Dougy Center: The National Grief Center for Children & Families

DEVELOPMENTAL RESPONSES TO GRIEF

While everyone grieves differently, there are some behaviors and emotions commonly expressed by children depending on their developmental level. No matter how old a child is, it can be helpful to read through each of the age ranges, as there are times when a 6-year-old asks a complex, big picture question and those when a teenager is struggling to find a physical outlet for their grief. We hope this information will help with understanding how grief affects children and teens across the developmental span.

AGES 2 TO 4

Developmental Stage

Children this age don't fully understand that death is permanent and universal. They are most likely to express themselves through their behavior and play.

Concept of Death

Young children see death as reversible and are starting to wonder if death happens to everyone. You might hear questions like: "My mom died? When will she be home?" and "Will you die too? What about me?"

Common responses to grief

- Crying
- General anxiety
- Irregular sleep
- Clinginess/need to be held
- Irritability
- Temper tantrums
- Telling the story to anyone, including strangers
- Repetitive questions
- Behavior regression — may need help with tasks they've already learned

Ways to Help

- Create a consistent routine to re-establish safety and predictability, especially around starting and ending the day.
- Provide a short, honest explanation of the death. "Mommy died. Her body stopped working." Use the words dead and died. Avoid euphemisms such as gone, passed on, lost.
- Answer questions honestly.
- Set limits but be flexible when needed.
- Provide opportunities for play.
- Give choices whenever possible. "Do you want hot or cold cereal?"
- Offer lots of physical and emotional nurturance

AGES 5 TO 8

Developmental Stage

Children this age are exploring their independence and trying tasks on their own. They are very concrete thinkers, with a tendency towards magical/ fantasy thoughts.

Concept of Death

In this age range, children often still see death as reversible. They can also feel responsible and worry that their wishes or thoughts caused the person to die. They may say things like: "It's my fault. I was mad and wished she'd die."

Common responses to grief

- Disrupted sleep, changes in eating habits
- Repetitive questions – How? Why? Who else?
- Concerns about safety and abandonment
- Short periods of strong reaction, mixed with acting as though nothing happened
- Nightmares
- Regressive behaviors — may need help with tasks they've already learned (can't tie shoes, bedwetting)
- Behavior changes: high/low energy, kicking/hitting
- Physical complaints: stomachaches, headaches, body pain

Ways to Help

- Explain the death honestly using concrete language. "Daddy's heart stopped working." Use the words dead and died. Avoid euphemisms such as gone, passed on, lost.
- Be prepared for repetitive questions.
- Provide opportunities for big energy and creative play.
- Allow children to talk about the experience and ask questions.
- Offer lots of physical and emotional nurturance.
- Give choices whenever possible. "Your room needs to be cleaned. Would you like to do it tonight or tomorrow morning?"

AGES 9 TO 12

Developmental Stage

Elementary school age children may still be concrete thinkers, but are beginning to understand abstract ideas like death and grief. They often start making closer connections with friends and activities outside their home and family.

Concept of Death

Children this age begin to understand that death is permanent and start thinking about how the loss will affect them over the long-term. Some children will focus on the details of what happened to the body of the person who died. Feelings of guilt and regret can lead to concern that their thoughts and actions made the death happen. They may say or think things like: "If I had done my homework, my teacher wouldn't have died." or "I think it was my fault because I was mean to my brother."

Common responses to grief

- Express big energy through behavior sometimes seen as acting out
- Anxiety and concern for safety of self and others - "The world is no longer safe"
- Worries about something bad happening again
- Difficulty concentrating and focusing
- Nightmares and intrusive thoughts
- Physical complaints: headaches, stomach aches, body pain
- Using play and talk to recreate the event
- Detailed questions about death and dying
- Wide range of emotions: rage, revenge, guilt, sadness, relief, and worry
- Hypervigilance/increased sensitivity to noise, light, movement, and change
- Withdrawal from social situations

Ways to Help

- Inform yourself about what happened. Answer questions clearly and accurately. Even though children this age are starting to grasp abstract thought, it's still helpful to use the words dead and died and avoid euphemisms such as gone, passed on, lost, expired.
- Provide a variety of activities for expression: talk, art, physical activity, play, writing.
- Help children identify people and activities that help them feel safe and supported.
- Maintain routines and limits, but be flexible when needed.
- Give children choices whenever possible, "Would you rather set the table or put away the dishes after we eat?"
- Work to re-establish safety and predictability in daily life.
- Model expressing emotions and taking care of yourself.
- Be a good listener. Avoid giving advice (unless they ask for it), analyzing, or dismissing their experiences.
- Talk with teachers about providing extra support and flexibility with assignments.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

AGES 13 TO 18

Developmental Stage

Teens are cognitively able to understand and process abstract concepts about life and death. They begin to see themselves as unique individuals, separate from their role in the family and may wrestle with identity and who they want to be in the world. There can be significant changes in their priorities, spirituality/faith, sexuality, and physical appearance. Teens often rely on peers and others outside the family for support.

Concept of Death

While teens understand death is permanent, they may have unspoken magical thoughts of the person being on a long trip, etc. They may also delve into questions about the meaning of life, death, and other traumatic events.

Common responses to grief

- Withdrawal from family or other support networks/ focused on connections with peers
- Increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Inability to concentrate (school difficulties)/pushing themselves to succeed and be perfect
- Difficulty sleeping, exhaustion
- Lack of appetite/eating too much
- Unpredictable and at times intense emotional reactions: anger, sadness, guilt, relief, anxiety
- Uncomfortable discussing the death or their experiences with parents and caregivers
- Worry about safety of self and others
- Fear about death or violence happening again
- Confusion over role identity in the family
- Attempts to take on caregiving/parent role with younger siblings and other adults

- May have thoughts of suicide and self-harm
- Hypervigilance/increased sensitivity to noise, movement, light

Ways to Help

- Reinforce assurances of safety and security, even if teens don't express concerns.
- Maintain routines and set clear expectations, but be flexible when needed.
- Allow for expression of feelings without trying to change, fix, or take them away.
- Answer questions honestly.
- Provide choices whenever possible. "I'd like to do something to honor your dad's birthday, would you like to be part of that? What ideas do you have?"
- Adjust expectations for concentration and task completion when necessary.
- Assist teens to connect with support systems, including other adults (family, family friends, teachers, coaches).
- Model appropriate expressions of grief and ways to take care of yourself.
- Ask open ended questions ("What is it like for you?") and listen without judging, interpreting, advising, or placating.
- Have patience with teens' wide range of reactions and questions.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

DOUGY CENTER | The National Grief Center for Children & Families

Dougy Center Bookstore/Resources

Dougy Center's practical, easy-to-use materials are based on what they have learned from more than 65,000 Dougy Center participants. To order online, visit dougy.org or dougybookstore.org, or call 503.775.5683.

About Dougy Center

Founded in 1982, Dougy Center provides grief support in a safe place where children, teens, young adults, and their families can share their experiences before and after a death. Dougy Center provides support and training locally, nationally, and internationally to individuals and organizations seeking to assist children in grief.

SUPPORTING YOUR CHILD

after the death of a family member or friend

Coalition *to* Support
Grieving Students

THE DEATH OF A FAMILY MEMBER OR FRIEND

is painful for children and teens just as it is for adults.

Children may not have experienced a loss before. They may not understand what the loss or their reaction means. They may be unsure how to act or respond. Even children who have had prior losses will still be deeply affected. This handout offers advice to parents and other caregivers about how to support children who are grieving.

For more information, the New York Life Foundation offers a free booklet:

After a loved one dies — How children grieve and how parents and other adults can support them.

You can download a PDF or order hard copies in either English or Spanish at no charge at www.achildingrief.com.

Talking with your children about a death is especially difficult when you're dealing with your own grief.

Children may ask difficult questions, such as: How could something this unfair happen? What's going to become of our family? Adults often ask such questions as well, even when they don't expect an answer. We don't need to have all the answers for children. We can help most by simply being present with and attentive to children as they ask questions and express their feelings.

It is upsetting to see your children struggle with loss.

Parents and guardians are often overwhelmed with their own grief. They may not know how to support their children. They want to believe that their children are OK. Because of this, some parents are not fully able to see the ways their children are suffering.

Here are some things to remember: Your children are concerned for you. They wonder how you are coping. They may worry about your health and whether you, too, will die. They may hesitate to bring up questions or ask for help because they don't want to upset you. It is important to invite them to ask questions and talk about their feelings, even though you may also be upset.

It's OK to show your feelings.

Children know when adults are genuine and honest. When children see that parents and other adults have strong feelings and find ways to cope, it helps them learn how to cope, too. This is an important opportunity to show children ways to understand and express their upset feelings. Sharing the experience of loss with your children helps everyone in the family recognize, feel, and cope with the strong emotions.

You can help children understand what has happened.

When speaking with children about the death of a loved one, use the words "dead" and "died." Other expressions, such as "everlasting sleep" or "passed away" may confuse children and make it hard for them to understand what has happened. Be sure young children (especially preschool-age children and those in early elementary grades) understand four major concepts:

1 **DEATH IS IRREVERSIBLE.**
If children do not understand that death is permanent, they may not be able to start to grieve the loss. They may be angry that the person has chosen not to return.

2 **ALL LIFE FUNCTIONS END COMPLETELY AT THE TIME OF DEATH.**
Children who do not understand this concept may worry that someone who has died is cold, hungry, or in pain.

3 **EVERYTHING THAT IS ALIVE EVENTUALLY DIES.**
If children do not understand this, they may wonder what they did, or what the person who died did, that caused this particular person to die. This leads to guilt and shame.

4 **THERE ARE PHYSICAL REASONS THAT SOMEONE DIES.**
When children understand the true reasons for a death, they are less likely to make up explanations that cause them to feel guilty or ashamed.

No child is too young to be affected by the death of someone close.

Even infants respond to the death of someone they care about. They miss the familiar presence of a parent. They sense profound emotions around them, and notice changes in feeding and caregiving routines. Young children can grieve deeply, even though they may not appear to be doing so. They tend to sustain strong emotions for brief periods of time, and then take a break. They often turn to play or other activities. Even when a young child seems fine, offer love, support, and extra attention during times of grief.

Invite older children and youth to talk.

Older children and youth may not be ready to talk when you offer to speak with them. They may prefer time alone or talking with their friends. They may say they do not need or wish to talk, even when they are actually feeling overwhelmed. Don't try to force the conversation. Wait for them to accept your invitation. Acknowledge that this can be difficult to discuss, and let them know you have found it helpful to talk about your feelings. Help them identify other adults with whom they can speak when they are ready. This might be a teacher, guidance counselor, or mental health provider in the school (your children's teachers can help you find the right people); your children's pediatrician or pediatric healthcare provider (who will know about other resources in the community); or a religious leader. Remain available and supportive, and continue to offer to talk from time to time.

Children often feel guilty after a death has occurred.

Children of all ages, as well as adults, often wonder what they did, didn't do, or should have done that would have prevented the death. This may happen even when there is no logical reason to feel this way. Children may also feel guilty for surviving the death of a sibling. They may feel guilty if they are having fun or not feeling very sad after a family member has died. Children are often reluctant to share their guilt feelings. Reassure your children that they are not responsible for the death, even if there is no reason to suspect they feel guilty.

Children may appear selfish and immature after a personal loss.

Children tend to be most concerned with things that affect them personally. As they struggle to deal with a personal loss, children may appear more self-centered and immature than usual. They may become more demanding, refuse to share, or pick fights with family members. They may say things that seem very selfish or uncaring. This selfishness is not a sign that children don't care about the person who died or the needs of others. Rather, it demonstrates that they are under stress and grieving. Show your concern and continue to provide support. Avoid criticizing them for behaviors that seem self-centered or insensitive. Once they feel their needs are being met, they will be able to think more about the needs of others.

Invite children to participate in funerals and other memorial services.

When a close friend or relative has died, children should be offered the opportunity to attend the funeral or memorial service whenever possible. When children are not allowed to take part in these important events, they often resent being excluded. They miss the support provided by friends, family, and (as appropriate) their religious services. They worry about what is so awful in the service. What is being done to their loved one that they are not permitted to see?

EXPLAIN IN SIMPLE TERMS WHAT WILL HAPPEN.

Where will the service take place? Who will be there? What is likely to occur? Will the casket be open? Will people be telling stories of funny or pleasant memories? Will there be a lot of crying? Invite and answer questions.

LET YOUR CHILDREN DECIDE WHETHER OR NOT TO ATTEND.

Don't force them to participate in any ritual or activity they find frightening or unpleasant. Let them know it's OK to take a break for a few minutes or leave if they are uncomfortable.

FIND AN ADULT TO BE WITH EACH CHILD.

Especially for younger children, find an adult who can stay with each child throughout the service. This person can answer questions, provide comfort, and give the child attention and support. It's best if this is someone the child knows and likes who isn't directly affected by the death, such as a babysitter, neighbor, or staff member from school. This adult can focus on the child's needs, including leaving the service if the child wishes.

OFFER A ROLE IN THE SERVICE.

Children may appreciate a simple task, such as handing out memorial cards or helping to choose flowers or a favorite song for the service. Suggest something that will comfort and not overwhelm them.

OFFER OTHER OPTIONS.

Younger children may want to play quietly in the back of the sanctuary or meeting area. This still gives them a sense of having participated. Older children and youth may want to invite a close friend to sit with them in the family section.

Provide support over time.

Children who have lost a family member or close friend generally feel that loss throughout their lives. There are things you can do to help children cope over time.

HELP CHILDREN PRESERVE AND CREATE MEMORIES.

Even though it may at first be painful to talk about the person who has died, keep the person's memory alive through stories, pictures, and continued mention of the person in everyday conversation. Children often like to have physical reminders of the person who has died. They may want to carry a picture or object that reminds them of the person who has died, or keep one in a special place at home.

ANTICIPATE GRIEF TRIGGERS.

Memories and feelings of grief can be triggered by anniversaries, family holidays, or other important events. They may bring up sudden and powerful feelings of sadness. Everyday events can also be reminders—a favorite song, a story, mention of the place they last went on vacation, etc. These grief triggers can catch people off guard. Talk with your children's teachers about how to handle these triggers if they happen in class or elsewhere at school. Schools can set up a place where children can go when triggers occur. They may want to talk to someone or simply to leave a discussion that brings up painful memories. Once children know they can leave, they rarely need to do so.

Talk to your children's teachers.

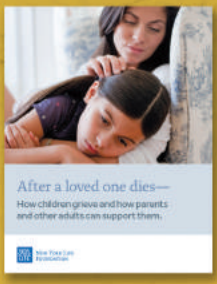
Children often have difficulty concentrating or learning while they are grieving. They may benefit from tutoring, extra support, or temporary changes in their test schedules or other classroom demands. Don't wait for school problems to start before seeking help. Talk to your children's teachers and other key people at the school, such as coaches, band directors, and club sponsors. You may want to talk to the school counselor as well. Even if your children don't want to speak to a counselor, the counselor can act as a resource for advice about how to improve things at school or where to find additional services in the school or community. When your children change schools or start a new year with new teachers, talk with the school again.

Talk to your children's pediatrician or other healthcare provider.

Children may be worried about their health after a death has occurred. A visit to their doctor may provide reassurance for you and your children about their health. It can also provide an opportunity for healthcare providers to talk directly with your children to figure out what they understand and how they are coping. Healthcare providers can also help identify community services, such as bereavement support groups or bereavement camps.

Grieving can last a lifetime but should not consume a life.

Children never "get over" a major loss such as the death of a close family member or friend. Children grieve in stages and over many years. At each new stage in their lives, such as when they graduate from school, get married, have their own children, or reach the age when a parent died, they will have new skills in thinking and relating to others. They will use these skills to reach a more satisfying explanation of this death and a better appreciation of the impact it has had on them and those they care about. In many ways, the work of making meaning from a death never ends. But, over time, this work becomes less difficult and takes less energy. It may start as a full-time job. Later, it becomes more of a part-time effort that allows other meaningful work and experiences to occur. With this, satisfaction and joy become a larger part of your children's lives.



FOR MORE INFORMATION

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YOU CAN LOCATE BEREAVEMENT RESOURCES

in your state and community at **www.achildingrief.com.**

THE NATIONAL CENTER FOR SCHOOL CRISIS AND BEREAVEMENT HAS FREE RESOURCES

Additional materials for supporting grieving children in schools can be found at **www.schoolcrisiscenter.org.**

About the Coalition

The Coalition to Support Grieving Students is a unique collaboration of the leading professional organizations representing classroom educators, principals, administrators, student support personnel, and other school professionals that share a common conviction: grieving students need and deserve support and care in their schools. The Coalition develops educational materials and tools that can help all members of the school community be better prepared to help our students at a time when their need is especially great after the death of a family member or friend.

The Coalition was convened by the New York Life Foundation, a pioneering advocate for the cause of childhood bereavement, and the National Center for School Crisis and Bereavement, led by pediatrician and childhood bereavement expert David J. Schonfeld, MD.

Lead Founding Members

Children's Hospital Los Angeles — National Center for School Crisis and Bereavement

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AASA, The School Superintendents Association

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Coalition *to* Support Grieving Students

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▪ Talking with Children About Death ▪

David J. Schonfeld, MD

Nurses are often asked to respond to children's questions about death and to advise parents and teachers on how to discuss this topic with children. This article reviews the concepts that children must learn to understand and cope with a death. Cognitive limitations of young children that may result in guilt and misinterpretations are reviewed. Advice is provided on how nurses can assist infants, young children, and adolescents in dealing with deaths of significant others or their own impending death. The importance of identifying and addressing the personal needs of the helper are underscored. J PEDIATR HEALTH CARE. (1993). 7, 269-274.

Parents may wish to protect their children from the "harsh reality" of death. But as much as they may wish otherwise, they cannot prevent their children from experiencing the loss of a pet, friend, or family member. Limiting discussion about death will only hinder children's understanding of the loss and interfere with their ability to cope with it. Many health care providers also choose to ignore children's need to talk about, learn about, and come to understand death. But children need caring and knowledgeable adults with whom they can discuss death, both in a general context before a loss and specifically in response to a significant death. Nurses are often asked to respond to the inquiries of children about death and to provide advice to parents and teachers on how this topic can be discussed with children.

To guide the selection of explanations and to structure discussions on the topic with children, nurses must first appreciate what children know about death and what they are capable of learning at various stages of their development. The understanding of death is a developmental process. Similar to the process by which children come to understand physical illness (Schonfeld, 1991), important qualitative differences exist in the very basic ways in which children at different stages of development see, interpret, and understand the phenomena in the world around them.

▪ CONCEPTS ABOUT DEATH

Four basic concepts about death have consistently appeared in the literature: irreversibility, finality (nonfunctionality), inevitability (universality), and causality (Hostler, 1978; Kastenbaum, 1967; Smilansky, 1987; Speece & Brent, 1984; Wass, 1984). Children's lack of comprehension of each of these concepts has direct implications for their ability to successfully mourn a loss.

Irreversibility

Death is permanent. Unlike cartoon and television characters that die and return to life with alarming regularity, no recovery or return from death occurs. Children with an incomplete understanding of this concept may view the deceased as having gone far away on a trip and become angry when the deceased fails to return or contact them. Furthermore, if children do not understand the irreversibility of their loss, then they have no reason to detach or alter their personal ties to the deceased. This is a necessary first step in the mourning process and allows the child to re-establish relationships with other individuals.

Death is a state in which *all* life functions cease *completely*.

Finality (Nonfunctionality)

Death is a state in which **all** life functions cease **completely.** Young children initially attribute life to all objects. This belief in animism is often reinforced by adults who encourage children to talk to their stuffed animals and treat inanimate objects as if they possess life functions or who comment that the television or car "died." As children are more able to correctly identify living functions (such as cognition, respiration, or sensation) they are more likely to realize that these functions must end at death (Safier, 1964; Wass, 1984). Children with an incomplete understanding of the finality of death may wish to bury food with a dead pet. They may comment that dead people only move a little because the coffin is small or cannot see well because it is dark underground. These children may become preoccupied with

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concerns about the physical suffering of the deceased and may, for example, have recurrent nightmares of a dead relative being buried "alive." Horror movies prey on children's limited understanding of the finality of death by creating characters that are "almost dead" (such as zombies) and those that return from the dead to seek revenge (often by attacking innocent children).

Children must be helped to understand the true causes of death.

Causality

Children must be helped to understand the true causes of death. Children who rely instead on magical thinking are apt to assume responsibility for the death of a loved one by concluding that their bad thoughts or unrelated actions were the cause of the person's death. Children's understanding of causality is also influenced by immanent justice, a belief that some form of natural justice exists wherein good is automatically rewarded and bad is punished (Schonfeld, 1991). This may lead children to conclude that the deceased is being punished for some real or perceived wrong-doing. Magical thinking may lead to excessive guilt that is difficult for children to resolve, whereas immanent justice may cause undue shame about the death.

Inevitability (Universality)

Everything that is alive will eventually die. Children with an incomplete understanding of the inevitability of death may view themselves or significant individuals in their lives as immortal. Parents often falsely reassure their children that they will always be alive to care for them. Only when a significant death has occurred do these parents then inform their children of the truth about the inevitability of death. Unfortunately, when a significant death has occurred, children will usually fear that others (if not everyone) close to them will die. This is perhaps the most difficult time to be confronted with the universality of death. Yet if children do not view death as inevitable, they will likely view death as a form of punishment (either for their actions or thoughts or for those of the deceased), leading again to excessive guilt or shame.

On average, children learn these concepts between the ages of 5 and 7 years. But children develop at their own individual rates, and there is wide variability for children of the same age. In addition, children tend to regress under stress, and the death of a loved one is invariably a stressful event. Children therefore are most apt to function as if they had a less developed understanding just at the time when they need a mature understanding of death. Approaching the child with a preconceived notion of what a "typical child" of that age is able to understand about death is not helpful. Instead, given an appreciation of the process of cognitive development in this area, nurses can determine what a particular child understands about a death that has occurred by gently asking simple, but direct, questions that explore the child's understanding of the relevant concepts. Such questions might include: When someone dies, can they come back to life again? (irreversibility) What happens to people after they have died? Can they still see or hear or feel pain? (finality) What causes people to die? (causality) Who dies? Does everyone eventually die? (inevitability) Misconceptions can then be identified and corrected.

Children, even newborns, are capable of reacting to someone's death, even if they do not fully understand what has occurred.

■ INFANTS AND YOUNG CHILDREN

It is never too early to begin discussions about death. Children, even newborns, are capable of reacting to someone's death, even if they do not fully understand what has occurred. Infants can respond to maternal depression with altered feeding patterns and even failure to thrive (Lansky, Stephenson, Weller, Cairns, & Cairns, 1982). Parents should be counseled after a death has occurred within a family that the physical and emotional needs of all family members, even infants, must be met. As much as possible, feeding and care-giving patterns should be maintained. Parents often deny the emotional needs of their young children at the time of a death of a family member or close friend, in part so they may attend to their own grief. Parents may feel so overwhelmed that they question whether they have any resources to attend to the physical, let alone emotional, needs of their children. They often wish to send their children away to be cared for by others until they feel they are coping better with the loss themselves. Nurses should help grieving parents identify supports that will allow the parents to continue in their role as caretakers for their children.

Young infants probably lack a conceptual understanding of death. But with the development of object permanence during the second half of the first year of life, infants begin to become capable of understanding loss. It has been suggested that the game of "peek-a-boo" is one of many games about death engaged in by children. The game involves repetitive separation (and reunion) with important caregivers and may represent an attempt to understand and deal with loss. In fact, the translation for "peek-a-boo" from Old English is "alive-or-dead" (Betz & Poster, 1984; Maurer, 1966).

A father brings his 20-month-old son for counseling regarding the sudden death of the child's mother in a car accident 2 days before; the child was a passenger in the car at the time of the accident but was not injured. Although the funeral has not yet occurred, he is already demonstrating marked distress. He is having trouble with separation, wakes frequently at night shouting "No, No, No," and is fearful of riding in a car. Over the next 2 weeks, he makes such comments as "Head, truck, hurt, neck, eye, Mommy" and refers to "ink" coming out of his mother's head and eye. He then speaks of a "rainbow round [her] head" and concludes that "Mommy [is in] heaven." His play has become more aggressive, and he has been noted to take trucks and smash them together screaming. Despite his young age, he clearly understands what has occurred.

Children in similar circumstances may not be able to express their feelings and concerns as directly. Health care providers must assist parents to identify the needs of their children at the time of a loss and offer support and assistance so that parents can meet the task of responding to them.

Young children's understanding of causality is characterized by magical thinking, which is often unwittingly reinforced by parents.

■ CHILDREN'S BEREAVEMENT AND GUILT

Young children's understanding of causality is characterized by magical thinking, which is often unwittingly reinforced by parents. Parents wish their children to believe that if they eat their vegetables at dinner then Santa Claus, whom they have never met, will somehow be aware of this event and will bring them the present they want for Christmas. These parents should not be surprised when their children conclude that someone died because they had done, or only thought, something bad. In general, when talking with children (and adults) about death, it is best to assume that some underlying guilt may exist regarding the death, even if the child had no possible role to play in the cause of death.

An 8-year-old boy is brought by his parents for counseling regarding the recent death of his brother by sudden infant death syndrome (SIDS). The boy is a bright and engaging child and has received appropriate explanations from his parents; his mother is a child psychologist. He demonstrates precocious insights into the emotional responses of family members (on the first visit he comments: "Did you notice my mother is pregnant? . . . I think she's trying to replace my brother . . . I know you can't do that, but I think that's what she is trying to do"). Yet when asked why he thought his brother had died, he remarks, "because I went to camp that day." Although his parents had made every attempt to explain the cause of his brother's death as best they could, SIDS is fundamentally an unsatisfying explanation even for adults. Left with no other explanation, the boy predictably assumes guilt for the loss.

From early on, children are made to feel guilty for their accidents. They are told: "You should have been more careful . . . You shouldn't have been running in the first place." It is not surprising, then, that both children and adults often assume that whenever an accident occurs, someone is at fault. In a society that supports a major field of law called *accident liability,* there is no such thing as a true accident. When talking with children about death it is therefore often useful to assure them of their lack of responsibility with such comments as, "Many of the children I talk to who have had a (relative) die tell me that they somehow feel it may have been their fault, even when it obviously was not. We all know that thoughts and feelings can't make someone die. I know that there wasn't anything you did to cause your (relative) to die, but I wonder if you ever felt guilty the way those other children did?"

■ CONCRETE THINKING AND LITERAL MISINTERPRETATIONS

Adults must explore children's understanding about death and not be fooled by superficially correct comments. The thought processes of young children are concrete. They may take explanations at face value, leading to literal misinterpretations. For example, children may be afraid to go to a wake after being told the body is placed in a casket, wondering what happened to the head.

Parents of an early elementary school-aged child feel that their son has responded well to his sibling's death by SIDS. Their only concern is that he seems to be unruly in church, but they do not see how this could be related to the death, which occurred several months earlier. When asked, they state that the explanation they gave their son for the infant's death was that "God loved the baby so much, He wanted him back as an angel at His side." They had told the boy that church was "God's home," and the boy had decided to make it quite clear whenever he was visiting God that he was not "angel material" and did not wish to be called to His side.

Children need to be given developmentally appropriate explanations and be asked what they understand.

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Children need to be given developmentally appropriate explanations and then be asked what they understand. As they explain it back to the adults, misconceptions will become evident and can be corrected. Over-generalizations should be anticipated. Children will need to be told that not all illnesses are serious and that not everyone who goes to the hospital dies. Religious explanations can be shared with children but should not be relied on as the only explanation of death. Attempts to place religious concepts in concrete terms are usually ineffective and provide little understanding of both physical realities and spiritual beliefs. Any adult who has been faced by a young child relentlessly asking where in the sky is heaven and can they go there by plane to visit a deceased relative understands the futility of such an approach.

■ CHILDREN'S GRIEF

Children grieve, often deeply, and for long periods. But they may not give this impression to adults. For one thing, they do not sustain strong emotions for extended periods of time. They often use denial or delay the expression of their grief. Adults in their lives may inadvertently communicate to them that the death is not to be discussed. When a young child asks, "I know that Mommy is dead, but will she see me on my birthday?" the surviving parent often responds with tears. Questions such as these are particularly poignant. Unfortunately, the egocentrism of young children may lead them to conclude that they caused their parent to cry by misbehaving. Many children will then quickly state, "Don't worry Daddy, we'll be ok. I know how to cook. I'll do everything Mommy used to do." Often the parent will then tell the health care provider, "Oh, my daughter? She's doing great. I'm falling apart, but she's accepted it." In reality, the child is often left to deal alone with serious concerns and troubling emotions. These may become evident months later or may be indirectly expressed in other settings. After a death has occurred, adults need to encourage questions and to answer them honestly.

Children may express their grief indirectly through their behavior or attempt to work it out through play.

Children may express their grief indirectly through their behavior or attempt to work it out through play. Indeed, many children's games have death as a central theme. "Cowboys and Indians" and "cops and robbers" involve killing and playing dead. After a particularly traumatic loss, children may initiate post-traumatic play, which involves a re-enactment within play of elements of the traumatic event and may take on a ritualistic pattern.

Children grieve in stages over many years. They will reprocess the experience at each new stage in their life, applying new cognitive and emotional insights to try to reach a more satisfying explanation of a significant death. Unfortunately, children have many more sources of misinformation than sources of correct information about death, and this process may be unnecessarily delayed. With proper education, children can learn the concepts about death at a much earlier age (Schonfeld & Kappelman, 1990; Schonfeld & Smilansky, 1989).

■ ADOLESCENT BEREAVEMENT

Although it is a necessary precondition, knowledge about death is not sufficient in and of itself to lead to successful adjustment to a loss. Adolescents, who may comprehend the concepts about death, are still in need of supportive services. Society often perceives that the impact of a death on adolescents is less severe than for young children. Adults often wrongly assume that because adolescents are able to think rationally, they should understand what has occurred and need no further explanations. Adults may feel that because adolescents are able to think and act independently and are often less willing to accept assistance and guidance from adults that they do not need support and outreach services at the time of a death. In reality, adolescents are often left unsupported even when another child in the family dies. Services are extended to the parents, who then often rely on the adolescent siblings to provide comfort and to fill in for needed services, such as caring for younger siblings (Adams & Deveau, 1987). Even less support is offered when the death of a peer is involved (Podell, 1989). Families often underestimate the intensity of adolescent peer relationships or their adolescent children's actual vulnerability to these crises. Nurses within schools may be best suited to begin to address the emotional needs of adolescent students when a death of a peer has occurred (Schonfeld, 1993).

■ FUNERAL ATTENDANCE

Parents may ask whether it is appropriate for children to attend funerals. Although little research has been done on this topic, some general guidelines drawn from the author's clinical experience can be suggested. When a close relative or friend has died, children should, whenever possible, be offered the option to attend the funeral. Children who are denied this opportunity may construct fantasies of what occurs during these ceremonies that are more frightening than the reality. They may also feel cheated and left out of an important cultural and family ritual.

A parent or other adult who has a close relationship

with the child should explain in simple terms what the child can expect at the funeral, including such simple facts as that many people will be crying and appear very sad. Information should be provided about any anticipated rituals, such as a viewing with an open casket or a grave-site ceremony. Questions should be encouraged and answered honestly. If the child chooses to accompany the family to the funeral, then it is preferable that an adult who is familiar with and well liked by the child is assigned to accompany the child, preferably someone who is somewhat removed from the personal tragedy of the death (such as a baby-sitter, a neighbor, or a relative). This adult can monitor the child's reactions to the funeral and answer any questions that may arise.

Children should never be forced to participate in any ritual that they find frightening or distasteful, such as kissing the body of the deceased. They should be told that it is alright for them to leave at any point during the ceremony; the adult accompanying them can then take them for a walk around the block or into the lobby. Children who choose to play quietly in the lobby of the funeral home for the duration of the ceremony may still feel a higher level of participation in the event than if they were forced to remain at home or were sent to stay with neighbors or relatives.

■ THE ROLE OF NURSES

Nurses may be the sole source of correct information about death and one of the few caring adults who feel comfortable talking with children about death. Nurses can help parents to see the importance of discussing this topic with their children and can work with the parents to provide the support that children need at this time.

School nurses can advocate for education about death within the schools in a preventive mental health context.

Nurses within the schools may also act as advocates for children by assuring that crisis intervention services are available within the school (Schonfeld, 1989, 1993) and by serving as a member of a school-based crisis intervention team. (A copy of an unpublished model for school-based crisis intervention is available on request from the author.) School nurses can advocate for education about death within the schools in a preventive mental health context. Such education need not take a strict curricular form but can be incorporated into regular classroom lessons and can utilize teachable moments, such as when the fish in the classroom dies or when the class finds a dead bug out on the playground (Schonfeld & Kappelman, 1990, 1992).

■ THE DYING CHILD

In general, children with a terminal illness appear to have a precocious understanding of the concepts of death and their personal mortality. This occurs even if the adults have decided not to inform the child of the terminal nature of the illness (Greenham & Lohmann, 1982; Spinetta, 1974; Spinetta, Rigler, & Karon, 1973). Many parents are uncomfortable when their children openly acknowledge an awareness of their impending death. The children often perceive that it is their task to provide emotional support to their parents and to carry on the mutual pretense that they are unaware of their health status. At times, nurses are asked to care for children with a terminal illness but are told by the parents (and the health care team) that they must not disclose the nature of the illness. Yet these children will often ask the nurse questions, either directly or indirectly, about their impending death (Kubler-Ross, 1974). This places the nurse in an untenable position.

Adults must act on any opportunity to support a dying child through the process.

It is virtually impossible to lie to a child and preserve a relationship that is built on trust and caring. Parents must be helped to realize that it is the process of dying and not the death itself that is most frightening to children. Adults must act on any opportunity to support a dying child through this process.

■ HELPING THE HELPER

Nurses must come to understand their personal feelings about death to be effective in providing support for children who have experienced the death of a loved one or who are faced with their own impending death. Often this will involve some introspection about prior personal losses. But perhaps most importantly, nurses should remain aware of how continued exposure to deaths of others impacts on not only their professional careers but also on their personal lives.

Death of a patient is one of the most stressful personal and professional experiences faced by health care providers.

Death of a patient is one of the most stressful personal and professional experiences faced by health care providers. In studying the self-reported responses of pediatric residents, Behnke, Reiss, Neimeyer, and Bandstra (1987) found that physicians experience more grief responses than they felt were appropriate for an ideal-

ized physician. This resultant discrepancy between the physicians' actual response to a patient death and that which they feel is appropriate for the ideal physician is likely to create inner turmoil and dissonance that further interferes with successful coping. Similar reactions to patient death can be expected for all health care professionals.

Permission and tolerance for professionals to discuss and to have their personal needs met regarding bereavement is necessary not only so that they may then be more able to serve the needs of their patients and their patients' families, but also so that the personal needs of the professional staff may be met. Psychosocial rounds (especially in intensive care settings), retreats, and other support services dealing directly with professionals' responses to patient death are important aspects of staff development.

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