THE GRIEF OF CHILDREN
AFTER THE LOSS OF A SIBLING OR FRIEND:
FOR FAMILIES, TEACHERS, CAREGIVERS,
AND FRIENDS

Explaining death to a child after the loss of a young sibling, relative, or friend can be a very difficult, sensitive, and painful process. This task becomes even more difficult and painful and demands more sensitivity when the parents, relatives, teachers, or caretakers are grieving themselves. However, in a time of crisis such as this, adults must function as “role model(s) and helper(s) to the bereaved children in their care.” (Wolfelt)

All children will be affected in some way by the death of another child, especially the death of a child in the immediate family. Children, especially very young children unfamiliar with the concept of death, need honest explanations and strong expressions of love from the significant people in their lives to maintain a sense of security and identity in a time of crisis such as this. At the same time, grieving children MUST also be allowed to express their grief in whatever way seems natural to them.

Young children often do not know how to verbalize or express their feelings when a sibling or playmate dies. They may hold back these emotions or reactions because they find them too overwhelming or because they don’t really understand the finality of death. As a result, some children appear unaffected by the loss and may show their reactions by acting out their feelings in negative ways in their play or other activities. They may even act out the events surrounding the death. However, it is VERY important to remember that children DO GRI EvE, often very deeply, regardless of their ability or inability to express the emotions they are feeling. Experts also say that children at different ages have differing capacities to understand death, but most agree that before the ages of 9 to 10, children do not usually understand that death is permanent. Adults need to realize this and tailor their explanations accordingly.

Because some adults have problems dealing with the reality of death themselves, they may assume that children cannot cope with such an experience. Many adults think they are protecting children by leaving them out of the discussions and rituals associated with the loss. However, when the normal grief process is denied them, children often feel more anxious, bewildered, or alone. When they are left without answers to their questions, “their fears and fantasies may (sometimes) become more upsetting than the truth” (Cohn). Such a response or lack of response on the part of adults forces children to seek their own often incorrect and inadequate answers at a time when they are most in need of help and reassurance from the adults around them whom they trust.

The reaction of each individual, whether child or adult, to the death of someone close is very individual. Therefore, it follows that each child’s reaction to the death of a sibling or friend is also unique. However, bereavement experts have noted that there are certain common emotions usually expressed in the grief process of ALL, including children; FEAR, ANGER, GUILT, AND SADNESS.

Children, regardless of their age, feel these same emotions in varying degrees. When confronted with death, the basic reactions of children are not very different from those of the adults around them—whether these adults be parents, grandparents, extended family, friends, or professional caregivers. The key differences between the grief reactions of adults and children are the intensity and manner of expression.
SOME COMMON REACTIONS OF CHILDREN TO DEATH AND LOSS

ANXIETY and FEAR - After the death of someone close, children may experience anxious or fearful moments and may wonder who will take care of them now. They may fear that they themselves or someone close to them will die, or worry there is something wrong with them or that their bodies will cease to work. Children may cling to parents or other adults around them and seek frequent expressions of love or affirmation.

ANGER - Children may express anger at the person who died or sometimes at God for not making the sibling or friend well. Surviving children may feel abandoned and/or left “all alone.” Children, especially young children, are mostly concerned with their own needs and often show anger when they feel these needs might not be met. Children need to know that it is ok to show anger as long as it is not hurtful to others.

GUILT - In some cases, surviving siblings may feel guilty because of angry remarks or feelings of resentment towards the child who died. They may resent all the attention focused on that child before or after the death. Surviving children may also feel guilty about not behaving “better” in some way, or that something they did caused harm to the child who died or may even have caused the death. A child may even feel guilty at being alive when the sibling or friend is dead, and may sense that the parents also may feel guilty about this. Children need to know that even if they had angry thoughts or feelings about the child who died, these DID NOT cause the death.

REGRESSION - After a death, young children may revert to earlier behavior patterns, such as bed-wetting, taking a bottle, thumb-sucking, demanding to sleep with the parents, or fearing to be left alone with baby-sitters. In most cases, these behavioral patterns are short-term and the child usually moves on with help and understanding of loving adults.

PHYSICAL SYMPTOMS - After the death of a loved one, children may express various physical complaints such as headaches or stomachaches; sleeping and eating habits may change; or they may experience bad dreams.

SHOCK - Sometimes children may not believe that a death really happened and may act as though it had not, and some children may appear not to show any emotion at all. Children sometimes react this way because they cannot grasp the concept of death. Death is a totally unfamiliar concept to most children.

SADNESS - In some cases, grieving children may show a decrease in activity—becoming too quiet or introspective, expressing feelings of sadness, daydreaming, or crying a lot without being able to explain why.

SOME CONSIDERATIONS ABOUT THE UNIQUE EFFECT OF A SIDS LOSS ON CHILDREN

When a SIDS death occurs, the other children in the family or daycare setting are forced to deal with a most devastating situation. They may have had to deal with the initial shock and trauma when someone, perhaps even another child, found a baby dead who had previously seemed perfectly well; with the arrival of emergency personnel and other professionals; and with an atmosphere filled with many questions, doubts and, in some cases, suspicions. The surviving children often have seen the tears; heard the whispers; and noted the confusion, fright, shock, panic, and stress of the adults as well as the pain and unusual situation in the home or daycare center. Nobody was prepared for the death; nobody, adult or child, had a chance to say goodbye; all involved have many unmet grieving needs.

"Because parents have such a hard time coming to grips with a SIDS (loss themselves)...and because there is NO explanation, this type of death is especially hard to explain to children...Hugging, answering questions, and crying together. Sometimes that’s all you can do. It will be a long time before (a) family will be able to make sense out of this...if ever. For a long time all will be struggling with feelings of guilt and grief and the question, “What happened?” (Schaefer). "It is normal for both adults and children to feel unexplained confusion and rage about an unexplained death like SIDS” (Horchler).

WHEN A SIDS LOSS OCCURS, CHILDREN NEED TO KNOW THAT:

- at present, SIDS cannot be explained and nobody really knows why the baby died; that it is unusually hard for all, especially children, to understand and accept the death of a small child especially when there appears to be NO reason;
- SIDS usually strikes silently, quickly, and without pain, and most often during sleep;
- unfortunately, 5000-6000 other babies die from SIDS each year—their sibling, relative, or playmate was not the only child who died this way, but “most babies live and thrive” (Horchler).
- A SIDS death usually occurs before a year of age;
- it was nobody’s fault that the baby died, and this baby who was so important in their lives, did NOT die because of something they did or because someone failed to take good care of the child;
- some people don’t understand about SIDS and may ask many questions, confusing SIDS with other things, and some may even confuse it with child abuse;
- support groups and informational materials are available for them, their families, teachers, and others to help them better understand a SIDS loss;
- it is natural and expected that they would have many questions about the death and that is not only OK but important that they ask these questions, over and over, if necessary;
- their sadness won’t last forever, and that it is also ok for them to move on and be happy; this doesn’t mean that they’ve forgotten the baby who died; and
- perhaps, most importantly, that they are loved, valued, and special, and that they remain an integral part of the family or childcare group to which they belong.

After a SIDS death, life is not the same or as most people wish it were, but life is the way it is now, and this is the situation that will have to be dealt with. “Between the way things used to be and the way they are now ...exists a void that (can’t) be crossed” (Moffat).

The family or childcare constellation also has changed. In a family after a SIDS loss, a surviving child may become an only child, the oldest or youngest child, or the only girl or boy, etc. The whole family pattern is disrupted; the place of surviving children is different. So too has the situation at the daycare center changed—one part of the group is missing.

Many lives are altered by a SIDS death, but even after such a tragic infant death, healing can occur. “It is possible to transcend the awfulness of the death by choosing memorial services and other personal rituals that celebrate the dead infants’ lives while not denying the physical finality of the death” (Horchler). Children must be allowed to be part of this process, and they “need to know that the people who are important to them care about them no matter what they’re feeling. We all DO” (Rogers and Sharapan).
That the varied reactions of children to death are normal expressions of grief and usually not signs of disturbed behavior; that sometimes children react by being mad, when indeed they are really sad, by expressing anger, when it is really doubt or confusion they are feeling; that children may lash out at a parent or caregiver because they think adults could/should have prevented the death; that children may grieve in spurts, crying one moment, laughing the next; that children do not know what is considered appropriate behavior at a time such as this; and that grieving is a very complex process for ALL.

To acknowledge the grief of children; to allow children to confront the death; to let children mourn; to let children know that their grief will not be discounted or considered unimportant; to let children know that talking about or even acting out the death is ok; “Children must not become the forgotten mourners...they must be included in the mourning process, or else they will feel their grief is not important” (Wolfelt). Adults should not underestimate what most children can grasp about death, for children can usually absorb the information and adjust it to fit their understanding of what happened.

NOT to delay talking about what happened; to encourage children to talk about the death immediately and frequently and in whatever way is most comfortable, even if this means that they go over the event repeatedly.

That the passage of time is perhaps THE most important healing factor in the grief process. (Experts on early childhood development indicate that it takes at least 6 months for a normal routine to resume after the death of someone significant in a child’s life; that frequently the worst time for survivors is about 6 months after the death; and that the first year is usually the hardest in a family situation.)

To show visible signs of love, support, and caring to surviving children using physical signs of affection such as frequent hugging, or warm verbal expressions of support or concern. [In family situations, it may be helpful for all to grieve openly together, for adults to show children that they need not be afraid to talk about the child who died or to show open signs of emotion, such as sadness or tears.]

That in most critical situations, including the death of someone close, the best way for adults to deal with children is with honesty and in language that they can understand using simple, easily understood answers. [DO NOT use dishonest or evasive terms or expressions such as “he went away,” or “God wanted your sister with Him because she was so good,” or “your friend went to sleep.”]

To make a special effort to REALLY LISTEN to what children are saying or trying to say, helping them to express doubts, thoughts, or questions, if necessary, and not trying to put your thoughts and feelings into words for them. [Adults also need to notice what children are not expressing, for these omissions may be of equal importance in trying to understand what children are really thinking or feeling.]

That it is ok to tell children, “I can’t give you a good answer, there is no explanation;” or “No, it isn’t fair that this happened to you or your friend;” or “I worry about that, too.” [When the death of a child occurs, adults are often placed in the position of trying to explain to children something they themselves don’t understand.]

To encourage children to talk to each other about the loss, as grieving children can be a great source of help and comfort to each other.

To allow children to express memories or recollections of the child who died, for example, by starting a book, diary, or journal of thoughts or feelings or a box or photo album of mementos; by remembering the deceased child in art or drawings; by telling stories about the child; by directing children in playing games or in other activities in which they express the loss; and by remembering the child who died on special days such as birthdays and holidays.

To permit children to express the concerns they have, not only for themselves, but for the child who died and/or for their parents or other family members; to allow surviving children to be a source of comfort to others, even adults. (At times like this, children often express great concern for the other significant people in their lives.)

To allow children who are old enough or who express a wish to do so to be included in memorial services, for rituals are a part of life and a source of help in building memories of the child who died. [It is important to explain to children beforehand what a funeral is and to take special care to mention that rituals such as this provide grieving family and friends a time, place, and occasion to remember the child who died and a way to say good-bye.]

To obtain helpful books or other informational materials to explain death and/or memorial or funeral services to children. (The use of examples familiar to children such as the loss of a pet or references to the cycles of nature may prove helpful in teaching children about death and helping them to understand that death, after all, is part of the cycle of every living thing.)

To obtain the help of professionals or specialists if a child’s needs or fears seem to last unusually long or seem unusually severe, or when trying to explain death and its rituals to children in group situations, such as child-care centers. [Children need to know there are “safe places,” trusted people who can help at a time like this, and other resources including special grief programs available for them.]

To try, as far as possible, to maintain a normal routine, as children need the security of knowing that their world remains intact but that life, although changed, goes on.

That there are special grief situations that require special responses or information, such as the death of a twin, the unique but complicated grief of teenagers, or when explaining the death to a subsequent child at a later date.

That, as adults, they are the role models for grieving children, even if they are mourning themselves. The display of legitimate emotions, such as tears, controlled anger, or fear, doesn’t harm children. What is harmful is denying the grief, refusing to talk or let others talk about the death, the display of irrational anger or guilt, or extending blame after the loss. Parents and other adults in grief need to show children open and compassionate ways to mourn. It is not only ok but necessary for all who knew and treasured the child who died to grieve. But children are unusually sensitive to the emotions of the adults around them and will imitate these reactions, especially in unfamiliar situations.

The four most important concepts adults should remember when helping children understand about and cope with death are:

Be truthful—Be loving—
Be accepting—Be consistent
Because children are often so open and honest in asking questions and expressing their feelings, they can and often do teach adults a lot about grief. Children, as they learn how to receive comfort, can learn how to give comfort in return; they can often show others compassionate and spontaneous ways to grieve; and at times they can be the ones to make adults confront and deal with a death and some of its unanswered questions.

But most of all at this time, children themselves need understanding, a patient attitude, compassion, and love from the adults around them. Supportive responses and frequent gestures of care and concern from adults to grieving children can result in a sad time, a time of crisis and pain, becoming a way “to help prepare (adults and children) for losses yet to come. For mortal as we all are, they will come” (Kubler-Ross in Fitzgerald). “Communication patterns in the family determine the way in which the surviving members are able to live with the sad and joyful memories of the dead child and with their combined and separate understanding...of (the death)” (Arnold).

Children are intimately involved in the loss. They cannot and should not be dismissed. Adults MUST “become aware of the tremendous importance of being truthful, open, and caring, the importance of allowing children to ask questions, and confirm the reality confronting them; the importance of allowing them to go through the painful but therapeutic process of grief” (Kubler-Ross in Fitzgerald). Accept their feelings, fears, reactions, and questions while allowing them to share your grief, your tears, your fears.

The way a death in a family or childcare center is handled can have a lasting, even lifelong impression on a child. Every member of the family or the group is affected by the death, from the oldest to youngest. The response and understanding shown at this time can affect whether children come to learn to trust or distrust adults and how they come to value family, friendships, loving, communication, life, and, of course, death. “All caregivers can play a positive role in facilitating healthy mourning among grieving children so that they may heal and grow emotionally, intellectually, and socially, thereby strengthening them to live life to its fullest” (Pine, et al.). If children are allowed to grieve openly and freely at the time of the loss, they will be better prepared to deal with other losses and challenges as they grow older. “Not learning to mourn well can result in not loving or living well” (Wolfelt). Experts know that children’s grief, like that of adults, cannot be cured, but must be worked through, and that grief is a part of the healing, a life-long process. Children must know that it is legitimate, healthy, and even courageous to express grief. Grief is a form of suffering and it needs to be admitted. “Grief is not an illness, but a part of life” (Wolfelt).

When a death occurs in a family or childcare center, changes do take place, and they must be acknowledged. But also children need to know that some things will not change - that there is continuity and consistency. Most of all, surviving children need to know that the child who died will not be forgotten, but will always be cherished and remembered. That child was and is part of the family or group history. Surviving children also need to know that they are still valued—that they belong and are still cherished. “Although grief is a universal emotion, coping with it is a skill that must be acquired” (Newsweek). Adults, even though grieving themselves, must help the children in their care to accomplish this.

Parts of this publication include a revision of the 1982 Fact Sheet: The Grief of Children, written by Susan Woolsey, RN, MS, for the National SIDS Clearinghouse.

**SOURCES CITED**


