

## **DEATH IN THE FAMILY - HELPING CHILDREN TO COPE**

### **How Does a Child Respond to Death?**

When someone in the family dies, everyone is affected – including the children. We need to remember that children react very differently from adults. How they react depends on a number of factors:

How close the person was to the child and the family is important. The death of a parent, brother or sister will be much more upsetting than the death of a more distant relative. A lot depends on how involved the dead person was in the daily life of the child and the family.

The child's age and level of understanding and how the death affects their life in practical terms are very important. Infants may feel the loss mainly because it affects the way in which they are handled and their daily routine. They are very sensitive to the unhappy feelings of those around them and may become anxious, difficult to settle and more needy of attention. Pre-school children usually see death as temporary and reversible – a belief reinforced by cartoon characters who 'die' and 'come to life' again.

Children between the ages of 5 and 9 are able to understand basic facts about death – that it happens to all living things, that it has a cause and that it involves permanent separation. They can also understand that dead people do not need to eat or drink and do not see, hear, speak or feel. Teenagers are able to understand death much more like adults and are very aware of the feelings of others. Young children often do not appear sad. They may show their sadness briefly and at unexpected moments. This may mislead you into thinking that they have not been affected by the death. They tend to express their feelings with their behaviour rather than with words. Most children are angry and worried, as well as sad, about death. Anger is a natural reaction to the loss of someone who was essential to the child's sense of stability and safety. A child may show this anger in boisterous play, by being irritable or angry to surviving family members, or in nightmares. Anxiety is shown in 'babyish' talk and behaviour, and demanding food, comfort and cuddles. Younger children believe that they cause what happens around them. They may worry that they caused the death by being naughty. Teenagers may find it difficult to put their feelings into words, and may not show their feelings openly, for fear of upsetting others.

The circumstances of the death also affect the impact on the child. Each family responds in its own way to death. Religion and culture will have an important influence on what happens. Other factors that can make a big difference from the child's point of view are:

- How traumatic the death was – a traumatic death is harder to cope with.
- Whether the death was sudden or expected, a relief from suffering or a crushing blow.
- The effect of grief on other family members if they are not able to cope with giving the child the care they need.
- How much practical support is available to help the family cope.

## Helping a Child to Cope With Death

Being aware of how children normally respond to death makes it easier for an adult to help. It also makes it easier to identify danger signals.

**Early stages.** Adults sometimes try to protect children from pain by not telling them what has happened. However, experience shows that children benefit from knowing as soon as possible. They may even want to see the dead relative. The closer the relationship, the more important this is. Adults can also help children to cope by listening to the child's experience of the death, answering their questions, and reassuring them. Children often worry that they will be abandoned by loved ones, or fear that they are to blame for the death. If they can talk about this, and express themselves through play, they can cope better and are less likely to have emotional disturbances later in life. Young children often find it difficult to recall memories of a dead person without first being reminded of them. They can be very upset by not having these memories. A photograph can be a great source of comfort. Children usually find it helpful to be included in family activities such as attending the funeral. Thought may need to be given as to the support and preparation a child will need in order to be able to do this. A child who is frightened about attending a funeral should not be forced to go. However, except for very young children, it is usually important to find a way to enable them to say goodbye. For example, they can light a candle, say a prayer or visit the grave.

**Later On.** Once children accept the death, they are likely to display their feelings of sadness, anger and anxiety on and off over a long period of time, and often at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that they can show their feelings openly, without fear of upsetting others. Sometimes a child may 'forget' that the family member has died, or persist in the belief that they are still alive. This is normal in the first few weeks following a death, but may cause problems if it continues.

## Warning Signs and danger Signals

- A long period of depression, with loss of interest in daily activities and events.
- Inability to sleep, loss of appetite, prolonged fear of being alone.
- Acting like a much younger child for a long time.
- Denying that the family member has died.
- Imitating the dead person excessively.
- Talking repeatedly about wanting to join the dead person.
- Withdrawing from friends.
- A sharp drop in school performance, or refusal to attend school.

These warning signs indicate that professional help may be needed. A child and adolescent psychiatrist or child psychotherapist can help the child to accept the death and also assist the survivors to find ways of helping the child through the mourning process. Your general practitioner will be able to offer you help and advice, and can refer you and your child to your local child and adolescent mental health service. The team will more than likely include child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.