

Four Ideas to Help Children Cope with a Death in the Family

Idea # 1: Try to understand your child's level of maturity and offer comfort at that level.

When babies are born, they cannot do many things that adults do easily. Over time, children learn to walk, talk, read and think about complicated ideas. Children's emotional and mental abilities also grow slowly over many years. This means that children will respond differently to death depending on how "old" they are emotionally.

Birth to 2-3 years of age

Young children often don't understand that "death" means "gone forever."

- A young child may hear the words, "Your brother died and went to heaven" and think that means he will be back soon. This can be very painful for grieving caregivers as the child asks over and over, "When will Joey be coming back to play with me?" Give a simple, caring answer like, "I am sad that you are missing Joey but he can't come back to play with you because his body stopped working. It won't ever work again so he will not be able to come back." This kind of response may not end the questioning but will help your child adjust to the idea that Joey's absence is, sadly, not temporary this time.

3 to 7 years of age

Children between the ages of 3 and 7 years are beginning to get a better idea of how the world works but often use "magical thinking" rather than concrete thinking.

- A child of this age might say, "I want to die so I can go be with Joey." This does not necessarily mean that the child is suicidal. It may simply mean that the child believes that he or she could die, go visit with Joey, then come back to life again to return to the family. Explain that death is "forever" and that a person can not be dead, and then magically be alive again. This might help the child understand that he or she can not "go visit" Joey for a little while. If a child says he or she "wants to be dead" and has been very sad or angry about the death, this may indicate suicidal thoughts. If in doubt, consult a mental health professional for an evaluation.
- Another part of "magical thinking" is that children at this age often feel like they can control events just by thinking certain thoughts. A child might imagine that he or she "caused" Joey's death because he or she felt angry or jealous toward Joey at one time. In this case, it can be helpful to state the facts clearly and simply. For example, a caregiver might explain, "What happened was not your fault. Joey died because he fell in the pool and breathed in water. With all that water in him, his body didn't work anymore." A concrete answer about the cause of death can be very reassuring to a child at this age.
- Even if your child may have played some part in the death, he or she can be calmed by the facts of death. If an older child was sleeping with a younger one and rolled over during the night, he or she may be reassured with a simple

explanation such as, “While you were both sleeping, Joey’s face got covered and he could not breathe. That was not your fault. That was an accident.”

- Young children often “work out” their emotions through play rather than words. It can be hard for adults when a child chooses to play out some aspect of the death several times, but this may be the child’s way of coping with the death. Sometimes it can help to read a book together about the death of a pet or fairy tale character. Answer your child’s questions with simple answers. If play seems to be helping to decrease your child’s confusion and sadness, it is probably “good play.” Play that keeps the pain “alive” and unresolved may be more harmful than helpful. If your child’s play does not seem to be moving toward less pain and distress, you might want to consult a mental health professional about how to help your child get “unstuck.”

Older children

Older children can understand that death is permanent and may become very sad, angry or afraid.

- They often have lots of “why” and “what if . . .” questions. For example, adolescents might ask, “Why did this have to happen to our family?” “What if Mom or Dad dies next?” The “why” questions are often the hardest.
- If the family has had a religious or spiritual tradition, they can turn to that tradition for some answers about the “unseen world.” A spiritual perspective may not fully answer the “why” questions. It can offer comfort and reassurance that there is something or someone that lies beyond the natural, material world that has meaning for us, especially in the face of death. Of course, an older child’s understanding of spiritual things also develops slowly as they mature. It is important to allow your child to have an “immature” faith if he or she does not fully understand the spiritual ideas that are offered.

Idea # 2: Remember that a child’s response to grief often occurs in three “phases” that repeat over time.

Comfort that fits the phase of grief your child is in can be accepted more easily than comfort that might be “out of phase.”

Phase 1

In the first phase of grief, children are often in shock, feeling very confused about the death.

They may experience irrational fears, vague physical symptoms, and temper tantrums, problems with concentration or emotional numbing. In this phase, caregivers can help children to accept the loss as real and painful. Help the child understand that the person who has died will not “be there” anymore except in memory.

Some ways you might help your child move into the next phase:

- Keep family routines simple but structured.
- Read or tell stories about how others have dealt with grief.
- Allow extra time for talking and playing together.
- Model healthy grieving.

Phase 2

After children have accepted that the loss is real, they begin to grieve, feeling less fear and more grief about the loss.

Feelings of hopelessness, helplessness and despair may become so strong that the child appears to “give up on life.”

- Younger children may take a few steps back in their development, returning to old patterns like bed-wetting, thumb sucking or wanting to sit on Mom or Dad’s (caregiver’s) lap.
- Older children may give up on school and want to stay home with Mom or Dad (caregiver) instead.
- Teens may start making riskier, more rebellious choices or withdrawing from family life altogether.

Acknowledging painful feelings and encouraging children to find ways to express their grief can help.

Some children develop clinical depression during this phase and, if they become “frozen” in grief, may need professional counseling to help them move on.

Phase 3

Children begin to find ways to resolve their grief often through play, drawing, writing, participating in family rituals, talking with other kids who have experienced loss or sharing with a family member or mentor.

As painful feelings are expressed and resolved, children have more energy and motivation to move forward and “get on with living.” This can sometimes lead to conflict in the family as some family members prepare to move on while others are still grieving. Talking about these differences and accepting them as normal can be very reassuring to a family member who is “out of synch” with others in the family.

In general:

- All children are unique and do not move neatly and completely from phase to phase.
- The grieving process looks more like a series of circles than a straight line. Just when a child appears to be ready to move on, he or she may have an experience that brings back painful feelings. The whole process begins again.
- Each circle of shock, pain and resolution gets a bit easier but throughout life, especially during family transitions, children may need to grieve again.
- As the family goes through new stages and as children develop mentally and emotionally, they may want to talk about the death again from a new perspective.

Idea # 3: Try to manage your own grief in healthy ways.

Children are very sensitive to how the adults around them are dealing with the life's challenges. If the adults are doing well, children are reassured and can usually work through their own emotions eventually.

- The death of a child is perhaps the most stressful event a caregiver will ever experience, so caregivers may not be “doing well” at a time when their children need them most. This is a time to take good care of yourself so you have the energy to help your child when he or she needs it.
- If you just can't shake off the sorrow enough to help your child, try to arrange for frequent visits with another family who can give your child support until you are ready to “be there” again. Even though you may feel like hiding from the world, now is the time to reach out to family members, friends, your faith community or even professional helpers.

Idea # 4: Don't be afraid to seek help.

Grief is a process that is meant to slow us down so we can do the hard work of feeling intense pain and over time come to terms with our loss.

- **This process takes a lot of emotional energy.** Trying to get back to “normal life as quickly as possible” may not be the right choice for you and your family. How long a person grieves varies from person to person. There is no “right” length of time for grieving or one “right way” to do it.
- **Children tend to grieve in spurts**—feeling very sad or angry at times, and then running out to play as if nothing has happened. What counts are how well they do in the long run. After a few months, ask yourself:
 - Does my child seem to be recovering from this loss?
 - Does he or she see the world as essentially stable and good?
 - Is my child beginning to do and enjoy some of the things that used to light up his or her day before the loss?”
- **If your child appears to be “stuck” he or she may have developed clinical depression.** A child who can not go back to school, make time for friends or enjoy playing again may need help returning to the “tasks of childhood” that are part of continuing to grow and mature.

Clinical Depression

Depression is different from sadness and involves physical as well as emotional changes.

- Signs of depression in children are often quite different from signs of depression in adults.
- Depressed children and adolescents may appear to be more angry than sad, more defiant than depressed.
- Other signs of depression include problems with sleep, unexpected weight gain or loss, problems with concentration and a generally negative view of life.

If, after a few months of grieving, your child seems stuck in dark thoughts or unable to return to the tasks of “daily life,” it may be important to seek professional help through a licensed mental health clinic or private therapist.

Mental Health Professional/Assessment

A mental health professional can provide a personal assessment, geared toward your family’s unique situation and your child’s maturity and personality.

- These assessments are usually paid for by health insurance. You can arrange for an assessment by calling any of the mental health professionals listed in your telephone book.
- When you call, ask about the professional’s experience and training in working with children who are grieving.
- If you do not have health insurance, call the Onondaga County Outpatient Clinic for Children and Youth. This clinic offers assessments to anyone under age 18 years who lives in Onondaga County, regardless of the family’s ability to pay. If you do not live in Onondaga County, contact your area’s Mental Health Association for information about how to get help in your area.

Although the death of a child is one of the most traumatic events a family will ever experience, families do recover and go on to live healthy, happy lives. Often, the loss draws family members closer together and builds deeper emotional ties between them. Please don’t hesitate to get the help and support you need to help your family grow stronger even in the face of death.

Sue Ellen Harris
Onondaga County Mental Health
4/21/2010