



Supporting Grieving Children

Children are commonly referred to as the “forgotten mourners.” Their understanding of death is frequently minimized or explained away as “too young to understand.” If a child is old enough to love, they are old enough to grieve. Their understanding of death may be different than adults, and this understanding will change with time, but children grieve. Even infants grieve. They are directly affected by the attachment and emotions surrounding them. There are distinct differences in how children at different developmental levels feel, experience and express their grief.

Developmental Needs & Understanding

Infants

Infants have no understanding of death, yet are directly affected by separation from their nurturer and their caregiver’s emotions, especially anxiety. Distress is visible when an infant is suffering a loss, although infants can usually be soothed. Symptoms include crankiness, crying, sleep disturbances and clinging.

2-5 Years

Death is seen as temporary and reversible. It can also be interpreted as a punishment, violent and sudden. Young children have magical thinking powers and fantasize about the return or healing of the person who has died (sleeping beauty). Children may think that they can catch the same illness and die. They may also need to talk often about the illness or death in an effort to understand the words and concepts. Symptoms may include regression, separation anxiety, bed wetting, bad dreams, baby talk, clinging and temper tantrums.

5-9 Years

Children begin to understand that death is final and universal. Children in this age group may hide their feelings to avoid appearing babyish, to protect others from feeling sad, or if they are unable to tolerate the pain of grief. Death is seen as possible, but the child continues to see themselves as invincible. These children often seek out very concrete information about the death, although they also have a strong fantasy life that they use to make



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everything as it was before the death. Symptoms may include: regression, crying, anxiety, somatic complaints, headaches, stomachaches, denial of death, hostility towards others, school problems, inability to concentrate and bad dreams.

9-12 Years

Children in this age group begin to truly understand the irreversibility of death. Children may seek information about the details of the illness or death and need explicit explanations. The child's independence is fragile and when threatened, the child may respond with anger towards the deceased, themselves or other survivors. New fears and phobias are common. Symptoms include anxiety, physical pain, hostility towards others, guilty feelings, lack of attention, daydreaming, school problems, fear of additional loss and fear of dying.

12-18 Years

Adolescents are capable of abstract thinking and may begin to question the philosophical meaning of life and death. Some struggle with their identity development and normal separation at this age. They are compelled to act like adults, where their coping mechanisms and ability to understand death may be more similar to a child's. Often they assume different roles to maintain balance within the family. They are overly concerned with acceptance by others and often suppress their own needs in order to fit in. The main goal of this age group is to feel normal. Adolescents are often more susceptible to unresolved grief. They use denial as a means to avoid losing control. Symptoms include withdrawal, acting out, mood swings, risk-taking behaviors, assuming adult roles, regression, preoccupation with death or the details of the death, anger, and difficulty maintaining relationships with family.

Feelings & Behaviors

Children will have similar feelings and behaviors to adults. Children will also take "grief breaks" as they can only process so much information at a time. It may be perceived as not caring or not understanding, but they are only able to process bite-size pieces at a time. What may appear as indifference or carefree attitude is actually a self-protecting measure and allows them time to comprehend this new reality and grieve at their own pace. It is also often through their behavior and their play that they communicate with others. Grief for children is a process, not an event.



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Sadness

Change in effect, crying, appearing depressed, decreased interest in themselves or others or activities that they used to enjoy. A change of appetite, prolonged withdrawal, nervousness or low self-esteem. Many will not be able to articulate their emotions or what they need to feel better, therefore adults may need to validate and normalize their feelings and give them alternative opportunities to express themselves through art, play or physical activities.

Guilt

It is important to consider the child's developmental understanding and tendency to believe that thoughts cause actions. Younger children are also egocentric and believe they have great powers. Through magical thinking, they might blame themselves for the illness or death, for most children remember every mean word or fight and feel they "caused" the death. It is important to review the cause of the illness/death and address these feelings directly.

Relief

It can be difficult for a child to admit, but quite normal for a child to feel, relieved that their sibling is not suffering anymore. They also may be glad to be reclaiming "normalcy" in their home and their parent's attention. For example, a child whose sibling has been sick for several years and whose parents spent most of the time in the hospital may feel some sense of relief after the sibling dies and the parents return home. It is imperative that the message is given that this is a natural and normal reaction and is in no way indicative of a lack of love.

Fear

Will I die? Suddenly the world feels very unsafe and unpredictable. There may be an increased awareness that a parent might die and the possibility that they too could become sick or die. They may worry about the safety of others, and fear that there might not always be someone there to care for them. This can heighten their fears, causing separation anxiety in many forms. Bedtimes can be difficult, as a child may be flooded with thoughts and feelings when the night becomes quiet and dark. During this time, nightmares are very common.



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Regression

Many children revert back to earlier behaviors, becoming overly dependent on the parent, wanting to sleep with the parent, thumb-sucking, bed-wetting, temper tantrums, separation anxiety, the use of baby talk or refusing to work independently on tasks that they had previously mastered. Under stress, children often wish to return to the feelings of safety they experienced at earlier stages in their life. A child may also need more adult-attention, and even though often in a response to a negative behavior, this forces an adult to interact with the child. If problematic behaviors continue for a long period of time, it may indicate the need for additional intervention.

Role Shifts

Opposite of regressive behaviors, a child may overcompensate for a parent's inability to manage and the child will take on more responsibility. Frequently statements by adults will reinforce this, such as "take care of your mom" or "make sure you are helping out." This is often referred to as Big Man/Woman Syndrome and is characterized by a child who attempts to grow up too quickly and assumes adult responsibilities. Adults should monitor appropriate roles and responsibilities for their children.

Anger

It is natural for children to feel angry that their lives have changed, angry that they haven't been included in decisions, angry that others don't understand, and angry at doctors, parents, and God, that they didn't save their sibling's life. Often an expression of sadness, helplessness, frustration or fear is a part of this anger, and feelings should be validated but clearly stated that hurting themselves or others is not okay. It is of concern when explosive emotions interfere with school and relationships, or when the feelings are "too big" and not given the permission or the opportunity to be expressed, often resulting in an explosion of emotions and acting out behaviors.

One danger can be when acting out behaviors are misdiagnosed as ADHD or other learning disabilities. Similarities between grief and ADHD include hyperactivity, impulsivity, irritability, disorganization, and lack of concentration. It is important that professionals explore the child's loss history and support system and ask the right questions before giving a diagnosis and label to a child.



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Somatic Complaints

Children grieve with their bodies. It is easier to say “my tummy hurts” than report feelings related to the death. Physiological symptoms include headaches, stomachaches, tiredness, sleeping disturbances, change in appetite, tightness in the throat and general nervousness. A child may assume the sick role in an attempt to sympathize or relate to the child who has died. Or simply to get the attention or comfort of a parent or other caregiver.



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