

**Transitions Counseling**  
**Gretchen Koch LPC, MSE, NCC**

105 Washington Avenue, Suite 381, Oshkosh, WI 54901

Phone: 920 651 1583    Email: GOleneKoch@hotmail.com

## **Helping Children Cope With Death and Grief**

All ages are affected by death and dying, not just adults. In fact, babies are born with only two innate fears: the fear of loud noises and the fear of falling. When there is an illness or death in a family, even babies understand that something has changed. They know that their caretaker is upset and that their routine has been altered. They sense that the mood in the house is different.

Very often caretakers do not explain death and dying to young children because 1) they do not want to upset the child, 2) they feel the child will not be able to understand what is happening, 3) they simply do not have the energy to face it. This leaves the child feeling isolated and humiliated and sometimes they can act out because children hate to be left out of things. Carole Klein states in her book *How It Feels To Be a Child* that 80% of children think about death and dying. They see death on TV and they have friends who have pets and grandparents die.

**Important points to remember:** Children usually can only grieve in short spurts. They may learn of a death, cry for a few minutes, and then go play football. They do not have the capability to understand fully (until they are age 20 or so) what death means. When young people experience death, they will continue to process the death at every major level in their life -- ex: entering junior high, entering highschool, highschool graduation, marriage, pregnancy, childbirth. They must go through each stage of development before being fully able to comprehend death.

**So what do young people actually think about death and how can adults help them when family members or friends are sick and/or dying?**

### **Babies to age 2:**

They are aware when their routine is different and when strangers are around. Keep disruption to a minimum and the routine as structured and normal as possible. Assure them that they are safe and give a lot of physical comfort, if possible. Be consistent.

**Children age 2-6:**

Their world continues to revolve around their caretakers and feeling safe.

They rely on simple, concrete words and thinking. They like to look at pictures and must rely on nonverbal cues to understand their world. However, they also have vivid imaginations and may use magical thinking too. In fact, using fantasy and imagination is quite natural for them.

They believe death is reversible and temporary. Ex: Grandpa can wake up now and we can go to the store like we always do. Explain the difference between sleeping and death.

Explain that death and burial is not being buried alive. People can't breathe when they're dead and they don't feel hot or cold, they aren't hungry, their body is not working anymore. Explain that death means the body does not need oxygen or blood anymore so the body parts shut down, and that's okay.

They will connect events to themselves that have no relation to them. Ex: If their sister told them to stay in a chair and they got out of it and the next day the sister gets into an accident, the child will believe that because they got out of that chair, their sister died.

When you sense that they are relaxed and calm, bring them close to you and tell them you would like to talk to them about the person who is sick or dead. Ask if they have had a pet die. What was that like for them? What happened? Get them talking openly and honestly, but keep them feeling very safe. Ask them what they are thinking and be sure they know that the death was in NO WAY their fault.

If a person died who was very sick, make sure to explain that that person was very, very, very, very, very sick and that ordinarily people do not die when they are just a little sick.

Show children your emotions and explain them. Ex: You are sad because Mom is dying and that makes you sad that she has to be in pain and you can't help her. They will understand this and then your crying will not be as frightening to them.

Be honest, open, and simple. You are their role model for learning how to grieve. If you have a feeling, feel it. Laugh, cry, get mad, be silly, sleep... there is no right way or wrong way to grieve.

**Children age 6-9:**

These children believe that death is a "taker" and a frightening, evil thing like a burglar, bogeyman, or ghost.

The child at this age has the ability to understand that death is final and that the person is not coming back, but they usually do not understand why.

They also believe that death may be contagious and that others will die easily, sometimes because of something the child has done wrong. Explain that you can't "catch" death.

They do still rely on some magical thinking. Explain the difference between fantasy and reality.

Words can be confusing for this age group like soul of a person vs sole of a shoe. Caretakers need to use simple, honest language when explaining death and dying.

You may need to explain guilt and that the death was in NO WAY their fault.

Their fear of abandonment may be high now. Separation anxiety may be a concern. Call them at set times or allow them to sleep with you for a set time.

Children this age are now realizing they can die too. Explain that it is rare but possible. All things live and all things die, but we don't know when.

At school they may feel different and "like a freak" after a sickness or death. Encourage them to remain in their activities if they want to. Expect some other children at school to say mean things. Ignorance can create a lot of pain. Go to the teacher and explain that an apology needs to be made.

Children at this age may ask caregivers a lot about who will take care of me? What is purgatory? Did they die because they were bad? They may need increased one-on-one time and more personal attention to alleviate their fears about not being safe or abandoned.

### **Children age 9-12:**

These children often think that death is a punishment for something the dying have done wrong. They have a strong sense of morality and right or wrong at this age and feel okay telling people about it. Ex: He had AIDS and he was doing something not right so he should have died. OR He was drinking and driving. Everyone knows that's wrong. He had it coming.

These children may also believe they did something to cause the death but will not tell anyone. Assure them that if they feel they did something to cause the death, they should talk about it.

These children see death as permanent and understand the life cycle pretty well. It is important for caregivers to spend quiet, one-on-one time with these children and encourage them to talk about their feelings. Driving in the car is a good time to get them talking. Be available to them.

Do not tolerate excessive anger or violent behavior. Anger is understandable but there are safe ways to handle anger like punching a pillow, using a foam bat to hit something, ripping up old books, throwing old plates at a wall, exercising, etc.

Do not spoil the child. Discipline when necessary.

Allow time with their friends.

Watch out for excessive depression.

Keep stable routines, structure and order within the family.

Encourage eating well, exercising and all doctor (dentist, eye doctor, family doctor, etc.) checkups.

Be patient. Children this age are sorting out a lot with their bodies, friends and life changes.

Be factual and honest. Do not sugarcoat things too much at this age. Resentment often begins now and can stay deeply rooted for a long time.

Be a family as much as possible. Bring in extended family too.

Teach problem solving skills so that can feel more in control of things in their own life.

Promote self esteem, encouragement and direction now. Children this age need a lot of attention and praise.

Allow choices in what they do and eat to make them feel more in control of their environment.

Give permission for them to laugh and live a happy life. Laughing is part of the healing process. The sick or dead person wants them to be happy!

### **With all children:**

Watch for changes in eating habits, sleeping habits, bullying of other children, terrorization of animals, fire starting. These are all examples of internal "trouble" and should be monitored closely.

It is very normal to see a regression to earlier habits -- thumb sucking, bed wetting, tantruming, separation anxiety, etc.

With a traumatic death, children may have nightmares and night terrors. Let the doctor know about night terrors, especially if they continue for three nights or more.