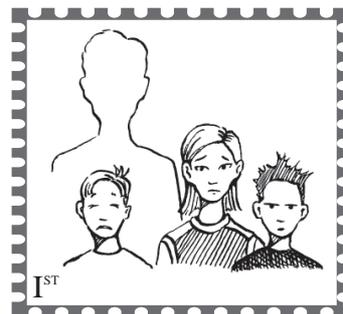


# Death in the family

## Factsheet for parents and teachers

### About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet looks at how a death in the family may affect a child or young person, and offers advice on how to cope with this situation.



## Introduction

### How does a child respond to death?

Death in the family affects everyone. Children, in particular, need to be thought about even if it is a difficult time for the whole family. How they react depends on a number of factors, for example:

**How close** the person who died was to the child, and the family, is important. How involved the person was in their lives is also a factor.

**Whether the death was expected** or the person had been ill.

**The child's age and level of understanding** and how the death affects their life. Infants may feel the loss mainly because it affects the way in which they are looked after 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 that 'die' and 'come to life' again.

Children from about the age of 5 are able to understand basic facts about death:

- it happens to all living things
- it has a cause
- 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.

Most children get 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 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 can be 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, especially 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 that a child is finding it particularly hard to cope with.

## Sources of further information

- Heegard, M. (1991) *When Someone Very Special Dies: Children can Learn to Cope with Grief*. Minneapolis, MN: Woodland Press.
- CRUSE Bereavement Care: helpline 0870 167 1677; for young people freephone 0808 808 1677; e-mail: [helpline@crusebereavementcare.org.uk](mailto:helpline@crusebereavementcare.org.uk); [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk).
- Winstons Wish supports bereaved children and families. Clara Burgess Centre, Bayshill Road, Cheltenham GL50 3DW. Family line 0845 2030 405; [www.winstonswish.org.uk](http://www.winstonswish.org.uk).
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems, including discipline, behavioural problems and conduct disorder, and stimulant medication. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel: 020 7235 2351, ext. 146; fax: 020 7245 1231; e-mail: [booksales@rcpsych.ac.uk](mailto:booksales@rcpsych.ac.uk), or you can download them from [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk).

## Early stages

Adults sometimes try to protect children from pain by not telling them what has happened. Experience shows that children benefit from knowing the truth at an early stage. 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 should be given as to how to support and prepare a child for 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.

## References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.

## 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 that a child is not coping

- 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 all the time
- 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 includes child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.