Common Developmental Grief Responses of Infants, Children, and Teens
St. Mary’s Grief Support Center
Duluth, MN

Birth-2
Concept of death:  Experiences death as separation and/or abandonment.  Limited verbal communication.

Common Grief Responses:  Infants and toddlers may appear fussy or irritable.  Difficulty toileting, sleeping, clinginess, temper tantrums or regressive behaviors may be present.

Suggestions for helping:  Simple, honest explanations of death with familiar examples offered repeatedly over time.  Maintain consistent routines which allow for additional cuddling/comforting contact.

2-4
Concept of death:  May experience death as abandonment, sleep, reversible, impermanent, temporary, or contagious.  “Did you know my grandpa died?  When is he coming home from the hospital?”

Common Grief Responses:  Toddlers and preschoolers may appear to have short but intense outbursts of grief, increased irritability, ask repeated questions, regress in self-care such as toileting and eating, thumb-sucking, “baby talk”, bedwetting, have more frequent and intense temper tantrums, separation anxiety (especially at night), and seek physical contact.

Suggestions for helping:  Simple, honest explanations of death with familiar examples offered repeatedly over time.  Avoid euphemisms such as “lost, gone, past on, put to sleep” but instead model concrete language such as “dead” and “died”.  Reassurance that death isn’t “catchy” and they will be taken care of.  Allow some regression.  Picture books such as “Tell Me Papa” by Joy and Marvin Johnson, “I miss you” by Pat Thomas, “No Smile Cookies Today” published by Pregnancy and Infant Loss Center and “When Families Grieve” packet for surviving parents and parentally bereaved children by Sesame Street can help answer some of the young person’s questions.  Maintain consistent routines which allow for additional cuddling/comforting contact.  Maintain outlets for releasing pent up energy through drawing, clay, exercise, and play.
5-7
Concept of death: May experience death as temporary and/or reversible. May experience feelings of guilt and magical thinking “The baby died because I didn’t want a little brother.” May act as though nothing has happened or may ask repetitive questions “What is dead?” “Did I cause it?” “Who will take care of me?” May feel distressed, anxious, and confused. May worry that others could die too.

Common Grief Responses: May display initial shock followed by overt signs of grief such as sadness, worry, or anger (with person who died, doctors, God, other family members, self). Feelings of abandonment or rejection. Regressive behaviors as listed for toddlers, difficulty concentrating at school or home. Repetitive play with themes of violence, grief, or death. Sleep disturbance with daytime fatigue and irritability. Attempting to take on the role of the person who died or working at being very helpful to other grieving family members. Acting out behaviors with verbal or physical aggression to others.

Suggestions for helping: Simple, concrete explanations of death which avoid euphemisms (i.e. gone away). Clarify that the child understands the explanation regarding the death, funerals, etc. Utilize books such as “When Dinosaurs Die” by Marc Brown, and “After the Funeral” by Jane Loretta Winsch to normalize feelings, encourage coping strategies, and encourage questions. Reassure that they are not responsible for the death. Encourage expression of energy and feeling through exercise, physical play, and art/clay/drawing/scrapbooks. Maintain communication with teachers and daycare providers regarding the child’s current functioning and helpful strategies to support the grieving child. Encourage participation in grief support groups with other peers where available.

7-11
Concept of death: In transition, death may still be seen as reversible, but beginning to see death as permanent. Death may be seen as a punishment for bad behavior or thoughts. “Am I going to die too?” Child may experience fears of bodily harm or mutilation.

Common Grief Responses: May display initial shock/denial followed by feelings of anger, sadness, worry, or guilt. Child may be very concerned how others are reacting to the death, and whether they are “acting right”. May ask very specific questions about the death, cremation, etc. May experience physical complaints such as headaches, stomach aches, and difficulty sleeping or concentrating. May feel embarrassed to be “different” than other peers and experience school problems, withdrawal from friends, acting out, or regressive behaviors (acting younger than chronological age). May be overactive to avoid thinking about the death. May be very concerned about own body/health. May experience suicidal thoughts (desire to join the deceased). Role confusion with family and peers may be present: “I feel weird like I don’t belong”.

Suggestions for helping: Offer honest, age appropriate explanation of death/funeral options and allow for choices. Encourage questions and model expression of feelings and self-care. Reassure child not responsible for the death. Provide opportunities to express a range of feelings and physical outlets for discharging energy. Utilize books such as “Samantha Jane’s Missing Smile” by Julie Kaplow and “Don’t Despair on Thursdays” by Adolf Moser to normalize
feelings, encourage positive coping strategies, and encourage questions. Anticipate emotional upsurges around holidays and important anniversaries and encourage children to share ideas for creating family rituals to facilitate getting through difficult times: Bringing balloons to the cemetery on grandma’s birthday, or donating to a special charity on the anniversary of the death. Encourage participation in grief support groups with other peers where available.

12-18
Concept of Death: May see death as inevitable and universal. Working at making sense of personal/spiritual beliefs. May challenge parent’s beliefs/values. Capable of abstract thinking. “Who am I now that I lost this important person?”

Common Grief Responses: May display initial shock/denial followed by feelings of anger, sadness, worry or guilt. May be more likely to talk with peers/other adults outside the family. May feel vulnerable and embarrassed, but reluctant to acknowledge fears. May deny being affected by the loss, or want to repress uncomfortable feelings of depression and anxiety regarding possible future loss. “Leave me alone, I am just fine.” May experience mood swings and express irritability toward others. May experience physical complaints such as headaches, stomach aches, difficulty concentrating, or sleep disturbance. Signs of distress include withdrawing from family and peers, engaging in high risk behaviors such as sexual promiscuity, drug and alcohol use, truancy or gambling.

Suggestions for helping: Offer direct open conversations about the death. Encourage questions and listen actively to the teen’s beliefs and feelings without advice giving or interruption. Utilize books such as “Mick Harte was Here” by Barbara Park (for middle schoolers), “When Death Walks In” by Mark Scrivani, and “Help for the Hard Times” by Earl Hipp, to normalize feelings, encourage positive coping strategies and encourage discussion. Model good parental self-care: balancing work/exercise/play with adequate rest, time with supportive listeners such as friends or helping professionals, and quiet time for spiritual/emotional reflection. Set consistent parental limits while promoting decision-making and natural consequences. Be patient with mood swings/irritability and praise positive behaviors you are hoping to encourage. Maintain communication with teachers regarding the teen’s current functioning and helpful strategies to support the grieving child. Balance respect for the young person’s growing need for privacy and autonomy with encouraging positive resources to assist with coping. Do not attempt to take the grief away or minimize the teen’s feelings of loss. Create opportunities to stay connected and let the teen know that you are there for them for as long as it takes. Anticipate emotional upsurges around holidays and important anniversaries and encourage children and teens to share ideas for creating family rituals to facilitate getting through difficult times: cooking dad’s favorite meal on his birthday, sharing special memories on the anniversary of the death. Encourage participation in grief support groups with other peers where available.

Considering Professional Help: Loss is a natural part of life, however some children and teens are at increased risk of complicated bereavement due to experiencing multiple significant losses including the deaths of friends and family members. Grief may also be complicated by a number of other factors including the nature of the death (sudden, unexpected, traumatic, violent, stigmatized) and the relationship to the person who died. Additional personal or family stressors such as physical or mental illness, abuse, relocation, divorce, broken personal relationships,
chemical abuse, or traumatic events such as a serious accident, house fire, or witnessing violence may also require additional support and guidance. Have your child/teen promptly evaluated by a grief counselor, trauma therapist, or mental health professional if their symptoms are severe. Symptoms of trauma or depression may include significant weight loss or gain, significant changes in sleep patterns including recurring nightmares, day time fatigue, anxiety, hypervigilance (startles easily) or flashbacks to the traumatic event, feelings of survivor guilt, thoughts of self harm including suicidal thoughts, drawing or writing about themes of violence or death, cutting, or other high risk behaviors such as alcohol abuse.

Persistent symptoms (lasting more than a few months) avoidance of reminders of the traumatic loss with emotional numbness, anxiety, low self-worth, separation anxiety, physical complaints, sleep disturbance, declines in school performance, social isolation, anger/irritability, survivors guilt, feelings of powerlessness, feelings of hopelessness (“I have no future”, “I won’t make it to 25”, never going to date, or let people get close) also may warrant professional evaluation and additional support.

**Local Resources**

**St. Mary’s Grief Support Services** provides individual, family, and group grief counseling for children and adults who are living with a life-threatening illness or have experienced the death of a loved one: (218) 786-4402.

**SMDC Behavioral Crisis Line** provides 24 hour intervention and referral for children, teens, and Adults: (218) 723-0099

**Websites:**
- [www.adec.org](http://www.adec.org)
- [www.cancer.org](http://www.cancer.org) (type grief in search section)
- [www.griefnet.org](http://www.griefnet.org)
- [www.tleinstitute.org](http://www.tleinstitute.org)

**References:**
- *Living with Grief: Children, Adolescents, and Loss*  Hospice Foundation of America 2000
- Lowenstein, Liana (2006)  *Creative Interventions for Bereaved Children*