

Helping Children and Adolescents Deal With Grief

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Useful Ideas

Let your genuine concern and caring show. Don't be afraid to let a child see you cry or express your sadness in other ways.

Be available to the child... to listen, to talk with, to give a hug or whatever else seems needed at the time. Children and adolescents often need a little more attention and physical contact at these times.

Express your sorrow about what has happened and the pain the child must be feeling.

Allow the child to express as much grief as he/she is feeling at the moment and as much as she/he wants to share.

Encourage the child to be patient with herself/himself, not to expect too much of or impose any "shoulds" on himself/herself.

Talk about the physical changes that occur after death. For example, the person stops breathing forever, can no longer feel pain, etc. Otherwise the child may have terrible thoughts about the burial process.

Use caution in describing death. For example, referring to death as a sleep from which one never awakens can result in tremendous fears about sleep. Also, describing the deceased loved one as having "gone away" may lead the child to feel abandoned.

Allow the child to talk about the loved one who has died as much and as often as he/she wants to. Sometimes this may become extremely repetitive, but it is useful to the child in understanding and coping with his/her loss.

Answer questions the child asks, even if they seem to be strange questions. It may be useful to ask him or her what thoughts led to the question. Sometimes this technique can reveal misunderstandings about death.

Be aware of the possibility of suicide and be sensitive to the child's reactions to the death. Even young children sometimes attempt suicide. (Sometimes, when a child hears a description of the beautiful place to which their loved one has gone, the child chooses to join the loved one there.)

Things to Avoid

Don't let your own sense of helplessness keep you from reaching out to a bereaved child.

Try not to avoid talking to a child because you are uncomfortable with your own feelings.

Don't say "you ought to be feeling better by now" or other phrases which may imply a judgement about the child's feelings. It may take a long time for a child (or an adult) to come to grips with the death of loved one.

Don't tell a child what she/he "should" feel or do in dealing with grief. The expression of grief is very individual.

Try not to change the subject when a child mentions the loved one that has died. Although it may be difficult for you to talk about, it may be helpful for both of you. It is important that children not come to feel that they aren't permitted to talk about the loved one who has died.

Don't avoid mentioning the person's name out of fear of reminding them of their pain. The child hasn't forgotten it.

Please don't tell a child he/she must take the loved one's place. This can place tremendous pressure on a child at a time when she/he is already experiencing great stress.

Don't describe death by saying the person has "gone away." This often leads to misunderstanding in young children.

It probably won't be helpful to describe death as God's taking someone. Children and adolescents may have difficulty with this concept and may develop a resentment of God.

Stages of Grief

These stages often do not follow in sequence, and commonly repeat and overlap:

Denial - trying to make believe the person will come back.

Anger - at the person who has died or at other people, often seemingly without cause.

Bargaining - offering to do things for God if God will bring the loved one back to life.

Guilt/Depression - often the child will feel some responsibility for the death, or feel bad because of her/his behavior with the person who had died.

Acceptance - this doesn't suggest a lack of sorrow, or the absence of mourning. On the other hand, "normal" mourning may last one to two years in both children and adults, and the sorrow at the loss of the loved one may never end.

Children's Understanding of Death at Different Ages

Ages 3 to 5 - At these ages children may focus on their own needs first (who will take care of me). Denial is likely. Children may express matter-of-fact feelings that the loved one "will come back next year."

Ages 5 to 9 - At this stage of life the biological reality of death is often understood. Children are likely to ask many questions and are likely to be very emotional at times. At other times, they may seem insensitive, playing as though nothing had happened. This is a natural defense to cope with the pain a little at a time.

Age 9 and older - Children in these years develop a more complete understanding of the impact and consequences of death. This understanding makes the fact of the death more fearsome.

Emotions Children Commonly Experience in Response to the Death of a Loved One

Sadness & depression - Sometimes it may be clear that the child is sad about the loss of the loved one. Other times it may seem that the child is sad about something else.

Fear & anxiety - Children may experience fear for their own lives, fear of sleep, or fear of another loved one's death. This may lead to a fear of separation.

Relief at being alive themselves.

Anger & Irritability - These emotions may be expressed toward the loved one who has died, toward doctors, the hospital, and other logical targets. Or the child may simply have a quicker temper, often becoming angry at completely unrelated things.

Confusion - The death of a loved one may change a child's entire understanding of the world.

Difficulty sleeping - This may include difficulty getting to sleep, awakenings during the night, or early morning awakening, as well as nightmares. The child may also simply develop a fear of sleep.

Problems with schoolwork - These difficulties will sometimes begin weeks or months after the death.

Interest in death - This may at times seem morbid to adults, but is a common part of children's attempts to understand death.

Awakening of past feelings about death or other losses - This may be seen particularly in adolescents, but may occur in younger children as well.

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