Chapter 5: Grief and the Role of the Funeral Professional

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Learning objectives

- Gain a general understanding of grief and bereavement.
- List the five stages of grief.
- Describe special aspects regarding relationship to the deceased.
- List resources and roles the funeral professional can provide.

Introduction

Grief is one of the few aspects of the human condition that is universal. Not everyone will marry. That symbiotic relationship of a lifetime of pulling together is not something all people experience. Not everyone will or is inclined to experience the joys, trials and tribulations of raising a child. Seeing one’s offspring grow, mature and become independent is not a universal experience.

Even the bond with a pet is not something every person will enjoy. The unconditional love evident in the wagging of a tail or a long, low purr will elude some.

But given enough time on the planet, grief will find everyone – often when they least expect it and are least prepared for it.

The words grief and bereavement are part of the common vocabulary of anyone working in the funeral service field. As professionals within that industry, funeral directors often strive to keep involvement with the emotional side of the death of others at arm’s length, perhaps unconsciously as a way to avoid thoughts of their own mortality.

Accepting that we do indeed come to a terminal end as an individual is rarely the issue; however, the daily realization of the significance of that loss and how lives are affected might well create an even higher burnout rate in the profession.

The many types of loss resulting from its finality complicate death itself. Loss of a significant other means not only loss of a meaningful attachment, but also may mean the losses of a social network, financial means, a history, a life role and a dream for the future. The sting of death is no less painful to an individual in older adulthood than to a youth facing the larger portion of his or her life ahead. In fact, losing someone from an already declining network of friends can mean the next step closer to complete isolation and possibly serious depression resulting from complicated grief (Schlosnagle and Strough, 2008).

The loss is magnified even further when it is that of a life mate, quite possibly eliminating the last person of intimate connection to the individual. Losing such a relationship erases the ultimate role in life of “caregiver” for the widow or widower (Kalish, 1985).

Feelings of vulnerability are high, and self-esteem is pushed aside as a significant life role is unexpectedly gone. This ending can, without adequate support, open a gap that is lined with an emptiness that can seem impossible to fill. Suddenly there is no reason to go on when you are at what society tends to project as the end of your usefulness as well.

Thus, you have a perfect medium in which to grow complicated grief. In no population is this more consequential than with those who are elderly. As the population of those who are older increases, it is important to recognize the specific needs of those who are grieving.

Understanding the stages of grief, its various faces, what goes into it and what comes out of it, is the most important step in a funeral professional’s journey toward being able to help mourners. The funeral professional who understands the process and is willing to help with it will not lack for opportunities.

The five stages of grief

Any discussion of grief, death or dying begins with Elisabeth Kubler-Ross. Born Swiss, Dr. Kubler-Ross moved to the United States in 1958 where the psychiatrist became a pioneer in near-death studies. She worked with people suffering from terminal illness and from that study came her book “On Death and Dying” in 1969. That’s where she first posited what has become known as the Kubler-Ross model.

Originally known as “A Model on Coping and Dying” (Kubler-Ross, 1969), a theory about how people deal with terminal illness, it has become the accepted model for grief as well, and is widely known as the Five Stages of Grief.

Those stages, as put forth in her book, are:

1. **Denial** – Denial is most often the first of the stages to be experienced because of the dramatic physical and emotional void felt when people lose someone close to them.
   - It is generally defined as a refusal to accept details or evidence regarding reality as true or real. Denial is a very natural response to coping with anything uncomfortable for human beings. The subject of death tends to be at the top of many people’s list of things we like to avoid.
   - We in Western society deny death most readily by refusing to discuss it publicly or privately. Death is the single most individualistic experience that we each must face, with little more than our imaginations illustrating the result. It puts us each in touch with the reality of our living existence and our end in death.
   - Confronting the fact that death is inevitable for those we love is a significant hurdle to the ultimate acceptance of our own mortality. Denial is often used as a means to deal with the flood of the initial emotions associated with any consequential loss. It is a way to manage feelings of shock, anxiety and overall distress. It is a quick fix to control the initial impact of the news.
   - This is especially true and useful when the death is of a tragic nature and perhaps leaves the family with little proof of the finality of the incident. In this case, hope fuels denial, allowing optimism to dictate when or whether the death will be
accepted. The first reaction to learning of the death of a loved one is shock and the belief that it simply cannot be true.

- The reaction is, “this is not really happening.” In its original form, the model described denial as the dying person ignoring the facts of his illness, declaring that he can’t be sick, he feels fine, and this is not happening. In a person grieving a loss, it has come to signify a temporary defense to ward off the initial shock a person feels upon death of a loved one.

2. **Anger** – As denial begins to wear off as a defense mechanism, survivors of a loss often aren’t yet ready to accept it, so anger can take over at some point.

- The anger may be aimed at inanimate objects, strangers, friends or family. Anger may be directed at the deceased loved one. On a visceral, emotional level, survivors may resent the person for leaving. But then rational thought kicks in and makes them feel guilty for being angry, which only elevates the anger.
- A grieving person feels rage over the perceived lack of fairness in the death. Often the grieving person looks for somebody to blame. Anger also provides a safety valve, allowing a release for the buildup of frustration and helplessness.

3. **Bargaining** – Originally a concept of the terminally ill person trying to make a bargain with God, that he will live a better life if allowed to survive, this is when grieving survivors reach out to whatever force they perceive to be in charge of the universe to make the pain go away.

- It is considered a sign that they are beginning to comprehend what has happened. People will often try to make a deal or promise to do anything if the pain will be taken away. Bargaining is often associated with grief in individuals who are themselves facing imminent death.

4. **Depression** – Depression is most readily defined as a state of persistent feelings of bleakness, unhappiness, poor concentration, lack of energy, inability to sleep and possibly thoughts of suicide. The act of grieving is often synonymous with and includes symptoms of depression that may be drastically different among individuals.

- Feelings of sadness, numbness, fear, regret and anxiety are common. Physical symptoms, including fatigue, muscle pain, insomnia and lack of appetite, are often ignored as signs of active bereavement. Realization of the loss of an emotional attachment and redefining the relationship is a significant factor in working through depression for the bereaved individual.
- Two types of depression are associated with mourning. The first is a reaction to practical issues relating to the loss. With the first, sadness and regret dominate. Survivors may worry about the costs of burial and be unsure what to do. They’re not sure what procedures are involved in cleaning up the affairs of the deceased. They worry that in their grief, they’ve spent less time with other friends and family. This phase may be eased by helpful cooperation and a few kind words.
- The second type of depression is more subtle and private. It is the preparation to separate and say goodbye. Quite often, it is many cycles of depression that bring an individual to Kübler-Ross’s final stage of grief.

5. **Acceptance** – This final stage is simply when a grieving person has said her goodbyes, is ready to let go of the loved one and to move on with life. Not everyone reaches this stage.

- Because it is the final stage of letting go, it’s not necessarily a period of happiness and can often be marked by a calm, somewhat subdued demeanor, but is distinct from depression. This stage is sometimes misinterpreted as coming to the decision that everything is fine as it is, or that we learn to live with the situation.
- It is the individual who realizes that there is no replacement for the missing loved one and that life cannot be as it was. Only after that can the individual once again engage actively in daily life and ultimately plan for a future without the deceased.
- For those who are unable to move into the natural result of acceptance within a reasonable amount of time given their individual circumstance, bereavement may have advanced to complicated grief, which will be addressed later in this course.

Kübler-Ross wrote that these stages are not necessarily complete or chronological. Her theory also holds that not everyone feels all five of the responses, nor will each person experience them in any particular order. The theory is that reactions to illness, death and loss areas unique as the individual circumstance, bereavement may have advanced to complicated grief, which will be addressed later in this course.

Kübler-Ross originally applied these stages to people suffering from terminal illness. She later expanded the model to any form of catastrophic personal loss, including death of a loved one.

Although Kübler-Ross said the stages do not necessarily come in order, nor does a person experience all of them, she said a person will always experience at least two of the stages. Often, people will switch between two or more stages, returning to one or more several times before working through it. Women are more likely than men to experience all five stages (Santrock, J.W., 2007).

### Parental grief

It is generally accepted that the grief of bereaved parents is the most intense grief known.

When a child dies, parents feel that a part of them has died. Parents are not supposed to outlast their children. That’s an accepted part of the bargain when couples start a family, and when that bargain is broken, a fundamental belief rocks them to their core. Children are our future, and when a child dies, so does that future.

The grief caused by their child’s death is not only painful but can manifest as disorientation in an otherwise capable adult. Often a parent has no idea how to proceed. This is territory not only untraveled, but unimaginable.

These parents are forced to confront an extremely painful and stressful situation; they are faced with having to deal with not only the grief caused by their child’s death, but with their inherent need to continue to live their own lives as fully as possible. Thus, bereaved parents must deal with the contradiction of wanting to be free of this overwhelming pain and yet needing it as a reminder of the child who died.

When a spouse dies, a wife becomes a widow. She immediately receives a new identity of sorts. But in their minds, bereaved parents continue to be parents of the child who died. They will always feel the empty place in their hearts caused by the child’s death; they were, and always will be, a father or mother. Yet memories are all they have, and many bereaved parents come to learn that “memories are the precious gifts of the heart ... [that they need] these memories and whispers, to help create a sense of inner peace, a closeness” (Wisconsin Perspectives Newsletter, Spring 1989, 1).

Sociologists and psychologists describe parental grief as complex and multilayered and agree that the death of a child is an incredibly traumatic event that leaves parents with overwhelming emotional needs. They also agree that this grief must be acknowledged and given expression. These experts repeatedly state that dealing with parental grief involves deep pain and ongoing work as the parents attempt to continue their “journey down the lonely road of grief” (Wisconsin Perspectives Newsletter, February 1997, 1).

Many parents stumble, fall or get lost along that road. In the disorientation that accompanies parental grief, they simply don’t know how to cope with the unimaginable.

Two such parents were Baltimore residents Anne McCracken and Mary Sewell. McCracken, a former journalist, and Sewell, a clinical
social worker, struggled with the grief of losing their children until they discovered solace in the writings of some of the great wordsmiths in history.

From that discovery came their book, “A Broken Heart Still Beats,” a compendium of literary works and excerpts that helped them come to grips with their personal feelings.

In their Introduction, McCracken and Sewell wrote that they tried self-help books and memoirs of other grieving parents, “with no real solace, then turned to literature to read how wordsmiths dealt with the loss of a child.”

They tried grief anthologies, collections of true stories, but “They were not for the specific canyons in which we found ourselves trapped.”

They found mounds of material on the subject from classic writers, poets and contemporary writers as well. “They (authors) reminded us of the magnificence of mankind – though grievously sad, we can still enjoy a sunset.”

One of the single best summations they found of parental grief came from an unlikely source.

Five months after the 1896 death of her daughter Susy at age 24, storyteller and raconteur Mark Twain said, in a single sentence from a letter to his friend, the Rev. Joseph Twitchell:

“I did not know that she could go away and take our lives with her, yet leave our dull bodies behind” (McCracken and Sewell, 2000).

Mourning parents say that their grief is a lifelong process, “a process in which [they] try to take and keep some meaning from the loss and frustration that the child's death leaves” (Wisconsin Perspectives Newsletter, December 1996, 1).

Common and individual characteristics of parental grief

Death is an experience that is common to everyone; no one escapes it. When a loved one dies, each person reacts differently. A child’s death, however, is such a wrenching event that all affected by it express sadness and dismay and are painfully shaken. Such a devastating loss exacts an emotional as well as a physical toll on the parents and family.

Bereavement specialists point to the shared experiences of parental grief that may include an overwhelming sense that the pain will last forever, a sense that the grief is etched into one’s very being. They explain that it is also important for these parents to express their anger so it won’t become a destructive force.

But there are also many unique ways that bereaved parents express their grief. These responses are influenced by factors such as the person’s life experiences, coping skills, personality, age, gender, family and cultural background, support and belief systems, and even the type of death that occurred.

Parental grief is boundless. It touches every aspect of the parent’s being. ...The range of expression of parental grief is wide. ...Some parents will express tears and hysteria openly. Others will silence these expressions and grieve inwardly. ...Despite the volumes of work on grief, the experience of grief seems to defy description. ... Definitions touch the fringes of grief but do not embrace its totality or reach its core. ...Grief is a complicated, evolving human process. Grief is a binding experience; its universality binds sufferers together. More is shared than is different.


As part of the grieving process, bereaved parents experience a roller coaster of emotions. For these parents, a personal history includes a past with the child and a present and future without her. For most grieving parents, it is vitally important to verbalize the pain, to talk about what happened, to ask questions and think out loud, sometimes over and over.

Each does this in his or her own way. Grieving parents are survivors, and each survivor travels the road according to his or her own map. Parents often respond differently, learn to live with their grief separately and express their sadness uniquely. Grieving parents often feel alone, disconnected and alienated. They need to know that there are many ways to grieve; there is no timetable for grief’s duration; there are no rules, boundaries or protocols.

When children die, the bond doesn’t break. ... [But] the parents face two mutually exclusive facts. The child is gone and not coming back, and the bond is...as powerful a bonding as people have in their abilities. ... [Bereaved parents attempt] to let go, not of the child, but of the pain.

– FINKBEINER 1996, 244, 249

While those outside the relationship see a family with one less member, the family dynamic does not change for grieving parents. To others, a sibling may become an only child; a younger child may become the oldest; the middle child no longer is the middle child. But in the mind of a grieving parent, the birth order of the child who died is fixed permanently. Nothing can change the fact that this child is considered a part of the family forever, and the void also remains forever.

In a newsletter for bereaved parents, one mother wrote, “It feels like a branch from our family tree has been torn off.” Another grieving mother continues, “I felt that way, too. A small branch, one whose presence completed us, had been ripped from our family and left a large wound. Without it, we were lopsided and off balance. When subsequent children are born, [they] do not replace the fallen branch, but create a new limb all their own” (Wisconsin Perspectives Newsletter, December 1996, 1).

When you accept what has happened, you aren’t acknowledging that it is okay but rather, that you know you must find a way to keep growing and living – even if you don’t feel like it. ...[Don’t let] grief be your constant companion. ...Realize that your grief is born out of unconditional love for your child and rejoice in that love which will never end. ... Embracing life again is not a sign that you have stopped missing your baby, but an example of a love that is eternal.

– WISCONSIN PERSPECTIVES NEWSLETTER, SPRING 1989, 3

Those who seek to comfort grieving parents must recognize and understand the complexities of the parents’ emotions and avoid relying on preconceived ideas about the way a couple is supposed to grieve if their child dies. Reactions of grieving parents may seem excessively intense, self-absorbed, contradictory, or even puzzling. For bereaved parents, the death of a child is such an overwhelming event that their responses may often be baffling not only to others, but to themselves as well.
Fathers – The forgotten grievers

The death of a child is probably the most traumatic and devastating experience a couple can face. Although both mothers and fathers grieve deeply when such a tragedy occurs, they grieve differently, and it is important that each partner allow the other to grieve as needed.

Parental grief is strongly influenced by the nature of the bond between child and parent. Patterns of grieving in mothers and fathers vary widely, and parents suffering the same loss will encounter differences in the timing and intensity of grief based on differences in the nature of the bond.

For the mother, the bond is usually more immediate and demonstrable, more intense at the beginning of life, more emotionally and physically intimate. The mother bonds more with the baby from the moment of conception and continues through the pregnancy, the birth, and the nursing process.

The maternal bond involves the present and the baby’s immediate needs, while the father’s bond with the baby more often concerns the future and dreams and expectations. Today, however, many fathers are forging earlier and more intense prenatal bonds with their babies. Fathers also are often present in the delivery room for the birth. Some fathers become direct caregivers of the newborn, developing early and close bonds with their infants.

Yet, in many cases, the father’s emotional investment in parenting tends to occur later and less intensely than the mother’s. Though the mother’s relationship is based upon the more immediate needs of the child, a father’s is often vested in the future.

The impact of grief in special parenting situations

The death of a child brings profound pain to all affected, and it presents incredibly difficult and unusual problems for grieving parents. For some parents, the effects of such a complicated and devastating tragedy can be compounded when the death occurs in what are already trying family situations.

Some parents have no established circle of friends or safety net to turn to. Some refuse the typical support network for reasons too personal to fathom.

A child’s death may present unique dilemmas for:

- Single parents who are often self-supporting and may be more isolated and ignored.
- Unmarried parents who may already have experienced the disfavor of family and others.
- Teenage parents whose grief is often not validated because of their situation or their youth.
- Parents in stressful financial situations whose struggle to satisfy their most basic needs may cause them to stifle or ignore their need to grieve and for whom loss is a constantly repeated theme.
- Divorced parents and parents in blended or nontraditional families who may require unique responses or resources.
- Stepparents whose grief may not be understood or appreciated.

- Adoptive parents who may be expected to grieve less than birth parents because their bond with the child is perceived to be less intense.
- Foster parents who are not thought to have the same right to grieve as birth parents.
- Parents who experience the death of the only child they may ever have and who also grieve for the loss of their parenting role.
- Parents who are removed or estranged from typical and traditional support systems.
- Parents whose language, cultural traditions or beliefs are largely unrecognized or misunderstood by society.
- Parents with substance abuse problems whose child may have faced medical or developmental problems and who often must deal with guilt and other complex and overwhelming problems when a child dies.

\[When a child dies, inevitably there will be additional factors that will impinge on the parent’s grief experience. Some of these will be negative ... [and] sometimes, these factors will be positive.\]

\[– RANDO 1986, 31\]

All those groups, as well as parents in many other situations, may find their grief unusually complicated. They may find others less concerned about them than traditional family circles and discover that support networks are less readily available.

Anne Morrow Lindbergh knew this well. In her writings after the infamous kidnapping and murder of her son, she showed remarkable insight into the grief of her famous husband, Charles, whom she referred to as simply C.

In “Hour of Gold, Hour of Lead: The Diaries of Anne Morrow Lindbergh,” she wrote:

\[“C’s grief is different from mine and, perhaps, more fundamental, as it is not based on the small physical remembrances. There is something very deep in a man’s feeling for his son, it reaches further into the future. My grief is for the small intimate everyday person” (McCracken and Sewell, 2000)\]

Fathers are expected to be strong for their partners, to be the “rock” in the family. All too often fathers are the ones expected to attend to the practical but not the emotional aspects surrounding the death; they are expected to be the ones who should not cry, the ones who will not and should not fall apart. Men are often asked how their wives are doing, but not asked how they are doing.

This places an unequal burden on the father, who is expected to delay grief or not experience it at all. His need to grieve will surface eventually if it is not expressed. It is not unusual for grieving fathers to feel overwhelmed, ignored, isolated and abandoned as they try to continue to be caregivers and breadwinners for their families while their hearts are breaking. “Fathers’ feelings [often] stay hidden under layers of responsibility and grim determination” (Staudacher 1991, 124).

Bereaved fathers often say that such strong emotions are very difficult to contain after their child’s death. Fathers often fear that they will erupt like volcanoes if they allow themselves to release these feelings, and so, too often, fathers try to bury their pain.

It is important that anyone who will do so listen to a father’s expressions of grief. For their own peace of mind (and those who care about them), fathers need to move away from the mindset of being the strong one and instead be allowed to grieve.

\[In too many instances, fathers’ responses to infant loss tend to coincide with how they believe they should act as men, rather than how they need to act to confront and resolve [their own] grief.\]

\[– CORDELL AND THOMAS 1990, 75\]
A child’s death can often affect not only personal health but sometimes overwhelm them, perhaps with even more force. They may think life finally seems on an even keel and that they have found a way to cope, when suddenly, periods of intense sadness and mood swings, exhaustion, extreme anxiety, headaches or the inability to sleep or a desire to sleep all the time, start to occur. Typical parental reactions often involve emotional and physical disorder and confusion.

At times, the members of a parent’s support group may see the pain as so severe, the energy and desire to live so lacking, that they fear for the parent’s well-being. Some bereaved parents feel that it is not right for them to live when their child has died. Others feel that they have failed at parenting and somehow they should have found a way to keep the child from dying. Grieving parents often have to adopt what one parent called a “new world view” (Wisconsin Perspectives Newsletter, December 1996, 7).

Grieving parents should be encouraged to be compassionate, gentle and patient with themselves and each other. Grief is an emotionally devastating experience; grief is work and demands patience, understanding, effort and energy. Parental grief often involves an array of conflicting emotions and responses, including shock and numbness, intense sadness and pain, depression, and often feelings of total confusion and disorganization.

Sometimes, parents may not even seem sure of who they are and may feel as if they have lost an integral part of their very being. At other times, parents may feel that they are living a nightmare.

Typical parental reactions often involve emotional and physical symptoms, such as inability to sleep or a desire to sleep all the time, mood swings, exhaustion, extreme anxiety, headaches or the inability to concentrate. Grieving parents experience emotional and physical peaks and valleys. They may think life finally seems on an even keel and that they are learning to cope, when suddenly, periods of intense sadness overwhelm them, perhaps with even more force.

A child’s death can often affect not only personal health but sometimes the marriage, the entire family unit, other relationships, and even intervention needed to help them resolve their grief. However, these parents are the fathers and mothers of the child who died; they are the ones who have nurtured, cared for and loved that child.

Parental experiences, coping strategies and cultural differences vary widely. At the same time, these parents may not need, rely on or have the same access to peer or other support groups. Obtaining transportation or babysitters so they can attend meetings may be next to impossible for some parents. Still others may reject such support networks and depend solely on family, neighborhood or church networks as the best support system for them. Parental bereavement support groups are not for everyone.

All find themselves in special situations affecting their personal grief experience, how others react to their grief, and the type of support or plans and goals for the future. Grieving parents need to know how important it is to express their pain to someone who will understand and acknowledge what they are feeling and saying. They should be encouraged to be honest with themselves and others about how they feel. These parents should allow themselves to cry, be angry and complain. They need to admit they are overwhelmed, distracted and unable to focus or concentrate. They may even need to admit to themselves and others that they might show physical or emotional symptoms that they don’t want or can’t even understand.

When are you ready to live again? There is no list of events or anniversaries to check off. In fact, you are likely to begin living again before you realize you are doing it. You may catch yourself laughing. You may pick up a book for recreational reading again. You may start playing lighter; happier music. When you do make these steps toward living again, you are likely to feel guilty at first. ‘What right have I, you may ask yourself, to be happy when my child is dead?’ And yet something inside feels as though you are being nudged in this positive direction. You may even have the sense that this nudge is from your child, or at least a feeling that your child approves of it.

Grieving parents need to know that others may minimize or misunderstand their grief. Many don’t understand the power, depth, intensity or duration of parental grief, especially after the death of a very young child.

In some instances, people unable to deal with the loss themselves may even ignore bereaved parents. They find the thought of a child’s death too hard, too inexplicable or too threatening. Many simply don’t know what to say or do and so don’t say or do anything.

Most grieving parents experience great pain and distress deciding what to do with their child’s belongings. Parents need to understand that this task will be most difficult and that different parents make different decisions. They should be encouraged to hold onto any experiences, memories or mementoes and find ways to keep and treasure them. These memories and mementoes—their legacy from the short time they ones who have nurtured, cared for and loved that child. The sense of absolute emptiness, the lack of wholeness, and the feeling that they are less of a person than they were before the child’s death are felt by all parents, regardless of marital status; age; language; financial or social circumstances; biological relation to the child; or cultural, racial or religious background.

There is no relationship like that of parent and child. It is unique and special. …The bond between parent and child is so powerful that its strength endures time, distance and strife. No loss is as significant as the loss of a child. …On the death of a child, a parent feels less than whole.

– ARNOLD AND GEMMA 1994, 25-27

From one grieving parent to another

You will always grieve to some extent for your lost child. You will always remember your baby and wish beyond wishes that you could smell her smell or hold his weight in your arms. But as time goes on, this wishing will no longer deplete you of the will to live your own life.

– HORCHLER AND MORRIS 1994, 158

Parental grief is overwhelming. Nothing prepares a parent for its enormity or devastation. It never ends but only changes in intensity and manner of expression, affecting the head, the heart and the spirit.

For parents, the death of a child means coming to terms with emptiness and deep emotional hurt that they cannot even express. Immediately after the death, some parents may even find it impossible to express grief at all as they experience a period of shock and numbness. All newly bereaved parents must find ways to get through their grief to go on with their lives. Parental bereavement often brings with it a sense of despair, a sense that life is not worth living, a sense of disorder and confusion.

At times, the members of a parent’s support group may see the pain as so severe, the energy and desire to live so lacking, that they fear for the parent’s well-being. Some bereaved parents feel that it is not right for them to live when their child has died. Others feel that they have failed at parenting and somehow they should have found a way to keep the child from dying. Grieving parents often have to adopt what one parent called a “new world view” (Wisconsin Perspectives Newsletter, December 1996, 7).

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Many bereaved parents find solace in their religion. Not only will these religious beliefs significantly alter the meaning that the parents give to life, death and life after death, they will also affect their grief response. Grieving parents with a religious background should be encouraged to express these beliefs if it seems to help.

Even if they are not members of a formal religious group, parents may still hold a personal faith or belief that is a part of their lives and that gives them comfort. They, too, should be encouraged to express these feelings. Seeking spiritual comfort in a time of grief does not mean repressing the grief.

“She’s in a better place” is often what people say to a grieving parent, but that may not be of any solace, even if the parent’s personal beliefs support that.

_Bereaved parents will recover and reach a place of rest and hope. ... [They] will never forget [their child], but rather will find ways to keep [the child] a cherished part of [their] inner selves forever._

– _HORCHLER AND MORRIS 1994, XIX_

Many grieving parents also find comfort in rituals. Funerals or memorial services have served many parents as beautiful and meaningful ways of saying goodbye, providing a sense of closure after the child’s death.

For others, sending announcement cards about the child’s death, writing poems, keeping journals or writing down personal reflections or prayers, even volunteering with a parental bereavement group become ways to remember and honor the child who died.

Honoring the memory of the child who has passed is an important issue for the parents. Many set up memorials, perhaps an annual fundraiser event for a disease that claimed the child, a support group for survivors, or simply a spray of flowers at the site of a car accident. These memorials are cathartic for a parent.

This need often can drive their lives in a completely different direction, and on occasion this can lead to incredible societal benefit.

In May of 1980 13-year-old Cari Lightner was killed by a hit-and-run driver while walking to a church carnival. Thrown 125 feet, Cari never knew what killed her.

It was later determined the driver was drunk when he hit Cari. After being stymied by the DMV, judges and other government agencies, Cari’s mother, Candy Lightner, made a tearful promise to her daughter while standing in Cari’s bedroom that her death would not be in vain.

That bedroom, still decorated with Cari’s possessions, became the first office of Candy Lightner’s new organization, and on Oct. 1, 1980, Candy Lightner held a news conference on Capitol Hill in Washington, D.C., announcing the formation of Mothers Against Drunk Drivers (http://www.madd.org/about-us/history/madd25thhistory.pdf).

Not long after MADD’s formation, 6-year-old Adam Walsh vanished from a department store at the Hollywood Mall in Hollywood, Fla., in July 1981. Sixteen days later, evidence of his grisly murder was found in a drainage ditch more than 120 miles from home.

His parents, John and Reve Walsh turned their grief into action, establishing the Adam Walsh Child Resource Center, which later merged with the National Center for Missing and Exploited Children.

But they were not through. Their efforts helped lead to two pieces of federal legislation, the Missing Children Act of 1982 and the Missing Children Assistance Act of 1984. Then they appeared on television at the tail end of a made-for-TV movie to broadcast photos of other missing children.

By 1988, John Walsh was known to America as the host of “America’s Most Wanted,” which aired for 13 years and claims to have contributed to the capture of more than 1,000 fugitives during that run.

In December of 1984, 11 days after his 13th birthday, Ryan White was diagnosed with AIDS. In 1984, America did not yet fully understand the disease, and when White, a hemophiliac who contracted the virus from a blood transfusion, attempted to return to school, he was denied.

Because the disease was not well understood at the time, Ryan’s fight against both the disease and public perception captured the attention of the country. His was the case that brought AIDS to the forefront of American consciousness, and when he died 5½ years later, the influence of his case exploded.

His mother formed the Ryan White Foundation, which spearheaded many AIDS awareness efforts until she was forced to close the foundation in 2000 because of flagging donations.

But during those years, her efforts and those of myriad sympathizers helped to organize fundraisers and establish charities to benefit AIDS patients as well as children’s health care in general.

White’s death inspired Elton John to create the Elton John AIDS Foundation. White also became the inspiration for a handful of popular songs. John donated proceeds from “The Last Song” to a Ryan White fund at Riley Hospital. Michael Jackson dedicated the song “Gone Too Soon” to White, as did 1980s pop star Tiffany with the song “Here in My Heart.”

Healing for bereaved parents can begin to occur by acknowledging and sharing their grief. Probably the most important step for parents in their grief journey is to allow themselves to heal. Parents can begin to heal when they come to understand that healing doesn’t mean forgetting. Allowing grief less room in their lives does not mean abandoning the child who died.

_Bereaved parents feel the need to find ways to keep the memories alive and also find ways to create memories. Memories are all they have left. Bereaved parents often feel the need to establish unique rituals to memorialize the child, and in some cases, others may find this process puzzling._

Grieving parents need to be allowed to set the tone. Parents need validation as they attempt the process of healing, and friends and caregivers are the ones who can help grieving parents express their grief by being a safe place for them, a place where they can be themselves, where they can be confused, where they can express their pain, sadness and even anger.

Most bereaved parents don’t want to be avoided, but they may be hesitant to approach someone for help. Usually, they are grateful for the support. Bereaved parents need to know that the support of family, friends and others will continue after the commotion and busy days immediately following the death and funeral.

One bereaved father said, “The period following the funeral is perhaps the most difficult time for the bereaved...[This is the time that parents must] absorb the magnitude of their loss and begin to integrate it into the rest of their lives” (Bramblett 1991, 39).

This concept was explored further in “My Life,” the autobiography of Isadora Duncan, heralded by many as the creator of modern dance. In 1913, her two children drowned when the car in which they were riding rolled into the Seine River. In her autobiography, Duncan credits Italian actress Eleanor Duse with greatly helping her grieve.

Duncan wrote:

_She used to rock me in her arms, consoling my pain, but not only consoling, for she seemed to take my sorrow to her own breast._
Questions run rampant in the surviving spouse’s mind:

- Who will take care of me?
- How will I support myself (if the breadwinner dies)?
- Where do I go from here?
- What needs to be done?

Bereaved parents need to have extended remembrances of their child for a long while after the event, especially on anniversaries, birthdays, holidays or special events, such as Mother’s Day or Father’s Day.

Bereaved parents to know that their child will be remembered, not just by them but also by family and friends. Hearing others use the child’s name is comforting to them.

One anonymous bereaved parent said, “The mention of my child’s name may bring tears to my eyes, but it also brings music to my ears.”

Grieving keeps memories alive for bereaved parents and retains a place in their families and in their hearts for the dead child. [...It is] a continuous process with peaks, valleys, and plateaus; it is a complex process that varies with each individual.

– Arnold and Gemma 1994, 28

William Wordsworth, whose daughter Catherine died in 1812 at age 4, described this moment in his poem “Surprised by Joy.”

But in time… nature takes care of it; the waves of pain lose intensity a little and come less frequently. Then friends and relatives say the parents are getting over it, and that time heals all wounds. The parents themselves say that as the pain lessens, they begin to have energy for people and things outside themselves...This is a decision parents say [they] must make to live as well as they can in [their] new world... They can come to be happy, but never as happy. Their perspective on this and everything has changed. Their child’s death is the reason for this and is a measure of the depth and breadth of the bond between parent and child” (FINKBEINER, 1996).

“Surprised by Joy”
William Wordsworth

Surprised by joy – impatient as the Wind
I turned to share the transport – Oh! With whom
But thee, deep buried in the silent tomb,
That spot which no vicissitude can find?
Love faithful love, recalled thee to my mind –
To my most grievous loss! – That thought’s return

Williamwordsworth poems.pdf

As devastating as the loss of a child can be, representing the loss of hope, future and legacy, the loss of a spouse is the loss of choice. Understanding the dynamics behind that spousal loss can help the funeral director assist mourners.

When a beloved spouse dies, the surviving spouse loses a chosen partner, the one person he wanted to spend his life with, above all others. Underpinnings are stripped away and the specter of continuing life without her can be overwhelming.

A member of the team is gone, and the surviving spouse is often too deep in shock to know how to proceed. The anticipation of learning new skills and assuming new roles can be overwhelming, and even the simplest things can become an ordeal.

Yet, there is also the flip side.

A 2006 article in Contexts, a publication of Rutgers University, argues that if the marriage was unhappy, the surviving spouse was a primary caregiver or weary of watching his or her loved one struggle with a debilitating illness, the loss can be a release, almost a relief (rutgers.edu). Early research posited theories that are at once counter-intuitive, yet wholly understandable. Sigmund Freud said that surviving spouses of troubled marriages struggled with feelings of both anger and attachment to their late spouses, fueled by the dynamic of the marriage (rutgers.edu). As a result, Freud theorized, the surviving spouse of an
unhappy marriage, although perhaps relieved to be released from the troubled relationship, would have more trouble dealing with his or her grief than one from a happy marriage.

On the other hand, more recent studies show that people with the most close-knit, loving marriages experience the most severe symptoms of sadness and yearning in the first six months after their loss. But these symptoms fade as time passes, and the survivors eventually enjoy memories of their spouses without experiencing pangs of grief (Rutgers.edu).

Although much of the spousal loss that America hears about is of a tragic nature, most of that spousal loss goes unnoticed. News stories and television reports show the losses of soldiers, everyday deaths and the mass tragedies of life.

But as the baby boom generation ages, so does the number of people over 65 who lose their spouses. Sometimes they have led long, full and fruitful lives; sometimes the opposite is true. But one dynamic of this increasing loss by older Americans – it is said that something like three-quarters of Americans who lose a spouse each year are over 65 – (Rutgers.edu) is a factor of the way many of them lived their lives.

The boomers’ parents lived by the model that the husband was the main breadwinner and took care of the “manly” chores, such as home repairs and financial issues.

So when a husband of that generation dies, issues such as these complicate the grief process for the wife. Although her emotions may be in charge, she also realizes she’s going to have to take on duties she has little experience with.

In his book, “Healing Grief,” medium and New York Times best-selling author James Van Praagh laments this aspect of American grief: In many cultures and traditions around the world, there are healthy outlets to deal with the loss of a partner. Societies recognize the need for emotionally supporting the surviving spouse with rituals and customs that last weeks, even months after the death. In our country, however, losing a spouse almost becomes a cut-and-dried business. A widow or widower has to immediately begin to fill out form after form, as if she or he were moving shares of stock. There is no real timeout for the spouse to grieve. A person has to tidy up affairs with the bank, the hospital, the doctors, the mortuary and the Social Security office. Everything must be back to business as usual within a few short days of the death. This is hardly the way to help a grieving person cope with his or her sorrow (Van Praagh, Healing Grief, 2000).

In the coming decades, as baby boomers age, the number of older adults who become widowed each year will increase dramatically. And that change in numbers could also signal a change in the dynamic.

Given the sheer numbers of baby boomers – more than 75 million babies born between 1946 and 1964 – millions of older Americans will lose their spouses in the coming decades. Because of a different lifestyle than that of their parents, boomers may not have the same issues as their parents when a spouse dies.

Female boomers are more educated than their mothers, have worked more and have a more promising income potential than the previous generation. They may depend less on their husbands for income, do more of the chores and handle more of the finances than their mothers did. And men are more likely than their fathers to have experience with household tasks and child rearing.

Thus surviving spouses may face fewer practical challenges after their spouses die, as they are more capable of dealing with the day-to-day issues of being left behind. However, adjusting emotionally may become even more difficult.

Past generations often stayed in difficult marriages for cultural or religious reasons, whereas baby boomers have fueled the explosion in the divorce rate. So it stands to reason that with the easy availability and loss of stigma from divorce, those who remain married are likely to have particularly warm and close relationships, and may be the most grief-stricken upon their loss.

And increasingly, divorced boomers remarry in their 50s and older. For these mature newlyweds, the death of a spouse robs them of a second (and perhaps final) chance at happiness.

### Complicated grief

The symptoms of complicated grief can be extremely varied and are often difficult to diagnose for even the most seasoned therapist. Many of the signs are overlooked or attributed simply to the effects of aging if the person who is suffering is elderly. Many of the signs of complicated grief are the same as for the typical bereavement response. The various stages of grief may be cycled or skipped through many times until acceptance is reached.

There is no arbitrary amount of time set for processing loss. Continued focus on the loss with intense pining at the constant reminders of the deceased that affects daily routine indicates a person is “fixed” in the depressive stage of grief. Complicated grief is generally defined as the increased length of time symptoms persist and remain unresolved. Most clinical therapists consider the persistence of symptoms beyond six months to be indicative of complicated grief.

The most obvious indication is that where normal grieving usually begins to lessen, complicated grief continues and symptoms increase in number and intensity. Complicated grief can often become so debilitating that it affects normal daily routine to the point of losing employment, ending relationships and sacrificing any sense of joy or peace.

### Complicated grief later in life

Complicated grief is considered to be a response to loss that is all-encompassing, extreme in length and without ever arriving at an acceptable level or end (Worden, 1991). Feelings of melancholy, hopelessness, lack of interest in daily activities and physical symptoms – including lack of energy, headaches, sleep irregularities and tightness in the chest with shortness of breath – are universally common occurrences with older adult complicated grief (Anderson and Dimond, 1995).
These symptoms are also associated with many different ailments as well. This may often lead to misdiagnosis because there currently is no official Diagnostic and Statistical Manual of Mental Disorders code for complicated bereavement, nor a designation for differences in grief based on age.

A study by Prigerson, Frank, Kasl, Reynolds, Anderson, Zubenko, et al., set out to look at the symptoms exhibited by older adult bereaved widows and widowers in an effort to show significant distinctions between depressive symptoms and those of complicated grief (1995). The data retrieved from the study group of 82 newly widowed older adults showed complicated grief to be “exclusive of depression and to be associated with enduring functional impairments” (Prigerson, Frank, Kasl, Reynolds, Anderson, Zubenko, et al., 1995, p. 28).

A similar prospective longitudinal study by Mendes de Leon and Kasl examined the changes in symptoms of depression following the death of a spouse for a two-year period, (1994). The results showed an increased rate of symptoms for a longer period among the 65- to 74-year-old age group, suggesting potentially age-related societal factors that may warrant further investigation into the susceptibility of this particular age group for complicated grief issues (Mendes de Leon, and Kasl, 1994).

An increasing population brings an increasing rate of grief

The normal life course of a human being from beginning to end in 1900, according to the National Center for Health Statistics (1900), was less than 50 years. With minor slips backward over short spans of time because of events such as the plague and bouts of epidemic flu, our life span has grown steadily and heartily through the centuries. In 2005, the average lifespan from birth for a man was nearly 78 years, and nearly 80 for females (National Center for Health Statistics, 2010).

Smaller communities and subsections within larger areas have seen that change in action for a while now. Men and women are both living longer. Those who lose a spouse or significant other earlier in their older adulthood are becoming more willing to commit to new relationships and beginning a new life. Grandparents are raising their grandchildren and are working longer to support them.

The many transformations within this population are redefining needs from all directions. This phenomenon has consistently increased in parallel to the advancement of medical science. The number of individuals age 65 and older in America, as measured by the United States Census Bureau in 2006, was estimated to be over 37 million or near 12.5 percent of the population (United States Census Bureau, 2006).

At the current rate of increase in longevity, in addition to the “graying of the baby boomer” population, predictions suggest that in 30 years, more than 20 percent of the population will be over the age of 65 (United States Census Bureau, 2004). These statistics equate to two simple points: Living longer means dying older, and larger numbers of individuals living longer mean an increased number of bereaved widows and widowers at any given time.

Living with and experiencing death at an older age is different. A later-life stage brings with it a diverse set of values, perceptions and challenges. The permanence of death takes on greater meaning when time and will are against the normal coping strategy of replacement. The overall increase of older adults will challenge our perceptions of widowhood and force us to look at the external societal contributions that complicate the adjustment to losing someone at an older age.

The impact of bereavement and loss in older adulthood

Relationships are lost and networks of support diminish inevitably as a result of growing older. This progression into a sort of social isolation spiraling down to widowhood and even a potentially earlier death has been a relatively unrecognized and passively accepted trend in the process of aging. Little research has been conducted over more recent years looking at how bereavement is different for older individuals. Losses of any sort may be of considerable consequence to an older adult who has come to depend on continuity as a means to survival.

An older adult is most significantly affected by the loss of a spouse or life mate, having survived together to an elder age. Older widows and widowers complain most frequently about issues of loneliness and fear in decision-making as a result of being absent of their spouse (Kalish, 1985).

Economic security is also a common issue because financial status generally changes with the death of a spouse (Lopata, 1996). The sense of lack of purpose as roles are eliminated from life adds to feelings of loss and builds toward an overwhelming feeling of grief and despondency (Rigdon, Clayton, and Dimond, 1987).

Social and economic justice issues for bereaved older adults

There are many social and economic justice issues for older adults. Forced retirement, job-related age discrimination and the assumption that mental capacities automatically deplete in older age are just a few examples of myths and assumptions that can create a proverbial “cutting off the nose to spite the face” situation for current society and an older adult population.

These stereotypes create a dilemma for us as we become a society whose fastest-growing age demographic is that of 65 and up (United States Census Bureau, 2004). A national solution can no longer answer the overall question, “What do we do with all of these overachieving older people who are supposed to be quietly awaiting their final exit?” These folks are far from rocking themselves into oblivion.

Factors such as ageism can create barriers that impose invisible limitations on viable and healthy lifestyle options for older adults. Employers fail to look for ways to keep older adults on their workforce longer. A simple and common example is a company that disregards an application for a job because it doesn’t want to invest in an “old person” (Kovner, Tassone, Mathy, and Harrington, 2002).

The implications of these issues are substantial enough without the added issue of a significant loss changing the entire perspective and
future for that individual, potentially placing him or her at the mercy of a network of these “no’s.”

The sweeping belief that our aging population’s role is to simply slow down, both physically and mentally, and await their final disposition not only has tainted many opportunities for our culture to benefit from some truly amazing gifts, but it also removes a vital support network for members of this group who are by the virtue of their age more subject to loss.

In failing to gauge the immediate seriousness of issues regarding money and a lack of financial guidance to help a recently bereaved older adult deal with the difference in funds caused by a life status change, an area for considerable mismanagement and abuse has opened. This is particularly important for older adults who are capable of managing their own finances but are functioning amid the transformation lacking knowledge of current legalities and who are clouded with feelings of grief.

The lack of services for grief counseling and support specific to older adult issues is also a considerable concern and of added importance to elder adults who lack any additional emotional support networks, such as children nearby or a close church family.

The significance of grief response seems to be all but ignored in those older adults who have seemed to outlive their right to mourn the loss of a significant other by societal reaction. This is where the need for external support networks and the ability of other professionals to recognize the specific needs of older populations comes in.

Diversity and elder age bereavement

Grief and bereavement are the great diversifiers; familiarity is common, but no two individuals, despite any particular label they fit under, experience any loss (specifically that of death) in the same way (Wolfelt, 2007). Sadly, as with life, death is able to do little to soften our flawed human stereotypes and teach us that “different” still does not mean “bad.”

An assorted, yet regularly combined group of individuals who face some of the greatest obstacles regarding their attempts at relative normality are the lesbian-gay-bisexual-transgender (LGBT) communities. Although many older adult LGBT individuals have settled quietly into community settings and have been at least somewhat accepted into their neighborhoods, a bereaved life mate must often go beyond normal sources of support to individuals of similar orientation for empathy. For older LGBT adults, these networks deplete even more rapidly (simply by the nature of smaller numbers), leaving little understanding and much less empathy in specific situations.

Bereavement is immediately complicated by disenfranchised grief when, despite a life shared together, role and relationship recognition is denied. This occurs in many situations when legal marriage binding the union with legal certainty is not an option.

Other differences such as race, ethnic background or religion can play a role in how an older adult within that population might react to a significant loss (Kalish, 1985). African American families often are more traditional, maintaining close extended family ties that provide a network of support for their aging population. This is also true in many families of Irish and Italian descent.

Another group of individuals who have specific and somewhat diverse needs relating to bereavement are men who are widowed. “One out of every four men will survive to become a widower” (Worden, 1991, p. 127). Society readily anticipates the needs of a grieving widow, but tends to fail to even recognize the difficulty in adjustment to life without his wife for an older man. Often unable to speak about or even recognize the severity of the depressive feelings, grieving men regularly display physical symptoms related to stress as a first indication of complicated grief (Fitzpatrick, 1998).

Formal services for elder age bereavement

Formal nationwide programs that offer services specific to elder bereavement are limited. It seems assumed that at an advanced age, one just accepts that death is inevitable and that feeling unable to deal with the end of 60 years together with another human will just pass naturally.

A San Francisco-based agency, Institute on Aging, has developed a program called “The Friendship Line.” Although not specific to bereavement, it is a phone hotline open to anyone 60 years or older to call for outreach and support in an effort to eliminate risk of suicide in the aging population (Institute on Aging, 2008).

Gaps in services for the bereaved older adult

Where there are policies, there will be cracks to fall through, and the elder adult is especially vulnerable to falling victim to oversights. Many sources of help to aging adults on various levels are overlooked because older people are not provided understandable information, and those who are charged with overseeing the care of the individual do not become informed on behalf of that person.

Further gaps in services exist for subgroups of the aging population that already struggle to find support within society, such as LGBT individuals. One of the largest concerns for aging couples in these communities is the legal protection of the partner at the death of a life mate (Herdt, and de Vries, 2004). Current governmental policies provide for no security against complete financial and role eradication at the will of the next of kin at the time of death of their companion. Same-sex couples who have shared many years of commitment to one another find little comfort in civil unions that end what little protection they offer at the time of death.

Informal help for bereaved older adults

Informal social networks from both common and uncommon sources are the saving grace for older individuals who lack a strong family support system for help they may need. Grieving older adult widows and widowers tend to rely on networks that are already in place at the time of the loss, and it is these informal ties that are most often the longest established and most dependable when help is needed (Rigdon, Clayton, and Dimond, 1987).

Church or religious affiliation is one of the most commonly maintained social networks for older adults throughout the span of their elder years (Steinitz, 1982). Church families naturally extend their hand to offer...
emotional and spiritual support to the grief-stricken when a loss has occurred. In more rural areas, these associations may be the primary, if not only, social networking interaction of an older adult. As a result, more personal connections often are made among individuals within these communities, and their older parishioners are “looked after.”

**Coping and support**

If grief has evolved into a more complicated journey for an older adult, there may be a need for professional counseling services. This may include pastoral counseling services from the individual’s church or from a number of human therapeutic service professionals. In either case, the work of a therapist is to shore up the foundation of the older individual by listening and helping to find ways to grieve effectively while maintaining as much control and independence over life as desired and possible. Increasing the reality of the loss is the overall goal of clinical grief therapy.

**The role of the funeral director**

In most cases, a funeral director is on the frontline of the experience of loss for individuals. As a result, there is an immediate connection between the grief-stricken spouse, partner or next of kin and the individual who has been afforded the opportunity to care for their deceased. It is the funeral director who will see the progression of emotions during the initial days following the death.

Quite often, the widow or widower will return to that same funeral director over the following months for finalization of business or other advice, providing further opportunity to see firsthand the increasing difficulty of complicated grief. The few moments given to answer a question about an insurance policy or grave marker may lead to a significant chance to truly help ease the emotional burden of a struggling elder widow or widower.

It is at this time that skills of observation will provide clues to needs that cannot be requested. The insight gained from the arrangement conference and funeral process with the individual can guide the initial conversation about their obvious struggle with grief. Beyond that, simple empathy is critical to gaining details that may help an older individual find the means to meet his or her emotional needs.

Allowing the individual to speak of disconcerting feelings freely and without judgment is the first step. When a funeral professional asks the person how he or she is doing, he should not set expectations. Giving space for honesty empowers people who, by their very purpose for being in your presence, have been dislodged from their comfort zone.

Intellectual and emotional acceptance provide freedom from the pain of grieving. When counseling is sought and grief therapy begun, the bereaved individual begins to explore and process the emotions to work toward that acceptance. Grief therapy uses cognitive behavioral techniques to understand grief reactions and to teach new, useful coping mechanisms. Other forms of longer-term therapy, such as psychotherapy, may be useful in reducing feelings of guilt and redefining life’s goals without the loved one.

**Loss of a parent**

The death of a parent sets in play a dynamic unlike any other, one that can take a mourner in any number of emotional directions.

Although it is the one loss that everyone expects will happen at some time in his or her lifetime, no one is ever prepared for it. The death of a parent sets in play a dynamic unlike any other, one that cannot be requested. The insight gained from the arrangement conference and funeral process with the individual can guide the initial conversation about their obvious struggle with grief. Beyond that, simple empathy is critical to gaining details that may help an older individual find the means to meet his or her emotional needs.

Allowing the individual to speak of disconcerting feelings freely and without judgment is the first step. When a funeral professional asks the person how he or she is doing, he should not set expectations. Giving space for honesty empowers people who, by their very purpose for being in your presence, have been dislodged from their comfort zone.

The funeral director may be the only source of reflection for the older individual, and must be patient when the person recounts – in detail – so many memories. This process is extremely important in helping imprint the reorientation of life for the grieving individual. Become comfortable with silence, as pauses give time to process emotions. Be positive, but honest about the future. Acknowledge the tough times ahead.

Consider the significance of saying “Time will heal the pain.” For anyone who has experienced a significant permanent loss, the thought of suggesting to an elderly gentleman who has just buried his wife of over 50 years that “time will make it better,” is comical at best.

Proposing that grief becomes different, not better, is a more reasonable consultation than promises of magical relief. Practical suggestions, such as relaxation techniques and other ways to deal with the stress, are also useful.

Remaining informed about the changing demographics of the older adult population and the services available specific to the situation are also extremely important. Becoming well-versed and actively involved in the advocacy of the advanced aging population is a vital role to assume as an effective funeral director. The result is better-served families and the invaluable benefit of effective community networking of services and great public relations.
Grief in these cases is set in a context of unfinished business that causes a great deal of anxiety (Staudacher). A child may be ambivalent toward, or even dislike, the parent who has died and should be encouraged to express negative feelings to assure any guilt that may accompany those feelings.

Working through both guilt and anger can help the mourning child come to terms with the loss. In a sense, the normal parent-child relationship was lost long ago, and now with the physical loss of that parent, past conflicts should be dealt with to help the child move on.

When a parent dies during the process of rebuilding a relationship, or before the start of that process for a mourner who laments the estrangement, grief can be particularly devastating. The opportunity is lost forever, and the mourner may seem unwilling to accept that, or seem to accept it, but words or actions belie that he or she has.

The mourner, illogically to those outside the relationship, insists that he wants his parent back so the healing of the relationship can be completed. But such mourners can be helped to see that it does not have to be that way.

This particular aspect of “unfinished business” with a deceased parent has been addressed throughout popular literature; self-help books such as those previously quoted here, music and film.

One such film that had a surprisingly strong impact on the American male population was “Field of Dreams,” ostensibly a baseball movie, but in reality about so much more.

From the start, the main character, Ray Kinsella, chronicles the relationship with his deceased father as first close, then strained then estranged to the point that the father dies before the relationship can be repaired.

As Ray moves through the film, doing what he thinks The Voice is asking of him, the narration returns repeatedly to the father-son relationship. In the end, Ray finds out that “If you build it, he will come” has little to do with baseball.

This miracle resolution so resonated with the hearts of American males that 23 years after the 1989 film release, men still travel to the Iowa cornfield where the movie was made. As the movie proclaims, “they sit in their shirtsleeves on a perfect afternoon…and (it’s) as if they dipped themselves in magic waters” (Field of Dreams, 1989).

Grown men tear up over lost relationships, while sitting on a baseball field on a farm outside Dyersville, Iowa, and mend fences long thought irretrievably broken.

More worldly means of dealing with the loss of a parent include talking it out with someone who has also lost a parent, joining a support group or by talking with a pastor or counselor. What’s important is that they bring those feelings to the surface. Simply sharing the burden can sometimes lighten the load.

For some mourners, something as simple as a memento can ease the pain of losing a parent. An item that has specific meaning to the relationship between the parent and THAT child can come to signify the bond and become a constant reminder. Eventually, instead of a somewhat melancholy reminder, it can become a catalyst of never-ending memories of that special bond.

Mourners can be encouraged to create a memorial to their parent. Having everyone participate in an activity that was enjoyed by the parent who has been lost can create a memorial moment. And the effort alone of compiling a journal, scrapbook or video memorial of some kind can be cathartic simply by the process of remembering. Digital photos or video are good for this purpose because they are easily compiled and can be easily duplicated for sharing with other family members and friends as needed.

**How a child grieves**

Depending on her age and emotional development, a child may or may not understand what death is. Well-intentioned explanations – an adult’s attempt to explain a concept too complicated for a young child – can sometimes go awry, and a simple “death is when the body stops working” may not be enough for the child to understand why the person is not coming home (Children Grieve Too, www.grief.org.au).

It’s important to understand – for both the funeral professional and for family members – that even older children process grief differently than adults.

A child may grieve openly or appear unconcerned. She may alternate between the two and may even purposely mask her feelings so as not to be a burden to an adult family member who is expressing herself. A child may also play at conducting a funeral or draw images of death, dying and the attendant trappings. All can be considered normal outlets for a child.

Adult family members should be encouraged to explain the death to children themselves, and allow the children to participate in services and rituals to the extent the children are comfortable doing so. Age-appropriate honesty is the best policy here (www.grief.org.au), but it is important not to overwhelm the child with too much information.

In addition to explaining death to a child, it’s important to listen to a child’s thoughts and feelings on the subject. Children can deal with and express themselves at this time in many ways, and it is important for the adults in the situation to provide such avenues as:

- Watching videos or reading stories together with themes of change and loss.
- Creating a memorial together.
- Keeping a family journal together.
- Any other form of expression the child may choose as helpful.

Parents should be advised to expect any of the following from preschool aged children (www.grief.org.au):

- Being affected by the emotions of parents, siblings and others around them.
- May not stay sad for long or alternate between crying and playing.
- Have a curiosity about death.
- Become fussy, irritable, etc.
- Nightmares.
- Bed-wetting, clinging behavior or other regressive behaviors.
- Searching for the lost loved one.

Routine is everything for children in this age group. As much as possible, the child’s support system should be maintained as normal. Reassure them.

Preschool children often blend current events in their lives into their play, which provides a marvelous opportunity for adults or older siblings. Joining in this kind of play can provide an opportunity to further explain the loss in a non-threatening atmosphere that the child himself provides and orchestrates.

School aged children, who are further along in the developmental process, provide an entirely different challenge. Bereaved school aged children may:

- Find it a difficult transition to understanding that death is final.
- Ask detailed questions about death.
- Imagine death as the bogeyman or a ghost.
- Play games where they pretend to die.
- Experience the very adult reaction of anger, often directed at other people.
- Keep their feelings to themselves.
- Appear unaffected while they take time to sort their feelings.
- Blame themselves.
- Loss of sleep, loss of appetite, poor schoolwork or other physical ailments.
- Worry about what would happen to them if a parent dies.
Distressing dreams about the event.
Distressing recollections of the death.

Common reactions include:
- Difficulty concentrating.
- Difficulty working.
- Feeling emotionally detached from other people.
- Feeling numb.
- Feeling on guard.
- Always feeling "on guard."
- Difficulty working.
- Difficulty in social situations.
- Difficulty falling or staying asleep.
- Difficulty concentrating.

These experiences, if not checked and mitigated, can lead to a diagnosis of post-traumatic stress disorder, a debilitating illness.

The funeral or memorial itself can increase stress levels, complicating the mourning process in many ways. These are places and things most people do not encounter regularly. Confusion about what to do, where to go, even where to sit can heap yet another level of stress into an already-stressful situation.

Children, even into their teens, are rarely prepared for what’s going to happen at a funeral or memorial. Established processes that can help explain to a child what is going to happen and why can often help a child through an experience she may be having for the first time.

If there is going to be an open casket, a child needs to be prepared for this (Wolfelt), because more than likely he’s been told the person is not coming back. Imagine the surprise of a small child who has been told that, then enters a room and sees that person lying in a casket. This is not the time for surprises.

Leaving a memento in the casket is another way to comfort a child, who sees it as an eternal connection to the loved one who has died.

And if cremation is part of the service, younger children especially may not understand what that entails. A child may see cremation as burning the body, and experience has told her that being burned hurts. It’s important for the child to know that the cremation process does not hurt and allows the family to keep the loved one’s remains in a container if they so desire.

In an atmosphere of ongoing support, the funeral professional can be helpful when mourners don’t know what to do with holidays. Who will carve the turkey? Who puts the star on the Christmas tree? Do I help with the menorah? Will we be able to have a birthday party for the children? How will we celebrate other holidays? These are all questions that may not yet have occurred to the mourner, but will eventually. The funeral professional can be helpful in providing resources and examples of what others have done in those circumstances.

Funeral.EliteCME.com
Grieving the loss of a pet

Funeral directors are increasingly seeing the need for people to have memorials and other services for their pets. It is yet another way for the profession to serve its public and help to ease life’s trials.

Although many people will dismiss grief over the loss of a pet as trivial because it is “only an animal,” those who have lost a pet can often go through the same stages of grief as when losing a person in their lives (Allen, http://www.pet-loss.net/).

This allows the funeral director yet another opportunity to be of assistance, and one who provides such services could become a sought-after resource. Offering dedicated facilities for pet services sends two messages. It tells pet owners the director considers this important enough to devote a special space, and it also assures those who do not use those services that the facilities they do use are set aside for their purposes.

As previously stated, the owner of a lost pet can experience many of the same emotions and stages of grief that accompany the death of a person.

Resources for the funeral director

In addition to his own services, a funeral professional can forge relationships with others in the community to assist those left behind. It can be as simple as keeping track of books on the subject that are available at the local library. Or it can be as complex providing a grief services division or networking with mental health professionals to provide referrals when necessary.

In any case, being seen as the one going to go the extra mile can only enhance a funeral professional’s reputation in the community.

Hundreds of websites and organizations provide information, coursework and free resources to help the funeral professional assist her customers. They range from blogs to service organizations, governments, faith-based groups and groups that provide formal training for those interested in becoming certified in grief counseling.

One website that funeral professionals can point their customers to works under the premise that music can be of major benefit to the grieving soul. Griefsupportservices.org provides, free of charge, the ability for anyone with a computer and a media player to listen to a vast library of music that is searchable by artist or genre dealing with the grieving soul.

CLEAN REFERENCES


11. Elizabeth Kübler-Ross describes the five stages of grief as denial, anger, bargaining, depression and acceptance.
   ○ True   ○ False

12. Anger can provide a safety valve, allowing for the release of the buildup of frustration and helplessness.
   ○ True   ○ False

13. There are no true physical symptoms associated with grief.
   ○ True   ○ False

14. Acceptance is coming to the decision that everything is fine as it is or that we learn to live with the situation.
   ○ True   ○ False

15. Most clinical therapists consider persistent symptoms beyond 12 months to be complicated grief.
   ○ True   ○ False

16. Long-term complicated grief does not increase the risk of heart disease, high blood pressure and cancer.
   ○ True   ○ False

17. Today, the average life span between birth and death for a man is 85 years.
   ○ True   ○ False

18. Predictions suggest that in 30 years, more than 20 percent of the population will be over the age of 65.
   ○ True   ○ False

19. When an elder spouse dies, there is often pressure on children to become the caregiver of the surviving spouse.
   ○ True   ○ False

20. In cases where the parental relationship was strained, estranged or in the process of being rebuilt, grief is complicated by a whole spectrum of other factors in play.
   ○ True   ○ False