



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Death and Grief in the Family: Tips for Parents

BY KELLY S. GRAYDON, PHO, *Chapman University, Orange, CA*
SHANE R. JIMERSON, PHD, NCSP, *University of California, Santa Barbara*
EMILY S. FISHER, PHD, *Loyola Marymount University, Los Angeles*

Many children and adolescents will experience the loss of a close relative or other special person before they reach adulthood. As families are often the primary sources of support for youth in crisis, it is important for parents to have a solid understanding of the reactions they may observe, and to be able to identify children or adolescents who may require additional support. Parents and other caregivers should also understand how their own grief reactions and responses to the loss may impact the experience of a child.

WHAT ARE TYPICAL GRIEF REACTIONS?

Grief reactions among children and adolescents vary and are influenced by their developmental level. No two children will react to a loss in exactly the same way. There is no right or wrong way for children to react to a loss, and reactions are influenced by many factors other than age. For example, children with a history of mental health problems may be more likely to experience severe or prolonged negative reactions. Similarly, children with exceptional needs possess fewer coping strategies, making their reactions more like those of younger children.

Some general trends exist that can help parents and other caregivers understand typical and atypical reactions of bereaved children. For example, sadness, confusion, and anxiety are among the most common grief responses and are likely to be observed in children of all ages.

The Grief Process

There are common stages that children and adolescents may go through after the loss of a loved one. While many adults are familiar with the stages of the grief process, common misconceptions assume that all children must proceed through all stages in the same order or within a specified time limit. In reality, grief does not follow a specified pattern. Children and youth may experience some or all of these stages in varying intensity and even repeat stages.

The general stages of the grief process are:

- Denial (unwillingness to discuss the loss)
- Anger or guilt (blaming others for the loss)
- Sorrow or depression (loss of energy, appetite, or interest in activities)
- Bargaining (attempts to regain control by making promises or changes in one's life)
- Acceptance or admission (acceptance that loss is final, real, significant, and painful)

Grief Reactions of Concern

The above behaviors are expected and natural reactions to a loss. However, the following behaviors may warrant further attention:

Preschool Level:

- Decreased verbalization
- Increased anxiety (e.g., clinginess, fear of separation)
- Regressive behaviors (e.g., bedwetting, thumb sucking)

Elementary school level:

- Difficulty concentrating or inattention
- Somatic complaints (e.g., headaches, stomach problems)
- Sleep disturbances (e.g., nightmares, fear of the dark)
- Repeated telling and acting out of the event
- Withdrawal
- Increased irritability, disruptive behavior, or aggressive behavior
- Increased anxiety (e.g., clinging, whining)
- Depression, guilt, or anger

Middle and high school level:

- Flashbacks
- Emotional numbing or depression
- Nightmares
- Avoidance or withdrawal
- Peer relationship problems
- Substance abuse or other high-risk behavior

Complicating Factors

Although grief is a process, and reactions are best understood when considering the developmental stage of the child, it is also very important to keep in mind that reactions are also largely impacted by the particular circumstances of the loss. Not surprisingly, the closer the relationship a child had with the deceased, the more severe the reaction.

Other factors must also be considered. For example, the loss of a parent can often be accompanied by other losses, including a move, a change in the family's financial situation, or the impaired caregiving abilities of the surviving parent. Stronger and more persistent grief reactions are more likely when multiple losses have occurred. Additional factors include sudden or traumatic losses, homicides, or suicides.

COMMON MYTHS REGARDING GRIEF AND LOSS

Many misconceptions exist about how children and adolescents respond to the loss of a loved one. For family members to help, they need to understand how young people mourn. Following are some common myths that may get in the way.

Myth: Grief Should Be Time-Limited

Many adults, including some mental health professionals, assume there are certain benchmarks that define the grieving period. For example, after six months, bereavement becomes "unhealthy." In reality, healthy reactions to a loss may take years.

Myth: Children Should Be Protected From the Mourning of Adults

Many adults try to shelter youth from their own grief reactions, presuming that this may cause more pain for

the child. Children model the behavior that is demonstrated to them. Those children who view denied grief are likely to replicate this response, whereas children whose loved ones are openly sad will learn that mourning is natural and okay.

Myth: Children Should Not Attend Funerals

Many adults assume that exposing a child to a funeral will only cause more pain. In reality, funerals and other memorial services are a natural way to begin the mourning process, providing structure and a sense of commonality. Attendance should be encouraged as developmentally appropriate.

Myth: Death Should Be Explained in Softer Terms

Death is a complicated concept that is beyond the range of understanding for many young children (e.g., very young children may lack the ability to understand the permanence of the loss). However, speaking to children in broad or vague terms may lead them to incorrect assumptions. For example, a child who was told that the deceased fell asleep may conclude that sleep is a risky behavior and develop a fear of sleep.

HOW CAN FAMILIES SUPPORT BEREAVED CHILDREN?

How family members grieve following a loss will influence how children grieve. When family members are able to talk about the loss, express their feelings, and provide support for children in the aftermath of a loss, children are better able to develop healthy coping strategies. Family members are encouraged to:

Talk about the loss. This gives children permission to talk about it, too.

Ask questions to find out how children are understanding the loss, and to determine their physical and emotional reactions. Listen patiently. Remember that each child is unique and will grieve in his or her own way.

Be prepared to discuss the loss repeatedly. Children should be encouraged to talk about, play out, or even act out the details of the loss as well as their feelings about it, about the deceased person, and about other changes that have occurred in their lives as a result of the loss.

Give children important facts about the event at an appropriate developmental level. This may include helping children accurately understand what death is. For younger children, this explanation might include helping them to understand that the person's body has stopped working and will never again work.

Help children understand the death and intervene to correct false perceptions about the cause of the event, ensuring that they do not blame themselves for the situation.

Provide a made/ of healthy mourning by being open about your own feelings of sadness and grief.

Create structure and routine for children so they experience predictability and stability.

Take care of yourself so you can assist the children and adolescents in your family. Prolonged, intense grieving or unhealthy grief reactions (such as substance abuse) will inhibit your ability to provide adequate support.

Acknowledge that it wi/l take time to mourn and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than six months, depending on the type of loss and proximity to the child.

Take advantage of community resources such as counseling, especially if children and youth do not seem to be coping well with grief and loss.

RECOMMENDED RESOURCES

Print

- Boyd Webb, N. (2002). *Helping bereaved children: A handbook for practitioners* (2nd ed.). New York: Guilford Press.
- Brown, L. K. (1998). *When dinosaurs die: A guide to understanding death*. Boston: Little, Brown Young Readers.
- Coloroso, B. (2001). *Parenting through crisis: Helping kids in times of loss, grief, and change*. New York: Collins Living.
- Fiorini, J., & Mullen, J. (2006). *Counseling children and adolescents through grief and loss*. Champaign, IL: Research Press.
- Grollman, E. A (2006). *A complete book about death for kids*. Omaha, NE: Centering Corporation.

Lehmann, L., Jimerson, S. R., & Gaasch, A. (2001). *Mourning child grief support group curriculum*. Philadelphia: Brunner-Routledge. (Preschool, Early Childhood, Middle Childhood, and Adolescent Editions.) Available online at <http://www.routledge.com>

Online

American Academy of Child and Adolescent Psychiatry, *Facts for families, Children and grief*: http://www.aacap.org/cs/root/facts_for_fam_iiies/children_and_grief

Compassion Books: <http://www.compassionbooks.com/store>

National Association of School Psychologists, *Schoof safety and crisis resources*: http://nasponline.org/resources/crisis_safety/index.aspx

Multiple handouts, including "Helping Children Cope with Loss, Death, and Grief."

Project LOSS: <http://education.ucsb.edu/jimerson/loss.html>

Wider Horizons, *Resources for children and teens*: <http://www.why.org/widerhorizons/childrensresources.html>

[A directory of resources on grief and loss.](#)

Ke/ly S. Graydon, PhD, is an Assistant Professor of Schoof Psychology at Chapman University in Orange, CA; Shone R. Jimerson, PhD, NCSP, is a Professor in the Department of Counseling, Clinical, and Schoof Psychology at the University of California, Santa Barbara; and Emily S. Fisher, PhD, is an Assistant Professor of Schoof Psychology at Loyola Marymount University in Los Angeles.

© 2010 National Association of School Psychologists, 4340 East We51 Highway, Suite 402, Belhe5da, MD 20814-(301) 657-0270