

Children and Grief

Common responses by age group

This handout explains the common responses that children of different ages have to serious illness and death.



A child's age affects how they respond to stress and grief.

How Children Respond

A child's response to grief is based partly on their age. Their stage of development affects how they process information and handle emotions.

Here are the stages of development that most children move through:

- **Birth to age 3:** Believes the world revolves around them.
- **Ages 4 to 7:** Gaining a sense of autonomy. Exploring the world beyond self. Learning to express through language.
- **Ages 8 to 12:** Concrete thinking. Building self-confidence. Starting to socialize outside the family circle. May struggle to understand time, spiritual concepts, or other abstract ideas.
- **Ages 13 to 18:** Forming an identity. Gains comfort outside of parents or family circle. Capable of abstract thinking. May spend time thinking about life and spirituality.

When a Loved One Has a Serious Illness

Here are basic ways that children in the different age groups are likely to respond when a loved one has a serious illness:

Birth to Age 3

- *Understanding of serious illness:* Seen as reversible. May think in terms of "catching germs," being contagious, needing medicine.
- *Response:* Aware that family patterns have changed. May have intense but brief emotional response. May offer solutions and expect things to be "all better."
- *Common reactions:* Behaviors regress. May have eating and sleeping problems.

- *How to help:* Repeat information often. Use touch to comfort. Keep routines as close to normal as you can, with familiar comfort items and caregivers. Be consistent with discipline and routines.

Ages 4 to 7

- *Understanding of serious illness:* Illness seen as reversible. May have a basic understanding of illness, but may not understand that some illness is more serious. Feeling responsible for illness: “It’s my fault because I was mad and yelled at him to go away, and now he’s sick and has to stay at the hospital.”
- *Response:* More verbal, with repeating questions: “How? Why?” May act as though nothing has happened. Might be distressed.
- *Common reactions:* Behaviors regress. Nightmares. Sleeping and appetite changes. Cranky, problems with routine or changes to routine.
- *How to help:* Use simple, direct words. Use concrete examples. Encourage play, drawing, and telling stories or sharing memories. Allow and encourage physical outlets for emotions. Be willing to talk whenever the child needs to talk. Remind the child often that they did not do anything to make this happen.

Ages 8 to 12

- *Understanding of serious illness:* Understands the difference between everyday illnesses and serious or terminal illness. Moving from seeing illness as reversible to understanding permanence. May be anxious about getting sick themselves.
- *Responses:* Acting out. Withdrawal from friends, feeling different from their peers. Sensitive to things being “fair.” Worry about their own health and the health of other loved ones. Refers to physical reasons: “Uncle is in the hospital because his lungs need a machine’s help to breathe.”
- *Common reaction:* May show anger, guilt, or relief. May want to hear details about the illness. Worry about the “right” way to respond to illness, the ill person, and the hospital. May have trouble in school.
- *How to help:* Provide the time and space to talk. Encourage them to express their grief. Be honest about your own grief. Reassure them they are safe and there is a plan for caring for the whole family.

Ages 13 to 18

- *Understanding of serious illness:* Understands disease process and a terminal diagnosis. Assigns meaning to the illness based on their belief system.

- *Responses:* Bounces between thinking in an abstract way about the illness and being focused on the details and how it affects their life. May project into the future, imagining possible outcomes. This may manifest as grief, anxiety, anger, confusion, sadness, and more.
- *Common reaction:* May be more self-involved or isolated. Prone to risky behaviors such as substance use. May ask for specific details about the illness and how it may affect them in the future. Young adults feel the tension of wanting to be independent but also wanting the comfort of home.
- *How to help:* Keep providing support and guidance, even if they withdraw. Be careful about asking them to make a lot of adult-level decisions, since this can increase risk-taking behaviors. Provide details as needed to support their decision making and lessen possible regrets in the future. Have open family talks about options.

When Someone Dies

Here are basic ways that children in the different age groups are likely to respond to death and loss:

Birth to Age 3

- *Understanding of death:* Seen as reversible, not permanent. “Did you know my Daddy died? When will he be home?”
- *Grief responses:* Aware that family patterns have changed. May have intense but brief emotions.
- *Common grief reaction:* Behaviors regress. May have eating and sleeping problems.
- *How to help:* Repeat information often. Use touch to comfort. Keep routines as close to normal as you can, with familiar comfort items and caregivers. Be consistent with discipline and routines.

Ages 4 to 7

- *Understanding of death:* Seen as reversible, not permanent. May feel guilt or think that they cause their loved one’s death: “I was mad and wished she was dead, and now she’s gone.”
- *Grief responses:* Verbal, with repeating questions: “How? Why?” May act as if nothing has happened, but might be distressed. Overly focused on graves, funerals, and burials.
- *Common grief reaction:* Behaviors regress. Nightmares. Sleeping and appetite changes. Cranky, problems with routine or with changes to routine. Tries to take on the role of the person who died.
- *How to help:* Use concrete, simple, direct words. Avoid saying “Death is when someone goes to sleep and doesn’t wake up,” which can lead

to fear around bedtime. Encourage play, drawing, and telling stories or sharing memories about the deceased. Allow and encourage physical outlets for grief. Be willing to talk whenever the child needs to talk. Remind the child often that they did not cause the death.

Ages 8 to 12

- *Understanding of death:* Seen as a punishment. Moving from seeing death as reversible to being permanent.
- *Grief responses:* Refers to physical reasons for death: “Not living is when your heart stops and you do not breathe.” Acting out. Withdrawal from friends, feeling different from their peers. Sensitive to things being “fair.”
- *Common grief reaction:* May show anger, guilt, or relief. May want to hear details about the death, and about dying. Worry about the “right” way to respond to death. May have trouble in school.
- *How to help:* Provide the time and space to talk. Encourage them to express their feelings. Be honest about your own grief. Reassure them they are safe and there is a plan for caring for the whole family.

Ages 13 to 18

- *Understanding of death:* Knows that death is final. Assigns meaning to death based on their belief system.
- *Grief responses:* Bounces between thinking in an abstract way about death and being focused on the details and how it affects them. May project into the future and think about the events their loved one will miss.
- *Common grief reaction:* May be more self-involved or isolated. Prone to risky behaviors such as substance use. May ask for specific details about the death or the illness. Young adults feel the tension of wanting to be independent but also wanting the comfort of home.
- *How to help:* Keep providing support and guidance, even if they withdraw. Be careful about asking them to make a lot of adult-level decisions, since this can increase risk-taking behaviors. Provide details as needed to support their decision making and lessen possible regrets in the future. Have open family talks about options.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Information in this handout is adapted from materials published by the Dougy Center for Grieving Children & Families and from Dr. Anna Muriel's "Preparing children and adolescents for the loss of a loved one" (2021).