

**Dear Reader:**

 We live in a death denying culture and most people live each day as though they will live forever rather than recognize each day could be their last. We are also uncomfortable with emotional pain and talking about death. The reality is that all human beings will pass from the physical life as we know it to a spiritual life as we perceive it. Most people have some anxiety about death but have much greater anxiety usually about the dying process.

 If you have a strong spiritual base that confirms your belief that the spirit or soul continues on a higher level, then you are likely to have few concerns about death itself. Rather, you may celebrate the experience of going “home.” However, many people with a strong faith still fear a painful dying process.

 This newsletter will discuss issues related to children and how they express and experience the dying process and death of a loved one.

**Notification**

 It is generally accepted that the dying person has a right to know the truth about his/her

illness and prognosis

(anticipated length of life as well

as degree of discomfort

and bodily changes. When an individual and his/her family

are told that a terminal illness

has been diagnosed, the usual response is shock, numbness, and denial. Hope for a cure can lead family members as well as the dying person to avoid accepting the truth. When family pretend the dying person is not terminal, they may waste precious time that could be used more positively.

 Children need to be told when a person is terminally ill or has

died. Even young children can sense when something is wrong.

**Case Example:**

 Cody was not quite three when his Dad was shot. The body was not found. His Mom tried to protect him by not telling him. Cody, normally a well-behaved child, began throwing tantrums. His mother put him play therapy. The DNA evidence confirmed the Dad’s death. His Mom told him that his Dad had been murdered. He thanked his Mom for telling him the truth. He proceeded to ask his grandparents if they knew...he seemed to be processing the

reality and also checking to be sure they would tell him the same thing.

 From the moment the bad news is given to the family until the moment of death is described as the ***living-dying***

***interval***. It is also the time

during which the family and the dying person experience ***anticipatory grief.*** They grieve about the loss before it actually occurs.

 During this time it is normal to have good days as well as bad days especially shortly after the diagnosis. On the good days, the family as well as the dying person may return to feeling very positive about the likelihood that the death will not occur. However, bad news bring that hope crashing down. In reality, this time may feel emotionally like a roller coaster ride of peaks and valleys called hope and despair.

 **During this time, the dying person must relinquish roles and responsibilities in the family system. Other family members will begin assuming those roles and responsibilities. One of the hardest things a dying person has to give up is independence and the control over his/her own bodily functions. As long as the dying person is physically able to care for him/herself, he/she should be encouraged to do so. Also, as long as he/she is able to assist in the daily operations of the family life he/she should be encouraged to contribute, even if the contribution is only advice giving, information or love. This helps the dying person feel needed as well as assists the family member who is assuming new roles or learning new skills.**

**It is crucial that the family live as much as possible in the present moment, savoring the opportunities they have for sharing and caring for one another.**

 **The living-dying interval is also a valued time for reminiscing about shared good times from the life of the dying person. This time is precious for sharing thoughts of love and joy. This is also an important time for finishing any unfinished business such as making amends for perceived mistakes, asking for forgiveness, and releasing old hurts. It is a time for discussing disposal of personal possessions, settlement of estate issues, finalizing wills, planning a wake and funeral.**

 **If children are involved, this may be an important time for learning about the dying process, death, and spiritual ramifications. Children should be involved in family decisions when they are mature enough to be consulted. It is not healthy for a child to be uninformed or misinformed about the upcoming death. Children can also play a meaningful role in caregiving the dying person if they are appropriately guided.**

**Case Example:**

 **Caitlin was f*our when Daddy Bob was diagnosed with terminal cancer. Daddy Bob was really her great grandfather. Her grandmother Nancy was his daughter and Caitlin stayed with her Grandmother during the day while her Mother worked. Hospice care was not available in their community. Home health services were employed to assist family members in around the clock care. Therefore, Caitlin had to accompany her Grandmother to Daddy Bob's house each weekday.***

 ***It was normal for Caitlin to sit on Daddy Bob's bed to read him stories, sing him nursery rhymes, count, say her ABC's, give him something to drink or rub lotion on his arms and face. There were some days as Daddy Bob grew worse that the only person he responded to was Caitlin.***

 ***Caitlin was told that Daddy Bob had a disease called cancer. Because there was no cure, eventually Daddy Bob would die. To die meant that Daddy Bob's body would cease to function, but his soul would leave his body and go to Heaven. His soul was the place where his love came from and it was his love that made Daddy Bob soft and warm. Caitlin was told that Daddy Bob would be happy and free of pain in Heaven.***

 ***The day that Daddy Bob died, Grandmother Nancy removed his tubes, closed his mouth and eyes, had her own cry and then went into the next room to tell Caitlin. She sat down, took Caitlin on her lap, held her close, and told her that she had some sad news. Daddy Bob's body had died. Caitlin asked if his soul had gone to heaven and was told that it had. Grandmother Nancy asked if Caitlin wanted to say goodbye to Daddy Bob. She said yes. Nancy walked into the bedroom with Caitlin still in her arms. As she came alongside the bed, Caitlin comfortably climbed out of her Grandmother's arms and hugged her Great Grandfather goodbye. Nancy picked her up, asked her to wave goodbye again and took her from the house. She called the funeral home to have the body removed from the house. Caitlin was not allowed to witness the removal.***

 ***Prior to the funeral, Caitlin was taken to the funeral home to say goodbye to her Daddy Bob again. She was told what to expect to see at the funeral home before arriving. She asked where all the flowers came from and together they looked at all the cards. She asked what was going to be done with the flowers and was told that some would be taken to the hospital to cheer the sick people and staff, some would be taken to the nursing home to cheer the older people and staff, some would be taken home to cheer the family, and some would be taken to the cemetery to be placed on Daddy Bob's grave. She picked out a flower to take home for her own room.***

 ***Then her Grandmother carried her over to the casket. Caitlin could see that Daddy Bob looked different and she seemed to have no desire to touch him. She asked where his feet and legs were. The funeral director removed the spray of flowers and opened the casket so that she could see that all of Daddy Bob was inside the casket. She asked why he was wearing his glasses if he was asleep. Grandmother Nancy explained that he wasn't asleep, but that he was dead. She told her that Daddy Bob was wearing his glasses because that was the way most people remembered him. She waved goodbye again and was taken from the funeral home. Later she visited Daddy Bob's grave to take flowers. She cried occasionally and talked about missing Daddy Bob. Family members also cried in front of her. When she asked why they were crying, they told her they were sad and missed Daddy Bob. Together they shared some of their favorite memories and grieved naturally as a family.***

***MYTHS ABOUT CHILDREN’S RESPONSES***

***\* Children are too young to understand. Therefore, they are too young to grieve.***

***\* Children are resilient; Therefore, they will bounce back.***

***\* Young children are too little to be included.***

***\* It is best to protect children from death.***

**WHAT ARE THE FACTS?**

**Age 0-2**

 **Children in this age range have no understanding of what is happening. However, they are aware and feel abandoned. They may be distressed, cry a great deal, cling, and have difficulty sleeping. The reactions are intense but brief.**

**Helpful Responses:**

 **Nurture, rock, hold, talk softly. Child care should include maintaining normal routines and consistency regarding behavior.**

**Age 2-4**

 **Children in this age range believe that death is reversible. He/she feels abandoned. It is not uncommon for a child of this age to repeat what he has been told..."My Mommy is dead," but ask in the next breath "When is Mommy coming back?" His reactions are intense but brief. The child’s behavior may be difficult to manage during distress. He is particularly sensitive regarding who is caring for him. He may regress. If toilet trained, he may begin wetting the bed or pants. He may revert to thumb sucking or want his bottle back. He may have difficulty keeping food down or have diarrhea. He may have difficulty sleeping. The child may show little affection or seem very needy of attention.**

**Helpful Responses:**

 **Adults should be consistent, comforting, reassuring, and nurturing. The child should be told the truth regarding the death using simple language he can understand.**

**Age 4-7**

 **Children in this age range see death as reversible. An example of the child's thinking would be the Road Runner Cartoon series where the coyote tries to kill the road runner, but he returns to life. The child may also struggle with feeling responsible for the death. The child may repeatedly ask about the deceased and need frequent confirmation that the person is dead.**

 **The child can verbalize feelings now. He may ask unusual questions which should be answered honestly. Regression in behavior may occur. Consistency, sticking to established rules and expected behavior helps the child to feel more secure. The child may have nightmares and difficulty sleeping. He may also exhibit more aggressive and violent behavior which should not be tolerated.**

**Helpful Responses:**

 **Tell the child the truth in simple terms. Remain patient with the child. Be consistent, nurturing, reassuring, but firm.**

**Age 7-11**

 **Children in this age range may view death as a punishment and fear bodily harm or mutilation. The younger age child is in transition, and may have difficulty seeing the death as permanent. They are developing socialization skills so they can participate in mourning rituals. They experience shock, denial, anxiety and may express emotions of crying and anger more readily. They may also try to act as if they are not affected. They are concerned with their peer's response to them.**

 **They may have many questions concerning the death and be preoccupied with how others are responding to the loss. While they see death as final, they do not believe they will die. Regression in behavior is common. They can stay focused on their grief for longer periods than the younger child.**

**Helpful Responses:**

 **Answer all questions honestly. Encourage expression of feelings. Allow the child to have control of choices regarding participation in the wake or**

**funeral. Be available, but allow private time. Keep all rules and expectations for behavior consistent.**

**Age 11-18**

 **Children in this age range assume a more adult response to death. They have the ability to think abstractly and can process spiritual issues. They struggle to understand the meaning behind the loss and the life lessons it brings. They have the ability to problem solve and should be included in decision making.**

 **They may experience shock, numbness, denial, anger, depression, regression, withdrawal, aggression, relationship difficulties, or**

**difficulty concentrating. They may react almost like an adult, but possess fewer coping skills. They may wear a mask, hiding their feelings, appearing tough, but feel vulnerable and lonely inside. They understand that death is final and will happen to them someday. They may take unnecessary risks.**

**Helpful Responses:**

 **Answer all questions honestly and involve these children in wake, memorial or funeral rituals as much as they choose to be involved. Encourage physical activity, healthy eating behavior, and adequate rest. Adhere to rules and expectations for appropriate behavior. When**

**regression is observed, encourage expression of feelings, but maintain firm expectations regarding**

**appropriate behavior.**

**WHAT ASSIST’S YOUNG**

**PEOPLE IN RELEASING A**

**LOSS?**

**\* Encourage expression of their feelings through talking, writing, drawing, singing, and physical activity. Teach anger management.**

**\* Encourage their participation in rituals that family and friends use to acknowledge the loss and say goodbye.**

**\* Ask what would be most helpful to them? Respect their answers.**

**\*Understand that a child must grow up before he/she can complete grief work. Therefore, a very young child may need six to eight years to completely grieve the loss of a significant person.**

**\* Recognize that all losses are important, not merely death of people. Death of a pet, moving, divorce, loss of a dream, breakup with a boyfriend or girlfriend are all significant losses. Meet the children where they are and listen. Only when we hear them well can we decide how we can respond most appropriately to their needs.**

**\* Do not discuss graphic details in front of a small child.**

**\* Do not breach trust. Respect feelings. Do not discount feelings or invalidate perceptions.**

**\* Do not give advice. Brainstorm alternatives and consequences. Encourage decision making.**

**\* Do not over indulge a child. Discipline, set limits, and maintain expectations. Give additional assistance as needed.**

**WARNING SIGNS**

**\* Significant drop in grades**

 **or involvement in extra curricular activities.**

**\* Symptoms of depression.**

**\* Suicidal ideation.**

**\* Withdrawn or emotional outburst that include rage.**

**\* Contact a grief counselor for assistance.**

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