

Families grieve numerous losses and ride on a roller coaster of changes when someone close to them is living with a life-threatening illness. There are similarities and differences between the way children and adults manage this difficult time. A child's age, developmental stage, and experiences will determine their understanding of the illness and the way they cope. Children tend to alternate between playing and expressing strong emotion. They may re-experience grief as they move through different developmental stages. Children's expression of their grief can sometimes be a challenge for parents/caregivers who are coping with their own loss.

This guide is intended to help those supporting children to understand and prepare for common responses to illness and death at different developmental stages. We have offered some examples of responses. Please note: grief responses are individual; **each child's grief experience will be unique.**

Infants and Toddlers

- They respond to the reactions of those around them and sense that something is wrong
- They are most affected by disruptions in routine and caregiving
- They do not understand the permanence of death and they experience a continuous temporary absence
- Changes in sleep - may not fall asleep the way they did and/or may be more sleepy than usual
- Changes in eating patterns and likes/dislikes
- Show distress when separating from parent/caregiver

Common Reactions

- Crying more than usual

What Helps?

- Keep routines and physical surroundings as consistent and familiar as possible
- Offer their familiar comforts as much as possible (rock, hold, sing, talk)

Preschool Age

- Under the age of 6-7 years children do not understand that death is irreversible, that we will all die someday, that there is a cause, and that the body no longer functions
- They may talk about the person coming back for a special day
- Magical thinking may lead children to believe that something they said or thought caused the illness or death - *"I didn't put my toys away and she was angry, that's why she is sick."*
- Thinking that they caused the illness and/ or others close to them may get sick
- Physical symptoms (headaches, stomach aches)
- Becoming more clingy and reluctant to separate from parent/caregivers
- Regression in behavior (baby-talk, thumb-sucking, bedwetting)
- Changes in sleep (bad dreams, difficulty going to sleep, afraid to be alone in the dark)
- Forgetting the person after they die and feeling sad when they remember them
- Asking questions of people who will talk with them about the illness, burial and/or cremation

Common Reactions

- Repeatedly asking questions related to changes in the body during illness or after death
- Sharing their experience and story in a matter of fact way with others

What Helps?

- Patience when they ask the same questions repeatedly
- Encourage them to ask questions and share their feelings (verbally and through play, art, or exercise)

Ages 6-8

- They begin to understand the permanence of death
- Great interest in the body and its functions, the causes of death, and the physical processes to the body after death
- May feel responsible for the death

Common Reactions

- May feel responsible for the death
- They often have graphic and blunt conversations and questions
- Ask many questions about burial and cremation and body processes
- Experience bad dreams, difficulties in school, increased anger
- Physical symptoms (headaches, stomach aches)

9-12 Years of Age

- They can have a more refined understanding of the seriousness of the illness and death
- They wonder how the illness and death will impact themselves and others
- They show interest in what happens to the body during illness and after death

Common Reactions

- Covering up emotions, try to appear normal to fit in, and not worry anyone
- Showing concern for the safety and future of other family members
- Experiencing increased anger, challenging behaviors, difficulties in school, and lack of focus or interest
- Experiencing bad dreams and physical symptoms (headaches, stomach aches)

- Provide concrete and honest explanations to their questions
- Maintain or create schedules and routines to provide a sense of safety and control
- Offer comfort and affection; reassure them that they are safe and explain that the illness is not their fault

What Helps?

- Reassure them about their safety and that the death was not their fault
- Patience when they ask the same questions repeatedly
- Provide concrete and honest explanations to their questions
- Encourage them to ask questions and talk about their feelings
- Maintain schedules and routines as consistently as possible
- Offer comfort and affection
- Provide opportunities for non-verbal ways of expression (play, art, physical exercise, listening to music, time alone)

- Asking themselves and others many questions about illness and death

What Helps?

- Honest, accurate information
- Regular invitations to ask questions and opportunities to share their feelings without being judged
- Reassurance about their future as well as the future of other family members
- Request and consider their input in regards to the changing circumstances
- Respect their need for privacy
- Provide opportunities for connection with significant adults in their lives