

# HELPING CHILDREN GRIEVE

Children and adolescents understand and experience grief differently than adults. Their ability to understand the permanency of death will depend on their age and stage of development. Adults often mistakenly believe that children do not suffer the pain of grief. However, research proves that even the youngest children react to death and loss according to their temperament, personality, relationship with the deceased, and relationship with surviving caregiver(s). Children need to have unlimited opportunities to ask questions, and communicate their fears and feelings about the death. They may do so through their words and/or act them out through play.

Children serve as mirrors, reflecting the actions and behaviors of the adults around them. That is why it is important for caregivers to model healthy coping skills by taking responsibility for their own grief work. Unfortunately society has trained adults to hide or mask their emotions to avoid scaring or upsetting their child. To the contrary, when adults are intentional and authentic in sharing their grief experience with their child, they are teaching them how to understand and handle loss in the future. If parents remain silent or secretive about their grief, they inadvertently send their child the message that it is "bad" or "not OK" for them to talk about their feelings.

Society perpetuates the myth that grief is something we "get over" by seeking "closure." But grief doesn't work that way. Over time we develop coping strategies to manage our feelings and emotions, but our grief journey does not have an expiration date. This is especially true for children as they are cyclical grievers. As they reach life-defining developmental milestones they will "re-grieve" the loss from a matured perspective. Examples of significant milestones include the onset of puberty, graduating from high school, going to prom, getting married, and having a baby.

## FOLLOWING IS A BRIEF DEVELOPMENTAL BREAKDOWN OF HOW CHILDREN GRIEVE:

### INFANTS AND TODDLERS (BIRTH TO 3):

While infants and toddlers cannot fully understand the meaning of death, they are able to sense when caregivers are experiencing emotional distress. Following pre-established routines and/or creating new ones provides a sense of normalcy during a time of unpredictability and change. Expect the infant/toddler to require additional attention and exhibit changes in their appetite, sleep patterns, and mood. If possible, avoid extended periods of separation from the primary caregiver.



### PRESCHOOLERS (AGE 3 TO 6):

Preschool age children are concrete thinkers and view death as reversible. Use terms with them that are simple and literal. Euphemisms such as "grandma went to sleep," or "daddy passed away" are confusing and cause fear. A toddler might be afraid to "go to sleep" not understanding what "going to sleep" means. Parents will determine whether they will use religious explanations such as "Grandma went to be with God," but keep in mind that religious explanations alone may be too abstract for the child to comprehend. While it may feel counterintuitive, it is best to use the words "death," "died," "dying," and other tangible phrases such as "Grandma's heart stopped beating," or "Grandma does not feel cold or hungry" when talking to your child about death.

# HELPING CHILDREN GRIEVE CONTINUED

## PRESCHOOLERS (AGE 3 TO 6) continued:

Expect the preschool age child to ask and re-ask questions about where the deceased person is and when they will be coming back. Through their words and/or play they may express concerns that the person is hungry, cold, or lonely. No matter how many times they ask the same questions, try to answer them with patience and honesty. Do not be surprised if they demonstrate separation anxiety and other regressive behaviors (such as thumb sucking, and bathroom “accidents” for children who are potty-trained).



## SCHOOL AGE CHILDREN (AGES 6-11):

School age children are beginning to understand the permanency of death but still require concrete, simple, and honest explanations. As magical thinkers they may blame themselves for the death, for having angry or jealous thoughts about the deceased. Be sure to assure and reassure them that there was nothing they could have done to prevent the death. They may find the finality of death mysterious, becoming fixated on the physical aspects of what happens to the body post-death.

When the death is of a parent or primary caregiver, the child may become overly protective of the surviving adult fearing they too will die. Rather than worrying about choosing the perfect words to say, focus on providing a calm, nurturing, and attentive presence. Remind the child that not everyone who is sick will die and that there are many people in their lives who care about them and love them.

## TEENS/ADOLESCENTS (12-18):

Because of their size, adolescents are often mistaken for “miniature adults.” However, neuroscientists have recently discovered that the adolescent brain does not fully mentally and emotionally develop until the age of 25. Adolescents are abstract thinkers and understand the permanency of death, yet may be unwilling to talk about it. They strive for independence and normalcy—two reasons why it is more challenging for them to ask for help. By acknowledging their need for support, they may fear discrediting their newly established autonomy, or feel that it will spotlight them as being different. There is little reassurance for the adolescent who becomes known as “the girl whose mom died” at an age when fitting in is so important. Consequently, they often hide or bury their feelings, leading adults to erroneously assume they do not grieve.

While some teens may prefer talking one-on-one with a therapist about their feelings, others may feel more comfortable in an online or in-person support group environment where they can identify with others who have experienced similar losses. In spite of their size and/or attitude, adolescents require love, patience, and attention from the significant adults in their lives. When they do not have a healthy outlet their grief will manifest through physical symptoms, such as headaches, stomachaches, and panic attacks, or by way of high-risk behaviors including experimentation with drugs and alcohol, physical aggression, and self-injury.



# HELPING CHILDREN GRIEVE CONTINUED

## FUNERALS AND FAMILY RITUALS

Adults desire to shield their children from harm by making decisions believed to be in their best interest. Projecting their own fears onto their child that it would be too scary or traumatic for them to attend the funeral service, adults often unilaterally decide to exclude them. Unfortunately by doing so they are depriving their child the opportunity to learn about death, grief, and loss in a healthy and positive manner. Children deserve the option of whether or not they wish to participate in the funeral and other family rituals. Explain to the child what the event will look like, who will be there, and what their responsibilities will be. For instance, if there is going to be an open casket, describe what the body will look like while assuring them that it is their decision of whether or not they want to see it. Be prepared to answer questions about the mechanical and spiritual aspects of the body. If the parent/primary caregiver is experiencing their own intense grief, it is important to have a trusted adult nearby who can step in to answer their questions and provide a sense of safety.

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