

From *Living with an Empty Chair*

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Death is a fact of life.

It has, of course, always been so. Yet only now, in the final quarter of the Twentieth Century is death being acknowledged as worthy of open, investigative discussion. Death is now where sex was twenty years ago – just coming out of the closet. Anthropologist Margaret Mead has written that “when a person is born we rejoice, and when they’re married we jubilate, but when they die we try to pretend nothing has happened.”

In our society there is no formalized way to sever the relationship you have maintained with the deceased. What are you to do with the emotional investment of a lifetime? The body may be buried, but the emotions of those who lost the deceased continue to survive.

LIFE CRISES

Death is a normal life crisis. Other normal life crises include marriage, the birth of offspring, and divorce. Engagement helps us adapt to our new role as marriage partner; pregnancy permits us nine months to prepare for parenthood; and separation prepares us for divorce. Moving to a new neighborhood is a normal life crisis and usually some version of the “Welcome Wagon” is present to help us cope and adjust. Leaving one job and accepting a new one also is a crisis. We are expected to be anxious about beginning the new. This is normal.

Institutionalized preparation periods notwithstanding, we still anticipate difficult emotional reactions during these normal life crisis. Each bride, mother, and divorcee if she feels unsure or flounders in her new position, is reassured that she is simply experiencing a “period of adjustment”.

With the loss of someone close to you, you are also going through a normal life crisis. You too, need a period of adjustment. How do you deal with the powerful emotions that threaten to overwhelm you? It is likely that you have no guide to follow during that painful period after the death of a loved one. You have no preparation for your new role as mourner. Please be assured that while the physical presence of the person has been eliminated, *the relationship still exists*.

Grief is not a disease. There is no magic pill to achieve a quick cure. Grief is a long, agonizing process, but it does have an end. Grief is usually experienced in three distinct stages. Each stage must be gone through in its entirety before you can feel “back to normal”. Experiencing the pain of grief at the appropriate point in time prevents the deeper pain of delayed grief. Thus, advice such as “keep a stiff upper lip” or “snap out of it, there’s

so much to live for,” however, well-meaning, is potentially harmful. The griever can simply thank the well-wisher, and proceed through her journey of grief.

EFFECTS OF POSTPONING GRIEF

The effects of unresolved grief can be serious. Some bereaved individuals find it too painful to mourn. They postpone a confrontation with their feelings for as long as is possible. They fill every hour of day and evening with frantic activity. Then, months or even years later, a seemingly insignificant loss will set off an inappropriate grief reaction. The person can panic and not understand what is happening. The answer, of course, is that the mourning process is just beginning.

DENIAL OF GRIEF

The absence of mourning symptoms is a warning signal. Denial is an unconscious psychological defense. Everyone uses some denial during the course of a lifetime. Children and psychotics use it often. When there is a thought, a wish, or a fact that is intolerable for you to confront, the denial process intervenes and separates you from the pain. Denial acts like an aspirin – the ache is still there, but you do not experience it. When you use denial, danger is not overwhelming, reality is not painful.

If you find that you are behaving as if nothing has happened and have no outward signs of mourning, or if you are behaving as if something wonderful has happened and you are euphoric most of the time, it would be worthwhile to visit a psychotherapist or other qualified bereavement counselor.

Some people feel they must always be strong and in control. If you are this way, please understand that in this situation *it is a sign of strength to be able to express your emotions*. It is absolutely essential that your feelings be released. If they are not released through words and fears, they will find expression through other ways. Sometimes serious illnesses occur when the bereaved is unable to express her feelings.

Freud defined mourning as a “conscious reaction to the loss of a loved one.” Psychoanalysts today usually say that mourning consists of a conventional ritual determined by the particular social, cultural, and religious groups to which you belong. Grief is the term usually used to describe the psychological and physiological reactions you are experiencing – that is, those things that are happening now in your mind and in your body.

Bereavement is a psychologically necessary state. Even though you feel terrible, it is healthy for you to be feeling that way now. As you proceed through the stages of bereavement you will become increasingly liberated from the agony of your recent experience with death. Ultimately, the dual goals of the mourning process will be realized. These two goals signifying the end of bereavement are (1) to complete the emotional relationship with the deceased and (2) to refocus your life’s energies toward the future.

In psychoanalytic terms we are discussing the process of decathexis. When we place much emotion and value onto someone, that person becomes cathected (emotionally valued) for

us. To gradually displace some of that emotion onto other people and things is called decathexis. This is a long process. You cannot finish bereavement quickly, but you can finish it.

Have you begun the bereavement process yet?

There are predictable stages of the bereavement process. Not everyone experiences the same feelings at the same points in time, but grief does typically include three distinct stages. These stages may be called numbness, disorganization, and reorganization.

NUMBNESS

The first stage of bereavement begins at the moment of death, and continues for the next several weeks or months. If you are fortunate during this time your family, friends, and neighbors are concerned and solicitous. They are there to be leaned upon, physically and psychologically. You may be surprised to notice yourself maintaining an emotional distance from these helpers. That is because you are not yet ready to deal with all your powerful feelings. You must perform certain tasks, such as funeral arrangements or estate settlements, which require your immediate attention. Your field of vision is restricted to the accomplishment and discharge of these current chores. Your functioning may be automatic, mechanical, and robot-like. That is because you are still numb from the shock of the death. You may feel as if you are suspended in an unreal state. During this initial stage of grief you may be unable to grasp the full significance of your loss. You may feel as if you are involved in a bad dream that will soon be over. This is your mind's way of protecting you from fully recognizing the painful finality of death.

One emotion that occasionally surfaces at this early stage, aside from genuine sorrow, is a fleeting feeling of anger toward the deceased. Immediately guilt takes over and neutralizes that anger which may emerge during the next phase of the grief process.

DISORGANIZATION

A second or middle phase of grief begins as soon as the insulation provided by shock starts to wear off. Several weeks or months have passed since the death. The haze is lifting. Friends and family have resumed their former commitments and are not as attentive as they have been. Your neighbor, who each day checked in to see how you were doing, now comes by only once a week. The relatives who telephoned long distance now just write occasionally. The children who came home from school, or traveled from their homes across the continent, now are immersed in their regular routines. It seems that for everyone else, life has returned to what it was before the death. It is ironic and sad that now when you can finally appreciate intimacy and no longer want or need to feel distant from others, there are few with whom to share your feelings. The numbness lifts and the full meaning of the loss is felt. You actually feel a vacuum. There is acute loneliness and emptiness where there was once life. These are *normal and appropriate feelings* during this stage of bereavement.

Friends and relatives may become alarmed. “(She was taking it so well, but now look at her. She must be having a nervous breakdown.)” Those friends and relatives do not realize that a disorganization of personality, including symptoms of depression, are to be expected now. Aimlessness and apathy, loss of appetite and loss of sleep, constant weeping, are all indications of the pain and the despair you feel. Universal symptoms of grief include feelings of tightness in your throat, shortness of breath, the need to frequently sigh, and extreme fatigue.

YEARNING

Perhaps you are feeling restless and cannot concentrate. If so, it may be that you have not yet fully accepted your loss as permanent. Your constant search for “something to interest me” may be a disguised way of searching for your loved one. Your urge to recover your lost one, your yearning and your hope create feelings of anxiety and panic. Gradually, as reality intrudes, you will give up hoping for that reunion and begin accepting and adjusting. This may not make you feel better though. While the anxiety you felt was a reaction to the danger of a loss, the increasing awareness of the loss brings pain.

During this phase you are feeling a persistent pain of loneliness and at the same time are being confronted with new responsibilities. Whether it is winterizing the car, taking out the garbage or diapering the baby, you are performing chores that were once someone else’s obligation. Each of these is now a reminder that “someone else” is dead.

TRANSITIONAL OBJECTS

Objects belonging to the deceased may take on particular emotional significance. It is as when you were a toddler and had to be separated from your mother – you probably had a comforting reminder of her to carry around during her absence. Such reminders are called transitional objects by the professionals, but are more familiarly known as security blankets.

Perhaps you are using a transitional object now to remind you of your lost loved one. Most people do need some articles of the deceased which they sometimes sleep with, wear, hold, or simply look at. This is normal behavior.

The layer of psychological protection developed during the initial stage of grief has diminished and as you experience the pain of deep feelings you may be resentful and feel sorry for yourself. Again, *this is normal*. Sorrow for self is a fundamental part of grief work. It is necessary for you to feel sorry for yourself and for your predicament.

ANGER

Other emotions yearning for expression during the middle phase of mourning are shame, fear, guilt, anger, hopelessness and helplessness. Feelings of anger that were brief during the initial stage are likely now to reoccur with greater frequency and strength. Your anger should not be stifled by those attempting to help you. Even rage is appropriate at this point. William Shakespeare gives recognition to the bereaved’s anger in a passage in King Henry the VI: *We mourn in black, why mourn we not in blood?*”

To hide from the anger you feel toward the deceased is to risk developing symptoms at a later date – symptoms that may be far more difficult to deal with than the original anger.

In The Angry Book, psychiatrist, Theodore Rubin describes a patient as follows:

“I remember a woman I had in treatment who suffered from a very severe, ugly lesion that covered most of her body. She had been to many doctors to no avail. Marcy was an extremely self-effacing, compliant woman who spent most of her early treatment hours in an effort to convince me of how really happy she was. She told me that she adored her dead father as well as her gentle, sweet, devoted mother (still alive). Her image of herself was very much like the image of her mother. She did not remember ever having been angry. The reason for her refusal to see a psychoanalyst soon became apparent. She simply did not wish to disturb a just-too-perfect image. And, disturbed it became! After months of work, particularly of analysis of dreams, it became clear that she did in fact love her father but was also happy that he died.

These seemingly mutually exclusive emotional entities are extremely common in human psychology. Marcy felt that her father’s death was revenge and a vindictive triumph over her mother. As time went on, the twisting of this rage became unnecessary. Strengthened by our relationship, she became aware that her anger did not kill her father nor did anger make her an evil person. For two years she did little else than report to me three times a week and sound off enormous anger – and as she did so, her skin cleared. Eventually, the lesion disappeared and was replaced by healthy tissue. Much subsequent work relieved her of the need to be sweet and angelic (with an enraged skin). She chose instead just to be human.”

This is an extreme case but the message to you is clear. You are indeed angry. You have been abandoned by someone you love. You have a right to ask, “Why me? Your feelings of anger are proof that you are human. Many people in your circumstance are embarrassed to notice that they are hostile in the presence of those very people who are trying to help. This often occurs, but soon your hostility will disappear. Meanwhile, while it is part of you, neither harbor it nor deny it – be it.

GUILT

Do you feel guilty because the death has brought you some relief? It is perfectly appropriate to feel relieved at the same time you are feeling devastated. You should be allowed to vent these feelings.

If your loss occurred at the end of a long illness, then even though you miss the person, a part of you may be relieved because your physical responsibilities have ended. The task of caring for a dying person can be dreadfully difficult.

The difficulty is compounded if the fatal illness was a secret (either *from* the dying person or *between* you and the dying person). Keeping a secret from someone you love meant that all interaction with that person had some duplicity. You were always under a strain and had no

way to express your feelings. You now may feel relieved from carrying that burden of deception.

Close meaningful relationships permit the luxury of shouting, yelling, feeling resentful, maybe even saying “Drop Dead” or “I hope you never return.” While normal human beings are capable of anger, they are not endowed with magical powers. Anger cannot kill. Guilt feelings must somehow now be expressed in order for you to experience that which you already know on an intellectual level – that the death did not occur because of your wish or your words. Unresolved guilt is a basic problem of bereavement.

AMBIVALENCE

Whatever loss you feel is valid regardless of the superficial quality of the relationship. Even the occasional harsh words you had with the deceased are proof of the intimacy you shared. We do not argue with strangers. We care enough to pursue an issue only with people whose opinions we value. The husband who fought furiously with his wife is in the same pain and going through the same grief as the husband who showed only kindness toward his wife. The daughter grieving for the mother with whom she had daily shouting matches is suffering as much as the compliant daughter who never disagreed with her parent. When intense feelings are invested there is always a deep and complicated emotional relationship.

Acknowledging the negative as well as the positive traits of the deceased will help you proceed through grief at a steady pace. Setbacks in the process occur when you are unable to recognize those parts of the deceased person’s personality that were disagreeable to you. This is not easy. It is difficult to endure the expression of painful emotions. In fact, the passage through the stages of bereavement is work. It is called grief work. Grief work is the emotional reorganization you must attend to before life can return to normal. Grief work is hard work. That may be why you are so often tired.

BEHAVING BY HABIT

During this middle phase of mourning, you may “forget” that the person you loved is permanently gone. This is normal and should not be interpreted as “sick” behavior. Rather, it is behavior propelled by habit. A new widow, who, for forty years, has set a dinner table for two, may continue to do so. The widower, upon hearing the phone ring, may automatically request his wife to “please get the phone, hon.”

Be assured, it is normal to occasionally act as if the dead person is still alive. Bereaved people sometimes hallucinate during this stage. The wife so desperately wishes to hear the familiar sounds indicating that her husband has returned from a day’s work that she is certain she hears the car pulling into the driveway or his key turning in the lock. Similarly the widower may insist that he can smell his wife’s perfume or hear her footsteps. Bereaved parents frequently report that they hear their child crying. A college student reported that she once ran completely across campus pursuing a young woman whom she thought was her recently deceased sister. Many bereaved people look forward to dreams that permit them to interact once again with the deceased. Reports of ghosts, haunted houses, and footsteps in

the night as well as some reports of successful séances may be attributed to the urgent wish to be in contact with the deceased.

REVIEWING YOUR RELATIONSHIP

Just as you now have a need to talk about your feelings, you may also have a need to talk about both the life and the death of your loved one. As you proceed through this troublesome time it becomes psychologically necessary to review the details of the life you shared with the deceased. Whether or not your listeners consider it a tedious review, it is important that you are encouraged to speak of the past. You may wish to inform your friends and family that this need will not persist indefinitely.

Soon you will go on to other things – such as speaking about all aspects of the actual death. It may be necessary for you to reiterate every last detail. Often people spend weeks telling friends exactly what they ate for breakfast on that fateful day. Such recounting should be encouraged.

You must be permitted to freely speak about the circumstances of the death. In order to incorporate the finality of the situation, you will need to relive those last few days or hours. Professor Philip Pecorino of City University, New York, has termed the process “psychic slapping”. Over and over you bombard your mind with the details of the death until finally you recognize the reality of the situation. Again, apprise your friends, this is something you need to do now, not forever.

ACTING CRAZY

Symptoms of the middle phase of mourning closely resemble some symptoms of mental illness. The difference, of course, is that indications of mental illness do not spontaneously and permanently disappear, while indications of grief will eradicate themselves as the mourning process is completed.

The distinguished actress, Helen Hayes, when asked to comment on her adjustment to widowhood, candidly admitted, “For two years I was just as crazy as you can be and still be at large. It was total confusion. How did I come out of it? I don’t know, because I didn’t know when I was in it that I was in it.”

Lynn Caine substantiates that in her autobiographical book, Widow, she writes, “During my crazy periods I made terrible financial mistakes and that is why I keep repeating my advice to widows. Sit. be quiet. Don’t move. You have to understand that your mind is not working properly even though you think it is. Protect yourself from yourself.”

In an effort to be helpful to you, some well wishers may respond to your grief symptoms as if they were symptoms of severe mental illness. It is important for you to know and remind yourself: *if you were not mentally ill prior to the death of your loved one, you will recover from bereavement and regain your ability to function.* Bereavement happens to an existing personality. You have strengths, weaknesses and previous experiences of coping with loss. To cope is to acknowledge that a problem exists and then to decide upon a course of action. The

combination of your personality structure and the expertise of the helpers available to you can often determine how rocky or smooth the road through bereavement will be.

Recovery from grief is enhanced and hastened if you are able to experience the temporary, but necessary, irrational feelings and thoughts that are normal during mourning. If you allow yourself to feel all your feelings and if you can develop a total acceptance of your brief period of craziness, you will soon be well again. Pause for a moment. How are you feeling? What are you feeling? Are your grief responses similar to those described here? How are they different? Remember, you are a distinct and unique personality. Learn to become aware of your feelings. Then, trust those feelings.

REORGANIZATION

Middle-phase mourners find the complexity of life threatening and frightening. The daily tasks of living seem overwhelming, but as you emerge through the mid-phase of grief, you again find the world secure and rewarding.

The dual task of mourning, completion of the emotional relationship with the deceased, and re-directing of energy toward the future usually begins to be accomplished somewhere between the first and second anniversary of the death. Gradually you weep less and have less of a need to indiscriminately talk about the deceased. Sleep and appetite are being restored. You may be surprised to find that occasionally several hours and perhaps a full day might pass during which your mind does not automatically return to thoughts of the deceased. Upon awakening, the first thought of the day is sometimes not of the deceased but of the day's activities. This end phase of mourning is a relief. Life is no longer one frantic anxiety attack. There is a commitment to the future – you know that the dead person will never be forgotten, but you also know that your life will continue.

If you are lucky, there is someone in your environment who will acknowledge any gestures that signify a willingness to re-enter a full life. A hesitant phone call, an inquiry about a future meeting or event, a tentative plan – all these should be encouraged by the helping friend or relative. The helper has definite tasks to perform during each stage of grief. During stage one of the mourning process the helper is there to be leaned upon and give concrete assistance with managing necessary chores. During stage two the helpers must provide sanction to vent emotions, all emotions, and must tirelessly listen to the repeated stories about the life and death of the loved one. Now, in the last stage of mourning, the helper must be there to help expand a social network and encourage involvement and interest in life.

You have successfully completed mourning. You understand that the world has been impoverished because of this death, but you, personally, have not been impoverished. You are, once again, whole. You care, once again, about yourself. You are reorganizing your life toward the future. You are calm, but you may still have terrible days. As time passes, such days will occur with less frequency.

Try not to be alarmed by occasional setbacks. Some people find that they may do well for an entire year only to find themselves virtually incapacitated by grief during the days surrounding the anniversary of the death. Such anniversary reactions are normal. In fact,

Judaic law has a prescribed ritual for “death days” – the anniversary of the death. You are expected to need to discharge extra emotions during those days. The deceased will never be forgotten but the relationship is in its proper perspective. Your grief work is finishing. The pleasures of living now have more appeal than the thought of joining the deceased in death. A new stage of life is about to begin.

Responsible parents prepare their children for life’s crisis.

Parents read books to the child who is about to have a tonsillectomy, preparing her for that event. Prior to a first venture away from home, parents help their child anticipate feelings of homesickness. Nowadays, parents speak realistically with their children about formerly taboo subjects. They discuss future responsibilities, sex, religious ideologies, and methods of child rearing. When it comes to death, the one crisis all children will confront, parents become mute. Death education has not yet been incorporated into the family agenda. Parents prefer pretending that they will live forever.

It is, of course, the parents’ own uncomfortableness with the subject that prohibits family discussion. The parent wants to protect the child from hurt and sadness, yet the denial inherent in such “rescuing” actually is a disservice. For instance, if the parent rushes to the pet store to replace the dead goldfish that has just been flushed away, that parent denies the child an opportunity to understand and accept death. The child should be able to come home from school and see a dead pet. She will then learn that she can face death, can mourn and can eventually overcome grief.

When children have the opportunity to deal with the death of someone upon whom they were not dependent, their chances of successfully coping with subsequent deaths is enhanced.

All children are always sensitive to their parents’ unstated feelings, their hidden agendas. Children become confused when parents are confused. They feel uneasy when parents give them incomplete or incorrect information. A child knows when the truth has been distorted or withheld. Such deception, while intended to help, actually harms.

Recognizing that adults are apprehensive talking about death, children, for whom the world is bewildering under the best of circumstances, can have serious difficulty comprehending death.

As soon as the parent can accept the death, and all the emotions that the death engenders, the child will begin to feel more comfortable.

EXPRESSING FEELINGS

Children and adolescents have the capacity to write about their experiences with death. The young adult especially has the ability to put thoughts and feelings into words. It is a helpful way to express emotions and continue working through the mourning process and parents should encourage it.

Below, an adolescent boy describes his reaction to a death that occurred during his early childhood:

“When I was six years old my grandfather died of cancer. We found out that he had cancer about six months before his death. It had spread too far for treatment to do any good. The doctor would come once a week to bring him medicine for the pain.

On the day he died, my mother was doing some work in the garden. It was a sunny day toward the end of June. I was sitting in his room talking to him. He told me that he was leaving to go with my grandmother who died four years earlier. He kissed me good-bye and told me to tell my brother good-bye. Then, he asked me to tell him a story of one of the books my mother had read to me. When I finished the story he had died. I went outside and told my mother that something was wrong because “soap suds” were coming out of his mouth. When she came in she started to scream and cry. She insisted I go to a neighbor’s house for the rest of the day. I couldn’t understand why she reacted this way. My grandfather seemed content so I thought that we should be happy too.”

Third graders at Public School 195 in Brooklyn, New York, spontaneously responded with compassion and sincerity when informed that their teacher was absent because of the death of her husband. Some students demonstrated a maturity that could be gained only by having gone through a difficult life experience themselves.

*“Dear Mrs. Gingold:
I know your sad, you suffered a very big
up.
loss. I am very sorry for you. The same
your life.
thing happened to me. My Mother is
getting married after the summer.
Love, Georgie”*

*“Dear Mrs. Gingold:
I I did not expect you to cheer
It will stay with you for the rest of
Love, Bruce”*

Others accepted their teacher’s inevitable feelings of sadness and acknowledged that although they wish she would “cheer up” she needed to be sad at this time in her life.

*“Dear Mrs. Gingold:
I’m sorry your husband died. He was
I’m
a nice man. I would feel the same way
cheer up
you would.*

*“Dear Mrs. Gingold:
I know what sadness has come to you.
sorry about it too! I wish you would
but I know how you feel.*

Sincerely yours,

*Sincerely,
Kimberly”*

Patti”

Some of the students intuitively felt that their teacher would be needing an external motivation in order to re-enter life and offered her evidence of their love and of their need for her.

*“Dear Mrs. Gingold:
I miss you so much that I’m mad. I feel
because
sorry for your loss. I know that you feel
and I
sad but maybe we can all help you to feel
help you.
better soon. Come back as soon as you
you.
can”.*

Love, Rachel

*“Dear Mrs. Gingold:
I hope you be happy soon. I feeling sad
your sad. I’m sorry this happened to you
hope you won’t cry no more. We will all
and we will always love you. We all miss*

Love, Josephine

Some students lamented the inevitability of death.

*“Dear Mrs. Gingold:
We are all very sorry for what happened to your
husband. We know how sad you are and we feel
the same way about it. We all wish that it didn’t
happen but that is nature.*

Love, Ilana, Ari, Jella, Vera and Sasha”

Another student philosophically wrote about the anticipated birth of a grandchild.

*“Dear Mrs. Gingold:
I am very sorry for what happened to your
husband. I hope you’ll feel better when your
daughter has a baby.*

Sincerely yours, Avery”

Like children everywhere, all of Mrs. Gingold’s students knew exactly how they were feeling and were able to clearly convey their message. Children can be trusted to respond with innate wisdom, once they have been told the truth. Had Mrs. Gingold’s husband been a member of their immediate family, some facts of the death may have been withheld in an effort to shield them and therein would begin breeding ground for future doubts and difficulties.

CHILDREN’S GRIEF REACTIONS

The grief of a child for a parent or sibling is particularly painful. To a child, death may be taken as the ultimate rejection. In childish magical thinking, death occurs because of a deed or a wish. Some children, convinced that they caused the death, feel guilty for the remainder of their lives.

For the child to properly grow emotionally after the death of a parent, she must first want to continue living. She must be assured that although she might even like to join the beloved parent in death, life itself, including its current pain, does have some special joys to offer her. Children do not usually feel depressed on a conscious level, but a perceptive observer might note an increasingly apathetic attitude. A child's enthusiasm and motivation may die in an unconscious effort to be dead like her parent. If a child is assured of future care, she is less likely to be tempted to want to join her parent in death.

While most adults begin the first stage of mourning immediately, children usually begin mourning several weeks or months after the death. Children should not be criticized for caring selfishly about their own personal needs at the time of parental death. The child who asks, "But who will take me to the ball game?" or "Who'll braid my hair for me each morning?" or "What's for dinner?" when everyone else is weeping is not being unduly selfish. She is responding as a child should respond.

Children often assume a different pattern of grief than adults because their dependent status is felt more. They sometimes postpone mourning until they are assured that all their needs for survival will be taken care of. Once they are positive that their physical and psychological security will not be snatched from them, they will relax and feel and weep and begin the mourning process.

Children need this initial period of time to test their environment and guarantee their future care. It is not easy for a youngster to mourn. She has spent much of her life learning how to gain control of her impulses. Previous experiences have challenged her ability not to "let go and cry". Now she needs plenty of time to gain courage and become brave enough to risk feeling the depth of the loss.

A DUAL TASK FOR THE PARENT

The surviving parent has the overwhelming responsibility of dealing with her own grief and getting her own life back in order and of helping the child proceed through the mourning process. It is not easy and the parent needs all the help she can get. *The child gets permission to mourn from the surviving parent.* To prevent the child from remaining in an acute anxiety state and to help the child begin to mourn, the parent should try to continue the daily routine and not change the child's environment. This is not the time for a new house, a new school, or even a new baby-sitter.

The parent should look for cues indicating the child's readiness to grieve. From that point on they should weep together, pray together, reminisce together, and especially talk together. Talk is necessary because children are full of misconceptions.

CLEARING UP MISCONCEPTIONS

Children need to talk in order to clarify. They must be told that the person is dead. Other stories do not work. To say that the deceased is on a long trip is only to create future problems regarding traveling and separating. To say that the deceased is in a deep sleep is to create future bedtime difficulties. The child must be told that death is final. When parents

do not use the term “dead” they encourage hope. Only when she knows that there is absolutely no hope of the deceased returning, will the child start to accept the finality of the situation and permit herself to grieve. Thus, there is an advantage for children to witness the actual burial. Cremations and other forms of body disposal do not seem to help the mourner as much as does an earth burial.

The following account illustrates the kind of confusion and ambiguity that can result from a parent using a euphemism for the verb “to die”.

“At age three or four while shopping with my mother, I overheard a conversation with a neighbor ... it’s a shame she lost her mother, she was so young. I envisioned a girl my age walking out of a store noticing her mother wasn’t following and not being able to find her. I asked my mother if the girl had found her mother. I don’t remember her answer but it could not have been very meaningful because for years I couldn’t understand why the girl had stopped looking for her mother and how it was possible for them to never find each other.”

If you plan to explain the concept of heaven to a child, you must carefully choose your words. Children calmly take things literally. Stewardesses report that each plane flying to Disneyland has at least one child peering out the window trying to locate the grandma who died. Children have been known to ask, “If brother went to heaven, why are you burying him in the earth?” One young child thought that bodies were planted in the ground so that new ones would grow.

Rabbi Earl Grollman, in one of his several very helpful books about death, recounts that in the movie, “Yours, Mine and Ours” there is a scene in which Lucille Ball as a young widow reprimands her son for misbehaving. He responds by saying “I’m being naughty because you said God takes those who are good and I don’t want God to take me.”

Children should not be told that they are now “the man (or woman) of the house”. In spite of some reshuffling of personal duties in the household, the child’s childhood still belongs to her. Children need to be able to act in their childish dependent ways in order to get the care and the cuddling they deserve.

It is important for the surviving parent to discuss with the child ways in which the child and the deceased are similar and also different. Children have a desire to identify with their parent who is dead but are often afraid that if they have some of the deceased relative’s characteristics, they too may die. The sensitive surviving parent seeks to enhance the child’s identification with the deceased parent’s traits where appropriate and point out differences from the deceased where appropriate. Bereaved children, like some bereaved adults, sometimes believe they have the same symptoms that caused their parent’s death. It is necessary to talk to the child about the disease and about the possibility of developing similar symptoms but not the same disease. Children may need to be shown evidence that illness does not necessarily lead to death. We all get sick and we all recover, health is a natural state. It is the rare exception who succumbs to disease.

FUNERALS AND MEMORIALS

So vital is adult support and presence during commemorative services that a child's attendance at the funeral will be a good experience for her only if a familiar adult accompanies her and holds her hand, literally, throughout. If the adult is someone the child knows and trusts she will not be overwhelmed by the proceedings. Before the funeral begins, the person chosen to be with the child should explain in detail what will happen during the ceremonies. The child should be informed about the casket and decide ahead of time whether or not she wishes to see the body, if in fact the casket is open. After the child is told all about the services (and prepared for the possibility of adults weeping and perhaps becoming hysterical) she may choose not to attend the funeral. That is her prerogative.

A young mother wrote the following account of her daughter's first encounter with death and with a funeral home:

"My daughter lost her great grandmother when she was three. I made arrangements with the funeral director to bring my daughter to the funeral home before it was open so she could see her grandmother and we could talk privately without family and friends present. The funeral director let us in and then disappeared. I must stop to describe the room Grandma was laid out in. Although I hadn't really noticed it, I realized later how awesome it must have appeared to my daughter.

The room was about 40 feet long by 20 feet long. Flowers were all around the casket and lined both sides of the room from floor to ceiling. The chairs were all empty. There was a large center aisle to the casket and thick wall-to-wall red carpeting. As we approached the room, I noticed the silence. We crossed through the doorway and my daughter stopped and looked for a long time without saying a word – I waited. We approached the casket hand in hand. Grandma was laid out in a blue gown. My daughter looked at her for a long time and slowly turned taking in the whole room again. Then, she whispered, "Mom, are we in heaven now?"

The younger the child is, the more overwhelmed she may be at the enormity of the strange chapel. Viewing a drawing or diagram of the room ahead of time may be helpful. Also, if she can locate the funeral parlor on a map and see it in relation to her home, she may feel less threatened. Again, the most important advice regarding a child's attendance at funerals is that an adult whom she knows must be there to hold her hand. A child can derive comfort from the funeral only if she is physically secure.

It is important for a child to have tangible reminders of the deceased. Memorial stones help the child identify the exact spot where her parent is. Visits to the cemetery should not be discouraged.

Remember, the child has experienced the worst possible tragedy. She should feel terrible. If she is sent off to summer camp to forget and deny, she will not learn that she can, in fact, tolerate and overcome emotional catastrophes. Permitting the child to feel the loss when she is ready will increase her coping ability for the rest of her life.

Do you feel isolated?

Talking always helps. Words have the power to change attitudes and cure afflictions. The right words, from the right person, at the right time, can make a significant difference in your life.