Helping Children Grieve

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The hospice IDG can often be challenged when it comes to meeting the needs of grieving children. Bereaved children may experience the pain of loss earlier than we might otherwise expect. They may not completely comprehend the meaning of ‘gone for good.” And for many, the loss can prematurely shatter their innocent belief that their parents will be there to care for them forever.

The adults who listen and take their cue for action from the children themselves, soon learn that what grieving children need most is unconditional love, reassurance that they will be cared for, and inclusion in the mourning process.

For example, when adults speak honestly to children about death, the child begins to understand death as a natural part of life, instead of something to be feared or something that happens to other people. This gives children the time to prepare for the impending death and properly mourn.

This article outlines the typical emotional, physical and behavioral manifestations of children’s grief and offers guidelines for effective intervention.

Recognizing a Child’s Typical Cues

Some of a child’s grief reactions occur immediately while others may occur at a later point. In general, children’s grief tends to manifest in physical and behavioral expression rather than verbal expression.

In addition to developmental level and chronological age, the main factors that influence how children grieve include their relationship with the person who has died and the nature of the death; their own personality and previous experiences with death; their religious and cultural beliefs; and input from the media. But, above all, it is what they are taught about death and grief from adults in their community of support that will impact them the most.

Below are some guidelines, based on the child’s chronological age:

**Infancy to Age 2**

Babies do not have the cognitive capability to understand an abstract concept like death. And because they function in the present, babies will become acutely aware of loss and separation when someone significant dies.
When they experience the loss through any disruptions to their nurturing routine—including the emotions and behaviors of significant adults around them—theyir reactions include irritability and protest, constant crying, a change in sleeping and eating habits, decreased activity, and weight loss.

**Preschool (Ages 2-4)**

“When will my mommy be home? How does Grandma eat or breathe in heaven?”

Preschool children do not comprehend the concept of “forever.” For this age group, death is seen as temporary and reversible.

Because preschoolers tend to be present-oriented, their grief reactions are brief but can be very intense. They are learning to trust and form basic attachments and, thus, when a significant adult dies they become very concerned about separation and altered patterns of care.

They also respond to the emotional reactions of adults in their life, and may cry or throw a tantrum because they are concerned or want to distract the adult from difficult emotions. Typical grief responses include confusion, frightening dreams, or regressive behaviors such as clinging, bedwetting, thumb-sucking, inconsolable crying, temper tantrums and even withdrawal from others.

**Early Childhood (Ages 4-7)**

“It’s my fault. I was mad at my mother once and I told her I wish she would die. Then she did die.”

Children in this age group may feel responsible for the death, believing that negative thoughts or feelings they had about their loved one caused his or her demise.

This “magical thinking” stems from the belief that everything revolves around them and they can control what happens. Even when children are exposed to death through the media or at school, they still may believe that if a person is careful enough, he or she can avoid death.

They may also connect occurrences that do not have anything to do with each other. If a child bought a toy the day her sister died, for example, she may attribute the toy to causing the sister’s death, especially if the real cause of the death is not fully explained to her.

Sometimes children at this age can appear unaffected by the death and act as if nothing has happened. However, this doesn’t mean that they are unaware of it or have accepted the death. It may just signify their inability in that moment to acknowledge the painful reality. They also may model their grief reaction after the other adults in their lives, feeling uncertain about how to express grief feelings themselves. Children at this age also tend to be fearful that other loved ones will leave them and will sometimes form attachments to people who resemble the deceased in some way.

**Middle Years (Ages 7-10)**

“Do fingernails and hair keep growing when you die?”

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This age group may want to see death as reversible, but they also begin to see it as both final and universal.

They sometimes visualize death in the form of a tangible being, such as a ghost or boogeyman. They may also be curious about the details of the death, and may ask candid questions. Even though they know death can happen, they often don’t believe it can happen to them or someone they love. They also might view death as a punishment, particularly before age nine. Middle-aged children often become concerned with how others are responding to the death and may fear that they or other loved ones will die.

Death may be play-acted in children at these ages, especially for those who have difficulty expressing feelings verbally. As a means of idealizing and maintaining a bond with the deceased, middle-aged children may also try to assume the family role and/or tasks of the deceased as well as their mannerisms.

Some children in this age group may act out their anger and sadness and experience difficulties in school due to a lack of concentration. On the other hand, they may appear indifferent, or withdraw and hide their feelings. Other typical responses include shock, denial, depression, changes in eating and sleeping patterns or regression to an earlier developmental stage.

**Pre-Adolescent (10-12)**

“None of my friends could ever relate to what it’s like losing their dad.”

Pre-adolescents are establishing their own identity. They are increasing their independence from the adults in their lives while increasing their dependence on peer groups.

At this age, they commonly cover up feelings about their loss so as not to appear “different” or “weak” in front of their peers. They may express their grief in such uncharacteristic ways as angry outbursts, irritability and bullying behavior.

Feelings may also be exhibited through physical complaints, moodiness, changes in sleeping and eating patterns, indifference toward schoolwork, or isolation from their peers. They may have concerns about how the household will survive without the deceased or they may have questions about religious and cultural beliefs related to death.

The developmental responses outlined here are typical and normal responses to grief in children. However, it is important to note that if any of these responses are prolonged or pervasive — affecting the child’s ability to function normally in school or with peers — it may be an indication that the grief has become “complicated” and assistance should be sought.

**A Case Considered**

*Grace is a 33-year-old mother of two — a 6-year-old son and 9-year-old daughter. She and her children have been living with her mother for the last four years, while Grace has battled breast cancer.*

*When doctors told Grace that she was dying and only had a few months to live, both she and her mother struggled to accept the prognosis. While the children knew their mother had cancer, Grace and her mother refused to tell them about the prognosis.*

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They also refused counseling for themselves, but wanted counseling for the children who were displaying feelings of anger and sadness that were interfering with their schoolwork.

On the counselor’s early visits, Grace’s mother would open the door and whisper, “It’s been a real bad day.” Then she would disappear. Grace was often resting and didn’t want to be involved with the visit. The counselor learned quickly that both children suspected their mother was dying, and they believed she might die soon. Both worried who would look after them when she died. The boy wanted to live with his father, but the daughter wanted to stay with her grandmother. They both worried about whether they would get to say “goodbye” in a way that was satisfying to them. They felt disloyal in asking about the situation and angry about not being told.

The counselor suggested the children write a letter to their mother as a way to start communicating with her. After reading the letters and realizing that her children already knew that she was dying, Grace was able to let her guard down. They all were then able to slowly begin the process of saying goodbye. The counselor gave the children tracing paper and a pencil to trace their mother’s hand as a way to create a memento. This was a significant step for all involved.

As this case study illustrates, whenever possible, it is important to prepare children for the death of a loved one before the death occurs.

First, asking a child what he or she knows about a loved one’s illness allows the adult to discover any misperceptions the child may have, and can help determine where the discussion should start. The information shared with the child should be presented in a gentle, calm manner, allowing the child to voice questions and concerns. Children can usually absorb only a little information at a time, so it is helpful to look for “teachable moments” when the child seems open to learning.

Explain that all living things must die. Nature can be utilized as a means of introducing the cycle of life and death to the child, using plants and insects as examples. Tell the child that because people are living things, they die too. Remember to explain that the images of death that the child may see on TV cartoons are not authentic and that death is irreversible. It can be explained that while people usually live a long life, someone who develops a very serious illness can die before becoming old. Using several adjectives like “very, very sick” or “very, very old” helps the child distinguish between someone with a common cold versus someone with a terminal illness. The child should be reassured that this is not a punishment, or God’s (or anyone else’s) fault, but sometimes just happens.

If a child is old enough to understand what is happening when a loved one is dying, and both the child and the dying person would like to see each other, the child should be allowed to visit. Just be sure the child is prepared for what he or she might see and/or hear and what feelings might be experienced. And, depending on the age of the child, it may be advisable to keep the visit short.

Visiting with a dying loved one may be a way for a child to understand the reality of the death, and a way for important communication to take place. The key is that the visit must be the child’s choice. If the child does not want to visit, a supportive adult should attempt to elicit why the child is resistant, but the child’s wishes should be honored.

Throughout the illness, a child should be told about changes in a loved one’s condition as they arise. A child should also be allowed to care for a loved one in a way that he or she chooses, be it through writing cards or bringing the loved one a glass of water or tissues. Sometimes, caring for a dying loved one allows a child to feel less helpless.
**Some Effective Interventions**

Once a loved one has died, it’s critically important to let children express their grief in their own way, in their own time. Never pressure a child to resume their normal activities if they are not ready. Children tend to have “grief bursts” followed by play and normal activities. While they may not be able to succinctly verbalize what they are feeling, they may demonstrate their feelings through their behavior and play.

Children need to feel that it’s okay to talk about death and grief. However, if a child does not want to share their feelings, their wish should be respected. Adults should let the grieving child know they are available to help and that any feelings they have, such as anger, sadness, fear or regret, are normal. Hugging and touching helps grieving children feel secure in expressing their emotions and also reassures them that they are indeed loved and will be cared for. Children are most often comforted by familiar surroundings and routines, and separation from other loved ones during the grief period may increase their fears about abandonment.

Messages relayed to a grieving child — such as “You’re the man in the family now” or “Be a good girl. Your Mommy needs your help now more than ever” — suppress grief expression and set up unfair expectations of children. Adults should gently intervene if they observe a child taking on the roles and tasks of a bereaved adult, particularly the role of the “confidante” or partner if the other parent has died.

It’s also important that adults not hide their own feelings of grief. If they do, they teach the grieving child that experiencing these feelings are not okay — that they’re something to be ashamed of or to be kept to oneself. It is also true that grieving adults should not grieve profusely and at length in front of a child since it might frighten and worry the child.

Religion is an important source of strength for many adults and children during the grief process. And like adults, children should be allowed to express their religious and spiritual concerns. Children, however, take things literally, so explanations such as “It is God’s will” might be frightening or confusing, particularly if religion has not played an important role in the child’s life. Be sure to ask the child how he or she perceives your explanations about the death.

**Special Considerations**

Children should be given the choice as to whether they wish to attend a funeral or memorial service. If they wish to, they should also be asked how they want to be involved.

If it is the child’s first experience with a funeral, adults should explain what will occur and what they and others may be feeling. Perhaps the child could write a note to include in the casket or participate in the service. Particularly with young children, it is helpful if someone who is less directly affected can be available to attend to the child's needs, so the family has time with their own emotions.

Although children will miss their loved one and will know that holidays will be different, they may still want to celebrate them. Holiday rituals that included their loved ones could be altered and new rituals developed. Mother’s and Father’s Day can be particularly difficult for children who have experienced the death of a parent. Children may want to visit the cemetery or a special place where they have positive memories of their parent. If there is a special event that honors parents, they may wish to identify a “substitute” mother or father who can accompany them and support them through the event.
Children often need extra reassurance and support during the first anniversary of the death. They may want more hugs and support in order to affirm and strengthen their relationship and connection. For example, children often want to celebrate the birthday of their loved one by baking a cake, making a gift and sharing memories.

**When a Child has Healed**

Author and renown professor of psychology, J. William Worden, has shed important light on the process by which children come to accept a significant loss and the understanding that the death is final.

According to Worden, most children describe a “new normal” as they begin to adapt. They still think about their loved one and understand that their life has been changed, but they begin to reconstruct a life without their loved one in it. They begin to feel secure about their future — that they will be taken care of and will have their needs met by other significant adults who are available for support.

Older children sometimes state that, in going through their grief experience, they have become more compassionate toward others and more tolerant of other problems and challenges in their own lives.

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**A Great Tool for the Clinician**

A Play Kit can be a helpful tool in the clinician’s work with grieving children, and might contain all or some of the following items:

- Stuffed animals and pillows
- Books on various types of illness and loss
- Grief coloring books, journals and activity books
- Blank paper, stationery, pipe cleaners, markers, crayons, colored pencils, pencil sharpeners
- Fabric markers and pillowcases
- Mourning bracelets
- Puppets, dolls, play figurines
- Grief games, such as The Goodbye Game, Winning at Loss, Memory Garden, Bereavement Healing, and Doggone Grief
- Plastic tub of sand with figures for sand-tray work
- Stickers of words, animals, or pictures
- Pre-formed masks that can be individualized with paint or markers
- Items found in nature, such as rocks, shells, branches, leaves.

**Where to Find Them:**

NHPCO Marketplace carries several excellent books, including *Healing Children’s Grief* (Members: $27.65); *Helping Teens Work Through Grief* (Members: $23.95); and *Jeremy Goes to Camp Good Grief* (Members: $14.15). For additional resources, visit [www.nhpc.org/marketplace](http://www.nhpc.org/marketplace).

Additional resources can be found at *Centering Corp.*, *Compassion Books*, *Griefwatch*, and the *Sesame Street website*. 
What Families Can Do

- Suggest children put their feelings and thoughts down on paper through words or pictures, or write a letter to their loved one.
- Assure children that it’s okay to have fun. It’s even okay not to think about their deceased love one for a while.
- Encourage physical activity, such as walking or biking.
- Cook favorite foods and/or re-visit places that were enjoyed as a family.
- Decorate a memory box together and fill it with mementos of the loved one.
- Create a memory bracelet as a reminder that bonds continue.
- Make a memorial garden, marking the loved one’s initials and date of birth on adorning stones.
- Don’t hesitate to visit the gravesite.