Death of a Loved One

Even the death of friends will inspire us as much as their lives... Their memories will be encrusted over with sublime and pleasing thoughts, as monuments of other men are overgrown with moss; for our friends have no place in the graveyard.

—Henry David Thoreau

Objectives

After reading this chapter, you will be able to answer the following questions:

• How are people typically affected by the death of a parent?
• How are people typically affected by a death of a spouse/partner?
• How are people typically affected by the death of a child?
• How are people typically affected by the death of a friend?
• How are people typically affected by the death of a pet?

Throughout history, people have had a hard time imagining that a family member could die. But each year approximately 8 million people in the United States experience the death of a parent, child, sibling, or grandparent (“Divorce and Death,” 2008). Many others lose a friend to death. Finally, the death of a pet, which might seem inconsequential to some people, is typically a cause for real grief on the part of the person who lost the pet.

Death of a Parent

Almost everyone must deal with the death of a parent sooner or later, but most typically hope that it comes later. Yet, by the age of 18, approximately 2 million young people in the United States have had a parent die (Christ, 2001).

Losing one or both parents has taken a particularly hard hit in Africa, because of the AIDS epidemic. Worldwide, 13.4 million children have lost
one or both parents to AIDS. Even though it only has 10% of the world's population, 95% of those dying from AIDS live in Africa (Glasser, 2004).

**Impact of Parental Death**

The death of a parent is considered to be the worst thing that can happen in a child's life. Particularly, the death of a parent seems to hit very young children (under 5) and adolescents the hardest (Fristad, Jedel, Weller, & Weller, 1993). Children who lose a parent to death can develop an internal sense of the parent's presence. They might silently talk to that image at times of stress or joy (Jellinek, 2003).

Most children who lose a parent to death experience sadness, grief, and despair. Some children exhibit stronger symptoms, such as anxiety, depression, angry outbursts, and developmental regression. The latter is worst for children who are already emotionally disturbed, whose parent died from trauma or suicide, and whose surviving parent is having difficulty dealing with the death of a spouse (Cerel, Fristad, Verducci, Weller, & Weller, 2006; Dowdney, 2000; Pfeffer, Karus, Siegel, & Hang, 2000).

The less depressed a surviving parent is, the better is the child's recovery from losing a parent. Socioeconomic status also is a factor in a child's recovery, perhaps because intensifying financial struggles after parental death cause additional stress on survivors. Anticipation of death seems not to be a factor for children's recovery. A sudden death is shocking, but living with a dying parent is equally stressful (Cerel et al., 2006).

Even if a child seems to adjust to a parent's death, trouble can emerge later. As the child matures, important family life events (remarriage of the surviving parent, graduation, marriage of the grown child, and so on) can trigger delayed grief and renewed difficulties in adjusting (Raveis, Siegel, & Karus, 1999).

The process of mourning the death of a parent for children aged 9 to 14 is more complex than it is for younger children. Many of these children feel overwhelmed by emotional pain. To deal with it, they sometimes bury their feelings, are unwilling to talk about the death, and escape by doing familiar things and being with friends.

The avoidance and self-centeredness of adolescents 12 to 14 years of age is sometimes the hardest thing with which surviving parents must cope. For example, a 13-year-old, when told her father was dying, went to a party. "What was I supposed to do?" she asked her mother, "stay home and cry?" (Christ, 2000.) Most adolescents do not want to know the nature of a fatal illness or talk about a parent's death. They miss the parent but hate the idea of showing emotion.

Adolescents 15 to 17 years of age mourn like adults, but not for as long. They can be supportive to the surviving parent. "I'm trying to deal with two things at once—help my mom and help myself. It's hard, but I'm toughing it out," said one boy, age 16 (Christ, 2000).

For children of college age who have lost a parent, differences arise on some counts, but not others. When it comes to psychological distress, young women and men suffer the same. But female students engage in avoidance behavior, because they are depressed, which is not the case for males. The other difference among adolescents in this age group is the reaction to which parent has died. Adolescents who lost a mother are more likely to be depressed, feel hopeless, and think about suicide than those who lost a father (Lawrence, Jeglic, Matthews, & Pepper, 2006).

Adults whose parent(s) died when they were children are closer to their siblings than are those who grew up in intact families. Adults who lost a mother as children, however, have less contact with siblings in adulthood than do those who lost a father (Mack, 2004).

**Importance of Involvement and Communication**

Is a child prepared for the funeral experience? Should a child be involved in the wake or funeral? Should a child be permitted to view his or her parent's body? The answers to these questions have a strong impact on a child's postdeath adjustment (Worden, 2002).
Tips for parents who want to help their children understand death (Wolfelt, 1999) include:

- Allow children to attend the funeral of a person they loved. Prepare them for the experience, and recognize that sometimes a child who is innocent of life experience might actually be wiser about life and how to heal than someone encumbered by life experiences.
- Do not lie or tell half-truths. People, in general, and children, specifically, can usually cope with what they know; it is trying to handle what they do not know that is a problem.
- Many people think that children should reach some magic age before being told anything about death. Actually, no magic age exists. Children are never too young to experience loss, whether the loss involves a friend who moves away or a pet who dies.

Children typically would rather have adults they trust talk about the experience with them than believe that they have to go through it all alone.

Death is a part of life and children are curious about it. Children should be encouraged to ask questions about death. They should be taught all through life, as occasions arise.

A child’s healthy adaptation to the loss of a parent also is more likely if the family shares information and openly expresses feelings about the dead person. If the family remains silent or says little about the death, however, the child is more likely to suffer, to deny, to act out, or to feel guilty about causing the death (Raveis et al., 1999).

After a period of mourning, most children (84% of 157 young people ages 3 to 17 in a study group of 88 families) get back to normal (Christ, 2000).

The loss of a parent represents not only the loss of that person from a life, but all the future events that would have included them. Moreover, the survivor’s feelings along the way, primarily sadness, would be very different if the parent were there. By expressing these feelings, most people adjust over time.

After the Death of a Parent

There is an expression, “Death ends a life, but not a relationship.” Most people spend the rest of their lives missing a dead parent. For example, Sadie Delaney (Hearth, 1993) found her younger sister Bessie, who was in her 90s, crying, and asked her, “What are you crying about?” Bessie replied, “I miss Mama.”

**Loss of a Father**

Terri Ouellette, whose father died of a heart attack at age 54, reported that she had good memories of her dad telling her how he would protect her. After he died, that was one of the things she missed most. One day, when she and her best friend were “oogling some guy,” her friend’s dad said to her friend, “If I ever see you with him, I will kick your butt.” Then he looked at her [Terri] and said, “That goes for you, too.” Terri said that meant a lot to her because she then felt supported by a father figure. She said, “Fathers always talk about having to chase the boys away” (Kelly, 2000, p. 88).
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Besides missing the dead parent, the surviving child can have feelings of anger, guilt, and loneliness—and sometimes relief, if the parent was in intense pain for a long time. Many people report having dreams in which they spoke with their dead parent(s). This process can provide a feeling of ongoing connection.

Recovering from the death of a parent is more likely if the survivor talks with friends and receives support from adults. Essential, however, is that anyone who is suffering serious or long-lasting depression over the loss of a parent see a therapist.

Death of Partners/Spouses

Losing a spouse is one of the most stressful experiences a person can have. (A woman whose spouse has died is termed a widow; a man in similar circumstance is called a widower.) Approximately 45% of married women and 14% of married men eventually are widowed—percentages that would be even higher were not for the number of divorces (Kastenbaum, 2004).

The older people get, the more widows and widowers there are, with the number of widowed persons increasing rapidly after age 55. The U.S. Census Bureau (2002) reported that among people 65 or older, approximately 8.5 million are widows and about 2 million are widowers. By age 85 and older, 80% of women are widows and 43% of men are widowers. Widows outnumber widowers in all population groups (Caucasian, African American, Hispanic).

Men and women often have very different types of personal relationships. Women might have friends to turn to for support during the pro-
cess of becoming widowed. Men tend to withdraw from others and seek closeness only from their dying wives (Carr, House, Wortman, Nesse, & Kessler, 2001).

Rapin (as quoted in Brunk, 2006) offers the following tips on getting through the death of a spouse:

- Maintain social ties. Typically, a man is alone and uncomfortable without his spouse. Women network socially, and the network is very supportive. Men who lose wives should go out when invited to maintain the social connections the couple once had together.
- Take some time off from work, at least a 2-week break, just to get things settled.
- Don’t make drastic changes right away. Take at least a year before selling the house, moving elsewhere, or getting remarried. Within a year, the survivor is more stable and better able to make those decisions.
- Get professional help if needed. Signs suggesting that help is needed include irritability, insomnia, feelings of guilt, significant changes in eating patterns, and seeming to walk around in a daze.

Losing a Spouse When Older

Most older adults recover better than younger adults do from the loss of a spouse, returning to earlier levels of physical and psychological health within a year and a half. A common belief exists that a survivor suffers more when a spouse dies suddenly than after a long illness. This occurrence is not always true, especially for older men. They handle the sudden death of a spouse more easily than a delayed death. The reverse is generally true for widows; women do not take a lingering death as hard as a sudden one, perhaps because they are more willing caretakers. Widows who depended on their husbands for such tasks as financial management and home repairs are likely to suffer high levels of anxiety (Carr et al., 2001).

Someone who is intelligent, well educated, financially well off, and who has had a stable, harmonious marriage can easily handle the loss of a spouse, right? Wrong. They are at risk for more severe and longer-term depression than people who are less successful, have stormier marriages, and do not feel as good about themselves. Most older women and men can, and do, recover from the death of a spouse, however stressful it is (Carr et al., 2001).
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Widowhood

Women are living longer, healthier lives, with a current life expectancy of almost 80 years for those in the United States. The bad news is that they typically outlive their spouses. Men’s life expectancy is a bit less than 75 years. So, once women enter their 70s, chances are that they will become first a caretaker and then a widow, facing their last years alone. Almost half of women over 65 are widows, and once they pass age 65, only 2% of widows remarry (Schneider, 2003).

Older widows frequently become so depressed that they no longer enjoy life. Yet there are ways for the elderly to combat the loneliness, fear, and sadness of widowhood—through activity. Physicians still put such patients on antidepressants or sleeping pills, but they also are more often prescribing social activity and fitness. Exercise, in particular, not only has shown positive physical effects, but it also can provide older, lonely women a badly needed social outlet. One widow reported that, although she did not enjoy working out at a health club, she realized that it had definite benefits: she sleeps better at night; she doesn’t feel so sad, which occurred especially at suppertime; and, she finds the social contacts at the club beneficial. On the one-year anniversary of her husband’s death, she felt she had turned a corner when she finally felt that she was going to “make it” (Schneider, 2003).

Losing a Spouse to Cancer

The onset of cancer changes the household dynamic. If a husband has cancer, his wife often finds that he will not talk about it, and she withdraws. If a wife has cancer, it might be hard to get her husband to listen so she can talk about it. These difficulties create a distance between the two. Moreover, cancer can play havoc with all other aspects of a relationship, including the (Lalley, 2007):

- financial strain of paying for treatment.
- household upheaval caused by changes in traditional roles.
- possibly negative effect on sexual intimacy.
- immediate fear that the partner may die.

The biggest issue of all is death. For some couples, it is a subject neither wants to address. The sick partner might not want to frighten the other partner by talking about it. The well partner might not want the sick partner to think he or she has given up hope. But silence is worse than talking. Support groups can help, even though many couples avoid them. They should not, though. The purpose of a support group is simply to coach people about how to work through the practical daily life issues of money, children, sex, and chores.

The experience of going through treatment for cancer, in time, can bring a couple closer together. Many husbands, who at first steer clear out of fear, become supportive and participative. Many couples develop a deeper and closer relationship than they thought possible, making it easier for the survivor to recover.

Death of a Child

In the 1900s, children accounted for 53% of total deaths in the United States. Today, children account for only 3% of total deaths. Although the percentage is much lower now, about 43,000 infants and children aged 0 to 14 die in the U.S. each year (Fletcher, 2002). Each week, approximately 1900 American families are faced with the death of a child (Rosof, 1995). According to parents who have had a child die, the grief is unlike
any other. The death of a child typically robs parents of who they loved most, isolates parents from one another, and deafens them to the cries of their other children (Rosof).

So, how do parents deal with the death of a child? They need to know that grief, an emotion, is permanent. It will not go away. Grieving, however, does not have to be permanent. Basically, grieving is a slow coping process that parents can move through. In fact, they must move through it if they expect to become normal again.

Hard emotional work is required to remake the world, find a way to say goodbye, put the dead child’s life in an acceptable context, and learn to live again. While learning to live again, though, a parent does not forget.

Also, the age of the child, born or unborn, has nothing to do with the intensity of the grief or the length of the grieving process. One woman explained that she would never forget how her 96-year-old grandmother, on her deathbed, spoke of a stillborn daughter.

**Family Bereavement**

The death of a child affects a family profoundly. More than the loss of a person, it is the loss of hopes, dreams, identities, relationships, and family cohesion. The individuals who are left must recreate the family anew (Fletcher, 2002).

Each family member grieves alone. Grief can pull parents together or push them apart. Parents might become overprotective of surviving children, emotionally abandon them, or try to use a surviving child or later children as a replacement.

Why does the death of a child severely dislocate a family?

- The death of a child is unnatural.
- Parents might feel like failures as protectors.
- Family boundaries must be reorganized and roles reassigned.
- Family communication breaks down. Families with open communication seem to cope with the loss better than families with closed or no communication.

Families, in addition to existing as a whole, exist as subparts. In a family of four, for instance, a father and the two children are a family triad, which often acts as a group, shopping (say) for a gift for mother’s day. If one of the children dies, the other family members grieve individually, and the father and the surviving child grieve the loss of their triad and the activities it had.

Consider the family impact of a child’s death quantitatively (Detmer & Lamberti, 1991). A family of four has six dyads:

- The two parents
- The two children
- Mother and one child
- Father and one child
- Mother and the other child
- Father and the other child

and four triads:

- Mother and two children
- Father and two children
- Parents and one child
- Parents and the other child

The loss of one family member reduces the number of dyads to three:

- The two parents
- Mother and surviving child
- Father and surviving child

and the triads to one: mother, father, surviving child. The end result of the turmoil is reconfiguration of the family, with an alternate plan for each of its members (Fletcher, 2002).
How a Therapist Can Help

The role of a therapist in treating families includes:

• facilitating resolution of the family’s identity crisis;
• ensuring that communication occurs, and;
• promoting family reunification.

Because mothers experience grief differently than do fathers, therapists should not overlook the father as an individual, and the couple as a whole, when counseling bereaved parents (Fletcher, 2002).

Effect on Doctors and Nurses

Most physicians and nurses can rationalize the death of an adult, but the death of a child is viewed as unfair and cruel and a very painful experience (McKelvey, 2006). Nurses usually give emotional support to one another, though. They also get it from other health professionals. This process enables nurses, in turn, to support surviving children and families. But some nurses believe their code of conduct dictates that emotions should be tamped down, or at least not shown (Davies et al., 1996).

Some nurses begin withdrawing from the child and family when death becomes inevitable. This separation enables them to carry out tasks that need to be accomplished. If this strategy is the only one for dealing with distress, however, withdrawal comes to lose its usefulness.

After recognizing that a child’s death is inevitable, nurses often face the dilemma of their obligation to follow physicians’ orders and their belief that children should be allowed to die peacefully, without unnecessary pain. Some nurses deal with this dilemma by spending time with the child through sitting, listening, providing company, and accompanying them during vulnerable moments, such as during painful procedures or when talking about death. Some nurses follow through even further by staying with the child until death occurs. After the child’s death, some nurses make a special effort to talk with the parents and even attend the child’s funeral.

What prevents many physicians from sharing their response to a child’s death is their concern that expressing their feelings will lead to criticism from peers and attending physicians. Attending physicians rarely speak with anyone about a child’s death. But they are still vulnerable to the emotional impact (McKelvey, 2006).

What can be done to help nurses and physicians deal with the deaths of children? Some fear that talking about how they feel might make them appear unprofessional or that discussing a sensitive case might compromise them if it comes to a malpractice lawsuit. But counseling services are a must. Without them, nurses and physicians likely will go to less demanding settings or leave medicine altogether. As a nurse may say, “There is a black hole within me that keeps growing and growing. Eventually, I’ll have to do something else.”

Death of a Friend

The death of a friend causes sadness. If the person was a close friend, the grieving is intense. The death of a friend hits children and young people especially hard, because it is unnatural. Death is something either not understood (for children) or far away (for young people) and not something they normally think about—until it happens. Adults grieve for the death of a friend, but greater life experience usually helps them deal with it, especially in later years when death is not as unexpected.

Children

Children respond to death differently at different ages. Preschoolers do not yet recognize the finality of death; therefore, they generally continue to
bring it up. Later, they usually are more developmentally able to work through the experience with a more mature understanding (Essa, Murray, & Everts, 1995).

The ages between 5 and 7 are key to developing an understanding of death (Speece & Brent, 1984; Stambrook & Parker, 1987). During this stage, children begin to realize that death is not temporary, that one cannot come back to life under any circumstances. Also, they typically realize that death happens to everyone (Essa & Murray, 1994).

Although children's concrete responses to illness and death can seem ghoulish to adults, they reflect children's curiosity and need to know. Children almost always ask numerous questions about illness and death, and parents can expect recurring conversations and questions. Allowing children to process their questions helps them deal with their fears, anger, and/or confusion (Essa et al., 1995).

The following tips can help children in dealing with a death:

• Create an accepting atmosphere that allows children the opportunity to discuss someone’s death. Do not “protect” them from the facts. Having a friend disappear without knowing what has happened can be more distressing than learning of a death (Fox, 1985; Wolfelt, 1983).
• Make it clear that it is alright to be sad, grieve, and/or feel uncertainty. Also, make sure that children know that someone would care if they became seriously ill or died.
• Be aware that children’s behavior can change because of fear, anger, distress, and/or feelings of loss (Fox, 1985).
• Keep explanations simple and honest. Present the basic facts and then allow children to ask questions. Children’s questions usually are concrete and reflect concern about themselves (e.g., Could they also become sick?) (Fox, 1985; Grollman, 1967; Wass & Corr, 1984).
• Know that all children do not react in the same way to death; some might not react

Death of a Classmate

A boy in school became very sick (and eventually died). His classmates reacted in typical ways. They asked lots of questions. Why did he get the illness? Would they catch it? Would he return to class? Is he going to die? Some students talked about him every day; others never mentioned him.

After he came home from the hospital, he was invited to visit the class. The teachers discussed the visit beforehand, saying that he might look a little different, but that he was the same person they knew. At first, he was hesitant to talk about his illness, as were some of his classmates. But their natural curiosity about what had happened to him helped break the ice. They did react in different ways: one wanted to play with him, another did not want to be around him at all.

When he died later that year, many of his classmates attended the funeral service. Some of the children wandered to the edge of the group and played. Some looked at a scrapbook full of pictures and other mementos.

His friends brought up his death at school and home, and continue to do so, five years later. One girl, who was four when he died, at first asked, “He is dead, right? He won’t ever come back, right?” Now she remembers that he is dead and mentions that he is under the ground. Sometimes she wonders if he is up in the air and if he still has bones.

His picture is posted on the bulletin board in his former classroom. When a child asks a question like, “Who is that?” the teacher names him, and answers that reminds students he was in their class and that they like to remember him (Essa et al., 1995).
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visibly at all (Wolfelt, 1983). Some may seem callous. Some are eager to play with a sick friend; others remain aloof.

- Help children work through feelings indirectly via play (e.g., hospital props in play areas) (Tait & Depta, 1993).
- Have children read books about illness and death, but be careful in book selections. Screen the books for age-appropriateness, situation-appropriateness, and religious overtones. Only a few books are appropriate for young preschoolers (Ordal, 1983). The message from some books can be more confusing than helpful or too removed from the reality of losing a friend. Instead of feeling better, children might fear losing a person important to them.

Adolescents and Young Adults

Regardless of whether a friend died in a car accident or from a shooting, a drowning, cancer, AIDS, or one of many other possible causes, the death of a young adult friend never comes at a good time. The grief young people experience might overwhelm them and their world might seem to be shattered, but one thing is for sure—their feelings about the friend’s death become part of their lives forever.

Sometimes the unreality and pain surrounding a friend’s death can cause young people to experience serious depression. Feelings of sadness are normal when a friend dies, but a young person might want to see a family doctor or speak with a counselor if any of the following symptoms of depression are severe or last too long:

- Sleeping difficulties
- Low self-esteem
- Failing grades in school
- Relationship problems with family and friends
- Drug or alcohol abuse
- Tendency to get into fights

One of the best ways for a young person to recover after the death of a friend is to attend peer support groups. Group members with similar needs meet periodically and encourage each other to tell their stories as often as they like. It is a place to openly express feelings. Group support helps each person, because as members share their grief stories, the intensity of grief often is lessened. If a local support group for young people who have experienced a friend’s dying is not available, perhaps a group of young people can start one.

Death of a Pet

The death of a pet might seem unimportant—until it happens to you. The grief is very real, and reactions to the death of a pet can be extreme, with some people even committing suicide following their pet’s death. Some say that they would rather lose a husband or wife than a pet (Carmack, 1985).

To understand the impact of the death of a pet, it is important to first understand the nature and extent of human–animal attachments (Sharkin & Knox, 2003). Since the beginning of civilization, humans have had loving relationships with pets. For example, a 14,000-year-old human skeleton was discovered by archeologists with its hands wrapped around a dog skeleton (Arkow, 1987).

Pets typically have a shorter lifespan than humans. Dogs, for example, usually live 12 to 15 years, and cats 18 to 20 years. It is no wonder, then,
that the loss of a pet is, for many people, their first experience of the death of a loved one.

A pet death, if it is the first death a person has experienced, can prepare the person for other losses. The rituals of saying goodbye to a pet can be similar to those used in saying goodbye to other loved ones. Ways of saying goodbye to pets and people include touching them, sitting with them after death, preparing a final place of rest, and placing keepsakes, all of which help people accept the finality of a death (McElroy, 1998).

The pattern of grief following the death of a pet parallels the pattern of bereavement for the death of a person (Archer & Winchester, 1994), although it is generally less pronounced. Grief patterns include:

• initial numbness or disbelief;
• preoccupation with the loss;
• a loss of part of themselves;
• being drawn towards reminders of the pet;
• an urge to search for the missing pet;
• avoidance or mitigation strategies, and;
• anger, anxiety, and depression.

The intensity of grief is greater the stronger the attachment to the pet, the suddenness of the death, and if the owner lives alone, thus lacking social support.

An additional aspect of grief over the death of a pet is that it is often disenfranchised grief (Doka, 1989). That is, the grief is not recognized by others as important, so the social support is not there—except in the case of a family loss of a pet, when everyone in the family grieves the loss.

As the concept of a "traditional" family becomes more varied, it seems natural to assume that pets will play a larger role now than ever before in the dynamics of family systems. Today, adolescents, many of whom have both parents working outside of the home, are spending more time alone than youth in past generations. The family pet, therefore, might take on the role of daily companion in the home. Many children say that their pet is their best friend.

The relationship with a pet is seen as "pure," meaning that the bond is based on a genuine and consistent sense of unconditional, nonjudgmental love and acceptance—something that is difficult to obtain or sustain in relationships with people (Allen, Blascovich, & Mendes, 2002).

Many pet owners celebrate their pets’ birthdays, carry pictures of them, and confide to them. In fact, animal companionship can have very positive effects on people’s emotional, social, psychological, and physical well-being (Sharkin & Knox, 2003). For example, pets can provide a sense of being needed, lessen the effects of loneliness, and boost self-esteem.

**Euthanasia of a Pet**

In veterinary practice, euthanasia is accomplished by intravenous injection of a concentrated dose of pain medication. The animal might feel slight discomfort when the needle pierces the skin, but this sensation is no greater than for any other injection. The euthanasia solution takes only seconds to induce a total loss of consciousness, which is soon followed by a stopped heart. Doctors of veterinary medicine do not take lightly the difficult decision an owner makes to have a pet euthanized. A veterinarian’s medical training is dedicated to treatment for animals, and he or she is very much aware of the balance between extending an animal’s life and its suffering. Euthanasia is used as a last resort to mercifully end a pet’s suffering. Although this act to prevent a terminally ill pet from further suffering is an act of kindness, people sometimes feel guilty for having a pet euthanized.
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Summary

- Each year, approximately 8 million people in the United States experience the death of a parent, child, sibling, grandparent, or a pet.
- Death of a parent typically hits very young children (under 5) and adolescents very hard. Children losing a parent recover better if the surviving parent is not depressed. Mourning the death of a parent for children aged 9 to 14 is more complex than for younger children. These children typically bury their feelings, are unwilling to talk about the death, and escape by doing familiar things and being with friends.
- Adolescents 15 to 17 mourn like adults, but generally not for as long.
- College-age females who have lost a parent are more likely to engage in avoidance behavior, because they are depressed, which is not the case for males. Those who lost a mother are more likely to be depressed, feel hopeless, and think about suicide than those who lost a father.
- Tips for helping children understand death include, in part, allowing them to attend the funeral and being truthful about death.
- Someone who is suffering serious or long-lasting depression over the loss of a parent should see a therapist.
- A woman losing a spouse to death is a widow; a man is a widower. Approximately 45% of married women and 14% of married men eventually are widowed. Widows outnumber widowers in all population groups. Women may have friends to turn to for support during the process of becoming widowed. Men tend to withdraw from others.
- Most older adults recover better than young adults from the loss of a spouse. Older men handle the sudden death of a spouse more easily than a delayed death. The reverse is generally true for widows.
- Women have a current U.S. life expectancy of almost 80 years. Men's life expectancy is a bit less than 75 years. Almost half of women over 65 are widows, and once they pass age 65, only 2% of widows remarry.
- In the 1900s, children accounted for 53% of all deaths in the United States. Today, children account for only 3% of deaths. About 43,000 infants and children aged 0 to 14 die in the U.S. each year. Each week, approximately 1900 American families are faced with the death of a child.
- According to parents who have a child die, the grief is profound and unlike any other. Grief can pull parents together or push them apart. Parents might become overprotective of surviving children, emotionally abandon them, or try to use a surviving child or later children as a replacement.
- Counseling services are available to help nurses and physicians deal with the deaths of children.
- Children respond to the death of a friend differently at different ages. Preschoolers do not yet recognize the finality of death. The ages between 5 and 7 are key for developing an understanding that death is permanent and universal.
- For young adults, the death of a friend is untimely. It can cause serious depression. See the family doctor or speak with a counselor in the school or community if the following symptoms of depression are severe or last too long: sleeping difficulties, low self-esteem, failing grades in school, relationship problems with family and friends, drug or alcohol abuse, tendency to get into fights. Peer support groups can be helpful as a place to express feelings openly.
- The grief on the death of a pet is very real, and reactions to death of a pet can be extreme. Dogs usually live 12 to 15 years, and cats 18 to 20 years. Thus, for many people, a pet's death is their first experi-
ence of a meaningful death and, as such, can serve as a model for other losses. The pattern of grief following the death of a pet parallels the pattern of bereavement for the death of a person.

- Euthanasia of a pet is done by intravenous injection of a concentrated dose of pain medication. Doctors of veterinary medicine do not take lightly the difficult decision an owner makes to have a pet euthanized. Euthanasia is used as a last resort to mercifully end a pet’s suffering.

### ADDITIONAL RESOURCES

**Books**

- Bartocci, B. (2000). *Nobody’s child anymore: Grieving, caring, and comforting when parents die*. Notre Dame, IN: Sorin Books. The author shares her thoughts on illness, death, and coping, and offers advice at the end of each chapter, which ranges from healthy ways to express anger to comforting methods to keep the memory of one’s parents and their traditions alive after they’re gone.


- Dower, L., & Liston, E. (2001). *I will remember you: What to do when someone you love dies, a guidebook through grief for teens*. New York: Scholastic. Using stirring words by well-known personalities, as well as from fellow teens who have lost a loved one, this book is used to encourage teens to explore the grieving process and to keep going in the face of terrible loss and sadness.

- Roos, S. (1994). *The worst loss: How families heal from the death of a child*. New York: Henry Holt & Co. After describing the many ways children die, the author uses anecdotes from her practice to explain why grieving is crucial to recovery, how the parental relationship may be affected, and the ways surviving siblings grieve. Throughout, the author stresses that parents will never be the same as they were before. Included in the book is a list of national organizations that support bereaved parents.

### CRITICAL THINKING

1. What are the implications of a fictional account, as in *Ghost*, in which a dead person comes back to interact with a living one?

2. What are the pros and cons of believing that the dead can interact with the living?

3. Could there be anything “good” for you if a loved one dies?

4. What would you say to an 8-year-old whose puppy just died?

### CLASS ACTIVITY

1. Write a letter addressed to someone (dead or alive) to resolve an issue that is troubling for you—but keep it. Then, write a paper describing how you felt about writing the letter; discuss this paper with your classmates.

2. Engage in a class discussion about the movie *P.S. I Love You*.

### REFERENCES


- Dower, L., & Lister, E. (2001). *I will remember you: What to do when someone you love dies, a guidebook through grief for teens*. New York: Scholastic. Using stirring words by well-known personalities, as well as from fellow teens who have lost a loved one, this book is used to encourage teens to explore the grieving process and to keep going in the face of terrible loss and sadness.

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Chapter 9: Death of a Loved One


