



# Using Humor with Dying and Bereaved Children

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**Abstract** Both adults and children may suffer from complicated grief. Strategies that are effective for adults often do not work as well for children. Individuals suffering from complicated grief typically feel overwhelmed, unable to adapt, engage in behavior that is repetitive, or experience extensive interruptions of the healing process that abnormally lengthens their grieving. For children, complicated grief may be presented by the complete absence of grief reactions. Although many strategies exist to aid those suffering from complicated grief, the use of humor may be used to aid both children and adults be more receptive to other forms of grief management. Humor is an effective way to provide social support for children who are experiencing complicated grief. Humor enhances the use of other techniques ranging from story-telling to humor exist for aiding children who are grieving. Support from adults is required for children to maintain their self-esteem and to manage loss. Children need help to make choices. Children need to say goodbye by writing a letter, making a picture, sending up a balloon with a message to their loved one. Adults need to support their efforts. Humor and laughter allow children and their families and friends to escape, even if only for a short time, to a world where pain, suffering, impending loss, or death, do not exist. Yet most caregivers and professionals do not use humor and laughter as a therapeutic approach. When humor and laughter are used appropriately and with sensitivity, in the right time and right place, taking into account the child's culture, cognition, religious beliefs, and developmental level, the effects can be very positive for the child.

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Both adults and children may suffer from complicated grief. Strategies that are effective for adults often do not work as well for children. Individuals suffering from complicated grief typically feel overwhelmed, unable to adapt, engage in behavior that is repetitive or experience extensive interruptions of the healing process that abnormally lengthens their grieving. For children,

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complicated grief may be presented by the complete absence of grief reactions. Generally, the absence of grief reactions is associated with the broken heart syndrome and masked grief reactions (Marrone 1997). While many strategies exist for aiding those suffering from complicated grief, the use of humor may be used to aid both children and adults be more receptive to other forms of grief management.

## APPROACHES TO GRIEF MANAGEMENT

Grief is often described as loss and our emotional response to loss, but it includes more than just loss from death (Thompson 2012). Loss would include leaving home and going to school for the first time, graduating from kindergarten, having a new sibling take your small bed, and thousands of other losses. Death is a traumatic loss that impacts the entire life of the child. It requires a holistic approach to manage such loss. Strategies for aiding grieving children and adults include therapy, drugs, art, music, journaling, painting, coloring, humor, counseling, story-telling, and many others are of help to those who are grieving. No single approach is effective for all people. Other considerations would also include cultural differences, ethnicity, religion, and social class. Social attributes impact what approaches would be most effective. A Dine or Navajo would not do well in group therapy where verbal skills would be expected. Most would be better able to express their inner feelings with art, sculpture, or sand. Music has been used throughout history to express grief and to try to make sense out of the loss (Lings 2014). Music is generally cross-cultural. All cultures have music, but again, not all cultures or even those in the same culture enjoy the same type of music. Rap may have appeal for some, but not generally for those who treasure classical music. Humor is one approach that seemingly crosses all cultural differences.

Those who are grieving often mask or hide their grief. Adults tend to focus on tasks, such as work, cleaning the house, taking care of arrangements, and making sure that all of the correct

people are notified of the death. For children, they have fewer ways to bury their feelings in socially accepted ways. Children typically spend time alone, thinking, brooding, feeling sorry for them self, and generally not being social. They mask their grief by becoming behavior problems at schools so they can be punished for causing the death of a loved one, or not doing their schoolwork or participating in sports because they should not be happy, rather than openly asking for help or saying that they are hurting, children often mask their grief by engaging in non-typical behavior for them.

While grief is no longer listed as a cause of death and does not appear on a death certificate, the idea that one may die from a broken heart was listed as a cause of death in London in 1657 and has been the theme in many songs, stories, and novels (Parkes 2010).

Those suffering from a broken heart, are often described as those who have been married for many years or close to the deceased as Vincent van Gogh was to his brother Theo. The loved one often dies from a "broken heart" after the death of the love of their life. For children, their entire life has often been with the person who died. This person is truly the love of their life! Their death is a tragedy greater than any other that they have known. Their heart may also be broken! They seldom have any idea of how to face or cope with their loss. While adults generally have developed coping mechanisms, children more often have no experience with severe loss. Their grief is complicated by lack of coping mechanisms and experience with loss.

#### DIFFERENCES IN GRIEF MANAGEMENT APPROACHES OF CHILDREN

Cultures develop approaches to managing grief and loss. It is within the cultural milieu that the child learns how to cope with loss and grief. The family, the larger community, the ethnic heritage, religion, and the society all have an impact on the child's response to a death. Cultures may deny children opportunities to grieve, exclude them completely from the funeral process, not

allow them to say good-bye, or they may be immersed in all of the family rituals and processes (Cook 2013). The level of involvement in the dying and bereavement process will have a decided impact on the child's ability to manage grief.

Children may not be able to express their understanding of death in words, or communicate their feelings with words. Children often make a conscious effort to keep their feelings and other responses secret in an attempt to protect their parents (Robinson and Mahon 1997). It is not from lack of knowledge that children are silent. Very young dying children do exhibit certain behaviors that indicate that a child is aware that he or she is dying and what dying means, and like dying adults, dying children are most fearful of being abandoned or rejected during their dying (Marrone 1997). Children may be more likely to suffer from complicated grief because they are often excluded from the normal family coping rituals. These same children observe, overhear, and see sadness in the adults that they are looking to for support and care. Children who lack the experience and knowledge of how to cope are often insulated from the very adults who could help them learn to cope. The child is often left to grieve without family support. Loneliness is inversely related to self-esteem (Rokach and Brock 1998). As the child becomes more aware of his or her loneliness, the mysteries of existence, the inevitability of dying and death, they typically begin to develop a deep and abiding respect for the feelings and well-being of other people (Firestone and Catlett 2009). While children can learn to love and be loved, they face deterrents in their upbringing that lead to psychological defenses that limit their ability to freely feel and express their emotions and to give and receive love (Firestone and Catlett 2009). Fear and distrust make coping more difficult. The child needs social support from his or her family to cope. The family that fails to provide the necessary social support to the grieving child may further complicate the child's grieving by helping to foster loneliness and the resulting loss of self-esteem. Children can mourn successfully if supported. Silverstein and Bengtson (1997) found that kinship

attachment is important in crisis. Parents and other adults have their own grieving to attend to, but they also need to help support children who are also grieving. Various alternatives exist that can help heal children. Cultural beliefs have staying power. Magic works in the healing process because the seemingly unexplained is a form of social support (Coe 1997). Sand-paintings work because the Dine or Navajo believe that they work. Parents and other adults need to use strategies with children that will provide social support in a non-threatening manner. Parents and other adults need to use support strategies that are non-threatening to children. Humor is non-threatening. Other support strategies that are non-threatening would include drawing, music, and other forms of expression.

#### HUMOR AND SOCIAL SUPPORT

Humor is more than the absence of sadness. Neither life nor death is a disease. Most people have more vitality and courage than they themselves imagine and more than others would expect (Husebo 1998). This very courage and vitality makes humor possible. Those who are facing death, enjoy being able to laugh at their plight as those who are grieving also need to be able to laugh. Spiegel (1998) indicates that even those who were grieving and dying themselves lived an average of eighteen months longer if they were happy and that happiness is integral to good health even in dying people (Speigel 1998). Dame Cicely Saunders reports that three-fourths of the hospice patients and half of their relatives reported being happy in a recent study of hospice patients (Saunders 1995-96). Humor not only aids the survivors, but it also aids their families. Robert E. Neale suggests that we are all victims, and so we must laugh for the sake of humanity, and that by laughing together, we all become victors (Neale 1993). Humor is a form of social support. Emotions of sadness, self-directed hostility, anger, fear, shame, guilt, and low levels of enjoyment are all significant in predicting depression (Carey, Carey, and Kelly1997). Social

support can allow a person to avoid depression and its precursors. If one can laugh with another person, one is able to share with that person in ways that open up other forms of communication and sharing. Guilt, shame, lack of enjoyment, sadness, self-directed hostility, and fear can all be addressed through sharing with another. Humor is a way to open doors to such sharing. By taking our situations too seriously, life can become unbearable. Rohde, Seeley, and Mace (1997) report that stressful life events, loneliness, low social support, current depression, and younger age are highly correlated with suicidal behavior). Humor generally allows one to take oneself and one's situations less seriously.

## HUMOR AND CHILDREN

Children like to deal in abstractions. They also tend to take things seriously. Children will discuss anything. No subject is too painful or forbidden to them. Children tend to fuse together fantasy and reality. Fantasy never diminishes for children. Fairy tales and children's stories provide a social context that can provide insights that are invaluable for a child (Lau 1997). Stories and folklore can provide a perspective, knowledge, and relationships (Bauman 1996). Adults develop memories and learned responsibilities while children develop anxieties that are often peculiar to the young. Children often develop separation anxiety that may arise from basic physical needs such as feeding and protection. Children often have a sense of purpose, but it is often vague and may make them feel dwarfed by it all. Most children seem to keep their distance and fail to come to grips with their fears. Scenes remain ingrained in their memories. Intensity of fear may be inverse to the amount of danger. In the face of these reactions, children who are grieving often attempt to keep their feelings and other responses secret in order to protect their parents who are also grieving (Robinson and Mahon 1997). Thomas Moore (1992) indicates that our habit of viewing our bodies as machines keeps us from attending to the beauty, the poetry, and the

expressiveness of our bodies. Secrets keep us from laughing. Having no taboo topics allows children to face reality. Children and adults who inhibit or hide emotions do not feel better. Suppression of emotions when facing sadness or other negative emotions does not provide relief from that emotion (Gross and Levenson 1997). Social support is an independent variable that affects people's physical and mental health (Palfai and Hart 1997). All children, especially females, need that support.

#### DIFFERENCES IN GRIEF MANAGEMENT STYLES OF GIRLS AND BOYS

Females are generally more likely to feel loved than males (Meyers 1997). This may affect their grief. They may feel more responsibility to manage their own grief to spare the parent or parents who love them. While we assume females to be more expressive than males and because they are generally more mature, most parents are less concerned with their adjustment to grief. Because they appear to be "handling their grief," females often do not get the assistance that they need. Females may be better at "masking" their grief. They, too, suffer from complicated grief. By age six, females experience anxiety disorders twice as often as males (Lewinsohn 1998). Perhaps, because females are generally more mature and responsible than males as children, we tend to focus upon the grief disorders of males. Girls are generally given more latitude to express their feelings directly and to find comfort in talking about their feelings (Silverman and Kelly 2009).

Boys, for the most part, try to deal with death in a rational, logical fashion and are uncomfortable in expressing their feelings (Silverman and Kelly 2009). Boys tend to be action-oriented. Tom Golden (2013) suggests that males find safety in action. While the father may want to dig the grave, the child would want to help pick out the casket or place a cherished item in the casket to honor his mother. Girls find direct eye contact as a way to feel close or connected while

boys find direct eye contact as a sign of confrontation or threat. Among the Plains tribes, women and girls are allowed to wail, cut their hair, and to express their emotions openly. Men and boys engage in tasks in preparation for the burial, sing, and expression their emotions by doing. All cultures offer different styles of coping for males and females. Some girls engage in masculine styles of grieving and some boys engage in feminine styles of grieving.

#### HELPING CHILDREN GRIEVE

All children need the help of adults when facing grief. Even comic strips are able to make the point that children should be included and that they grieve. Sarah Brabant (1997-98) in her study of death and grief in comic strips suggests that even in comics the "ordinariness" of death affirms the impact of death on survivors, the uniqueness of the grieving process for each person, and the variation in time and intensity of the grief process

#### SOCIAL SUPPORT

All who are grieving need social support. Humor, even gallows humor, can provide a sense of social support. Steve Lipman (1991) wrote, *Laughter in Hell: The Use of Humor during the Holocaust*. Elie Weisel also discussed the use of humor during his stay in the concentration camps. Humor is a reaction to oppressive conditions (Bauman 1997). Social support does aid coping behavior. Whether the death is real as in a concentration camp or make-believe as in a comic strip, the same coping skills can be used. Many children cry at movies when the yellow dog or the hero dies. It is the same response that occurs when real dogs or people die.

Social support can be exhibited in many ways. Certainly, if one is able to share humor with another, that person is exhibiting social support. When one is grieving, one is also typically more sensitive to the reactions of others. If one is secure enough to share humor and to laugh with



another person, that person can be trusted to provide social support. Laughter gives the child, and the adult trying to help the child, something else to think about. Rather than thinking about the disease or the loss, the individuals involved can forget their pain for a few moments when given a reason to laugh. Laughter does promote confidence and hope. Humor conveys messages, facilitates social relationships, diverts aggression, and manages “touchy” situations by producing feelings of social support and social solidarity. Jokes allow a major tension shift (Thomas 1997). Grieving creates tension for children. Grief makes life seem to be without purpose.

Loss or separation is a blow to a child’s sense of being and purpose. One’s health and well-being can be threatened by crisis and loss. Good health and well-being are the core features of life. Leading a life with a purpose, quality interactions with others, self-regard, and mastery lead to positive human health (Ryff 1998). Bereavement itself can have health consequences severe enough to require professional intervention (Schut 1998). Children that may already have difficulty expressing emotion may have the problem compounded if the person who died was the very person who listened to them. Humor can help a child who has difficulty expressing emotions, adults can use several approaches.

#### SECRETS DESTROY ABILITY TO COPE

Unfortunately, adults who develop a pattern of keeping family secrets are less inclined to use humor. This pattern creates problems for grieving children. Keeping secrets is a form of information control (Vangelisti and Caughlin 1997). Humor and laughter is the opposite of secrets. Keeping family secrets leads to the lack of expression. Children of alcoholics or drug abusers typically have trouble expressing their true feelings. Secrets inhibit the expression of what is felt inside. Lack of open communications makes it difficult to share with others and increases the possibility of blame, guilt, and conflict (Cook 2013). In a healthy relationship, acts that might be

secret become sentimentalized and the object of laughter and joking. "Do you remember the time when your Mother called me at work in August to say that when she opened the freezer, smoke came out? It was on fire, she thought." Rather than be angered by his wife not thinking about the cold air of the freezer meeting the warm air of August, the father saw it as a funny event to share with his child. To laugh together is a positive form of sharing and social support. Humor is social. We rarely laugh alone (Morreall 1983). Death, itself, can be a welcome end to worldly injustice, tyranny, and pomp. Death is not just a great leveler, but laughter tips the balance in favor of the formerly disadvantaged (Glasgow 1997). Sharing humor makes everyone relax. Not only is laughter contagious, but it also has a cohesive effect (Morreall 1983).

What better way to give social support to others by laughing at one's own condition. Sharing is healing. Children tend to take themselves, their situations, and life far too seriously. The serious person is solemn and anxious. The humorous person is more relaxed (Morreall 1983). Seriousness can drive one to despair. By being too serious, we can make work of parties, vacations, and even making love. Acts that should provide joy can become a burden if they are viewed as all-important (Mindess 1971). Humor provides order to disorder (Lefcourt and Martin 1986). A child who lost his hair to his cancer treatment was allowed by his teacher to face the class, take off his hat and wig and share a laugh with them about his lack of hair. The students never gave him a hard time about his lack of hair after they shared a laugh about it.

Humor facilitates social support. Those who can laugh together are viewed as caring and supportive. Those who do not find social support turn to isolation as a way to reduce pain (Rokach and Brock 1998). Humor is a shared activity. It is much harder to find joy or humor unless it is shared. Sometimes, we imagine how others would react, and we can smile and even laugh by ourselves. It is important to understand that just as laughter is beneficial for all parties who are sharing the laughter, social support is beneficial for not only the recipient, but it is also beneficial

for those who are giving the social support to others (Jung 1997). Komproe, Rijken, Ros, Winnubst, and Hart (1997) found that social support had a direct effect on depression and aided coping behavior. Aken and Asendorpf (1997) found that low social support by the mother provided the greatest risk of low general self-worth and that low social support by one parent could only be compensated for by social support by the other parent. Aken and Asendorpf also concluded that family support was strongly related to self-esteem. Social support networks are important to the psychological well-being of children (Allgood, Crane, and Agee 1997). One method of opening the door for humor within the family might be to ask the children to offer their forms of social support to other families. Generally, girls provide emotional assistance, daily care-giving, and social services while boys typically offer advice. (Goldsmith and Dun 1997). Any of these scenarios could offer the opportunity for a humorous situation that would allow the sharing of laughter and the diffusing of the seriousness of the situation. Boys like to feel needed, and giving advice shows that they are not only needed, but wise and therefore important. For girls, crying together, smiling together, and helping with emotions are forms of social support.

Not only are children aided through their grief by expression, children who are free to express their own emotions are more apt than other children to approach and assist others who are in need (Eisenberg and Mussen 1989). The use of humor encourages children to better use art, music, and other forms of expression. Humor allows children to remove the sense of distance between themselves and others; to find relief for depression; to enhance their self-esteem; to lower anxiety, fear, and other feelings of grief; and to achieve a safe level of acceptance of reality. It is not necessary to flood the child with reality, but it is important to support and encourage a reasonable view of what actually occurred (Hemmings 1995). Rabbi Earl Grollman, who wrote many classic books dealing with children, suggests that children need trust and truth, to be made

to feel that they are important human beings, and that they are worthy of respect (Firestone and Catlett 2009).

## CONCLUSION

Humor is an effective way to provide social support for children who are experiencing complicated grief. Humor enhances the use of other techniques ranging from story-telling to humor exist for aiding children who are grieving. Support from adults is required for children to maintain their self-esteem and to manage loss. Children need help to make choices. Children need to say goodbye by writing a letter, making a picture, sending up a balloon with a message to their loved one. Adults need to support their efforts. Humor and laughter allow children and their families and friends to escape, even if only for a short time, to a world where pain, suffering, impending loss, or death, do not exist. Yet most caregivers and professionals do not use humor and laughter as a therapeutic approach. When humor and laughter are used appropriately and with sensitivity, in the right time and right place, taking into account the child's culture, cognition, religious beliefs, and developmental level, the effects can be very positive for the child.

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