

## Children's Grief



HOSPICE  
BY THE BAY

*Serving Marin, San Francisco, San Mateo & Sonoma Counties*

# Children's Grief

Children's understanding of death and experience of grief differs widely, depending on their age, developmental state, personality, and family and cultural background. Often their grieving may be unacknowledged because it looks different from that of the adults around them. They often express themselves through their behaviors, their play, and sometimes very quietly and privately. We have found that adults may need help in understanding the unique ways that children grieve.

This booklet is intended to help you learn more about the world of children's grief. We invite you to use it as a resource to find material that speaks to your concerns and to refer to this information over time. We hope that these articles are helpful to you and that you will not hesitate to call us with any questions that you might have.

We at Hospice By The Bay care about you and your children. We want to support you and enable you to better support them. We hope this booklet will help you get started in this process.

Sincerely,

*The Hospice By The Bay Grief Counseling Staff*



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Our professional youth counselors offer a variety of services for children ages 4-17 and their families:

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# Supporting Our Children Through Grief

By Alissa Hirshfeld-Flores, MA, MFT



Children are often exposed to death in varying degrees and frequencies. Whether children lose a parent to disease or to traumatic death, watch their teacher explode in a spacecraft on national television, or witness children shot in their playground by their own peers, we cannot protect our children from the reality of the finitude of existence. A *Wall Street Journal* article

in February 1999 points to the fact that as adults increasingly have children later in life, there is a new population of bereaved children and teenagers. There are also increasing incidents of tragic deaths among young people — due to car accidents, drug overdoses, and violence — which leave behind bereaved peers.

And yet, many adults and teachers feel confused over how to best respond to the grief of children. Often, the confusion comes from our own discomfort with the concept of death, which is shaped by the denial prevalent in the greater culture.

Being able to support our children through grief necessitates that we first examine our own histories of loss. Many of us have losses in our lives that have not been fully mourned. Grief is a river that we will all swim in at one time of life or another. Adults must learn how to navigate these waters so as to be able to better assist children.

Hospice By The Bay's grief counselors, who have worked with hundreds of children of all ages, have learned that because each child is unique, each will express his or her sorrow in an individual way. Given that, there are some guideposts that adults can follow in deciphering the experience of children.

Children naturally self-soothe and desensitize themselves to pain by not staying in a negative emotion for too long. This means that it is not unusual for a bereaved child to cry one moment and be ready to go outside to play the next. The way children mourn depends upon their state of cognitive and emotional development. That state is partially dependent on age, but, as we know, some children are wise for their years.

Children younger than seven tend to think in an imaginative, magical way. They may not yet comprehend what it means to die (although clearly some do). They often do not understand that a deceased person cannot come back. Children this age need gentle explanations about the irreversibility of death. When children reach an age when they do understand the true nature of death, they may go through another, more painful, grieving process. In fact, children mourn anew at each progressive developmental level.

Children between the ages of about seven and eleven tend to be interested in the physical details of death—for example, how illness ages a body; how a body disintegrates after death; and what happens during cremation. They now usually understand the irreversibility of death, but do not quite grasp the fact that death will come to them.

Children at this age need honest and clear answers, in language that they can understand, to their many specific questions. Adults often fear giving fully honest answers out of a concern that they will scare their children. While this concern is understandable, experience shows that when children don't know the truth, they often make up a far scarier explanation and often blame themselves for a tragedy. For example, one boy whose father had died of a brain aneurysm blamed himself because shortly before the death, his father had hooked up the boy's computer. He associated his father's brain — and thinking — with the computer.

The concrete nature of children's thinking necessitates that we be careful in explaining what happens after death. Parents should teach their children what they themselves believe. This is, of course, always dependent on the family's religious and cultural background. It is also helpful to aid the child to explore and articulate what *he* or *she* believes. Be careful that children understand family explanations.

One child who was told that his uncle had become a soul refused to wear shoes (with soles) for fear of stepping on him. Another, told that his father lived in heaven, wanted to know why his mother couldn't fly an airplane up to the sky to bring him back.

**Many young children feel comforted by the explanation that their loved one lives on in their hearts and in their memories.**

Once children become adolescents, they have an understanding of the irreversibility of death, as well as a recognition that they themselves will someday die. This knowledge may bring with it a new level of pain and existential anxiety. It also may bring a new depth of awareness that makes life more meaningful to them.

Teens often become more curious about philosophical and spiritual questions about life and death, as they are in the natural process of defining their belief system independently from what they've been taught. Teens who have lost someone close to them, often say that they have gained an appreciation for the ephemeral nature of life that makes them not take life and loved ones for granted anymore. This consciousness may set them apart from their peers.

Children experience the same stages of grief as do adults, labeled by Dr. Elisabeth Kubler-Ross as denial, anger,

bargaining, depression and acceptance. These feelings arise not quite as orderly in life as in theory, and can swing back and forth repeatedly for as long as it takes for them to be expressed and processed.

## **Denial**

The feeling of denial, which can also include shock and numbness, can last for the first few or even several months after a loss, depending on the circumstances surrounding the loved one's death.

## **Anger**

Angry feelings tend to be expressed, especially by little boys, by acting out behaviors at home or school. When a parent or caretaker dies, a child can only express the anger he or she feels toward that person for leaving them by directing it at a surviving parent or caretaker. The best response is to set normal limits and consequences, while validating that the anger is natural and understandable. Also, the child needs help to find healthy ways to express anger — for example, through art or physical activities. Children may also direct anger at doctors or hospital personnel who may have not been able to save a loved one, or they may feel angry with God.



## **Bargaining**

What is referred to as “bargaining” is the process of wanting to make a deal with fate in order to undo the painful loss. Younger children express bargaining with the thought or statement, “If I’m really good, maybe the person will return.” This is connected to the belief, often unconscious, that the death was their doing, caused by angry thoughts or ill wishes. There may also be an increase in acting out behaviors by the child or adolescent to prove one’s badness and guilt. Children

need to be reassured of their innocence. This internal experience may also be felt as regret — for example, disappointment over activities that will never be experienced with the deceased. Older children and teens recognize and regret that their loved one will not be present at future important life events, such as birthdays, graduations and weddings.

## Depression

Depression (in an extreme form) or sadness (in a lesser form) is a natural and normal feeling response to losing someone we love. It's helpful to tell young people who feel uncomfortable with their sadness — especially if well-meaning, but ill-informed, family members or friends coax them out of it too soon — that their tears are a testimony to how much they have loved. For grief, at its root, is all about love.

## **Children in grief need extra love and attention.**

### Anxiety

Children may also experience increased levels of anxiety after a death. Sleep might be associated with death, and thus hold anxiety for the child. A child may experience nightmares. It is important to explain to children that death is different from sleep. Performing a special bedtime ritual with a parent can often soothe fears. Additionally, the child's separation anxiety and fears of losing another loved one may increase. Children need to be reassured of the health of surviving caretakers, and also to be reminded of the many friends and family members who love them and who are available to care for them.



Of concern to parents and teachers is the fact that concentration often diminishes and grades may drop for some period of time after children experience a major loss.

After all, when the ground has fallen out from under them, a spelling test seems relatively insignificant. What is needed from the adults in their lives is empathy and patience. However, even in light of normal grief responses, parents and caretakers should watch for symptoms of clinical depression in children—such as extreme withdrawal, trouble eating or sleeping, excessive irritability, uncontrollable crying, or any signs of wanting to hurt themselves or someone else. If these behaviors are present, a professional should be contacted.



### Acceptance

Ultimately, depending on the nature of the loss, most children move into the stage of acceptance. This means that they have found a way to make meaning of the loss and have developed a way to maintain an internal relationship with their loved one (the final task of mourning).

For one 10-year-old, the resolution of her grief culminated in the development of a personal mythology whereby she imagined her father to be a star in the sky. She talked to him at night, imagined he was winking at her (when a star twinkled) and enjoyed camping out in a tent in order to be closer to him.

Accepting the loss does not mean that children do not still have times of feeling sad. And the feeling of missing someone can last a lifetime. But they are again fully engaged in life and in their normal activities.

How does one work with bereaved children in counseling? Since every child's experience of grief is unique, one must work sensitively to follow the child's style of expression and natural pace of healing.

First, they must be helped to complete the first three tasks of mourning:

- accepting the reality of the loss;
- expressing the many varied and multifaceted feelings that are part of grief; and
- adjusting to life without the deceased.

Young children can rarely articulate the depth of their feelings. They use play to process the feelings of trauma around the loss and to attempt to master the concept of death.

Art is also a good medium for expressing the ineffable. Many children are helped by drawing or painting their feelings. There are several memory activities that



can help a child to memorialize the deceased and to connect with their feelings of grief. They can make memory collages — cutting out pictures or words from magazines that remind them of their loved one. Adolescents also like this activity. They can also collage and decorate a box, which can then hold memory objects. Or they can make a scrapbook of favorite photographs, interspersed with written commentaries and anecdotes. Older children and teens can be encouraged to write about their feelings in a journal.

Many children, and especially teens, benefit from meeting in support groups with peers. The support of the group helps to decrease natural feelings of isolation — for example, from being the only child in one's class without a mom. Such groups are offered through Hospice By The Bay, which also offers adult support groups and individual and family counseling.

The adjustment stage usually involves work with the entire family. When the family fabric is torn, it needs to be re-stitched

with the support of all surviving family members.



Children learn appropriate ways to mourn from their adult role models. Consequently, it is healthy for parents to express their feelings in front of their children. However, young ones need to be told that it is not up to them to fix or take care of a bereaved parent. Family members can share their tears and comfort one another without one member having to take responsibility for another's feelings.

A child opening to his or her feelings must have the support of an open family system. A death in the family, like all crises, is an opportunity for family members to explore behaviors, attitudes and patterns that no longer serve them and an opportunity for growth in family styles of communicating and relating.

Many parents ask Hospice's Grief Counselors how long their grief will last, when their pain will stop, and when their children will feel better. We work to support parents and children so that they will be able to endure their grief, even develop a relationship with it, and understand that it is not something to simply be gotten through.

The acute pain often felt during the early stages of grief generally lessens over time. The first year is particularly difficult, as the family experiences the first of each holiday, birthday or anniversary without the loved one. Following years may become progressively easier, but anniversaries may still trigger reactions.

Parents also need gentle explanations of how their children's grief is different from theirs, but is grief nonetheless, so that they can support their children's mourning process. They should also understand, as mentioned above, that their

children will re-experience their loss, each time in a more mature way, at successive developmental stages. For example, an adolescent who lost a parent at age five will revisit the grief from a wholly different perspective than the younger self. Children's resiliency after a death depends on how prepared they are for the loss, how resolved their relationship is with the deceased, and the quality of care they receive afterwards.

Children who do not engage in grief work at the time of their loss can suffer a multitude of symptoms down the line—from difficulty forming and sustaining relationships, to substance abuse and eating disorders, violent behaviors, and even suicide. Therefore, grief support and counseling is preventative care.

In the ancient Temple of Jerusalem, there was a path set aside for mourners to tread. On that path, they got the support and recognition of their community. With such sanctioned communal symbols of support lacking in our culture, it is left to grief agencies and support services to honor the reality and importance of the experience of mourners and to hold as sacred both the descent phase and the transformation that ultimately results.



# A Child's Understanding About Death

*By Alissa Hirshfeld-Flores, MA, MFT*

## **AGES TWO & UNDER:**

- Can sense that something is different at home.
- Does not yet understand what death is.
- Probably won't remember the person who died.

**Possible acting out behaviors:** Fussiness, clinging to adults, regression.

**Needs:** A lot of nonverbal care—such as hugs and rocking—along with a stable routine.

## **AGES THREE - FIVE:**

- Sees death as temporary—believes person will return.
- Usually can't comprehend the concepts of heaven, afterlife or soul.
- Feels sadness, but often periods of grief are interspersed with normal playing behavior.
- Substitutes attachment from the deceased person to another person.
- May not remember the person who died.

**Possible acting out behaviors:** Regression, nightmares, aggression, non-compliance.

**Needs:** ~~Stable routine, lots of love and~~  
~~reassurance~~

## **AGES SIX - TEN:**

- Begins to understand that death is permanent.
- Develops fears of death and of others dying.
- May feel guilt and blame self for death.
- Sees it as punishment for bad behavior (magical thinking).
- Asks specific questions about death, the body, etc.

- Concerned with practical questions (who will take care of them; how family life style will change; etc.).
- Identifies strongly with deceased.

**Possible acting out behaviors:** Compulsive care giving; aggression; possessiveness (e.g., of remaining parent); regression; somatic complaints; school phobia; decline in school performance; exaggerated fears.

**Needs:** Concrete answers to questions; validation of feelings; love; and reassurance that they are not to blame.

### **AGES ELEVEN - EIGHTEEN:**

- Recognizes that death is inevitable and irreversible.
- May worry about own death.
- Often tries not to think or talk about the death.
- Sometimes hides feelings so as not to seem different from peers.
- Questions religious and philosophical beliefs.
- Often angry at the deceased or at people involved in the death (e.g., doctors).
- Fears future.

**Possible acting out behaviors:** Aggression; possessiveness; somatic complaints; phobias; increased risk-taking; promiscuity; increased drug/alcohol use; defiance; delinquent acts; suicidal ideation.

**Needs:** Parental openness in sharing feelings; help in learning to manage feelings; continued emotional support and presence of parents, coupled with encouragement of efforts towards independence.

Children need to remain children and not be told that they must take on the role of the deceased adult/parent. They also need to have their feelings accepted as they are and not be told to "Be brave," "Don't cry," "Get on with your life," etc., at the expense of halting their natural grieving process.

# Children's Responses to Death

*Taken from Lisa Bard, LCSW*

**Three questions children and adolescents often ask:**

- Did I cause the death?
- Will I die?
- Who will take care of me? Will I be abandoned?

**Six basic needs of children and adolescents:**

- To be just a child or adolescent.
- ~~Information that is developmentally appropriate~~
- To feel involved and important.
- To have their own thoughts and feelings.
- Reassurance about grief of adults.
- Reassurance that they will not be abandoned.

**Children's response to the death of a significant other depends upon:**

- The cause and type of death.
- The child's age, gender and developmental level.
- The nature of the relationship to the deceased.
- The manner in which the child is informed of the death.
- How well the child is prepared for the death.
- The child's emotional health prior to the death.
- The reality, honesty and scope of the information given to the child.
- The openness of the child's environment to encourage and promote discussion of the topic.
- The nature and availability of a support system.
- Significant other's ability to acknowledge and role-model grieving.
- The child's self esteem.
- The availability of a stable household and/or adults.
- The family's ability to reinvest in life.
- Familial support, understanding, and acknowledgement of

## Pitfalls for children who do not resolve grief:

- Avoid love as a way of avoiding pain.
- Exhibit inability to emotionally acknowledge the pain of others.
- Construct lives in which there are no great joys or sorrows.
- Withdraw emotionally from surviving parents and siblings.
- Separate from those activities which give meaning to young lives: sports, after-school activities, friends, religious associations, etc.
- Experience adult relationships in which they will hold back for fear of eventual loss and pain.
- Exhibit inability to express love and attachment to their own children.
- Experience a constant sense of “searching” for that which was lost.
- Resist projects which demand long-term commitment because after all “nothing is forever.”
- Never truly find peace of mind and self-fulfillment.



# Family Influence on the Child's Behavior in the Face of Loss

*Adapted from Anatomy of Bereavement, by Beverly Raphael*

## **The family who rejects the loss.**

Death and loss are never discussed in some families. The child, however, senses a dread, but knows it is taboo to ask about what is happening in the family. Parents rationalize their behavior by stating that the child is too young to understand, or that what the child doesn't know won't hurt him.

## **The family who blames someone for their situation.**

The major mode of some families is that of finding fault. All behaviors are viewed in cause and effect terms. The key themes of family interaction are "Who did this?" or "It's your fault." Guilt is the force used to socialize the child. In reality, the parents usually have a great deal of personal unresolved guilt. Common qualities in such families are rigidity, control and inflexibility.

## **The family who avoids deep, meaningful relationships.**

In this type of family the parents want family life, but are fearful of intimate relationships. This behavior is based on their need to avoid the pain of loss when a member leaves the family nest. The emotional tone of this family is "cool." Children are seldom if ever kissed and hugged, and they are not encouraged to kiss or hug parents or siblings.

## **The family who must carry on in the face of loss.**

This family tends to deny or delay expression of feelings because loss is not acknowledged in the family system. The value of the individual members is not in who they are as people, but in the roles they play in the family constellation.

### **The family who sees loss as chaotic.**

This type of family generally exists in a borderline condition. They have few, if any, personal or financial resources, and they depend on social agencies to care for their family. The child in this family is usually stressed by parental discord.

### **The family who attempts to handle crisis.**

This family may be unable to handle the crisis at hand, but they recognize their limitations and attempt to find help, especially for the children. This family is very aware of the children's needs and searches for their responses. This family tries to provide opportunities for the children to grieve and express their feelings.

### **The family who maintains open relationships.**

Children from this type of family have learned to tolerate both the negative and positive aspects of human relationships. Intimacy is considered a high priority. When difficulties are part of family life, the parents and children can make progress toward adaptation. Children may be hurt at times, but are not scarred by the experience.



# Helping Children Understand Grief

## Stages of Grief

It is important to remember that children grieve differently. Adults grieve from one point to another, with little respite in between. Children and adolescents grieve intermittently. It is normal for children to display feelings of grief one moment and to play the next moment as if nothing has happened. It is also important to remember that we flow in and out of these stages over time, and we all move at a pace that feels safe to us.

1. **Shock & Denial:** Child may feel numb and be in a haze. May say things such as “I don’t believe it,” or “That is not true.” This may last for several days or a few months.
2. **Anger:** Children may become quite angry at the person who has died, may become angry at “God,” or may become angry at the surviving parent or caretakers.
3. **Bargaining:** Children will often times feel or say that if they just did something good or if they didn’t do something bad, then their loved one would still be alive.
4. **Depression:** The child begins to fully feel the depth and sorrow of her/his pain and may become depressed. The finality of the death becomes very real. This, too, can last for some months.
5. **Acceptance:** The child comes to realize that the loved one is not coming back and is now able to restructure this loss within her/his psyche. They will begin to rebuild their lives.

## Possible Grief Reactions in Children

Children are unique in their grief responses. Their reactions depend upon many factors including age, personality, their relationship with the deceased, environmental influences, culture and religious beliefs. Some grief reactions children may experience include the following:

- **Sadness.**
- **Loneliness.**
- **Denial:** “He will come back,” or “She is just lost.”
- **Bodily Distress:** Tightness in throat or chest, loss of appetite, loss of energy, stomach aches, sleeping problems, headaches. Some may worry they have the same illness as the deceased. It is very important to have all ailments checked out by a doctor.
- **Anger:** A normal and healthy grief reaction that needs to be expressed appropriately.
- **Guilt:** Some children mistakenly believe they somehow caused the death because they misbehaved, they argued with deceased, etc. Children who may have resented the upcoming birth of a sibling may feel responsible if the baby dies. They need constant reassurance that they are not responsible for the death.
- **Depression:** Feeling helpless, lethargic, apathetic, alone, withdrawn, empty and irritable are some indications of depression.
- **Idealization of Deceased:** “Mommy was perfect.” “Daddy would have let me.”
- **Assumption of Mannerisms of Deceased:** “Do I look like him?” Child may try to imitate walking or talking patterns of the deceased.
- **Anxiety & Fear:** “I feel like Daddy when he died—my stomach aches.” “My hand hurts. Will this turn into cancer?” Child may suddenly become fearful of things such as monsters, the dark, and separation.
- **Panic:** Worry about who will take care of them, and will worry about something tragic happening to remaining caretakers. Need constant reassurance that they are loved and will not be abandoned.
- **Regression:** Occasionally some children may regress to younger behavior patterns such as thumb-sucking, bed-wetting, and “baby-talk.”

- **School Problems:** It is not uncommon for children who are grieving to have difficulty concentrating on schoolwork. Some “acting out” behavior may also occur as children attempt to deal with grief, especially with anger. A counselor, psychologist, or supportive teacher can be a great asset at this time. (When in doubt about your child’s well-being, it is always wise to consult professionals.)

## **Normal Grief Reaction in Children**

- Anger at the person who died.
- Anger at the surviving parent.
- Anger at doctors and nurses for not saving the life of the one who died.
- Anger at God and life.
- Anger at self.
- Fear that their other parent may die.
- Fear that they will die.
- Fear of getting the same disease as the one who died.
- Fear of doctors and hospitals.
- Fear of getting close to others who may in turn die.
- Guilt that they caused the sickness and death.
- Guilt that they could not save the person from dying.
- Guilt that they are having fun while the other is sick or dead.
- Denial of the person’s illness or death.
- Searching for the dead person.
- Sadness.
- Yearning or pining for the deceased.
- Inability to concentrate, affecting school performance.
- Acting out behavior.
- Depression.
- Thoughts of not wanting and not being able to comprehend living without the person.
- Temporary withdrawal from friends and activities.
- Short-term difficulty or unwillingness to talk about the deceased.

# ***Explanations That May Not Help***

*Adapted from S. Woolsey*

Outlined below are explanations that adults may give a child hoping to explain why the person he or she loved has died. Unfortunately, simple, pat, but dishonest answers can only serve to increase the fear and uncertainty that the child is feeling. Children tend to be very literal. If an adult says, “Grandpa died because he was old and tired,” the child may wonder when he or she too will be old. The child certainly gets tired. What is tired enough to die?



**“Grandpa will sleep in peace forever.”** This explanation may result in the child’s fear of going to bed or to sleep.

**“It is God’s will.”** The child will not understand a God who takes a loved one because He needs that person Himself.

**“God took him because he was so good.”** The child may decide to be bad so God won’t take her or him too.

**“Daddy went on a long trip and won’t be back for a long time.”** The child may wonder why the person left without saying goodbye. Eventually she or he will realize Daddy isn’t coming back, and feel that something she or he did caused Daddy to leave.

**“John was sick and went to the hospital, where he died.”** The child will need an explanation about “little” and “big” sicknesses. Otherwise, the child may be extremely fearful if she or he or a loved one has to go to the hospital.

## ***What Does Help Children***

As in all situations, the best way to deal with children is honestly. Speak in language that is easily understood by the child. Remember to listen, and try to understand what the child is saying, and, just as important, what the child is *not* saying. Children need to feel that the death is an open subject, and that they can express thoughts and questions as they arise. Below are just a few ways adults can help children face the death of someone close to them.

**The child's first concern may be "Who will take care of me now?"** Maintain routines as much as possible. Show affection and assure the child that those who love her or him still do, and that they will be taken care of.

**The child will probably have many questions and may need to ask them again and again.** Encourage the child to ask questions, and give them honest, simple answers that can be understood. Repeated questions require patience and continued expressions of care. Answers should be based on the needs the child seems to be expressing, not necessarily on the exact words used.

**The child will not know appropriate behavior for the situation.** Encourage the child to talk about feelings and share with the child how you feel. You are a model for how one expresses feelings. It is helpful to cry. It is not helpful to be told how one should or should not feel. Allow the child to express care for you. Love is giving and taking.

**The child may fear that she or he also may die or that she or he somehow caused the death.** Reassure the child about the cause of the death and explain that any thoughts she or he may have had about the person who died did not cause the death. Reassure the child that this does not mean that another loved one is likely to die soon.

**The child may want to be part of the family rituals.** Explain these and include the child in deciding how to participate. Remember that the child should be prepared beforehand, told what to expect, and have a supporting adult nearby. Do not force the child to do anything she or he doesn't feel comfortable doing.

**The child may show regressive behavior.** A common reaction to stress is to revert to an earlier stage of development. For example, a child may begin thumb-sucking or bed-wetting, or may need to go back into diapers or have a bottle for a time. Support the child, and keep in mind that these regressions are temporary.

Adults can help prepare a child to deal with future losses of significant others by helping the child handle smaller losses, such as when a pet dies.

In helping children understand and cope with death, remember four key concepts:

**be loving,  
be accepting,  
be truthful, and  
be consistent.**



# Ten Common Myths About Children and Grief

*By Dr. Alan D. Wolfert*

With the admirable desire to be helpful to bereaved children, there comes a responsibility to distinguish facts from fiction. Many well-intentioned yet misinformed adults are the victims of some widely held myths regarding children and grief.

The purpose of this article is to identify, describe and dispel the myths outlined below. Adults who have internalized these myths become incapable of helping children move toward healing. These myths are not intended to be all-inclusive or mutually exclusive. Our task is not to condemn adults who have internalized these myths, but to supportively encourage them to broaden their understanding of the complex experiences of children's grief and mourning.

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

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

More simply stated, grief represents the thoughts and feelings that are experienced within the child when they have a relationship with someone who dies. In other words, grief is the internal meaning given to the experience of bereavement. Mourning means taking the internal experience of grief and expressing it outside of oneself. Another way of defining mourning is to state that it is "grief gone public," or "sharing one's grief outside of oneself." Of course, bereaved children mourn more through their behaviors than they do through words.

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

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

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

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

The obvious answer is themselves. Why? Because if they can assume the child’s grief and mourning is short in duration, they don’t have to walk with them and encounter the pain of the loss. I continue to read in professional texts comments like, “If the child’s symptoms persist past six months, they should be referred for professional assistance.” Inherent in this quote is that something is “wrong” with the child. Actually, nothing could be further from the truth. This period around six months after the death is when it is not unusual to see some more of the visible signs of outward mourning, which is healthy and is moving the child toward healing.

John Bowlby and other investigators demonstrated years ago that children’s mourning behavior is anything but short in duration. It is easy for many adults to mistake an apparent lack of feelings as evidence that children are “over grief” or

“are incapable of mourning.” In reality, these children are simply protecting themselves from the initial hurt of the loss in the only way they know how.

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

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



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

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

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

To think that one's goal is to move children through the stages of grief would be a misuse of counsel. A variety of unique thoughts, feelings and behaviors will be experienced as part of the healing process. We must remind ourselves to not prescribe how children should grieve and mourn, but allow them to teach us where they are in the process.

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

In my experience, any child old enough to love is old enough to grieve and mourn. Toddlers and infants are certainly capable of giving and receiving love. Of course, how many times have you heard, "They're too young to understand"? While infants and toddlers cannot verbally teach us about their grief, if we pay attention we will note that they protest the loss in a variety of ways. A few practical examples are regressive behavior, sleep disturbances and explosive emotions. I see children as young as 18 months old in my clinical practice.

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

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

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

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

Many adults attempt to conceal their own grief and mourning from bereaved children. While these adults are well intentioned, they are also misinformed.



Modeling is a primary way in which children learn. My experience has taught me that the significant adults in children's lives are the most important factor in allowing and encouraging children to mourn. If adults deny their own grief, they teach children around them to do the very same thing.

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

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

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

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

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

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

My own clinical experience has resulted in a personal bias on this important issue. I believe the quality of care provided to bereaved children as they are helped to do the work of

mourning is a major influence on their healing, or rather what I have termed “reconciliation.”

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

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

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



Adults who have internalized this myth create an environment that moves children away from grief and mourning prematurely. The funeral provides a structural way of allowing and encouraging both adults and children to comfort each other, openly mourn and honor the life of the person who died. Since the funeral is a significant event, children should have the same opportunity to attend as another member of the family. They should be encouraged to attend, but never forced. I emphasize the word “encouraged” because some children are anxious when experiencing anything unknown to them. Through gentle encouragement, loving adults can help bereaved children know they will be supported during this naturally sad and frightening time in their lives. The funeral can even provide an opportunity for children to express their unique relationship with the person who has died by including a ritual of their own during the service.



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

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

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

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

Another purpose of crying is postulated in the context of attachment theory, wherein tears are intended to bring about reunion with the person who has died. The frequency and intensity of crying eventually wanes as the hoped-for reunion does not occur. The expression of tears is not a sign of weakness in adults or children. The capacity of bereaved children to share tears is an indication of their willingness to do the “work of mourning.” As loving adults, we can better assist children by modeling our own expression of tears.

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

Perhaps you have heard an adult say, "I'll just tell them he's gone to Heaven and that will take care of it." If only it were that simple! As one eight-year-old girl said, "If Grandpa is in Heaven, why did we put him in the ground?"

Teaching abstract religious and spiritual concepts is no easy task. Children's capacity to understand will grow with them as they mature. While we can only teach what we believe, be careful not to expect too much of yourself in this important area.

A challenging adult responsibility is to clarify for children abstract ideas about death. Such ideas are often misused to avoid providing explanations about the nature of the death or to deny feelings. Religious and spiritual belief systems can be sustaining, but children's capacity to assimilate their beliefs over time must be respected. The child need not, and often cannot, understand the total religious philosophy of adults around them. Whatever the specific beliefs of the family, the child must be helped to understand that the person has died and cannot come back.

A sometimes-witnessed misuse of religion is to suggest that children need not mourn because the person who died "is in a better place anyway." To discourage children from mourning in this way can set them up for a multitude of complications in their continued living.

In sum, caring adults need not feel guilty or ashamed if they cannot give specific definitions of God and Heaven, or what happens after death. Openness to mystery is valuable not only in teaching about death but also in teaching anything about life.

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

We have all probably had the experience of hearing an adult talk about a bereaved child in the following way: “Shouldn’t she be over it by now? I think it’s been over a year.” To think that we as human beings, adults or children, “get over” grief is ludicrous. Adults who have internalized this myth often lose the most important quality of an effective caregiver — the loss of patience. Why? Because they are always trying to get the child “over it.” Children don’t overcome grief; they live with it and work to reconcile themselves to it.

As the child participates in the work of mourning, a natural realization follows that life will be different without the presence of the person who has died. Hope for a continued life emerges as the child is able to make commitments to the future, realizing the dead person will never be forgotten, yet knowing that one’s life can and will move forward.

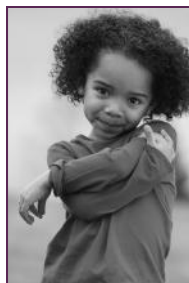
No, children do not get over grief, but instead they become reconciled to it. Those people who think the goal is to “resolve” bereaved children’s grief become destructive to the healing process.



# Explaining Death to Children and to Ourselves

*by Rabbi Earl A. Grollman, D.D.*

Modern adults favor honesty in discussing the biological process of birth with children. But when it comes to life's end, health professionals as well as parents fall strangely silent. The feelings and perspectives of children are overlooked, perhaps because of denial, a belief that children cannot understand, fear of the unknown, or simply a wish to escape responsibility.



Children growing up today are more aware of death than most adults realize. They are confronted with it in word and song, in the natural world of plants and animals, among their family and friends. Death education begins soon after life begins. A pet is killed; a funeral procession passes; a grandparent dies; a space shuttle explodes before their eyes; and television pictures death in living color every day.

But children may not understand what they see because of adult secrecy. Parents and grandparents, teachers, clergy, health professionals, and friends can heighten the child's feeling of isolation by acting as though nothing significant has occurred, when an arm around the shoulders, a warm handshake, an expression of sympathy, or simply recognition would bring great comfort. Children should be encouraged to tell us how they feel about death, what they know, and what they think. To answer their questions, we must first prepare ourselves by listening to them, watching them, and hearing the tone of their voices. Then we can discuss death, not by "teaching" them as though we have the final answers, but by admitting that we can learn from them.

The Hungarian psychologist Maria Nagy has explored the meaning of death for children of different ages. At ages three to five, they deny that death is final; it is like sleep, or like a parent going to work or on a brief vacation. Between five and nine, children accept the idea that someone has died; but not until the age of ten do they understand that they themselves must die.

## Explanations

Adults trying to explain or avoid explaining death to children are often tempted by half-truths or fantasies because they want to appear to know all the answers. But a secure adult does not have to profess infinite knowledge. There is no greater need than trust and truth. It is far healthier to share the joint quest for wisdom with a child than appease immediate curiosity by fantasy in the guise of fact:

**“Grandfather became sick and had to go away to a hospital.”** We hope the child’s memory will gradually fade and the absence will be accepted as normal, but we encourage the development of a capacity to “forget about” things instead of dealing with life’s realities. And will the child also die when hospitalized?

**“Mother has gone on a long journey.”** Hearing this, children often think they have been abandoned without even a goodbye. They may become angry, concluding, “She really didn’t care enough about me.” And “if Mother only went away on a journey, why is everyone crying?”

**“God took Daddy because your father was so good that God wanted him for Himself.”** The child may become deeply resentful of a God who capriciously robbed her of her father, and may think: “But God loves me too, maybe I’ll be the next one God takes away.”

**“Your grandmother has just gone to sleep.”** This is a natural parallel. Homer alludes to sleep and death as twin brothers, and many prayers use sleep as a metaphor for death. We must be careful, however, to explain the difference, or we run the risk of causing a pathological dread of bedtime. Children have been known to toss about struggling to remain awake, fearful that they may “go to sleep forever.”

**“Don’t cry.”** Crying is natural. A newborn enters life crying for oxygen. Tears are an infant’s means of expressing its needs, pain and discomfort. Even after children are able to talk, they weep to release painful emotion. Tears are wordless messages, a vital part of grieving, and children who stoically keep their grief bottled up may later release it in a dangerous explosion.

Crying helps to express the despair following the slow realization that the death is not a bad dream. The expression “Big boys don’t cry” should always be avoided. People of all ages and sexes should be entitled to express their emotions without shame. Nor should parents think they have failed their children if they weep in front of them. The opposite is true. It is better to say, “I could cry, too” than to insist, “There, there, you mustn’t cry”.



### **Children’s Responses to Death**

**Denial:** Some children seem unmoved because they are trying to defend themselves by pretending that the death did not really happen. The apparent lack of concern may seem heartless. Or adults may be relieved and feel, “Isn’t it lucky! I am sure he misses his father, but he is taking it so well.” This lack of visible response may signify that the child finds the loss too great to accept; grief may eventually take less obvious forms like regressive behavior and poor school performance.

**Bodily Stress:** Often anxiety is expressed in physical symptoms. “My throat feels tight.” “I can’t breathe.” “I’m not hungry.” “I feel tired.” “I don’t feel well enough to go to school.”

**Hostility to the Deceased:** “How could Daddy do this to me?” “Didn’t he care enough for me to stay alive?” “Why did he leave me?”

**Hostility to Others:** This relieves guilt by making someone else responsible for the death. “It’s the doctor’s fault, he gave the nurse the wrong medicine.” Or even, “Mother didn’t take good care of him and that is why he died.”

**Replacement:** Having lost the love of a parent, the child may try to substitute the affection of a relative or close family friend: “Uncle Ray, do you love me? Really love me?”

**Assuming Mannerisms of the Deceased:** “Do I look like my mother?” The child tries to become like the missing parent by imitating the way he or she walked or talked or “acted.” The child may become preoccupied with the physical symptoms of the final illness and begin to develop the same symptoms. “I feel like Daddy when he died. I have a pain in my chest.” Or, “My stomach hurts awful, like Mother’s.” A son or daughter may also try (or sometimes, unfortunately be expected) to become “head of the family” and assume adult responsibilities.

**Idealization:** “How dare you say anything against Daddy?” In the attempt to deflect unhappy thoughts and memories, the child becomes obsessed with the parent’s good qualities, even at the price of seriously misunderstanding his or her real life and character.

**Panic:** “Who will take care of me now?” What if something happens to Mommy?” This state of frightened confusion demands the response: “My health is fine. I’ll take care of you.”

**Guilt:** Children often believe that they were deserted because of their bad behavior. They search their minds to find out what they did to cause the death. They believe in a kind of primitive magic. A boy says to his sister, “I wish you were dead.” When she later dies, he is terrified—stricken by his own powers. Or a child may fear that she made her mother work too hard. She hears her saying “Picking up after you will be the death of me yet.” The child must be encouraged to express these guilty fantasies so that they may be exposed and dispelled.



The facts of death should be discussed naturally and lovingly, without lurid or terrifying descriptions. It is important to proceed slowly, simply, with patience and gentleness. Nevertheless, a parent or someone close to them should inform children immediately, if possible, preferably at home or in familiar surroundings. Delay makes it likely that the child will learn in the wrong place at the wrong time from the wrong person. Not that there is any single right or proper way to learn: how the explanation is given matters even more than what is said. Above all, children need to feel the affection of adults. Hugging and physical closeness may be better than any words.

## The Funeral

The funeral is an important rite of passage in the life of the family. It confirms that a beloved person will no longer be part of the familiar environment. Children should be invited to express their love and devotion through the ceremonies of death. Although many are made uncomfortable by the funeral, it aids them in dispelling fantasies and acknowledging the finality of death. If they are old enough to have some understanding of what is happening, they should be allowed to take part. They should never be forced to attend or shamed into attending, to prove their love. Even being present at the burial is not necessarily traumatic. It is important to explain the ceremony in detail and consult children about their wishes and needs.

They should also be allowed to participate in any gathering of family and friends after the burial, whether the atmosphere is one of intense grief or happy recollections. There they can be encouraged to share their own feelings, to help and be helped. The presence of a child may be the best answer to a bereft adult who asks: "Why should I go on living?"



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