

Grief and Loss: Perspectives for School Personnel

Cathy O'Connor (Education Queensland)

Elizabeth Templeton (Queensland University of Technology)

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Discussing death, grief and loss is difficult, however, the impact of loss on students makes dealing with bereavement and grief unavoidable for teachers. To best prepare for helping students, school personnel need to deal with their own feelings about these issues first. Becoming familiar with children's perceptions of death, the stages and expressions of grief, and effective coping strategies will further enhance the support provided by school personnel to grieving students. This paper reviews the literature on grief and loss in order to provide a background from which school personnel may draw in their preparation for assisting students experiencing such circumstances. Clarification of commonly used terms is provided and the nature of grief and loss is explored. Implications for parents, teachers, counsellors and school systems are outlined and a brief overview of recommended strategies is presented.

Charkow (1998) reported that the children of today do not experience death as a normal part of life, due to society's fear and avoidance of the subject and through development of such facilities as terminal illness care and funeral homes. In addition adults, assuming children do not grieve, try to shield and protect children from the direct reality of death (Charkow, 1998; Goldberg & Leyden, 1998). Review of the literature suggested that children are, however, learning about death and loss through knowledge of other sources such as **AIDS**, cancer, accidents, drugs, murder, random shootings and medical conditions (Christian, 1997; Goldberg & Leyden, 1998). McGlauflin (1998) also contended that a large number of children experience family change and loss following separation from siblings, grandparents, pets, and family through situations involving illness, accidents, deployments and non familial custodial care. Death and loss continue to be part of many children's lives, as they were in the past (Christian, 1997).

It has been acknowledged by McGlaulin (1998) that the school's mission includes education in life **skills** and support for students experiencing grief as a normal reaction to a loss of a person, place, thing or idea. To build a school climate capable of such support, McGlaulin (1998) stressed that the personnel involved must be knowledgeable about and open to the grief process and integrate the grief process into day-to-day school operations. This paper addresses the necessary background, emerging issues and offers strategies that will raise awareness and allow interested persons to make a start with recognising and supporting grieving students.

Clarification of Terms

Where significant attachments are formed, through connections with others, there will inevitably be loss subsequent to separation (Lenhardt, 1997). Definitions provided by Wolfelt (1983) clarify some commonly used and misused terms. According to Wolfelt bereavement is the state of being that a loss causes, grief is the emotional suffering bereavement causes, mourning is the action taken following a loss and incorporates social and or cultural customs and traditions and finally grief work is what is done in order to continue a healthy life.

The Nature of Grief

Horacek (1995) reviewed a range of theories and models of grieving spanning the past 25 years which shared the premise that grieving should come to an end, in time, through decathexis. This process, described by Freud (1917/1957) entailed the mourner removing ties with the deceased before new relationships could be formed and the grieving completed.

The phases of grief following death, described by Bowlby (1980) trace a four-stage process through which individuals move in their own sequence and manner. These phases are as follows:

- Phase I is often evidenced by extreme emotions including numbness and disbelief.
- Phase II involves restlessness and preoccupation with occurrences which may suggest the return of the deceased.
- Phase III brings disorganisation and despair, as it becomes apparent that life will not be the same as before.
- Phase IV includes reorganisation of life through necessary changes for a life without the lost person.

The stages of grief, shock and disbelief, denial, growing awareness and acceptance, that are proposed by Ward (1993) align to Bowlby's phases and also describe a fluid process with mourners moving in, out and between the stages; rather than a rigid, predictable sequence.

Behaviours thought to be normal, abnormal or even dysfunctional may be expressed during grieving and must be considered in relation to each mourner and their unique circumstance (Freeman & Ward, 1998). Grief reactions described by Horacek (1995) can last from days through to years and may be experienced physically (tiredness, lack

of appetite, sleep problems); psychologically (guilt, fear, depression) or cognitively (confusion, lack of motivation, preoccupation with thoughts of the deceased person). Freeman and Ward (1998) identified 10 common experiences in grief:

- Shock with functioning as if on remote control with little memory of that time.
- Emotional release involving intense immediate emotions are often replaced after initial shock (e.g., anger, loneliness).
- Depression often exhibited through helpless and hopeless feelings.
- Physical symptoms of distress.
- Anxiety and concern for personal safety and wellbeing, often expressed through dreams or sleeplessness.
- Hostility directed at particular or even uninvolved targets.
- Guilt regarding what should have been done, which may be real or imagined.
- Fears which can be many and varied.
- Healing through memories, using positive and negative recollections to heal as they are remembered.
- Acceptance and discovering letting go, with lessening of pain, rather than forgetting.

Tasks of mourning (Worden, 1991; Wolfelt, 1983) are worked through at a personal pace and constitute the active effort of a mourner to manage their loss. The literature identified four main tasks for a mourner during grief work. First, the loss is accepted as real and that the person will not be coming back. Second, emotions such as guilt, anger and depression surrounding the loss are suffered. Third, the past relationship is reviewed and existing ties are modified to face the future. Fourth, energy is redirected to new life relationships (Charkow, 1998; Doka & Martin, 1998; Freeman & Ward, 1998; Horacek, 1995). Doka and Martin (1998) added a fifth task, in which belief systems tested by the loss may be repaired.

While the ability to function normally is usually reached following the successful completion of grief tasks, Horacek (1995) identified the phenomena of a continuing grief as being normal and not debilitating in day-to-day life. Horacek describes continuing grief as feeling like the loss of a body part, a constant empty space, continuing emotional dullness or shadow grief, and experiencing anniversary reactions with the return of grieving at significant times like birthdays.

In contrast to continuing grief, dysfunctional or complicated grieving can result from grief tasks which are unresolved and inhibit day-to-day functioning (Horacek, 1995). Complications in grieving can arise when the loss is not accepted socially (e.g., suicide) is not recognised by others, such as abortion, or where no support network exists (Freeman & Ward, 1998). Doka (1987) defined such grief experiences involving illnesses such as AIDS or Alzheimer's disease, or friendship and love relationship losses which are not openly recognised, mourned or supported as

disenfranchised. Freeman and Ward (1998) suggested four factors which may be influential in the way grief is expressed and in the possible development of grief complications. These are the nature of the relationship, for example hostile, highly dependent, the circumstances of the loss such as missing persons, disaster victims, war casualties, previously experienced complicated grief or mental illness, and finally the bereaved person's personality and ability to cope with emotions.

Grief and loss may be experienced repeatedly through a wide range of natural, normal life-span occurrences, including death (Lenhardt, 1997). Such encounters may comprise divorce, job loss, leaving home (Charkow, 1998), retirement, death of a pet, illness or even a child's lost baby tooth (Rando, 1984). Freeman and Ward (1998) caution that grieving is not a straight forward or systematic process and that movement to and fro, between and through phases and tasks should be anticipated as each individual's grief experience is unique. They also advised that consideration of the influencing factors in addition to the duration and intensity of the experience assists in distinguishing normal from abnormal grieving.

Children and Grief

It was thought, in the past, that children were not able to grieve as they lacked a full understanding of death (Charkow, 1998; Christian, 1997); however the literature indicates that children do grieve (Charkow, 1998; Christian, 1997; Goldberg & Leyden, 1998; Goldman, 1996; Lenhardt, 1997; McGlaulin, 1998; Westmoreland, 1996). Piaget advocated that children's grief and how they view death is limited by their experience in life, developmental stage and cognitive growth. (Wenestam, 1984). Three stages in children's development of understanding death described by Christian (1997) and Westmoreland (1996) are closely related to acquiring the four death concepts of irreversibility, finality, inevitability and causality. In the first stage (to age 5) children see death as linked to sleep, look for reasons or blame, and fill in gaps with fantasy. In stage two (5–10 years) they struggle with the finality and irreversibility of death. They are interested in the what, when, where facts, and the causes of death. In the final stage, 10 years onwards, young people understand the finality and irreversibility of death while being concerned about the afterlife and the possibility of other deaths.

While grief experiences for adults and children may follow similar phases, children do grieve differently from adults (Westmoreland, 1996). Christian (1997) described the following aspects of child grief:

- Children have not learned they can survive without another's presence.
- Children are not always provided with and able to find a support network.
- Children are influenced by how adults around them grieve.
- Children are repetitive and need to ask questions over and over.
- Children often act out their feelings, rather than express them in words.
- Children may need to work through grief over and over during changes and stages in their life.

In addition to the four factors influencing grief expression presented earlier, Charkow (1998) cited chronological age and developmental level, and the availability of support as specifically relevant to children's grief. The evaluative study of an educational grief program by Goldberg and Leyden (1998) supported this final factor citing lack of support and experience in isolation as a common theme in interviews with participants.

Throughout the grief process for children, who usually take around two years to adjust to death, typical reactions include attention seeking, anxiety, acting out, sleep and or eating disturbances, overconscientious or neglectful of school work, and physical complaints for example headache or stomach ache (Westmoreland, 1996). Westmoreland (1996) also listed specific behaviours reflecting abnormal reactions in children. These include pretending nothing has happened, constant anger, debilitating depression and isolation, physical assault, cruelty to animals, excessive misbehaviour, suicide threats, truancy and phobic fear of school. They advise that outside intervention be implemented in such instances.

Lenhardt (1997) identified children's grief as often being disenfranchised since adults perceive children as resilient and may either shelter or exclude children from discussions and rituals during a loss. Well meaning adults may confuse and frighten children through discouraging discussion and lying or using symbolic language in their efforts to protect children from pain (Westmoreland, 1996). Children experiencing abuse, neglect, alcoholism or disability within the family suffer a significant loss which may be likened to the social or psychological death of a parent (Lenhardt, 1997). Lenhardt (1997) further reported such children, later in life as adults in dysfunctional families, may still be mourning the loss of their childhood and letting go of a fantasised image of the parent.

Implications

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In order to resolve grief, children need support from caring adults (Charkow, 1998). Through building awareness and discussing the impact of death and loss through TV, books and news items, parents can help children to be better prepared before a crisis occurs (Charkow, 1998). Following a death or loss parents should inform a child of the details in clear, honest, age-appropriate terms promptly (Charkow, 1998). Charkow (1998) advised that parents should explain what will happen regarding mourning rites and funerals, allow the child the choice of attending, involve the child in decisions such as clothes for the deceased and preserve the memory of the deceased through stories, photographs and grave site visits. Where, due to their personal grief, parents are unable to support a child, another adult should be found for the child to turn to (Charkow, 1998).

Implications for Schools

Schools and their personnel are able to offer support for the grief and losses experienced by students (Charkow, 1998; Goldberg & Leyden 1998; Goldman, 1996; McGlaufflin, 1998; Westmoreland, 1996;). A climate mindful of the extent of students' loss through family death, separation or change, is necessary to support grieving students in addition to teaching non-grieving students about the natural, normal

grieving process (McGlaflin, 1998). Through lessons, books and training, community crises and personal experience, students and teachers become aware that grief is healthy and normal and a unique personal experience from which people can heal, given a supportive environment (McGlaflin, 1998). In addition, McGlaflin, acknowledged the difficulties of providing openness to the grief process in a school setting, and advocated that personnel who accept a child's grief validate the process through listening, and that offering unconditional compassion can have a profound effect. The following recommendations were provided by McGlaflin to assist with integrating the grief process across the entire school:

- See grieving as a necessary skill for a healthy life.
- Use opportunities to recognise and reflect on losses with students.
- Be conscious and accepting of others' grief.
- Recognise the importance of good-byes within the school.
- Speak to individuals about a death and or loss.
- Be honest and share what is known, not known and what is not able to be discussed and why.
- Avoid pity, be compassionate.
- Show emotion.
- Provide opportunities for the outlet of grief, for example, journal writing, painting.
- Maintain routines, rules and expectations.
- Remember losses.
- Support colleagues.

Implications for Teachers and Counsellors

Teachers are in an ideal situation, without the personal burden of the child's loss, to help grieving students feel safe, acknowledge that their loss is real, provide an environment for sharing feelings and structure learning experiences to deal with grief and loss circumstances (Charkow, 1998). With specialist training, school counsellors are able to provide additional support for grieving students through individual and or group therapy, family intervention and development of identification and referral processes and school grief and loss programs (Charkow, 1998).

Strategies

Grief and loss programs are most beneficial for students before they are confronted with a crisis (Westmoreland, 1996). The literature also revealed an extensive range of activities and strategies available to educators when supporting students through real grief experiences (Charkow, 1998; Christian, 1997; Goldberg & Leydon, 1998; Lenhardt, 1997; McGlaflin, 1998; Westmoreland, 1996). Lenhardt (1997) advised

counsellors dealing with relationship losses that it is necessary to ensure feelings are ventilated, the loss is validated, and any guilt arising is resolved, and memories of the lost relationship are internalised in order to enable new contacts to be established. The study by Goldberg and Leyden (1998) outlined a school-based rehabilitative group intervention for grieving students, which developed emotional and intellectual skills to allow a SHIFT from silence to active talk about death and grief. The acronym SHIFT (Safe, Hopeful, Inclusive environment for Feelings and Thoughts) described the adult support provided to students experiencing their grief in isolation (Goldberg & Leyden, 1998). Christian (1997) advocated play therapy as a child directed intervention for effective self-healing. The article by Charkow (1998) cited the benefits gained by another group intervention, utilising mementoes and pictures, reading stories and a question-box during seven therapy sessions, which allowed sharing experiences and emotions with others in a similar situation. Additionally, Charkow (1998) reported the success of a family intervention that improved communication, clarified events relevant to the death and encouraged appropriate expression of grief.

The literature suggests that provision of support during times of grief offers children the opportunity to gain strength, develop coping skills and increase sensitivity to others in pain (Christian, 1997; Charkow, 1998; Westmoreland, 1996). Class teachers are an important part of facilitating the grief process for their students through monitoring, communicating and caring (Westmoreland, 1996). Activities recommended in the literature as suitable for use by class teachers included reading books, drawing, painting, collage pictures, making a memorial book of letters and momentos, journal writing to record memories and feelings, starting a memorial fund, planting a tree or garden or dedicating a plaque (Christian, 1997; Lenhardt, 1997; McGlaufflin, 1998; Westmoreland, 1996). Goldman (1996) described a child-centred model for a memorial service which was used in helping parents, students and a school community deal with the loss of a young student. Goldman (1996) outlined the preparation of parents and students prior to the service, listed options students were given to commemorate during the service such as balloons, bubbles, candles prayers, tape a message, singing favourite songs and described memory bags provided as keepsakes for all students who attended the service. Charkow (1998) Christian, (1997) and Lenhardt (1997) acknowledge the power of rituals such as funeral and memorial services as therapeutic tools in accepting the finality of death through public grieving.

Additional Considerations

Transcultural Issues

Cultural issues should be considered when dealing with responses to illness, death, and grief and loss (Christian, 1997; Renfrey, 1998; Westmoreland, 1996). Renfrey (1998) cautioned that breakdowns in communication, which often occur between persons of the same culture, are exacerbated when working with persons of another culture. Bereavement, grief reactions and ways of coping are influenced by cultural factors and are neither universal nor uniform within any given ethnic group. While knowledge and understanding of all cultural groups is not possible, Renfrey

advocated that an understanding of how culture orders a person's perceptions, experiences and behaviour would help with transcultural care for indigenous, immigrant and refugee populations. Renfrey recommended a distinctive approach with such persons from the start, rather than considering cultural factors after the normal service.

Gender

While research does not support one gender adjusting to bereavement better, differences in grieving have been revealed (Doka & Martin, 1998). Doka and Martin cautioned that since male and female roles vary widely and the literature identifies the grief experience as individual and highly idiosyncratic, patterns in grieving should be regarded as gender related rather than gender specific. The masculine pattern of grieving is characterised by moderated or less intense feelings, dealing cognitively with loss rather than affectively, actively seeking solutions to problems caused through a loss, and a reluctance to share grief with a preference for solitude. The masculine pattern of grieving has been legitimised by Doka and Martin as an appropriate and effective "adaptation" or adjustment to a loss (p. 145). They contended that it is "different not deficient" (p. 143) and reported the following implications for counsellors dealing with such a pattern of grieving:

- Seeking treatment can be viewed as a problem-solving attempt to master and complete the grieving process.
- Effectiveness of the grief pattern should be carefully assessed to ensure it is beneficial and not inhibiting.
- Cognitive and cognitive-behavioural therapy techniques are appropriate, including thought mastery, management of feelings and behaviour control, cognitive reframing and mood monitoring.
- Active strategies are indicated and may involve physical activity (sport, work on the memorial service, the funeral or a memorial fund) or bibliotherapy.

Future Directions

Further research in the area of grief, loss and bereavement is needed (Allumbaugh & Hoyt, 1999; Doka & Martin, 1998; Robak, 1999). The study conducted by Robak (1999) expressed concern regarding the relative lack of empirical studies on loss, death and bereavement in the psychotherapy and counselling domains compared with the psychology area. In addition, limitations in bereavement research such as confusion of terms, methodological issues and the selection of participants were noted by Doka and Martin (1998). For example, in their study evaluating the effectiveness of grief therapy, Allumbaugh and Hoyt (1999) were unable to resolve the research question regarding the benefits of grief intervention, due to the differences between the client groups in the interventions studied and those in the real world who seek treatment. Allumbaugh and Hoyt (1999) reported the relevance of most existing studies is highly suspect. Hence, further studies using experimental

and quasi-experimental designs are required to ensure practitioners are informed about loss, death and bereavement through adequately researched and tested assumptions (Robak, 1999).

Conclusion

A comprehensive understanding of the impact of grief loss for educational facilities *is* essential. Ideally, school communities are advised to raise members' awareness of the normal, natural grieving process prior to encountering personal loss or crisis. In reality, school personnel work daily with others in various phases of grief. Familiarity with background theory, knowledge, considerations and strategies prepares school personnel to anticipate, understand, and respond to the grieving process in an informed and appropriate manner (Freeman & Ward, 1998).

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