Helping Children Cope with a Loved One’s Death
A Brief Overview of Grief

Grieving is a normal, lengthy and complicated process that occurs in stages; a person encountering grief can experience each stage multiple times and move back and forth between them. The stages of grief include:

- First Stage: Early Responses – denial, shock, numbness, and relief.
- Second Stage: Acute Grief – sadness, depression, anger, guilt, anxiety, fear, regression, and physical illness.
- Third Stage: Adjustment – acceptance that loved one is gone; beginning of a new “chapter” in life without the loved one.


Talking with Children about Death
First and Foremost—Examine Your Own Needs:

- It is extremely challenging to talk with children about death and manage your own emotions simultaneously.
- Before talking with children, make sure that you are in control of your own grief. It is okay to show emotion as long as it does not overwhelm the children. Exhibiting appropriate emotions allows children to know that it is “okay” to express their feelings as well.
- Approach situations one step at a time. If children have prior experience with death of a loved one, you can use their experience to help explain what is happening currently. If you begin to feel overwhelmed while discussing the loved one’s demise, it is okay to take a break and continue the talk later.
- Recognize your limits and adjust expectations—give yourself a break and realize that there are no right or wrong answers when discussing death.
- Identify coping strategies that will help you; remember that everyone has his/her own response to grief and loss.
- Rely on friends, family members, support groups, and professionals for emotional support.
- Accept help from others—have a list ready so that you can tell others what they can do.
- Set aside time for yourself so that you can work through your own grief.

Children’s Emotional Needs:

- Children’s grief is as real and profound as adult grief; however, children cope with death differently, and their responses vary depending upon age.
For children, death of a loved one, especially a parent, represents a significant loss of caregiving and security. It takes children a long time to process and deal with impending or actual death. Children need to be told about the impending or actual death of the loved one as soon as possible. Ideally, the news should come from a surviving parent or someone the children trust.

Talking with Children about Death:
- Let the child lead the conversation.
- When explaining the loved one’s death, use developmentally appropriate language.
- Avoid euphemisms such as, “s/he’s gone to sleep; we lost him/her, s/he’s on a long vacation in heaven, etc.” Children think concretely and may interpret your words literally.
- If death is a result of illness, explain how this particular illness differs from having a cold, flu, or other medical condition. Otherwise, children may think that all sicknesses lead to death. Distinguish between sick, very sick, and very, very sick. Communicate, using your own words that the patient’s body is so sick that it wore out—and stopped working. Another example, “(Daddy or Mommy’s) body is broken and cannot be fixed.”
- If necessary, explain that when someone is dead, s/he can no longer feel hot/cold, hungry/thirsty, and no longer needs to use the bathroom. Children frequently worry that the deceased may experience distress if these specific needs are not met.
- If death was the result of an accident, and you are having a difficult time knowing what to say, it may be helpful to begin by saying, “Something very sad has happened…” Then ask children if they want to know what occurred. If the answer is yes, continue with explanation. If not, wait until the children are ready.
- If the surviving children are siblings, it is preferable to tell them the news at the same time. The exception would be if the children vary significantly in age. If this is the case, it may be better to tell the older children first and then enlist their help/support while you talk with the younger children.
- During the explanation, check with the children frequently to see if they are comfortable with the amount of information they are receiving. If yes, continue talking; if not, wait until the children are ready. Children cope with impending and actual death in their own unique way; observe their behavior for clues.

Saying Goodbye:
- Allow children to visit and/or say goodbye to the ill or dying individual if they desire; prepare them for what to expect (things they may see, hear, smell, etc.) before the visit.
You may want to take pictures of the room and patient—and ask the children, “Would you like to see some pictures of (person’s name) and what the room looks like?” Explain any changes in person’s appearance ahead of time—and the function of any medical equipment that may be touching or near to patient.

After showing the pictures, ask the children if they still want to visit. If yes, proceed into the room. If not, give children permission to wait outside the room or participate in an alternative activity.

Once children have entered the loved one’s room, ask them to see how long they would like to stay. Give children permission to leave at any time.

Have a familiar, trusted adult designated solely for the children outside of the loved one’s room, so that the children can leave the room if/when they are done saying goodbye or feel overwhelmed. If children do leave the room, follow their lead re: what to do next. Some children may want to wait outside the room for a while and then go back while others may want to go elsewhere. Have diversionary activities available.

Be open to discussion anyplace, anytime. Children may have a question or want to discuss a concern or worry when you least expect it.

Permit children to have their own feelings about the loved one’s death. Sometimes adults think that children should feel certain emotions (e.g., sadness), and they are surprised when children manifest feelings that seem contrary to this (e.g., playing).

Allow children to say “goodbye” in ways that are meaningful to them (e.g., talking, drawing pictures, writing letters, giving loved one a memento to take with them to the afterlife, etc.).

Allow children to participate in the funeral/memorial service/burial if they desire; prepare them for these events in advance.

Reassure children that it is normal to feel many different emotions re: death—and it is “okay” to feel whatever they are feeling.

Communicate that children will be cared for and loved despite person’s death.

Reiterate that children are not responsible—in any way—for what happened to the deceased.

Spending time with children is one of the best ways to show you care about them. Make one-on-one time a priority for each child.

Discuss changes in routine and what children can expect now that their loved one has died.

Maintain family times as much as possible.

Continue celebrating holidays and special occasions that are significant to you while remembering that occasions will feel different without your loved one. It is okay to adjust expectations and traditions to fit your present circumstances.

Getting through the “firsts” (holidays, birthdays, etc.) without the loved one will be difficult; however, doing so signifies that you are moving forward and doing your best to live a meaningful life. It is okay to incorporate the deceased’s memory into your celebrations. Some families choose to participate in an
activity that was important and/or enjoyable to their loved one, including making a charitable donation in their name.

- Let others help to fill in gaps (e.g., a trusted uncle going to a soccer game).
- Incorporate fun, imagination, and interactive play into everyday activities (e.g., an in home “picnic” at meal time, a comedy movie night, or a creative project that surviving family members can work on together).

**Children’s Social and Developmental Needs:**

- Help children keep in touch with friends, family, and others they care about in person, writing, via phone and/or email. Children will require additional emotional support in the days, weeks, and months following the loved one’s death.
- Facilitate and maintain learning opportunities and structure through formal school or tutoring.
- After discussing the loved one’s death with children, tell them that you plan to inform the children’s school, so that teachers and counselors can be aware of the children’s needs. If children appear hesitant about sharing this information, assure them that your purpose is not to embarrass them but to make trusted adults aware of the family’s situation.
- Discuss family privacy issues and expectations with family members—that is, what is and is not okay to talk about outside of the family.
- Prepare children for questions their classmates may ask at school; rehearse the answers ahead of time.
- After learning of a loved one’s death, it is common for children to act younger and test limits. Children frequently exhibit these types of behaviors to get attention or to “double check” their sense of safety and security. Children are attempting to discover what aspects of their lives are now different and/or the same.
- Discipline can be hard to maintain, but is very important to help children continue to develop and function well with family, peers, and school during and after their loved one’s death. Remember—children find comfort in “structure” and routine.
- Set clear but compassionate expectations for children; after loved one’s death, rules will need some flexibility (e.g., school, bedtimes, etc.). Discuss these changes with children, preferably beforehand.
- Make all caregivers aware of children’s daily routines and discipline plans in order to maintain as much consistency as possible (e.g., Grandma’s rules same as Uncle’s rules).
Suggestions for Communication: When and How Much?

You know your children best; therefore, how you talk with your children about death and dying will vary based on knowledge of your children, your culture, faith, and beliefs. Allow the child to lead the conversation.

- First, learn what you can about the loved one’s impending or actual death. Is/was death a result of an accident, prolonged illness, etc.? If the loved one’s death was result of illness, it may help to talk about the types of medical treatments the person previously had—and how these treatments are no longer working. Using correct medical terminology during this explanation is preferable because it prevents children from fantasizing and imagining things that are incorrect.
- Children can usually sense when something is wrong and often imagine the worst if they do not know what is happening. Telling children about the death as soon as possible helps them feel included and prepared for the changes they will experience.
- Ask a professional or a close family member to help you prepare (mentally and emotionally) for talking with children about impending or actual death. If needed, a health professional can help you discuss death and dying with your children. If children are told about the loved one’s condition by a health professional, a caregiver or trusted adult should also be present to reiterate what is said and provide emotional support.
- Choose a time to talk to your children when you feel you understand the information yourself, are in a calm frame of mind, and are able to provide appropriate emotional support. When you discuss death with children, it is okay to show them that you feel sad, but do so in moderation.
- Children will vary in how much information they want to have and can cope with. The goal is to give children enough information to help them understand that the loved one is dying/has died—and to provide emotional support. As you share information, watch children’s responses—they will show and/or tell you (via body language and spoken words) how much information they are able to handle.
- Refrain from having one big “tell all.” Children tend to cope much better and have greater understanding when difficult news is shared in “manageable” segments over time. Be prepared to have multiple discussions to prepare children for upcoming events and changes.
- When talking with children, use developmentally appropriate language they can understand (see Age Considerations handout below) about what happened, what dead means, and how the loved one’s death will impact their lives, including changes in the family system.
• Begin with what children see and know: “You know how (Mommy, Daddy) has been sick?”
• Use the actual name of the disease, including the word “cancer,” so children become familiar with it. This will help children feel prepared for the terminology they will hear from others.
• Remind children that there are many different types of cancer, treatments, and many types of “sick”. Children may think exactly what happened to the deceased will happen to you.
• Be truthful about questions you cannot answer. Sometimes a response that “everything will work out” is not possible, especially when discussing death. Assure children that someone will care for them; use this opportunity to tell children how you cope with loss and the unknown.
• If you and your children believe in an afterlife (e.g., heaven), it may be helpful to talk about it and what the loved one is doing in the afterlife. Children find comfort in knowing that their loved one is no longer in pain—and enjoying the people s/he is meeting in the afterlife.
• If you and your children do not believe in an afterlife, it may be helpful to ask, “What do you think happens when people die?” These types of questions promote conversation and expression of feelings.
• Encourage children to ask questions. You may need to bring up difficult topics (such as the Common Misconceptions listed on the Age Considerations handout below) to show children that it is okay to talk about these subjects. It is okay that children ask the same questions numerous times.

Kids are ready for Different Information at Different Ages
• Please keep in mind that the considerations listed below represent general findings among age groups; your children may display behaviors found in one or more categories.

Infants and Toddlers (Birth-2 years-old):
• Do not comprehend the concept of death; however, are sensitive to changes in routine; notice deceased caregiver’s absence and/or the presence of an unfamiliar adult.
• React to surviving caregiver’s emotions; can sense and respond to caregiver’s anxiety, sadness, stress, etc.
• May develop changes in their eating/sleeping habits, mood, and skin related to stress (e.g. develop a rash or difficulty soothing).
Other Suggestions When Caring for Infants and Toddlers: **When primary caregiver has died,** have infants and toddlers cared for by trusted adults that are familiar to them. **To ease anxiety,** leave children with a familiar blanket or object. Maintain infants’ and toddlers’ daily schedules and routines as much as possible. Give them lots of physical contact (e.g., hugging and holding). If infants and toddlers are stressed or irritable, try to calm them through soft, relaxing music.

**Preschool Age Children (approximately 3-5 years-old):**
- Have limited understanding of death; do not comprehend its finality, frequently think that death is reversible. Even when it is explained to children that the loved one has died, children may ask when the deceased individual will return.
- Some may view death as a type of deep sleep; may then be afraid to fall asleep themselves.
- Concerned about how death affects them; worry about what will happen and who will care for them. May ask if someone is going to “replace” the deceased; this question is a result of children’s anxiety (e.g., Who is going to make my breakfast, tie my shoes, help me get ready for bed?).
- May think they caused death to occur and/or it is contagious (e.g., since mommy was sick and died, daddy may get sick and die, too).
- Inclined to believe they have the power and ability to control things (e.g., Can think they caused someone’s illness and/or death by having bad thoughts or by misbehaving).
- May have difficulty eating and sleeping; may experience physical discomfort (e.g., headaches, stomachaches) and/or skin changes (e.g., rash).
- May appear tired frequently and require more sleep.
- May react to news of illness and death with sadness or may seem indifferent; indifference is a protective measure on the children’s behalf to shield themselves from extremely painful emotions.
- May react to death by having behavior problems (e.g., will act out more for attention) or acting younger in terms of development (e.g., bedwetting, clinginess, whining). May develop sudden fear of things they were not afraid of before—or old fears may return and be exaggerated.
- May experience sudden outbursts of emotion (e.g., crying, fear, sadness, anger)
- Frequently express feelings/emotions through play; sometimes need help identifying and naming feelings.

Other Suggestions When Caring for Preschoolers: Use dolls, pictures, and books to help explain illness and death. Try to help children draw out their feelings and talk about them (e.g., adult says, “I think death means...death makes me feel....”and have children
draw a picture of that emotion and tell you how they feel). Assure them that someone will be there to take care of them (if appropriate).

School Age Children (approximately 6-11 years-old):
- Have more advanced reasoning capabilities than preschoolers, but still may believe that they are, in some way, responsible for the loved one’s death.
- By age 9 or 10, understand the finality of death, but still may feel that the deceased will return (e.g., may express the idea, “it feels like ______ is on a trip and will come back soon.”).
- Usually understand that death is universal and will happen to everyone.
- Typically want to know why the person died; some may request specific details about the individual’s passing.
- Fear abandonment, being alone; view death as a taker of their security.
- May respond by first expressing—and then—suddenly avoiding their feelings; grief is overwhelming and children cannot deal with it all at once. Grieving is a step-by-step process.
- May react by being sad, mad, and/or irritable, have physical complaints or headache, stomachache, etc.; may be angry toward deceased loved one, expressing feelings of abandonment; have poor concentration, or have difficulty adapting to changes in routine.
- May feel exhausted and require more rest; may require additional physical comfort (e.g., hugging, holding).
- Require closure.

Other Suggestions When Caring for School-Age Children: If it is a parent that is dying, encourage children to help make memories with the parent (scrapbook, photo album, memory boxes (i.e., time capsules), handprints, writing letters to each other, videos, drawing pictures, keepsake crafts (i.e., quilts, t-shirts, pillow cases, etc.)

Adolescents and Young Adults (12 years-old and beyond):
- Capable of abstract thinking; understand ethics and ideas they cannot see; know that death is final and happens to everyone
- Have a need for independence; death of a loved one threatens this independence
- Can sometimes deny feelings to avoid talking about them or protect a surviving family member/friend
• Are sometimes capable of thinking like adults
• May want a lot of details about illness and subsequent death
• May react with anger, rebellion, depression and anxiety, withdrawal, physical symptoms such as stomachaches and headaches, keeping feelings to themselves
• May express anger toward the deceased for “leaving” them
• May blame themselves or others for loved one’s death
• May be more comfortable talking to their friend, a professional, or another trusted person

Other Suggestions When Caring for Adolescents: Encourage them to talk about their feelings and share their concerns with you. Have them continue enjoyable activities and events outside of the family. Avoid giving them too much responsibility or having them act as a substitute parent for younger siblings. Facilitate self-expressive activities such as journaling, scrap booking, talking about best and worst of each day.

Common Concerns and Fears:

Even if children and adolescents do not ask these questions, they may wonder...
• Will I or someone else in my family die soon, too?
  No one in our family plans on dying soon. ________ died because s/he was very, very sick, so sick that the body wore out and stopped working. When someone gets sick, it doesn’t mean that they are going to die. There are different kinds of “sick”...

• Did something I do cause the illness/death?
  No. Cancer can just happen. And for __________, the cancer made his/her body stop working. Scientists are doing research to understand cancer better, but we know that nothing you (the child) did or thought caused cancer/death.

• Is cancer/death a punishment?
  No. Cancer/death is not a punishment. Cancer happens when cells get sick and stop doing their job. This makes the body not work right. The person died because the cancer wore out his/her body. He/she—you—did nothing wrong.

Frequently Asked Questions:
In the event of a loved one’s death, surviving friends and family wonder...

• Should children attend the funeral?
Funerals are important events because they allow family and friends to say goodbye and to accept the reality of the loved one’s death. For the most part, children age 6 and older should be allowed to attend. Concerning children younger than age 6, it is up to the discretion of the primary caregiver. No children should be forced to attend the funeral but rather encouraged and supported to do what is best for them at the time. Although attending the funeral is a sad and emotional experience, it provides closure and opportunity for family members to support one another; this is an important step for moving forward. Before attending the funeral service, children should be educated and prepared for what will happen and when. Burial and/or cremation should be explained using age appropriate language. If children desire, they should be allowed to bring a gift (i.e., picture, letter, small keepsake) for the deceased loved one—as a way of saying goodbye. Additionally, a trusted adult should be present at the service in order to provide support for the children (if children are young and have limited attention spans, it may be beneficial to have quiet activities (i.e., coloring, etc.) on hand.

- **Should the deceased loved one’s picture still be displayed at home, or will viewing his/her picture be too painful for the children?**

  *Pictures of the loved one should continue to be displayed in the home unless the children request otherwise. Although it can be sad to look at the pictures, it also reminds you and the children of good times you have shared together. Talking about the loved one is also beneficial because it signifies that the loved one is not forgotten and lives on in your heart. Moreover, mentioning good memories of the loved one is comforting to children and gives them “permission” to talk about the person, too. If children observe adults discussing their feelings openly, it encourages children to do the same.*
References/For More Information
*Many of these items can be found in the Patient and Family Resource Center and Library

- Centering Corporation, http://www.centeringcorp.com, a wonderful resource and a good company from which to order written materials


- The Dougy Center for Grieving Children, http://www.grievingchild.org

- Good Grief Center, http://www.goodgriefcenter.org

Other Recommended Readings
For the Parent:
- *How Do We Tell the Children* by Dan Shaefer and Christine Lyons
- How to Help Children Through a Parent’s Serious Illness, by Kathleen McCue, with Ron Bonn
- Learning to Say Goodbye When a Parent Dies by Eda LeShaun
- The Grieving Child—A Parent’s Guide by Helen Fitzgerald
- What do we tell children? by Joseph M. Primo

For the Child/Teen (to Read with the Adult):
- *A Bunch of Balloons* by Dorothy Ferguson (intended for preschool/kindergarten age children)
- *After Charlotte’s Mom Died* by Cornelia Spelman
- *After the funeral* by Jane Loretta Winsch
- Compassion Books (website that details over 400 books, videos, and audio material intended to support children coping with grief and loss) http://www.compassionbooks.com
• Facing Change by Donna O’Toole (for the teenager experiencing loss)
• Goodbye Forever by Jim and Joan Boulden (intended for preschool/kindergarten age children)
• Help Me Say Goodbye by Janis Silverman (interactive workbook intended for preschool and school-age children)
• Lifetimes, by Bryan Mellonie and Robert Ingpen (intended for younger children)
• Living with grief edited by Kenneth J.Doka; foreward by Jack D. Gordon
• On the Wings of a Butterfly by Marilyn Maple, PhD (intended for preschool and school-age children)
• So Much to Think About by Fred Rogers (interactive workbook intended for preschool and school-age children)
• The Empty Place by Roberta Temes, PhD. (intended for children ages 5-10; provides positive strategies to cope with grief)
• The Fall of Freddie the Leaf by Leo Buscaglia (intended for preschool and school-age children)
• The Grieving Teen by Helen Fitzgerald
• The Tenth Good Thing About Barney by Judith Viorst  (intended for preschool and school-age children)
• Water bugs and dragonflies by Doris Stickney
• Weird is Normal When Teenagers Grieve by Jenny Lee Wheeler
• When Someone Very Special Dies by Marge Heegaard ((intended for preschool and school-age children)

Additional Support Services for Children in Western Washington
• Evergreen Healthcare Grief and Bereavement Services (Kirkland) http://www.evergreenhealthcare.org/services/grief Contact: (425) 899-1077
• Grief Works (Auburn) http://www.griefworks.org Contact: (253) 333-9420
• Healing Center (Seattle) http://www.healingcenterseattle.com Contact: (206) 523-1206
• Journey, A Grief Support Program, Children’s Hospital and Regional Medical Center-Seattle http://www.seattlechildrens.org Contact: (206) 987-2062

Questions? How to Contact Us
• Seattle Cancer Care Alliance: 606-606-1000
• Patient and Family Services: 606-606-1076