 2003). Researchers have also interviewed remaining parents about their children's grief reactions; however, the results of how the death of a parent affects children based on remaining parents' responses are presented as universal facts (Christ, 2000; Hope & Hodge, 2006; Lehman et al., 1989; Nickman, et al., 1998; Raveis, Siegel, & Karus, 1999). Research that uses standardized tools and presents the findings as fixed facts is lacking a valuable piece of research; the participants' story. Their stories are what my narrative research contributes to the current body of literature on how the death of a parent affects children.

Narrative research is defined as the verbal recounting of life events through story telling (Ross, 2012). Copley (2001) states, wherever there are humans, there are stories. Narrative research values story telling because it reflects reality from the speaker's point of view and is constructed from their interpretation of their reality (Ross, 2012). The only method of understanding childhood grief, specifically how the death of a parent affects children, is by listening to each individual or each family's story or reality of grief. After all, grief is an individual (though social) experience and it is unrealistic for me, as a researcher, to develop a

universal truth about parentally bereaved children's grief experiences based on different individual's perceptions. In the telling of the story, participants describe and emphasize what is important in their own voice; consequently, their story reflects their unique perspective and experience. And no doubt, if children were directly asked, their stories may sound different than the stories that their parents tell about them. In using narrative research and allowing my participants to tell me their story, I was able to understand how the death of a parent was perceived to affect the participants' children, in my study. Although there were common threads in the stories, there was also uniqueness and individuality to their stories that makes each story special and challenging to explain using a grief theory. As a result, I argue that it is also difficult to develop a generalizable grief theory based on the exceptionalities of the stories.

Since we cannot develop a generalizable grief theory for children and we cannot definitively explain how the death of a parent affects children, it is important for educators to understand each family and child's story in order to adequately support bereaved children and families. By listening to the death experience of a family and a child, educators are better equipped to provide the support *that* family and child needs during their grief experience.

Key Findings

This research discusses how the death of a parent is perceived to affect children, as told through the story of the remaining parent. I initially discuss the literature on childhood grief, with a specific focus on parentally bereaved children. I then discuss interviews I conducted with a bereavement counsellor who shared her expertise and experience with parentally bereaved children, and two remaining parents who shared stories about their children's grief experiences. The following are the key findings of my research.

First, the process of mourning is universal in *all* human beings; however, the internal effects and outward expression of grief is unique to each individual. Every death is unique, every relationship is unique, and every child's experience of grief is unique in the emotions it brings up and in its timetable. The manner in which children react to death is determined by many factors, including their age and understanding of death, the circumstances of the death, religious beliefs and practices, and the remaining parent's ability to deal with their own grief; therefore, it is difficult to clearly define how the death of a parent affects all children because it affects them in an array of ways.

Second, contrary to Krueger's (1983) belief about mourning, children are able to mourn regardless of their understanding of death. This was evident to me when Sarah described a time when she knew her one a half year old daughter was mourning the loss of her father.

“...Her language skills were low. About two weeks before my husband died she was only saying a few words...When my husband was able to, if he was able to speak, he would sometimes sing the ‘I love you’ Barney song to her... [A] week and a half, maybe two weeks before he died...he had a lot of nerve problems with his cancer and he couldn't move or talk...she sang the ‘I love you’ song back to him.”

It seems as though Sarah's youngest daughter was recognizing her loss and reacting to the anticipated separation (Rando, 1993) even though, according to Krueger (1983), she was too young to understand the “significance, permanence, and irreversibility” of her forthcoming loss (p. 590). Jessica further confirmed my belief that *all* children have the ability to mourn when she shared a story with me.

“... [T]his eighteen month old, it still baffles me when I think about it...the way it worked in the morning was when she'd wake up she would cry and she would call out for mom and then she'd call out for dad. And after dad died she'd call out for mom and then she'd call out for the nanny. She just stopped calling out for dad, pretty soon after...mom told me she pretty much stopped the day or so after he had died because she could see he wasn't there and knew that he wasn't going to come. I thought that was so profound.”

Similar to Sarah's eighteen month old daughter, this child recognized her loss, reacted to the separation, and reinvested in new relationships with her mother and nanny (Rando, 1993) even though she was not at the age researchers expect children to have the ability to mourn (Dyregrov, 2008; Krueger, 1983).

Third, while acknowledging the importance of individual grief responses, there seems to be a range of common feelings and behaviours in children after the death of a parent. When the death occurs children often respond with shock. This sense of emotional shock is made up of a variety of emotions including numbness, denial, and disbelief. Furthermore, some of the most common physical, emotional, and behavioural responses reported by the research participants include disturbed sleeping patterns, lack of appetite, headaches, stomach pain, anxiety, fear of dying or another family member dying, anger, aggression, acting out behaviours, and at times, social isolation.

Fourth, opposing Webb's (2010) argument that children must reinvest the emotional relationship they had with their deceased parent in another relationship, this study demonstrates that, at least according to two parents and a grief professional, children can grieve healthily while maintaining a relationship with the deceased parent. As previously mentioned, Sarah's oldest son Joseph maintains a connection with his father through prayer. Each night he converses with his father through a supplication. Sarah also discussed keeping her children's father's presence alive in their home and in their lives by talking about him and the memories they have with him, watching family videos, and looking at pictures. Mike also encourages his children to maintain a connection with their mother and this is something he prides himself on.

"I think I do a good job of keeping their mom's memory alive and talking about their mom...The girls also stay connected to her by doing art work. They do painting which their mom liked to do. I bake with them which their mom liked to do. We try to travel

and keep our schedules of what we used to do. We used to travel west every summer and go camping...I have an iPad that has all the videos and pictures of them and their mom. Sophia, the little one, she especially likes looking at that stuff...I started to tell them stories about their mom and I encourage Silvana's family to tell them stories about when she was a little girl."

Fifth, grief reactions in children are highly influenced by the circumstances of their parent's death. It is generally agreed that an anticipated death is easier for children to cope with than sudden death because expectation of the death seems to provide children an opportunity to mentally prepare for the death. However, if a parent is ill for a prolonged period of time, children witness surgical and medical interventions that may create a sense of fear. This was evident in Sarah's description of her children's heightened sense of fear after the cancer changed their father's appearance.

Sixth, when a parent commits suicide, often, the overriding emotion for children is the feeling of anger. That person who the child depended on appears to have deserted him or her by choice. When the death is from suicide the disruption in the family seems greater than with other types of death because the children are more vulnerable, suicide is tabooed, and children wonder why their parent *choose* to die and as a result, spends a great deal of time thinking about the parent's suicide.

Seventh, religion, spirituality, and death play essential roles in the human experience. For many individuals, religion or spirituality underlies their general approach to life and forms the system of meaning through which they experience and understand the world. When facing highly stressful experiences such as the death of a loved one, this meaning system will influence their responses to it. Religious and cultural beliefs can have a significant influence on an individual's grief experience; they provide resources for understanding and coping with loss. Every culture also has certain religious beliefs about the significance of death, as well as acceptable grieving

processes. However, it is evident through my research that religion and spirituality may not bring comfort or peace to a grieving individual after experiencing a suicide death because many religions condemn those who choose to take their own lives.

Eight, my research demonstrates the *physical or health related legacy* between children and their deceased parent; however, a gap in the research continues to exist because it is still unclear how remaining parents are factors in legacy building.

Lessons for Educators:

Since they spend so much time interacting with children, educators play a vital role in supporting children in understanding and remaining the grieving experience. In order to support grieving children, educators first need to understand grief and its diverse manifestations in children. For children, grief is an intense and complex emotional experience that includes fear, anger, relief, misery, peace, guilt, numbness, and sorrow. Children may also feel abandonment and a loss of security and control in their lives (Naierman, 1997).

“One universal goal for teachers and schools is to care about the overall development of each student” (Lawhon, 2004). Educators are role models for students, but like many people in society, educators often feel uncomfortable discussing death and loss. This reluctance can affect children because they look to teachers for truth, knowledge, and support (Naierman, 1997). As a bereavement counsellor, Jessica is always connecting with educators to better support the grieving children in their care. She has often heard from the children she counsels that educators have made comments that cause more harm than good. “This child’s mom is dying and she had a teacher who recently said to her, ‘Well, it will probably be better if she dies sooner rather than later so that you guys won’t have to suffer as much’”. Jessica believes educators mean well in the

way they try to support children, but sometimes educators answer the children's questions incorrectly and this misinformation causes pain and confusion.

“I have said to them...when you don't know how to answer a child you say, 'That's a really good question, but I'm not sure. Let's ask your dad when he comes'. And actually follow through and ask dad so that the child respects that you didn't try to fool them in the moment and that you are going to follow through and try to find the answer for them.”

Educators can better assist children through the grieving process when educators and parents interact together. This interaction aids in establishing a bond between the educator and parent and it provides educators with relevant facts that can be useful in supporting the grieving child (Lawhon, 2004). Mike is closely connected with his daughter's educators.

“They always talk to me about if they notice things, like if Laura has been quiet...They're very mindful on mother's day. They say, 'How do you want us to handle this? Should we make something for grandmas or for the girls?' And I always say, you know what, let's make it very organic. Let them choose. Let's not make such a big thing out of it.”

Mike's daughter's educators also connect with Mike when they do not know how to respond to the girls' questions. Mike's youngest daughter Sophia has talked about her mother's death a couple of times in school and the educator did not know how to react; therefore, rather than responding inappropriately, the educator called Mike and asked how he would like for her to respond.

“A couple of times Sophia has said, 'My mommy had a disease and she walked to the house and climbed on the tree and put a rope around her neck' which freaks the teachers out...it's freaky for [the teachers]. They are moms...It's a very heavy duty thing when that happens and I think they feel so much empathy for the kids and their hearts just really go out to them...They have been very kind and accommodating.”

Although Sarah and her family were also supported by her son's educator, Sarah feels as though educators are not aware of how to approach childhood grief.

“I remember the one time where she, the teacher, had tried to say Joseph really should be following up with homework. I said, 'My husband can die any minute', and that same

night he did. She wasn't trying to be mean, but I think she was trying to have that same sort of higher level of expectation so that he would be meeting some of the other typical children...It was a difficult choice and decision I had to make, but you know, it was important that he came and saw his dad...I hoped that she could compromise in terms. Not being forgiving, but being lenient to have some flexible boundaries.”

Taking an ecological approach has important implications for how educators work with children who are experiencing difficulties in the classroom. It means that rather than dismissing a child as incapable or powerless because of their circumstances, educators must help the child to make sense of their personal experience and to develop effective strategies for coping with their grief (Johnson, 1993; Kenneth, 2010). Jessica often tells children,

“...We are like balloons and if we keep all our feelings and thoughts to ourselves, the balloon just keeps filling up and if we don't find a way to release just a little bit of air every so often safely and in safe ways, our balloons will get too big and pop. It's okay if we pop. Nothing bad will happen, but it will feel a lot better if we let air out slowly and in safe ways so that we don't get to that point where it's going to pop.”

(See Appendix 6 for Therapeutic Activity Ideas).

Limitations

A potential weakness to an interview approach, used for this study, is that interview bias may influence the responses that the participants offer, thereby impacting the overall trustworthiness of the study. Interview bias can occur for a number of reasons such as an interviewer's physical characteristics, the setting the interview is conducted, and the interviewer's expectations related to the age and race of the participants (Neuman, 2006). Furthermore, researchers using face-to-face interviews to collect data must be cognizant of non-verbal communication cues including body language, tone of voice, and eye contact, which may encourage participants to skew responses in the interest of pleasing the interviewer. In other cases, non-verbal communication cues could involuntarily lead to feelings of discomfort and guide participants away from full disclosure (Del Balso & Lewis, 2001). Although they are

unintentional, researchers using face-to-face interviews must be aware of these potential barriers and act to compensate for their influence on research outcomes (Neuman, 2006).

Prior to mid-1980, how children were impacted by death was not discussed among experts in the field of death and dying (Schuurman, 2003). Children were initially excluded from grief theory because of Freud's conceptualization of mourning. Freud (1917) theorized that children were unable to comprehend a loss because they were believed to have an undeveloped ego; as a result, children were thought to experience little or no grief. Freud's beliefs about children resulted in the absence of children's grief in many of his descendants' research (Costa & Holliday, 1994).

Contemporary grief stage theories for children are significantly different from earlier theories. There is currently a focus on the individual processes of children rather than adults, and there is an incorporation of other childhood theories into bereavement research such as Piaget's (1963) stages of cognitive developments and attachment theory. While there are benefits to the modern perspectives and research, limitations continue to exist in the current body of literature, as well as in my own research.

Although I have used narrative inquiry (on a very small sample) to help bring personal experiences to the research on how the death of a parent affects children, I have left out the most important voice; the grieving child's voice. Children differ significantly from adults; physiologically, psychologically, and developmentally. Adults' views of children are frequently biased (Clark, 2011). "Research sometimes ventriloquizes children rather than directly consulting children, using adults as proxy to report on child experience" (Clark, 2011, p. 6). Relying on adults, such as children's parents, to report on children's experiences, especially grieving experiences, is an unfortunate allowance because parents lack a direct line to children's

experienced meanings. In order to fully understand children or their experiences, children need to be firsthand sources in research (Clark, 2011). Research with children is especially crucial in the field of childhood bereavement. It can advance the understanding of how they grieve, it can contribute to theoretical debates about children's ability to grieve, and the outcomes of research with children can impact the support grieving children receive from their educators.

“... [Q]ualitative research with children...amplifies their voices [and] reap[s] the benefits of knowing children better” (Clark, 2011, p. 4). Including children in qualitative research allows them to describe their experiences in their own perspective. Qualitative research including children, on how the death of a parent affects children, allows researchers to give children a voice and to help understand, from a child's perspective, their cognitive, emotional, and behavioural reactions to a parents' death.

Future Research

All children have the right and capability of expressing their feelings and opinions. Children also have the right to be listened to in all subjects affecting them; therefore, it is necessary for adults to create the opportunities for children to express themselves (Lansdown, 2001). This research intended to answer the question “how does the death of a parent affect *children?*”; however, the study did not involve children. I believe the only way to really have an in-depth understanding for how parental death affects children is for researchers to retrieve that information from the direct source: the children. As I continue to explore the effects of parental death on children I will involve grieving children because only they can directly express how they feel after a parent's death.

The purpose of researching how the death of a parent affects children was to provide educators with knowledge and skills to enhance their support of grieving children and families.

Although my aspiration was to provide educators with information, I did not involve educators in my research. My future research should include educators because before deciding what type of information they need to know about grieving children, it is important for me as the researcher to understand why type of information educators want to know. How confident are they in supporting bereaved children and families? What background knowledge do they want to have before supporting grieving children? How comfortable are they talking about death with children? How familiar are they with different cultural and religious beliefs, practices, and death rituals?

This study on how the death of a parent, as perceived by the living parent, affects children has contributed to a greater understanding for the grieving process of parentally bereaved children; however, my research has led to more questions. Not only will my future research involve children and educators, but my research will also attempt to answer the following questions: How is the grief process different for children who did not have a close emotional attachment to the deceased parent? How is the grief process different for children who did not have regular contact with the deceased parent? How is the grief experience different for bereaved children who are not supported by the remaining parent? My future research will attempt to address these and other emerging questions.

Appendix 1

Religious Views on Death and the Grieving Process

Judaism:

The term *Jewish* refers to the culture, religion, history, and philosophy of life shared by a grouping of people whose origins trace back to the prophet Abraham. *Judaism* refers to the group of Jewish practitioner's religious beliefs (Rosdahl & Kowalski, 2008). Jewish practitioners believe that God created the world and humans were created in His image (Guzzetta, 1998). The Jewish faith has deep-rooted beliefs about life and death. The focus of the Jewish faith is on *life* and its preservation, and on establishing religion in people on earth rather than focusing on a world beyond this. *Death* is considered inevitable and natural because it comes from God and should not be feared (Guzzetta, 1998).

The idea of a soul is also a fundamental belief in Judaism. The soul is eternal; it comes from God and it precedes the existence of a human body. The soul is made up of five basic elements that are subdivided into more elements. The lowest soul is *nefesh*, and it is the soul's most physical aspect. In ascending order, the soul's other elements; the more spiritual elements are *ruach*, *neshamah*, *chayah*, and *yechidah*. After death, the soul desires to leave the physical body and return to God. If the person has led a spiritual life, the desire to leave the body will be fulfilled; however, if the person focused on the material aspect of the world, the soul may remain rooted to the body. To what extent it reaches its spiritual destination depends on how one lives his or her life (Bank & Wiggins, 2005).

Jewish death practices help the bereaved to realize that their loved one is dead and to gradually fill that void (Matzo & Sherman, 2010). When a Jewish practitioner dies, the body should be treated with utmost respect. The limbs must be straightened, eyes must be closed, the

lower jaw must be bound, and the body must be covered (Guzzetta, 1998). The body is then either buried or cremated; however if the person chooses to be cremated, his or her ashes cannot be buried in a Jewish cemetery (Matzo & Sherman, 2010).

Mourning rituals are meant to strengthen and support the family and honour the dead. The memory of the deceased during the mourning period must be maintained and carried on (Matzo & Sherman, 2010). The first period of mourning is called *shiva* which is commemorated by the wearing of a torn black ribbon (Guzzetta, 1998). *Shiva* refers to the seven days of intensive mourning beginning right after the funeral. During this week, the bereaved remain at home and friends and family visit to offer help and condolences. Family and friends also bring food to the mourning family so that they do not have to cook. The *shiva* candle burns for seven days and the family prepares a meal of comfort known as *seudat havra'ah*. Following *shiva* comes thirty days of *sloshim*. During *sloshim*, normal daily activities and events are resumed, but entertainment is avoided. If a parent dies, the mourning continues for an entire year (Matzo & Sherman, 2010).

Hinduism:

Hinduism is an umbrella term to describe a set of philosophies, cultures, and a way of life (Clements, Vigil, Manno & Henry, 2003). Hinduism does not have an institutional framework nor does it demand an adherence to particular doctrines; rather it is a diverse family of beliefs and practices. Nevertheless, Hindu practitioners have specific beliefs in common that influence their attitudes to life and death. These beliefs relate to a transition to another life, whether by reincarnation, life in heaven with God, or absorption into *Brahman*, the ultimate reality (Firth, 2005). Many Hindu practitioners belong to traditions devoted to one God such as *Krishna*. They believe that those who are virtuous, with the Grace of God, will go to heaven and obtain

liberation from *Samsara*, the cycle of birth and death. Most Hindu practitioners believe there is a soul, or *atma*, in all living beings, which transmigrates from one life to another. Hindu practitioners believe in *karma* and *reincarnation* which suggests that each birth is linked to actions taken in previous births. A belief in karma and reincarnation also suggests that births and deaths are part of a cycle that each person is seeking to transcend through the accumulation of good karmas or actions, ultimately leading to *Moksha* or the liberation of the soul (Lobar, Youngblut & Brooten, 2006; Puchalski & O'Donnell, 2005). Of particular importance is the notion of a good death, which provides a model of how to die and a bad death, which is greatly feared (Firth, 2005). A good death involves selfless actions, void of any thought for its karma, and motivated by the love of God. Those who love God and think of Him at the time of death will meet Him in heaven (Firth 2005). Individuals live many lives until their souls, or *atma*, become one with God (Sharma, 1990).

When a Hindu practitioner dies, the body is bathed, massaged in oils, dressed in new clothes, and then cremated before the next sunrise. It is essential the body be cremated before the next sunrise because Hindu practitioners believe a person retains both a physical body and an astral body which houses the soul. It is believed that burying the body only encourages the soul to remain confused and earthbound (Clements, Vigil, Manno & Henry, 2003; Puchalski & O'Donnell, 2005). Death of a physical body does not mean death of the soul; therefore, immediate cremation is important to facilitate the soul's transition from this world to the next (Firth, 2005). Before the cremation occurs, the body is honoured. First, the oldest son offers water, incense, and flowers to the body. The oldest son is the primary agent in his parent's death rites; he will perform and orchestrate all the final rites. His performance of these rites will act as his final debt to his parent and assure the parent's safe passage to the realm of the ancestors. This

is one of the main reasons why sons are valued so much more than daughters in the Hindu tradition (Garces-Foley, 2006). The death ritual then involves a procession to the cremation ceremony, placing the body on a pyre of wood, with the eldest son setting it aflame after repeating an ancient *vedic* prayer (Puchalski & O'Donnell, 2005). Once the body has been sufficiently burnt the son will take a stick and perform a final rite called *kapak kriya*, or “skull work”. This rite consists of cracking the skull of the dead parent in order to release the soul (Garces-Foley, 2006). The bones are then gathered and placed in a river with offerings, constructing the body for a new rebirth (Puchalski & O'Donnell, 2005). After cremation, the disembodied souls travel through various hells explaining their sins or they reside in temporary heavens (Firth, 2005).

Several rituals are observed over the next ten days, which are considered a time for intimate prayer and meditation to facilitate the departed soul's journey to the next world. It is believed that for these ten days, the soul remains watching over the house and finally releases its attachment to the former life on the eleventh day (Clements, Vigial, Manno & Henry, 2003; Lobar, Youngblut & Brooten, 2006). During this time, family members are in severe ritual impurity and live austere; they eat only home-cooked meals once a day and they are not permitted to wash their clothes (Garces-Foley, 2006). On the eleventh day, the soul releases its attachment to the former life and on the twelfth day the family gathers with friends and community members to honour and remember the deceased (Clements, Vigial, Manno & Henry, 2003; Lobar, Youngblut & Brooten, 2006).

There is limited literature on the grieving process because Hinduism does not have an institutional framework nor demand an adherence to particular doctrines. According to Thakrar and Aery (2008) following the death of a Hindu practitioner, there is a specific period of

purification and mourning. This period generally lasts for thirteen days, though there is some variation according to family tradition and background. This is a period for social support, family bonding, and expression of grief (Thakrar & Aery, 2008). This period of purification and mourning starts immediately after the son cracks the parent's skull. This rite marks the beginning of the difficult work of forgetting. From this moment, relatives are supposed to leave grief and tears behind, as those only attract the soul back to this world (Garces-Foley, 2006). Each evening after this rite during the thirteen day period, family members gather for prayers and meditation on behalf of the deceased individual. They may be restricted from entering the temple or performing rituals, as they are considered temporarily impure. On the thirteenth day, a ceremony ends the official period of purification and mourning. After this date the bereaved family members are more susceptible to isolation, often making bereavement reactions more pronounced (Thakrar & Aery, 2008).

Buddhism:

Buddhist practitioners view human life as a cycle of birth, death, and rebirth. They believe the cycle of life is driven by the law of *karma*, specifically the law of action. It is the law of karma that determines the quality of rebirth. Karma refers to good or bad actions a person takes during his or her lifetime. Good actions, such as generosity, righteousness, and meditation, bring about happiness. Bad actions, such as lying, stealing, or killing leads to unhappiness (Wada & Park, 2009). There are thirty-one planes of existence into which any living being can be reborn, depending on his or her karma. The *realm of man* is considered the highest realm of rebirth because this realm offers an opportunity to achieve enlightenment, or *nirvana* (Mahathera, 2001). Buddhists practitioners can achieve nirvana by following the model of the Buddha. The *Buddha* is a representation of the Buddhist religion. The Buddha is not viewed as a

powerful divinity that Buddhist practitioners need to worship as a god; rather, his followers see his life as a model for people to follow (Puchalski & O'Donnell, 2005). The Buddha is an “awakened” being, a symbolic figure, and a spiritual teacher whose lessons guide the practitioners to the path of liberation (Wada & Park, 2009). If practitioners of Buddhism follow this path of liberation and practice meditation, they will reach the realm of man, achieve detachment, and attain a state of enlightenment or nirvana (Puchalski & O'Donnell, 2005).

Buddhist practitioners believe death is an opportunity for improvement in the next life (Keown, 2005; Lobar, Youngblut & Brooten, 2006). After death, the spirit remains and seeks attachment to a new body and new life. To enter death in a positive state of mind and surrounded by monks and family helps the deceased to become reborn on a higher level (Lobar, Youngblut & Brooten, 2006). In Tibet, the day of death is thought of as highly important. It is believed that as soon as death has taken place, the personality goes into a state of trance for four days. During this time, the person does not know he or she is dead. This period is called the *First Bardo*. It is believed that towards the end of the First Bardo the dead person will see a luminous light. If the deceased welcomes the radiance of the Clear Light the person can be reborn. If the deceased flees the light, he or she then becomes conscious that death has occurred. At this point, the *Second Bardo* begins. The person sees all that he or she has done or thought. While the deceased watches his or her thoughts and actions, the deceased feels as though he or she has a body. When the individual realizes he or she does not have a body the deceased longs to possess one again. The deceased individual then transitions into the *Third Bardo*, which is the state of seeking another birth. All previous thoughts and actions direct the person to choose new parents who will give him or her a new body (Keown, 2005).

Buddhism originated in India 2,500 years ago. Buddhism evolved into many different forms as it traveled south and east from India through different regions of Asia, absorbing the cultural and indigenous spiritual traditions of those regions. According to Wada and Park (2009) Buddhism has continued to transform itself as it has become more prominent in North America in the past fifty years. As a result of this continuous transformation and the increase in Buddhist practitioners from different cultures and regions of the world, it is very difficult to describe Buddhism death rituals because there are various rituals practiced by the different forms of Buddhism.

According to Masao (1983) when a Buddhist practitioner dies in Japan, the body of the deceased is cleaned, the eyes are closed, the hands are clasped, and the face is covered in a white cloth. A funeral is held either in the home or in the temple and mourners are invited to pray for the deceased. The deceased is then cremated seven days after death. Cremation cannot occur before the seventh day because if the body is cremated before the consciousness has left the body, the person will be disturbed during the final stages of transition. The purpose of the Buddhist funeral is to separate the spirit of the deceased from the body, guiding the former to the next life (Masao, 1983). Japanese culture has many folk beliefs about the deceased as dangerous wandering spirits. *Shirei*, or “newly dead”, can be translated as “ghost”, in the sense of “spook”. Until the deceased are safely in the ancestor world, they may cause harm to the living. Part of the reason for the funeral rites is to ensure the dead do not remain as wandering spirits (Garces-Foley, 2006). On the third, seventh, forty-ninth, and hundredth day after the death, a religious service is performed for the deceased. The forty-ninth day is particularly important because it marks the end of mourning (Masao, 1983). During the forty-nine days after death, the relationship between the living and the dead is resolved. All human relationships entail

unresolved conflict; therefore, it is very common for the deceased individual to return in a dream and say, “It’s okay. You did your best” (Garces-Foley, 2006, p. 84). In other words, the dead forgive or say the relationship is now resolute. If a dream does not occur, the survivor may experience the feeling at some point during those forty-nine days that it is okay to let go of the deceased. When the survivor lets go of any ambivalence in the relationship, the deceased is free to go on and become an ancestor. If the relationship between the living and the dead is not resolved, the dead can become a harmful spirit or a hungry ghost, but this does not remain a permanent condition. The living and the dead are in continual interaction; therefore, reconciliation and the possibility of resolving relationships remains (Garces-Foley, 2006). Finally, one hundred days after an individual has died, a Buddhist ceremony is done in order to perform final prayers.

In Buddhism, the first principle of the Four Noble Truths states that life is suffering. Once one accepts that life is suffering, one begins to understand that inevitable facts of life such as sickness, aging, and death are integral parts of the human experience. From the Buddhist perspective, suffering is impermanent and is subject to change. Recognizing the transitory nature of suffering may give the bereaved strength to endure the pain or loss. From the Buddhist perspective, either severing the bond with the deceased or rigidly holding on to the loss will not lead one to cope with the loss in a wholesome way. Grief is about recognizing and honouring a changing bond with the deceased, while mindfully attending to the emotions of grief. Grief is often not addressed in contemporary Buddhism because a “good Buddhist” accepts death and releases the deceased (Roshi, 2006, p. 260). As noted above, the forty-ninth day after the death marks the end of the mourning period; as a result, Buddhist practitioners are expected to return to the life they lived before the death occurred (Wada & Park, 2009).

Islamic:

The central belief in the Muslim religion is that there is only one god known as *Allah* and *Muhammed* is God's prophet (Lobar, Youngblut & Brooten, 2006; Puchalski & O'Donnell, 2005). It is also believed that at the time of death, the soul is exposed to God. For Muslim practitioners, death marks the transition from one state of existence to the next; the earthly world is a test and a path to the next world and Muslim practitioners are encouraged to do good so as to prepare for the next world (Puchalski & O'Donnell, 2005; Sheikh, 1998). Another central belief held by Muslim practitioners is a concept of *purity* in relation to human bodies, both living and dead. It follows that impurities arise from the sin of bodily boundaries, such as defecation or menstruation, and before Muslim practitioners can address God, they believe such impurities should be removed by ritual washing. It is because purity and prayer are so integral to life in Islam that they are the actions that accompany both birth and death (Komaromy, 2004).

All people are thought to be a body or shell of clay, represented by darkness, with a centre of "Divine Spirit" or pure light. At the time of death, the shell of clay is removed, exposing the soul to God. Following death, the Angel of Death visits the soul on a journey through heaven. The goal of the journey is to reach a vision of God. Following the journey, the soul is returned to the grave. Upon burial, the deceased is visited in the grave for questioning; the deceased is determined to be a believer or an unbeliever. The believers are those who live righteous lives on earth and unbelievers are those who reject the teachings of Muhammed and live lives of sin on earth. On the Day of Resurrection, the dead will rise from their graves to await resurrection. Unbelievers are chained together and forced to suffer eternal death while believers are destined to inherit paradise through a second birth or resurrection. Those judged to

be “spiritually advanced” are called “foremost in Faith” and are destined to spend eternity “nearest to God” (Ross, 2001, p. 84).

The Islamic tradition prescribes four Muslim funerary practices; ritual bathing of the corpse, shrouding, funeral prayer, and burial (Garces-Foley, 2006). Generally, Muslim practitioners are buried as soon as possible, preferably twenty-four hours after death. In Islam, a burial represents the human being's return to the most elemental state, since the Creator formed humans from earthly materials; as a result, cremation is unacceptable because it is described as “the punishment of hell” (Komaromy, 2004, p. 33). Before a burial, family members of the same sex as the deceased prepare the deceased body by shutting the eyes and mouth, straightening and tying the limbs together, washing and wrapping the body in plain white linen, and placing the body on its right side in a simple wooden coffin which faces Mecca. The room is perfumed and anyone who is unclean should leave the room (Lobar, Youngblut & Brooten, 2006; Mehraby, 2003; Sheikh, 1998). Prior to the burial, a worship service is offered and prayers are made for Allah's mercy upon the dead person. Funerals are very important because they are an opportunity to grieve, pay respect to the deceased, and express faith in God. In some countries, Muslim women are not permitted to attend the burial, mainly due to the belief that women are of 'faint heart' and will break down easily (Mehraby, 2003; Ross, 2001).

Muslim practitioners believe that all suffering, life, death, joy, and happiness are derived from Allah and that Allah provides strength to survive. These beliefs are usually sources of comfort and strength that aid the healing process. When a Muslim practitioner dies, it is permissible to cry and express grief over the death of a loved one; however, extreme weeping is discouraged. A few words are allowed to be said when crying over a deceased person, but words should be true and not accompanied by wailing and expressions of dissatisfaction with the decree

of God. Individuals are encouraged to talk about and remember their loved one and recall the good deeds of their life. Although grieving may never fully end, the period of outward mourning lasts no more than three days. Muslim practitioners believe that Allah appoints a time for each person to pass from this existence into the next and that death is inevitable and will take place when the time is right and there is life after death. Mehraby (2003) says that the tragedy of a person's death is not the end of the story; therefore, the majority of Muslim practitioners believe it is illogical to continuously grieve the loss of someone who has simply left this world and gone to another life (Lobar, Youngblut & Booten, 2006; Mehraby, 2003; Ross, 2001). Interestingly, a Muslim widow is allowed a four month and ten day mourning period because their Quran states she should; pray for the redemption of the soul of her husband; pay respect for her late husband and show how much she loves and misses him; refrain from meeting men and being promiscuous; and for her in-laws to determine whether or not she is pregnant with her late husband's child (Suad, 2006).

Appendix 2

Bereavement Support Groups

Bereavement Support Groups In Mississauga

1. **C.O.P.E.S.**
(Community of People Extending Support)
Sponsored by Turner & Porter Funeral Home
Tel: 416-767-6793
Locations: Benares Historic House,
1507 Clarkson Rd. N., Mississauga
Montgomery's Inn,
4709 Dundas St. W., Etobicoke
2. **GOOD GRIEF!**
Sponsored by Scott Funeral Home
Tel: 905-272-4040
Location: Scott Funeral Home
420 Dundas St. East, Mississauga
3. **BEREAVED FAMILIES OF
ONTARIO HALTON/PEEL**
Tel: 905-848-4337
Location: 33 City Centre Drive, Unit 10
Mississauga, ON L5B 2N5
www.bereavedfamilies.ca

Bereavement Support Groups In Brampton

1. **COPING**
Facilitated by Volunteers
Tel: 905-790-6620
Location: 9050 Dixie Road N., Brampton.
2. **ARBOUR CARE BEREAVEMENT
SUPPORT GROUP**
Professionally facilitated
Tel: 905-451-1100
Location: Scott Funeral Home, 289 Main St. N,
Brampton

Bereavement Support Groups In Oakville

1. **WELLSPRING BEREAVEMENT GROUPS**
Tel: 905-257-1988
Location: 2545 Sixth Line, Oakville

2. **THE LIGHTHOUSE PROGRAM FOR GRIEVING CHILDREN**

Tel: 905-337-2333

Location: 82 Wilson St, Oakville

East of Kerr Street, South of Lakeshore

Bereavement Support Groups In Etobicoke

1. **NEW BEGINNINGS**

Sponsored by: Dorothy Ley Hospice

Tel: 416-626-0116

Location: Dorothy Ley Hospice, 170 Sherway

Drive, Etobicoke (at the Trillium Health Centre)

2. **LIVING WITH LOSS**

Sponsored by Newediuk Funeral Home

Tel: 416-745-7555

Location: Martingrove United Church

75 Pergola Road

Personal & Family Counselling

1. **FAMILY SERVICES OF PEEL**

Tel: 905-453-5775

Locations:

a) Mississauga: 151 City Centre Dr., Suite 501

b) Brampton: 20 Nelson St. West, Suite 202

www.fsPeel.org

2. **CATHOLIC FAMILY SERVICES**

Locations:

a) 10 Gillingham Drive., Brampton, Suite 201

Telephone: 905-450-1608

b) 10 Kingsbridge Garden Circle, Unit 400, Mississauga, Telephone: 905-897-1644

3. **HALTON FAMILY SERVICES**

Tel: 905-845-3811

Location: 235 Lakeshore Road East, Oakville

www.haltonfamilyservices.org

4. **ACCLAIM HEALTH BEREAVEMENT SERVICES**

Tel: 905 827 8800 x2312, x2313

Location: Oakville

www.vonhalton.ca

5. **THE MEDICAL CLINIC FOR
PSYCHOTHERAPY & COUNSELLING**

Tel: 416-236-0248

Location: 200 Sheppard Avenue East, 2nd Floor, Toronto 416-229-2399

Telephone Support

1. **THE DISTRESS LINE OF SPECTRA COMMUNITY SERVICES**
Emotional phone support.
Available 24 hours a day, 7 days a week.
Tel: 905-459-7777
2. **DISTRESS CENTRE PEEL**
Phone support, information and referrals.
Available 24 hours a day, 7 days a week.
Tel: 905-278-7208

Grief Support On The Internet

1. www.willowgreen.com
2. www.genesis-resources.com
3. www.webhealing.com
4. www.grief.com
5. www.griefsong.com
6. www.bereavement.com
7. www.widowed.ca

Appendix 3



RYERSON UNIVERSITY

SCHOOL OF EARLY CHILDHOOD EDUCATION
FACULTY OF COMMUNITY SERVICES

WANTED: RESEARCH PARTICIPANTS

Are you an individual who has lost a spouse at least 5 years ago?

Do you have at least one child between birth and 10 years old?

Are you comfortable discussing your family's experience with the death of a loved one?

If so, your story is greatly valued!

- Details:** I am interested in interviewing bereaved spouses to hear their story about how the death of a spouse has affected their children.
- Benefits:** Your feedback may encourage educators to critically evaluate the way they support parentally bereaved children. Communication of the findings from this study may translate into more support for grieving children in early childhood settings and schools.
- Contact Information:** Elena Miraglia (principal investigator)
M.A. Candidate, Early Childhood Studies (Ryerson University)
elena.miraglia@ryerson.ca
- Location:** TBA
- Duration:** 1-2 hours

NOTE: All responses will remain confidential.

Appendix 4
Interview Guide
Interview with Parent:

1. How old were your children when their mother/father died?
2. What is the sex of your children?
3. How old are your children now?
4. How did your spouse die?
 - a. Did your children understand what was happening to their mom/dad? (if the mother/father was ill before death)
 - b. What was their reaction to their mother's/father's illness?
 - c. How did their mother's/father's illness affect them?
 - d. Did you or their mom/dad talk about her/his illness or her/his pending death with the children?
 - e. How did you balance caring for your wife/husband and caring for your children?
5. How has your spouse's death affected your relationship with your children?
6. What were your children's reactions to the death of their mother/father?
 - a. How did their reactions differ from each other?
7. How did your children change after their loss?
8. How has their mother's/father's loss affected them in school?
9. What kind of support system did your family have?
10. Do your children fear you moving on in life?
11. What are your fears and concerns when it comes to your children?
12. How have your children's behaviour changed?
13. Do your children talk about their mom/dad?
14. How do you keep her/his memory alive?
15. How has your children's role in the family changed since the death of their mom/dad?
16. How did your spouse's death affect the children's relationship with each other?

Interview with Bereavement Counselor:

1. How does the death of a parent affect children of different ages?
2. How can the surviving parent support the grieving child?
3. How does the death of a parent affect parent-child relationships?
4. How does the cause of death influence children's grief?
5. How does the death of a parent affect children's mental health?
6. How does the death of a parent affect children in school?
7. What are children's emotional responses to a parent's death?
8. How does the child's gender influence grief?
9. How does a child's role change after the death of a parent?
10. How does a child's understanding of death influence the grieving process?
11. How does the relationship between siblings change after the death of a parent?
12. How is a parent's ability to care for his or her children altered while caring for an ill spouse?
13. How does culture influence the grieving process?

Appendix 5



RYERSON UNIVERSITY

SCHOOL OF EARLY CHILDHOOD EDUCATION
FACULTY OF COMMUNITY SERVICES

Ryerson University Consent Agreement

Toward an Understanding of Childhood Bereavement through the Eyes of a parent: A Case Study

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:

- Elena Miraglia– M.A. Candidate, Early Childhood Studies (Principal Investigator)
- Dr. Patricia Corson – Professor in Early Childhood Education Studies- Ryerson (Supervisor) pcorson@ryerson.ca; (416) 979-5000 7637

Purpose of the Study:

This study has been designed to explore how the death of a parent affects children in order to supply educators with the knowledge they need for providing adequate support to grieving children and their families. In particular, it will examine feedback from a bereavement counselor and up to 5 bereaved spouses who have at least one child from birth to 10 years of age.

Description of the Study:

All interviews will be conducted at a location such as a library that is mutually agreed upon. You will be interviewed individually, with each interview lasting approximately 1 hour to 2 hours in duration. Although guiding questions will be asked to facilitate responses, you are encouraged to share your experiences in an open-ended, flexible fashion. **All interviews will be recorded by an audio device to allow for transcription of responses at a later date.**

Sample Interview Questions:

17. How did your children change after their loss?
18. How has their mother's/father's loss affected them in school?
19. What kind of support system did your family have?

Risks or Discomforts:

Because of the nature of the research topic, you will be asked to share stories or opinions that are personal. Thus, the potential for discomfort is a possibility. Please be advised that you may skip any questions or discontinue your participation (either permanently or temporarily) at any time in the event that you experience any unpleasant feelings during the interview. Should you require any further support I will provide you with a list of bereavement centres and support groups you may attend free of cost.

Benefits of the Study:

You can expect no immediate benefits from participating in this study. Conversely, potential benefits to society may include:

1. Knowledge about childhood grief and approaches to bereavement support for pre service early childhood educators so that they are better prepared to work with grieving families in their frontline work.
2. A small addition to the existing literature about the importance of providing support for bereaved children and families in early childhood settings and schools.

Confidentiality:

An audio recording device will be used to tape your interview for transcription at a later date. These tapes will be stored in a locked storage box and be accessible exclusively to the principal investigator. Audio tapes and interview transcripts may be shared with the project supervisor. Otherwise, they will be destroyed following the completion of the project in September 2012.

Please note that excerpts from interviews may be used in the final research report to substantiate any claims made by the primary investigator. You are welcome to review the transcripts and any excerpts for accuracy before the report is submitted for review. If you wish to review the transcripts and any excerpts please provide me with an email address. At no time will your actual name be used during the taping of the interview or in the final report.

Voluntary Nature of Participation:

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University. If you decide to participate, you are free to withdraw your consent and stop your participation at any time without penalty or loss of benefits to which you are allowed. At any point in the study, you may refuse to answer any particular question or stop participation altogether.

Questions about the Study:

If you have any questions about the research now, please ask. If you have questions about the research at a later time, you may contact Elena Miraglia (principal investigator) by email at: elena.miraglia@ryerson.ca.

If you have any questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson Ethics Review Board for information:

Ryerson Ethnics Board
Ryerson University
350 Victoria Street
Toronto, ON
M5B 2K3
416-979-5000 ext. 7112
rebchair@ryerson.ca

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and to have your responses audiotaped and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this agreement that you are not giving up any of your legal rights.

Signature of Participant

Date

Signature of Researcher

Date

Audiotape Recording Agreement

Your signature below indicates that you are aware that this interview will be audiotape recorded and verbatim transcriptions will be later made from the audiotapes. It also indicates that at any time during the interview you may withdraw your consent. If this occurs the interview will be discontinued and your information will not be used in the final analysis and report.

Signature of Participant

Date

Signature of Researcher

Date

Appendix 6

Therapeutic Activity Ideas

Projective Play

Projective Play allows children to work through the grief process by using their imaginations to safely express thoughts and feelings. Children's ability to verbally share feelings is limited; rather, they communicate their feelings through play. Providing props such as puppets, costumes, and blocks allows children to re-create their experiences and role play what happened. By doing so, you are allowing children to feel empowered because they are able to imagine possible alternatives and solutions, and release feelings.

Memory Books

Memory work can be a helpful tool for children to safely process the events after the death of a parent. Bereaved children can use memory work to create a tangible way to remember their feelings and share them. *Memory books* are a collection of feelings and thoughts through drawings and writings. These drawing and writings allow children to re-experience memories in a safe way. Memory books also serve as a tool for children to tell others about their parent's death.

Memory Boxes

Memory Boxes contain pictures and objects that remind children of their parent. The box can be decorated with pictures and words that also remind the children of their parent.

Drawing, Writing, and Journaling

Bereaved children should use tools such as drawing, writing, and journaling to safely express their feelings and thoughts about their loss and present life. Journaling is a grief therapy

technique that gives children concrete ways to honour their parent (Franklin, Harris, & Allen-Meares, 2006).

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