The Cornerstone Approach

TO BEREAVEMENT CARE

Helping Children & Teens Through the Grief Process:

Children experience the same range of emotions as adults, but because they are still developing cognitively and emotionally, they are not able to grieve in the same way. Children's coping skills are limited and, for this reason, they need to grieve intermittently, or in small spurts, for a longer period of time. Due to their developmental limitations, children need education about grief as well as assistance in identifying their complex feelings. For them, grief issues will resurface throughout their growth. As they develop mentally and emotionally, they will need further education and support to become happy and healthy adults.

We at Cornerstone of Hope believe it is important for children, adolescents and adults to understand the grief process and be given opportunities to express their emotions of grief. We provide a place of support and guidance for families who are grieving. Our professionals help families understand that their experiences are normal and offer healthy ways to cope with those experiences.

Preschool Age

We believe that all children grieve a loss; however, they are not all developmentally ready to work through their grief with the help of a professional. It is difficult for young children under the age of six to talk to a professional about their grief at a scheduled time. When young children are experiencing grief, they express it in the moment or in their behaviors. It is important for the parent(s)/caregiver(s) to understand how their young child experiences grief, so they can better support them through the process. That is why the therapists work with the parent/caregiver to help create boundaries and a supportive atmosphere at home that will nurture grieving infants and preschoolers. Five-year-olds may be appropriate for limited sessions with a therapist, but emphasis is directed on helping a parent/caregiver emotionally support the child.

Elementary School Age

Children ages six through ten understand the finality of death and are more capable of working through their grief with the help of a professional. Due to their limited vocabulary and cognitive development, it can be difficult for children to express their grief verbally. Through the use of storybooks, games, and art & creative therapy, we help children understand their emotions and learn healthy ways to cope. The therapist also keeps open communication with the parent/caregiver to provide parenting support.

Junior/Middle School Age

As children get older, they are better able to verbalize their emotions but continue to express their grief through behaviors. Common problems include a decline in academic performance, sleep changes, and somatic complaints such as headaches and stomachaches. Through the use of books, games, and art & creative therapy, we help children understand ways in which grief affects them and how to manage it. In addition, we work with the parents/caregivers to help them understand what their children are experiencing and establish ways they can support their children through this process.

High School Age

Once a child has reached adolescence, he/she may have an adult understanding of death. Even though adolescents have the vocabulary to express themselves, they often do not share what they are experiencing because they do not want to appear different from their peers. Due to their already difficult life stage, adolescents' experience with grief is unique. They are neither children nor adults. Instead, teens constitute a special group of mourners who deserve a special kind of care and consideration from the adults around them. We use various creative therapies to help adolescents work through their grief while educating them about the grief process.

The following is a guide to understanding a child's concept of death and common grief reactions based on age. Many other factors besides age and developmental level affect a child's concept of death and experience of grief including personality, life experiences, culture, level of support, religious/philosophical beliefs, etc. This information is presented as a guide based on age, not as a strict tool.

0-2 Years of Age

Developmental Stage	Concept of Death	Common Reaction to Loss and Change	How Adults Can Help
Physical, emotional, cognitive and behavioral aspects. PROVISION OF BASIC NEEDS Food, warmth, comfort, love, security. Importance of bonding/attachment to mother or key caregiver.	NONE Only an awareness of separation by absence.	PHYSICAL Feeding, sleeping, toileting difficulties EMOTIONAL Lengthy separation from key caregiver may lead to despair and detachment. COGNITIVE Need for distraction, play, and stimulation. BEHAVIORAL Regression to an earlier stage of development. Protests against separation.	PHYSICALLY Respond to children's needs for normal routines regarding feeding, tolleting, and rest. EMOTIONALLY Provision of a consistent, loving, comforting caregiver. COGNITIVELY Respond to child's need for stimulation and distraction. Stranger anxiety. BEHAVIORALLY Allow for regression. Be sensitive to child's fear of separation and stranger anxiety.

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3-5 Years of Age

Developmental Stage	Concept of Death	Common Reaction to Loss and Change	How Adults Can Help
PHYSICAL ASPECTS Becoming less dependent. Likes routine and order. EMOTIONAL ASPECTS Can tolerate some separation from key caregiver. COGNITIVE ASPECTS Beginning to understand and use two-way communication. "Why" questions. "Magical thinking" (own thoughts, wishes, and actions determine what happens to others.) BEHAVIORAL ASPECTS Beginning to know what is expected of them socially and learning appropriate ways of responding, particularly to parents.	Separation and sleep are related to early thoughts of death. The child does not perceive death as irreversible, but rather under changed circumstances, i.e., another form of life. DRAWINGS Show concern about physical features of death and the dead, separation and abandonment, humanizing the unknown.	PHYSICAL Feeding, toileting, and sleeping difficulties. Concern about routines. EMOTIONAL Fears about separation and abandonment. COGNITIVE Will want to know what has happened. May feel that they are being punished for "bad thoughts" – that what has happened is their fault. Interested in the death. BEHAVIORAL Regression to infant needs. Aggressive, rejecting behaviors, and/or withdrawn and/or clinging behaviors.	PHYSICALLY Follow normal routines and activities. EMOTIONALLY Give as much comfort as needed and give reassurance that the children will be cared for. Enable children to keep mementos. COGNITIVELY Answer all questions as simply and honestly as possible. Reassure children that what has happened is not their fault, that they are "OK" and not bad. Allow children to see the body, attend the funeral, etc. BEHAVIORALLY Allow for regression. Be consistent and supportive regarding any changed behaviors. Inform school, family, friends, etc, as appropriate.

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6-8 Years of Age

Developmental Stage	Concept of Death	Common Reaction to Loss and Change	How Adults Can Help
PHYSICAL ASPECTS Consolidating physical development. EMOTIONAL ASPECTS Working towards autonomy and responsibility. COGNITIVE ASPECTS Seeking casual explanations to "why" questions. Experiment with their perception and experience of the world through fantasy and play. BEHAVIORAL ASPECTS Social assimilation into the culture. Transition from family and home to peers and school.	Dying and death are identified with the dead but still personified. Death is kept at a distance and externalized, associated with old age and illness. The fear of death is also associated with a fear of loss of the self, an early preview of life crisis (i.e., leaving home, middle age, and old age). DRAWINGS Symbols associated with the dark, water, sleep, emptiness, rebirth, mutilation, and personification and rituals of death.	PHYSICAL Children may exhibit psychosomatic symptoms and/or depression. They may want to be "of use" practically. EMOTIONAL Children may exhibit a range of emotions, manifest rapid mood challenges. Will often try to be brave, do not like to lose control. COGNITIVE There may be evidence of learning difficulties. Play, stories, and drawings will often reveal a child's inner feelings and fears. BEHAVIORAL Regression may accompany stress. May become withdrawn or act out in anger. May exhibit behavioral difficulties at home or school. May become the "perfect child."	PHYSICALLY Acknowledge the symptoms and seek professional help when appropriate. Enable the child to help and give comfort to others. EMOTIONALLY Acknowledge that you know that it is very hard for him/her at the moment and it is understandable if he/she feels upset, etc. Reassure the child that he/she will always be cared for by someone. COGNITIVELY Seek and offer help at school as appropriate. Give short, honest, concrete explanations to questions and encourage children to see the body, attend the funeral, draw, etc. and to discuss concerns if needed. BEHAVIORALLY Allow short term regression and dependence on parents & other adults. Give clear boundaries and limits to inappropriate behaviors. Inform school, etc.

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9-12 Years of Age

Developmental Stage	Concept of Death	Common Reaction to Loss and Change	How Adults Can Help
PHYSICAL ASPECTS Relatively stable. EMOTIONAL ASPECTS Gaining a sense of self outside the family, a place in the world. Questioning parents' judgments, faulty arguments and inconsistencies. COGNITIVE ASPECTS Beginning to rationalize events. Shift from concrete towards abstract thought. Can project back into the past and forward into the future. BEHAVIORAL ASPECTS Beginning to understand the rules of society.	Dying and death are identified with the dead but still personified. Death is kept at a distance and externalized, associated with old age and illness. DRAWINGS Display common and individual concerns about own mortality and fear of death. Interest in violent deaths. Death is represented in abstract terms (i.e., blackness, emptiness).	PHYSICAL Children may exhibit psychosomatic symptoms (stomachaches, headaches, etc.) and/or depression. EMOTIONAL Children usually manifest a more stable, surprisingly calm and accepting response to death and loss. COGNITIVE Can rationalize the death and loss. Can think retrospectively about what has happened and imagine the possible implications for the future. BEHAVIORAL Will normally respond appropriately, although there may be some changed behaviors.	PHYSICALLY Take symptoms seriously. Give children reassurance that help and support are available. EMOTIONALLY Allow children to give comfort and help without making too many "adult" demands. Encourage and enable children to talk about the deceased and the implication of the loss. Allow children to express their feelings, and do not hide adult feelings from them. COGNITIVELY Give clear, truthful answers about the manner of dying and death, and be honest if the answer is not known. BEHAVIORALLY Allow for some behavioral abbreviations and seek professional help if concerned. Inform school, etc.

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13-18 Years of Age

Developmental Stage	Concept of Death	Common Reaction to Loss and Change	How Adults Can Help
PHYSICAL ASPECTS Bodily changes from childhood to adulthood are often very stressful EMOTIONAL ASPECTS Seeking to establish a unique identity. Need to find meaning and purpose in life. Feeling that they have deep and powerful emotions which no one else has experienced. COGNITIVE ASPECTS Data gathering to gain understanding of philosophical, existential and intellectual issues. BEHAVIORAL ASPECTS Acting out behaviors for feelings that are unrecognized and difficult to express. Testing out parental values and society's rules.	Difficulty in recognizing the personal implications of mortality (as opposed to awareness of own death) because they have a sense of being immortal. Becoming "adult" is associated with participation in a range of experiences and activities which range from challenging to potentially lethal.	PHYSICAL May exhibit psychosomatic, stress and/or depressive symptoms. Increased concern and distress regarding physiological body changes. EMOTIONAL Regression and dependence and/or taking on an adult role. Feelings of loneliness, sadness, despair, anger, guilt, hostility, rejection. May either have a sense of seeing no meaning or purpose in life and/or may see the situation as a challenge to be overcome. COGNITIVE Difficulty in concentration. Poor or changed motivation regarding learning. May have an excessive interest or lack of involvement in important issues. BEHAVIORAL Exaggerated acting out behaviors, often masking fears with joking, sarcasm, or withdrawal.	PHYSICALLY Take concerns seriously and seek professional help as appropriate, Involve teenager in the care before death as appropriate and in practical consideration before and afterwards, but avoid making excessive demands of responsibility. EMOTIONALLY Give as much comfort and support as possible. Take feelings seriously and reassure them that their extremes of feelings are normal. Maintain privacy and modesty. Give teenagers space and respect. COGNITIVELY Enable teenagers to verbalize beliefs, concerns, & opinions. Demonstrate an interest in what seems important to them. Avoid idealizing the deceased. BEHAVIORALLY Set limits to acting out behaviors and set boundaries (preferably jointly). Inform school, etc.

Common Fears & Questions

OF GRIEVING CHILDREN

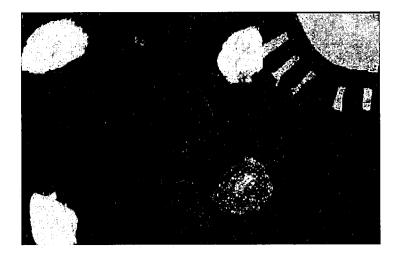
- What happened?
- Was it my fault?
- Did I do something bad?
- Am I going to die?
- Are you going to die?
- Will others I love die?
- How old are you?
- Who will take care of me?
- What does dead mean?
- Why do people die?

- Where do people go when they die?
- Where is heaven?
- How can someone be underground and in heaven at the same time?
- Can I go too?
- Don't people get cold, hungry, or scared underground?
- Why would God take him/her away?
- When is (deceased's name) coming back?

Children have limited cognitive and verbal abilities and grief can be an overwhelming experience. They may or may not be able to directly communicate the above listed fears and questions. However, sensitive ears and eyes will be able to pick up on these themes in whatever forms they may appear. Even if there is no noticeable communication of these fears, chances are that some are there.

One might even say to a bereaved child, "When my grandmother died, I began to worry that other people I loved might die, too. I'm wondering if you have ever worried about that." Statements such as these do not put fears into children that do not exist. They will either tell you no, or, more likely, will grab the opportunity to hear an adult acknowledge and address this fear.

Acknowledging children's fears normalizes their experience and allows them to explore their fears and receive support. Remember, children have fantastic imaginations and will create their own answers when they can't find them elsewhere.



Helping Grieving Children SUGGESTIONS FOR PARENTS

1. Be aware of personal loss issues.

Our own experiences with death and grief can have a major impact on how we respond to our children.

2. Establish and maintain contact with the school.

Children spend many hours of their day at school. The more you can learn from teachers and school counselors, the better you will be able to provide support at home. Likewise, the more you can share with teachers about what you are observing at home, the better equipped the teachers will be.

3. Approach the topic of death and grief with your children.

If you tell children, "Let me know if you need to talk," there is a good chance they won't. Children are often uncomfortable initiating conversations about an emotionally laden topic, especially if they think it might upset their parents. Reach out to them and let them know it is okay to talk to you.

4. Keep in mind the developmental level of the child and begin there.

Younger children need simple, concrete definitions and explanations.

5. Use proper terminology

Such as cancer, death, died, etc. Avoid euphemisms like gone away, passed on, eternal rest, left us, etc. Abstract phrases such as these can confuse children.

6. Use the deceased person's name or title

(i.e., Mother).

7. Listen.

Let the child's questions guide you. Answer with a question until you understand exactly what the child is asking.

8. Review your conversation.

Ask the child to summarize what he/she heard you say. This provides opportunities to clarify misconceptions.

9. Be patient.

Remember, children may ask the same questions or tell the same stories over and over again as they process and adjust to their loss.

10. Avoid saying, "I know exactly how you feel."

Relate to the child's feelings, but do not take ownership of them.

11. Remember that grief may be intermittent.

Children grow up with their loss and may have reactions at various points of their development regardless of how long ago the loss occurred. Also, be aware of the resurfacing of emotions around important days of the year such as birthdays, holidays, and the anniversary of the death.

Helping Grieving Children SUGGESTIONS FOR PARENTS

12. Grief is often exhibited through behaviors.

Children need the structure of their normal routine, adult role models, appropriate limit-setting, and discipline. However, grieving children also need affection and security. The need to hear that we understand and that we care about them despite their acting-out behaviors.

13. Watch for academic decline.

Keep in mind that grieving children may not be well rested due to insomnia, sleep interruptions, and dreams. They many have trouble concentrating and getting their homework done. Offer to assist them with homework or see if the school can recommend a good tutor.

14. Share your thoughts, concerns, and feelings.

Children learn what is acceptable from parents/guardians. Give them permission to grieve by allowing them to see you grieve.

15. Reassure the child the death is not their fault.

Children often think something they did or thought must have somehow caused the death to happen.

16. Remember, loss and grief are unique.

Allow children to teach you what their loss means to them.

17. Encourage and provide opportunities for the expression of feelings.

Communicate that it is okay to express emotions. Use children's natural expressive outlets such as stories. Encourage and provide opportunities for the expression of feelings. Utilize children's natural expressive means such as stories, art, games, play, and music to stimulate expression and conversation.

18. Share your religious and spiritual beliefs with your child.

Children may become angry with God. Let them know that this is a normal reaction that happens to some people. Reassure them that God still loves them and will use time, love, and the special people in their lives to help them through their anger and pain.

19. It is okay to say, "I don't know" to your child.

Nobody has all the answers. There are some things beyond our understanding.

20. Do not be afraid to seek grief support for your child.

Individual support can address personal loss issues, and support groups can help children feel less isolated and different from others their age.

Reference: Fitzgerald, Helen. The Grieving Child: A Parent's Guide, New York: Simon & Schuster 1992.

Books for Children & Teens

Dealing with Illness, Grief & Loss

Frahm, Amelia (2001). <u>Tickles Tabitha's Cancer-Tankerous Mommy.</u> Nutcracker Publishing Company. Told through Tabitha's eyes, this book uses candor and comic reality to dispel stereotypes and acknowledge the moody truths faced by families living with cancer.

Heegaard, Marge (1991). When Someone Has a Very Serious Illness. Minneapolis, MN: Woodland Press This is a workbook created to help young children understand and accept the changes in their lives when a loved one is diagnosed with a life threatening illness.

Le Shan, Eda (1987). When a Parent is Very Sick. Little Brown and Co. This book identifies the many responses a young person might have to a parent's illness, hospitalization, or death.

Numeroff, Laura, & Harpham, Wendy (1999). <u>The Hope Tree</u>. New York, NY: Simon & Schuster. Various kids describe their feelings and how they cope with their mothers' breast cancer.

Parkinson, Carlolyn (1996). <u>Mommy's In the Hospital Again</u>. Solace Publishing. An honest caring depiction of how life can go on successfully for a child and family despite the painful experiences of dealing with the unpredictable course of mom's illness in a gentle, easily understandable, and non-frightening fashion.

Parkinson, Carolyn (1991). My Mommy Has Cancer. Rochester, NY: Park Press.

A book for young children explaining cancer and why hospitalization is necessary. Written by a mother who has cancer.

Peterkin, Allen (1992). What About Me? New York, NY: Magination Press. A book for siblings when a brother or sister has an illness.

Vigna, Judith (1993). When Eric's Mom Fought Cancer. Morton Grove, IL: Albert Whitman & Company. A ski trip with his father helps a young boy who feels angry and afraid when his mother gets sick with breast cancer.

Specifically Children and Grief

Brown, Laurene Krasny and Brown, Marc Tolon (1996). When Dinosaurs Die: A Guide to Understanding Death. Boston. The authors explain in simple language the feelings people may have regarding the death of a loved one and the ways to honor the memory of someone who has died.

Greenlee, Sharon (1993). When Someone Dies. Atlanta, GA: Peachtree Publishers, Ltd. Great discussion starter. Attempts to describe the "goneness" created by death. (No more phone calls or birthday cards). Helpful suggestions for remembering and taking care of yourself.

Puttock, Simon and Bartlett, Alison (2001). A Story for Hippo. New York, NY: Scholastic Press.

A gentle and reassuring book for anyone who has ever lost a loved one. With beautiful simplicity, it answers difficult questions that even a very young child can understand and shows us how to keep the spirit of a cherished person alive forever.

Karst, Patrice and Stevenson, Geoff (2000). The Invisible String. Marina Del Rey, Calif.

Author Patrice Karst shows children that they are always loved, whether their parents are near or far. This lesson is perfectly suited for a variety of situations, including for military families while a parent is serving overseas as well as for coping with loss.

Greive, Bradley Trevor (2005). The Blue Day Book for Kids: A Lesson in Cheering Yourself Up. Kansas City, Mo: Andrews McMeel Publishing. The deceptively simple, imaginative story line reflects a child's sensibility about the symptoms, causes, and cures for those times when children feel tired, grumpy, left out, or think that nothing ever goes as they planned.

Books for Children & Teens cont.

Specifically Children and Grief cont.

Kaplow, Julie B. and Pincus, Donna (2007). <u>Samantha Jane's Missing Smile: A Story about Coping with the loss of a Parent</u>. Washington, DC: Magination. Since her father died, Samantha Jane has become fearful and does not want to acknowledge her grief. Using examples from the natural world this book shows how to acknowledge feelings and give them a proper place in life.

Holmes, Margaret M. and Mudlaff, Sasha J. (2000). <u>A Terrible Thing Happened</u>. Washington, DC: Magination. This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire.

Bostrom, Kathleen Long and Kucharik, Elena (2000). <u>What about Heaven?</u>. Wheaton, Ill.: Tyndale House. The rhythmic rhyming book begins with questions kids ask about heaven and answers each one in a theologically accurate yet age-appropriate manner, including scriptures to reference.

Thomas, Pat (2001). <u>I Miss You</u>. Hauppauge, NY: Barron's, Explores the difficult issue of death for young children.

Johnson, Marvin and Johnson, Joy (2003). Where's Jess?: For Children Who have a Brother or Sister Die. Ornaha, NE; Centering Resource. A helpful resource for children who have lost a sibling through illustrations and easy to understand text.

Specifically Teens and Grief

Hanson, Warren (1997). The Next Place. Minneapolis, MN: Waldman House. An inspirational journey of light and hope to a place where earthly hurts are left behind.

Loftis, Chris and Gallagher, Catherine (1997). The Boy Who Sat by the Window: Helping Children Cope with Violence, Far Hills, NJ: New Horizon. A story of a small boy whose classmate is killed by random gunfire includes coping skills and restores hope by instilling a message of peace.

Hipp, Earl (1995). Help for the Hard Times. Hazelden.

A guide that helps teens understand how they experience grief and loss; how our culture, in general, doesn't often acknowledge their losses or give them tools to grieve; how they can keep their loss from overflowing.

Traisman, Enid Samuel (1992). <u>Fire In My Heart. Ice In My Veins</u>. Omaha, NE: Centering Corporation. A journal for teenagers experiencing a loss. Just reading it will let them know that all of their feelings are normal even though some may feel crazy. Writing in it will help them explore their feelings and insure they will never forget.

Noel, Brook and Blair, Pamela (2000). <u>I Wasn't Ready to Say Goodbye: Surviving, Coping & Healing after the Sudden Death of a Loved One</u>, Vancouver, WA: Champion,

Hughes, Lynne (2005). You are Not Alone. New York, NY: Scholastic Press.

The loss of a parent has been called "the loss that is forever" and young people who have suffered this loss feel especially different than those around them. This book reaches out to teens and people who care for them with understanding and compassion. Frank and accessible testimonials, along with discussion of what helps, what doesn't, what "stinks," and ways to stay connected to loved ones.

Wolfelt, Alan (2001). <u>Healing Your Grieving Heart for Teens.</u> Fort Collins, CO: Companion Press. When you are a teen, the death of someone you love can be especially difficult. Being a teen is hard enough; being a grieving teen can feel completely overwhelming. This book was written to help teens understand and deal with their unique grief. It gives many really simple, practical ideas and suggested activities.

Coping as a Family

Communication is the key to coping and growing as a family through grief. It is important to be together to talk, cry, rage, or even sit in silence. At the same time, there should be respect for each member's way of handling grief. Some family members will grieve privately, others openly, and others with a combination of these two styles. In many ways, each family member must grieve alone. Here are some suggestions to help with family grief. Suggestion for easier reading:

- Continue to give attention and time to your present family members when you are together. Let them know that you love them.
- Maintain balance of attention between deceased family member and surviving family members.
- Try to be sensitive to each other's feelings. Feelings are often difficult to verbalize. Listen to what is meant as well as what is said.
- Hugs, a hand on the arm or back give comfort and a sense of closeness.
- It may be helpful to set aside time to be "alone together" as a family or to even hold a family meeting. Encourage but don't pressure family members to talk and express grief in their own way. Be a good listener.
- Plan family projects or trips.
- Make a "family diary" in which each family member may contribute a writing or drawing. You may want to make a
 collage together.
- Be careful not to give each other the silent treatment. Make sure the person who has died continues to be part of family conversations.
- Respect the life stages of various family members; an adolescent might gravitate towards peers in coping with grief.
 Everyone has a unique way of grieving which can at times be at cross purposes among family members. Accept each person's methods of coping.
- Discuss the loved one's former role in the family which now necessitates changes in family duties and new roles for the survivors in the family. Be careful not to expect a family member to replace or to be the same as the member who died (expecting a young boy whose father died to be "the man of the house" or a son whose sibling died to be like that sibling in schoolwork, sports, etc.). Discuss what will be missed and irreplaceable.
- If depression, withdrawal, grief or family problems are getting out of control, seek professional help.
- Recognize that anniversaries, birthdays, and special holidays will be difficult for the family. Discuss together how to observe these occasions. Should there be a variation on traditional celebrations? Do any family members have particular concerns, suggestions?
- Consult family members on the disposition of the deceased loved one's possessions, including his/her room. Take your time and tread carefully where these precious mementos are concerned. If possible, put off making major decisions about moving, giving away possessions, etc.
- Studies show that a bereaved person's self-esteem is extremely low. Survivors should work on their image of themselves and help each family member to think and feel good about themselves.
- Remember, it is difficult to help your family if you are falling apart. Working on your own grief will eventually enable you to help your family members cope with their grief.
- If you can learn to share your grief as a family, you will grow as a family.