

Learning some basic terminology will help communities create a more unified and coordinated approach to supporting bereaved parents, families, and caregivers.

1. What is the difference between bereavement and grief?

Grief is the emotional response to loss, whereas bereavement is the event of losing someone significant to death. Grief is as unique as our fingerprints because the relationships we hold with the people we love are also unique. Bereavement, on the other hand, involves navigating systems that are dependent on the circumstances of death. Often, there are commonalities for those navigating these systems. For example, when a child dies by homicide, their family engages with law enforcement, whereas in the case of a stillbirth death, the family engages with hospital systems.

Spotlight: Terms In Action

Rosemary will always be a **bereaved** parent, but she will not always actively **grieve**.

2. Is there a right way to grieve?

No, there is no right or wrong way to feel when grieving. Everyone grieves differently and it is dependent on many different factors, including the relationship with the person who died, the cause of death, previous experiences with grief and trauma, temperament, age, developmental level, and the presence or absence of support.

3. Does time “heal” all wounds? How long does it take bereaved parents to “heal”?

There is no specific time-frame for a bereaved person to “heal;” in fact, people do not “heal,” they cope and adapt to loss. While an individual or family will cope and adapt differently and on different timeframes, the loss of a child is a foundational life event that one does not “move on” from after a specific amount of time. The process of functionally adapting and processing a child’s death takes years, decades, or even a lifetime.¹

4. What’s wrong with using the terms “resilient” and “heal”?

Using the word resilient among bereaved parents can be harmful. The term can unintentionally add a layer of responsibility to the family that they must strive to be resilient. Grieving the death of a child is neither a time when one must be strong nor resilient; grieving the death of a child is a time when families must be encouraged to experience their feelings fully, without expectation.

Likewise, “healing” implies returning to a previous, unharmed state and suggests death is a wound that can be healed. As we look at how individuals and families process grief, the key is adapting to the loss; not healing. Grief fundamentally changes a person; their loss becomes woven into the fabric of their life story. This perspective differs significantly from viewing grief as something that has a “finish line,” as the word healing or healed implies.

5. What is the difference between bereavement and trauma?

The terms “**bereavement**” and “**trauma**” are frequently—and incorrectly—used interchangeably. As noted above, bereavement is understood as the event of losing someone significant to death. Trauma is an emotional response to a distressing event. What determines whether an event is traumatic is not the nature of

¹Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*, 22(2), 203–211. <https://doi.org/10.1037/0893-3200.22.2.203>

the event itself, but rather an individual's response to the event. That is, what may be considered traumatic for one person may not be considered traumatic for another. While many deaths do occur under traumatic circumstances (e.g., accident, homicide, suicide, or overdose), many deaths do not, and thus cannot, be accurately labeled as inherently “traumatic.”

6. What is traumatic grief?

Traumatic grief is a loss experience that evokes intense fear or feelings of helplessness. It often includes trauma symptoms such as intrusive thoughts or images, hypervigilance, and disruption in eating and sleeping patterns.

7. Is professional help necessary after losing a child?

Not every individual or family requires therapy after a death occurs—even a death as tragic as that of a child. Many people need only to lean on their support network of friends, family, and community to help them navigate the painful and often disorienting experience of grief.

8. Should children attend funerals or memorial services?

As a general rule, yes, children should attend funerals and/or memorial services. It is important to prepare the child, in detail, for what they are going to see and hear during such an experience. Details to include might be whether or not the casket will be open, and, if so, what they will see in the casket (i.e., a body with eyes closed), and an acknowledgement that people may be crying and upset. Of note, adults should normalize crying when one is sad. For young children, someone should be designated to remove the child if they become restless or overwhelmed. This designee should be an adult they trust, and this arrangement should be discussed with the child ahead of the service.

9. Is there any federal guidance for employers regarding bereavement leave standards for grieving parents?

Currently, there are no federal laws or regulations that mandate employers to offer employees bereavement leave, although a handful of states and localities have passed laws and ordinances to allow leave, particularly following the death of a child. While the Fair Labor Standards Act (FLSA) provides governance in many other regards, it does not cover bereavement leave. Therefore, bereavement leave is at the discretion of employers. It is recommended that all bereaved individuals inquire with their employers to establish under what circumstances they can elect to use bereavement leave.

10. How should bereaved parents support their surviving children while grieving?

While all individuals are unique, generally, children and teens need both structure and routine while grieving. It is important to return to some semblance of normalcy soon after the death and/or services. Younger children will likely need reassurance that everyone is safe as well as an understanding that regressive behaviors, while not uncommon, are temporary (e.g., bed wetting, wanting to co-sleep with parents or caregivers, and reverting to baby talk). The best way to navigate such occurrences is with support and reassurance. Teens commonly seek support from their peers; therefore, it is important to allow them time with close friends. It is also important to engage teens in conversations about personal safety and responsibility, including substance use as a means of escape, while establishing an environment where they feel safe openly sharing when they feel overwhelmed or unable to cope.

About Evermore

Evermore is making the world a more livable place for all bereaved people by raising awareness, advancing bereavement science, and advocating for policy change. Visit evermore.org to learn more.