Understanding & Helping the Grieving Child

Safe Crossings - A Program for Grieving Children at Providence Hospice of Seattle
What Helps!

Circle the activities that help you express your feelings.

Exercise
Spend some time alone
Have a good cry
Read a good book
Laugh out loud
Give a hug
Get a hug
Play an instrument
Walk the dog

Talk to friends
Talk to family
Shout or scream outside
Dance to loud music
Watch a funny movie
Spend time with friends
Write a letter
Write in a journal
Play a sport

Add your own:

Circle some of the people and places that have helped you or can help you. Write their names in the space provided.

Family
Counselors
Pets
Coaches
Friends
Support group
Neighbors
Faith/Cultural Communities
Teachers

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Safe Crossings Program
Ages 6-12 (Cont’d)

The Invisible String
By Patrice Karst
A story that shares that there is an invisible string, or bond, between kids and their loved ones, even when the loved one isn’t physically present.

The Memory String
by Eve Bunting
Invites readers to remember family history while welcoming new memories.

Rachel and the Upside Down Heart: A True Story
by Eileen Douglas
A story about the grief of a young girl and her mom as they adjust to the changes of life after the death of Rachel’s father.
Available at www.newleaf-resources.com.

Tough Boris
by Kathryn Brown
Through the story of a rough and greedy pirate, Tough Boris explains that having feelings is normal and that it is okay to be sad sometimes.

Ages 13-18

Common Threads of Teenage Grief
by Janet Tyson and Teens Who Know
Promotes an understanding of grief and healing for teens, their families and friends. By a middle school counselor and nine teens. www.centering.org.

Facing Change: Falling Apart and Coming Together Again in the Teen Years
by Donna O’Toole
Information to help teens cope, understand and grow through their losses.

Fire in My Heart, Ice in My Veins: A Journal for Teenagers Experiencing Loss
by Enid Samuel-Traitsman
A journal for teens who have experienced the death of a loved one.

Healing Your Grieving Heart For Teens: 100 Practical Ideas
by Alan D. Wolfelt, Ph.D.
Written to help teens understand and deal with their unique grief.

Help for the Hard Times: Getting through Loss
by Earl Hipp
A guide that helps teens understand how they experience grief and loss and gives them tools for coping with their grief in healthy ways.

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Understanding and Helping the Grieving Child

Each of us will face the death of a loved one at some time. We seek other people, books, counseling or other outlets for support during the grief process. But who helps a child deal with a death or an impending death of someone they love? Naturally children turn to other significant persons – family, friends, neighbors, relatives, and teachers. Although children may understand and respond to terminal illness and to death differently than adults, helping the grieving child is not that different from helping the grieving adult. Your interaction can have an important impact in helping the child deal with a loved one's terminal illness and death in a healthy way. Here are some insights and suggestions.

General Factors

Children grieve as part of a family.

When a loved one is diagnosed with a terminal illness, it affects the way in which the entire family functions. Roles and responsibilities will adjust to accommodate new needs in your family. In addition to grieving the illness of a loved one, your children will also grieve the many small and large changes that follow, such as:

- Changes in daily routine
- Decreased emotional availability of adult caregivers
- Increased individual responsibilities within the family
- Changes in the ability of the ill loved one to interact as they have in the past

Children re-grieve.

Caregivers often express surprise when their children shift from “being fine” to having difficulties in school or relationships as a result of the illness or death. It may be helpful for you to know that children work through grief in cycles. As your children develop, they will use new skills to gain further understanding and an ability to express how their loved one's death impacts their lives. A 7-year may again grieve a death that occurred at age 3 because they have now reached an age where they understand that the death is final. Also, the child’s history of loss and coping strategies as well as the age and developmental stage will affect his or her re-grieving experience.

Ages 3–6

I Miss You: A First Look at Death
by Pat Thomas
Addresses children’s feelings and questions about death in a simple and realistic way. Introduces funerals and cultural difference.

Lifetimes: The Beautiful Way to Explain Death to Children
by Bryan Mellonie and Robert Ingpen
Explains life and death in a sensitive and natural way.

Sad Isn’t Bad: A Good-Grief Guidebook for Kids Dealing with Loss
by Mechaelene Mundy
Promotes honest and healthy grief and growth by providing a comforting, realistic look at loss and life-affirming ideas for coping.

The Dead Bird
by Margaret Wise Brown
Upon finding a dead bird, a group of children perform a burial service to say goodbye.

When Bad Things Happen: A Guide to Help Kids Cope
by Ted O’Neal
Helps adults talk to children about the child’s feelings, fears and skills for coping and healing in times of change and challenges.

When Dinosaurs Die: A Guide to Understanding Death
by Laurie Krasny Brown and Marc Brown
Answers children’s questions and fears about death with clarity and directness.

When Someone You Love Has Cancer: A Guide to Help Kids Cope
by Alaric Lewis
Helps adults talk to children about the illness cancer and the feelings, fears and skills for coping with a loved one’s cancer.

Ages 6–12

Badger’s Parting Gifts
by Susan Varley
Badger’s friends are overwhelmed with their loss when he dies. By sharing their memories of his gifts, they find strength to face the future with hope.

Ocho Loved Flowers
by Anne Fontaine
The story of a young girl who learns how to say goodbye to her beloved cat while treasuring memories. A helpful, sensitive way to support a child when the death of a loved one is anticipated.
You may borrow some of these resources by contacting Safe Crossings at (206) 320-4000 or look for them at a local public library. Most are also for sale at online retailers such as www.amazon.com, unless otherwise indicated.

For Parents

A Parent’s Guide to Raising Grieving Children: Rebuilding Your Family after the Death of a Loved One
by Phyllis R. Silverman and Madelyn Kelly
Provides a breadth of guidance regarding childhood loss, including topics such as: living with someone who’s dying, talking about death and dying with children, preparing for the funeral and developing an ongoing support system.

A Tiny Boat at Sea: How to Help Children Who Have a Parent Diagnosed with Cancer
by Izetta Smith
Information for parents, caregivers and professionals who are helping children adjust to the cancer diagnosis or terminal illness of an adult family member. Includes excellent ideas for parents about talking to their children when a family member is ill or dying. www.griefwatch.com and www.compassionbooks.com.

Healing the Grieving Child’s Heart: 100 Practical Ideas for Families, Friends & Caregivers
by Alan D. Wolfelt, Ph.D.
Provides kid-friendly ideas for helping children mourn.

Living with Grief: Children and Adolescents
Edited by Kenneth J. Doka & Amy S. Tucci, Hospice Foundation of America
A comprehensive guide for parents and professionals on how to deal with children’s grief. Each helpful chapter is written by a different expert.

The Bereaved Parent
by Harriet Sarnoff Schiff
Offers guidance to parents who face the imminent death of a child, are shocked by accidental death, or suffer post-funeral turmoil, grief, and depression. Shows a way through day-to-day hardships and decisions and offers concrete, helpful suggestions for meeting the needs of the whole family.

The Journey Through Grief and Loss: Helping Yourself and Your Child When Grief is Shared
by Robert Zucker, M.A., L.C.S.W.
Offers parents and other concerned adults important insights into managing their own grief while supporting grieving children.

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Children are repetitive in their grief.
Your children may ask the same questions repeatedly about the details of the illness; this is a normal way children attempt to better understand what is happening in their life. When you answer your child’s questions with consistent information, it enables a greater sense of stability and trust, a necessary foundation for them to be able to process their grief in healthy ways.

Young children are concrete thinkers.
You many find yourself wanting to use “softer language” to describe the illness to your children, but we’ve learned from other families that this can actually lead to more confusion. The best way to communicate with your children about the illness is through concrete, truthful language that utilizes correct medical terms. For example, “We’ve been told by the doctor that your grandma has a very serious illness called cancer.”

Children have “magical thinking.”
It is common for all children to think they have the power to make things happen in their lives, which can lead them to feeling responsible for their loved one’s illness. It is important to convey to your children that thoughts and feelings are not powerful enough to cause sickness, emphasizing that the illness is no one’s fault.

Children worry about their own well being.
It is developmentally normal for a child to be most concerned with his or her own security and well-being. As the needs of an ill loved one become an increasing focus, children may worry about how they will be taken care of. Many caregivers describe their children becoming more clingy, as well as the challenges involved in balancing time between caring for the ill loved one and the children.

Children have regressive behaviors.
In the midst of this challenging time, your children may revert to behaviors they have previously outgrown (i.e., bedwetting, thumb sucking, etc). This is a common and normal expression of grief in children of all age groups. Your children may benefit from individual attention in a way they were comforted at an earlier age, for example, a favorite bedtime story, stuffed animal or blanket.
TALKING TO YOUR CHILDREN

You may find it challenging to share difficult information with your children if a loved one has been diagnosed with a serious illness or has died.

It is normal to...
- want to protect your children.
- worry about how they will be affected by your emotions.
- be concerned about the effect of the illness on them.
- be unsure of their ability to understand what’s happening.
- receive mixed advice from others.

However, without good information your children may...
- intuit that something has changed.
- interpret body language, stress & tone of voice.
- become concerned or anxious.
- overhear confusing conversations.
- imagine a situation to be different than it actually is.

HELPFUL SUGGESTIONS:

Anticipate the best time and setting to initiate the conversation with your children. Be aware of any initial fears that may need to be addressed, such as relocation and changes in routine.

Allow some choice and control about when and where your children would like to hear the information, such as at dinner, bedtime or in the car.

Example: “Would you like for us to talk about it now, or would you prefer a different time?”

Inform your children that there is information about their loved one’s health that you would like to talk about. This honors your children’s importance in the family.

Example: “The doctor told us some information about your dad’s health that feels important for us to share with you.”

Tell the truth using simple, correct medical language

Example: “You know dad has been in the hospital all week. We’ve learned from the doctor that he has an illness called glioblastoma,

Ages 4 - 7

Characteristics:
- May act as though nothing has happened, grieving in spurts.
- Are often concerned about how and why their loved one became sick, and ask repetitive questions about this.
- Exhibit regression in behavior and skills.

Ways to support:
- Provide clear, honest information regarding the illness.
- Provide consistent answers to questions.

Ages 7 - 11

Characteristics:
- Have morbid curiosity.
- Wish to “fit in;” are more socially aware and concerned with how others are responding.
- May desire privacy, and not want information shared, i.e., with friends and teachers.

Ways to support:
- Encourage and validate healthy expression of feelings.
- Engage in physical activities as an outlet for grief expression.
- Be available, but also allow alone time.
- Consult with them about what information they want shared.

Ages 12 - 18

Characteristics:
- Have a more complex understanding of death and loss.
- Experience an emotional struggle between independence and dependence.
- More likely to talk with someone outside the family.
- May demonstrate grief through physical or behavioral expressions.

Ways to support:
- Encourage and validate healthy expression of feelings.
- Listen, listen, listen with openness.
- Recognize and affirm the need for time alone and with peers.
Supporting Children as They Grow and Change

As your children grow and develop, the way they experience, understand and interact with the world around them changes as well. As you have probably experienced already, this journey also requires you to grow in an understanding of their needs. Below is a simple outline of behaviors to anticipate at the different stages of your child’s development, as well as suggestions to assist you in supporting your children. Note that many characteristics described are interchangeable between age groups, depending on each child’s unique development.

**Ages Newborn - 4**

**Characteristics:**
- Senses when the family routine is disrupted and is impacted by feelings such as sadness, anxiety and other feelings.
- Notices the presence of new people and the absence of significant people, including parents being gone at odd times.
- Exhibit altered eating patterns, fussiness or disrupted sleep schedule.

**Ways to support:**
- Watch your child to see if s/he starts acting differently and respond sensitively to their needs.

**Ages 2 - 4**

**Characteristics:**
- Because language is not yet mastered, feelings are seen in behavior.
- Grief responses are intense but brief.
- Are highly aware of other’s reactions.
- Often regress in behavior and skills.

**Ways to support:**
- Provide comfort and reassurance that they will be cared for. If there will be changes in who will provide care, share specific names and any other details.
- Continue to meet basic needs, such as healthy meals and snacks, consistent bedtimes, and other activities related to maintaining a regular schedule.
- Provide honest information.

which is a type of brain cancer. Your dad will have to start taking a medicine called chemotherapy, which means he will have to be in the hospital for a while.”

If the information feels too difficult to share at this time, an example of being truthful would be, “It’s too difficult for me to give you all of the information right now.”

**Expressing your own emotions** can give your children the confidence to share their feelings.

**Example:** “The reason that I am crying is because this news makes me sad. It’s okay for you to have feelings too.”

**Invite your children to ask questions.** Provide honest, simple answers. If you don’t know the answer, it is okay to say,

“That’s a really good question, but I don’t know the answer either. Would you like for me to try to find out some more information about that for you?”

**Reassure your children that their needs will continue to be met** by the people in their lives who love them. Your children may need specific details, including names of those who will help care for them, and should definitely be told if there will be significant changes in their routine.

**Example:** “Grandma will be staying with us and helping while dad is receiving treatment. She will drive you to school and soccer practice.”

**Causation and contagion.** Explain to your children that no one caused the illness, and if it is true, that they cannot catch the illness.

**Examples:** “It’s no one’s fault.” “There’s nothing anyone did or said that could have caused your mom to get sick.” “It is important to know that your mom’s illness is not the type that others can catch.”

**If the loved one is discharged home from a hospital setting** and needs increased care, provide information to your children about any equipment and treatment that will be provided in the home. Keeping your children’s routines as normal as possible is helpful. Acknowledge the impact and talk openly about any changes which will occur in their routine. If possible, involve your children in simple care giving tasks, such as sharing a comfort item or glass of water.

**If your children are school age,** it is important to consult with each child in your family about his or her wishes before sharing any private information with school staff or other families. It is not unusual for a child to desire that no one at school be told about the illness.
Talking to Your Children About...

...sadness

- Your children need to know why you and others are sad.
- They must be told that it is the death that has made you sad. (Without an explanation, they may think your sadness is caused by something that they did or said.)
- Start by saying...“A very, very sad thing has happened...” or “Mommy and Daddy are sad because...”
- Acknowledging your feelings lets them know that it’s okay to be sad.
- Tell them, “This is how we feel when someone dies.”

...what “dead” means

- Provide children basic information about the human body to assist their understanding of alive versus dead.
- Try to use language and ideas appropriate to the age of your child to communicate that a dead person’s body won’t do any of the things it used to do; it won’t talk, walk, move, see, or hear, and the person won’t be able to feel pain, sadness, anger or discomfort.
- Avoid the use of euphemisms such as “passed away,” “left us,” and “gone on.” To a child, this may sound as if the person is taking a trip and can cause him/her to fear that others may not return from trips in the future.
- Refer back to these biological explanations when answering your child’s questions that arise, such as:
  - When will she come back? (She can’t. She didn’t leave, her body stopped working.)
  - Why doesn’t she move? (She can’t move because her body has stopped working.)
  - Why can’t they fix him? (Once the body has stopped working, it can’t start again.)
  - Is he sleeping? (No, when we sleep our body is still working, just resting.)
  - Can they hear me? (No, they could only hear you if their body was working.)
Guilt is another common feeling at the time of a death. Guilt may stem from...

- … anger: How can I be angry at the person who died? How can I be alive when he’s dead?
- … “should haves”: I should have visited before he died. I should have told him that I loved him
- … “shouldn’t haves”: I shouldn’t have left the hospital. I shouldn’t have let him drive the car.

Responsibility. Guilt and a feeling of responsibility go hand-in-hand. It is crucial that you help your child understand the cause of death and watch for signs that s/he is feeling responsible.

Children may feel responsible for a person’s death for many reasons:
- They may have been told something that they misunderstood and took literally (“You’re driving me crazy!” or “You’ll be the death of me yet!”)
- They may connect events that don’t belong together (“If I had sent a ‘get well’ card maybe he wouldn’t have died."
- They indulge in magical thinking (“If I wish hard enough, he’ll come back.” “I got mad and wished that he would die, and now he did!”)
- They may feel that God has punished their bad behavior by causing the person’s death or that if they had prayed harder the person wouldn’t have died.

The activity on the following page is an opportunity for your children to explore some of the unique grief responses they are experiencing.

...the cause of death

- Old age: “When a person gets very, very old, his body wears out and stops working…”
- Terminal illness: “Because the disease couldn’t be stopped, the person got very, very sick and her body wore out and stopped working…”
- Accident: “A terrible thing happened (car crash, etc.), his body was badly hurt and couldn’t be fixed. It stopped working…”
- Stillbirth: “Sometimes something causes a baby’s body to stop working before it is born. We don’t know why, but it is nothing anyone did or didn’t do…”
- Suicide – Absolute: (when there is no doubt the person killed herself): “Sometimes a person’s body gets sick and just doesn’t work right, and also sometimes a person’s mind doesn’t work right. When that happens, they can’t understand things clearly and they think the only way to solve their problems is to stop living—so they kill themselves. However, this is never a solution to problems, the only reason they thought of it is because they weren’t able to think clearly.”
- Suicide – Questionable: “Sometimes people take pills to relax or to sleep. Sometimes they forget how many they have taken and think that they need more. These pills make their body slow down, and too many of them make their body stop working. We don’t think the person wanted to die, but that’s what happened to their body.”
- Homicide: “Your mom’s body was hurt very badly by a killer, and she died.”

...the funeral / memorial service

If a service is planned in honor of your loved one, it is recommended to give your child the choice of attending, after a thorough discussion. Answering questions they may have will help them to feel welcome but some children will still opt not to attend.

- It is important to prepare them in advance by telling them as specifically as possible what will happen.

(Change the sample explanation on the following page to fit your plans and special traditions.)
“____ will be taken from _____, where he died, to the funeral home. A funeral home is a special place that takes care of a person’s body after the person has died. At the funeral home, _____ will be dressed in clothes that he liked and put into a casket. A casket is a box we use so that when _____ is buried in the ground, no dirt will get on him. Because _____’s body isn’t working any more, it won’t move or do any of the things it used to do. But it will look like _____.

People will come and visit us and say how sorry they are that _____ died. After ___ days, the casket will be closed and taken to church where people will say prayers for ______.

- Also provide information about who will attend, and what people might say or do at the service.
- Describe the room in the funeral home / chapel: color of carpet, music, flowers, paintings or religious symbols that may be present.
- Give details of what to expect if viewing the body in an open casket. (This is helpful for young children to grasp that the person is, in fact, dead.) Explain that the person will be lying down, not moving, and what they will be wearing. Explain any change in appearance due to illness, weight loss, or trauma. “It’s still Grandpa’s body but you know he was sick and lost a lot of weight so he will look thinner…”

...burial?

(If applicable, add to the above information about the service.)

“Then we will go to the cemetery, where _____ will be buried in a hole in the ground in a spot that _____ picked out. If you like, you can come to the funeral home and visit for a while, even go to the cemetery. You could bring something to leave with _____ if you want, that would be nice.”

...cremation?

“After we leave the funeral home, _____ will be taken to a crematory, a place where his body will be turned into ashes. Then we will take those ashes and ________(scatter them, keep them in an urn, etc.) Since _____’s body doesn’t work and doesn’t feel anything, being cremated doesn’t hurt.”

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**CHILDREN’S COMMON REACTIONS TO DEATH**

Grief looks very different for each person. There are many variables which may affect a child’s reactions including but not limited to: age, relationship to person, reason for death, past losses, personality, cultural / religious background, etc. Sadness, anger, guilt, and responsibility are strongly felt emotions that often occur after the death of a loved one. Other typical reactions include: denying that the person is dead, not seeming to care at all, or romanticizing the death.

**Sadness** may look different for each grieving person but is most definitely a component for all. Your child will feel supported by you as you share your own thoughts and feelings of sadness with him/her. Watch for some or all of the following signs of sadness in your child:

- confusion about what is happening
- withdrawal emotionally and / or socially
- refusing to discuss the death at all
- wanting to join the deceased (suicidal thoughts)

**Anger** is common at the time of a death; it can cause the family even more pain. Understanding it and anticipating it helps parents deal with both their own and their child’s anger. Children may be angry with...

- … *their parents* for: not telling them that the person who died was so sick, spending so much time with the sick person, just because they need someone safe with whom to be angry.
- … *themselves* for: not intervening earlier (if caused by a preventable cause), having wished that the person would die, not visiting or helping the dying person, not saying goodbye or “I love you.”
- … *others* for: not taking care of the person who died, hurting or killing the person.
- … *the person who died* for: not taking care of self or putting self in danger; leaving, dying, abandoning him; causing such family upset; using up the family money before dying; not telling anyone she was sick; completing suicide; not fighting harder to live.
- … *their siblings* for: no apparent reason, grieving differently, not seeming to care, not wanting to talk about the death, seeming more privileged.