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# Children and *Grief*

by Karen Sampson

The quick phone call I made that afternoon rapidly turned into a long phone call. The subject matter, critical and delicate, received only half of my attention, for every two or three minutes a small girl popped into my office with an "urgent" message. The phone call and the small girl's entrance alternated back and forth with the precision of a pendulum. My "wait a minute" hand signals lost their effectiveness in direct proportion to the girl's agitation. I wound up the call with a quick "Let me call you in the morning," as an older girl burst through my office door wailing the final message "I want my mommy!"

As a social worker at Christ's Haven Children's Home, I am necessarily involved in issues of loss and grief. If the amount of loss the children on our campus have suffered could be measured in tears, I would be swimming to work instead of driving. Yet Christ's Haven is not an orphanage, because most of the losses suffered by the children are not as severe and final as death, at least in the eye of an adult. The beginning of being able to comfort a child over a loss is to see it through his eyes, to value the loss as he does.

Often we misunderstand the severity of a

child's grief and feel it is out of proportion to the loss suffered. We tell them, "It's not so bad," "Come on, be brave;" or "That's no big deal." Children react with grief to many things: loss of a treasured possession, change of role, loss of status, moving, changing grades or even changing seasons. The two little girls in distress in my office had had many significant losses in moving into the children's home. They lost their status as the only two children in a home and have instead become only two children out of eight. They left their familiar home, school and friends for new ones. Even their pet dogs were seen only on visitation weekends. Perhaps their greatest loss was the dream that their mother would overcome her drug and alcohol addiction and will be able to care for them again.

The stages of grief are similar for all losses, from losing a favorite stuffed toy to the death of a loved one. Denial, anger and bargaining are followed by depression and sadness and eventually by acceptance and reinvestment in other relationships. The age of a child deeply affects his perception of loss. Young children with little or no concept of time and the future cannot see loss as permanent. The concept of relationships, too, is complex and ever-changing for a child. An infant is totally self-absorbed. As he matures, he differentiates between himself and others, selects significant people, and learns the difference between the "life" of a favored toy or animal and the life of a human being. When

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it comes to dealing with the ultimate loss, the death of a loved one, many children do not develop a mature concept of death until their mid-teens. How can we minister to these little people when death invades their world?

Much of what we can do for grieving children is much more effectively accomplished as an inoculation rather than as medicine administered after the fact. Every child will face losses, and we can provide concrete preparation with children to help them deal with those losses. Probably the best way to equip children to deal with a major, catastrophic loss is to allow them to experience minor losses. We are often far too quick to replace the minor losses that children suffer without allowing them the chance to grieve about them. It can be a very healthy learning experience for a child to grieve over a lost toy or a dead pet. It hurts us to see our children hurting, but do we really want to teach them that all relationships are easily and painlessly replaceable?

I believe we need to allow and encourage school age children to attend funerals, because we all fear what we do not know. Funerals are by no means a perfect way of saying goodbye to a friend or a loved one, but they are our society's way of saying goodbye. If it were not a funeral home, coffin, flowers, preaching and music, it would be something else just as imperfect. Children may want or feel the need to attend the funeral of a dear friend or loved one. The death of a close family member will be measurably easier if they have learned what to expect from a funeral by attending funerals of people for which they did not have such strong emotional ties.

Children can also be prepared for loss by exposure to children's literature specifically written on the subject. A quick trip to the local library and a chat with the librarian should produce a wealth of

resources for children of every age level. Pre-reading the recommended books is imperative lest the conclusions that the author reaches on the subjects of death, God, spirituality and heaven are in conflict with Christian views.

Parents can be encouraged to plan ahead. Many parents are thoughtful enough to write or update their wills. In addition to this, children should be allowed to know what will happen to them if they should lose one or both parents. Knowing that he has been provided for is a great comfort to the child.

Hope is a universal strengthener. As Christians, the doctrines of heaven and of resurrection are a part of faith. Though we understand only imperfectly what God has in store for his children in heaven, we can still believe and be comforted. Though we do not know how God will work the miracle of resurrection on our lifeless bodies, we believe and are comforted. Through teaching and being examples in our beliefs, we pass our faith on to our children.

When telling a child about death, it should be done honestly and openly. Beware of using metaphors to describe death as sleep or statements like "Jesus took Grandma to heaven to be with him." This might cause the child to be afraid to sleep or to resent Jesus for taking his grandparent.

Children, even more than adults, are creatures of habit. The structure, patterns and traditions of their lives are important to them. Children who lose a close family member lose pieces of the pattern of their lives. There is no more afternoon child care at Grandma's house, no more bedtime stories with Mom or rides to school on Dad's way to work. Thus each small loss experienced is a fresh cause for grief and is discovered to be a part of the greater loss. We may often be tempted to abandon the old patterns of life in order to avoid these grief occurrences. Too much change in a family's habits can overwhelm children. As much as possible family structures of sleep, mealtimes, chores and privileges should be maintained after a death, until a new pattern grows and is accepted as the family norm.

I grew up in an Air Force family. Every few years our family would be completely uprooted and transplanted in another state or foreign country. The losses were great for my sisters and me every time the Air Force cut new orders for my father. Yet within the chaos and upheaval that each move caused, many things did not change. Our familiar furniture, books and toys followed us all over the world. Our family traditions for mealtimes, recreation and holidays remained constant. And everywhere we went, from Japan to Alabama, the fellow-



ship of the church surrounded us as an extended family. I believe that these consistencies helped us to maintain our emotional equilibrium as we trekked from one assignment to another.

While the stages of grief that children pass through are similar in every case, their styles of mourning are many and varied. Some children, like

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the two little girls in my office, become stormy weepers. Grief opens the floodgates for them and their sorrow is drowned in tears. Other children withdraw, preferring to retreat before an onslaught of sorrow. Anger, defiance and oppositional behavior is evidenced in many children as they process their grief. Still other children become whirlwinds of activity, restless and full of pent-up energy. No one of these patterns is any more correct or productive than another. Many children may evidence more than one of these patterns of behavior as they deal with their grief. Limits should be set and enforced to keep children's behavior from being dangerous and destructive, but as long as a child is making gradual progress in resolving his grief, they should be allowed to grieve in their own manner.

Several psychological tasks are accomplished in mourning the loss of a beloved person. The first task of mourning is to accept the reality and extent of our loss. Often the funeral and visits at the funeral home assist the completion of this task. When I was in high school, the young man who served as our summer youth minister was killed by a drunk driver after his return to college in the fall. The accident occurred in another state, and there was a delay of several days before the body was brought home and prepared for burial. Though I intellectually knew differently, part of me nurtured a wild hope that a mistake had been made, that Eddie was really still

alive. Real mourning was delayed until I saw his body and gave up my false hope.

The second task of mourning is to sever our emotional ties with the deceased and to adjust to an environment in which he is missing. Loss of a significant relationship may affect a child's life in many ways, some apparent only to the child. Completion of this task of mourning is likely to take months.

Third, a child must complete a memory of the lost person and incorporate some aspects of that person into his life. Photographs and momentos will be sorted through and some chosen as special treasures. Close friends outside the family may become important sources of information and soundboards for ideas about the deceased. Children may appreciate knowing how important their lost person was to others. Stories about that person will help them to sound out the memory they are creating.

Finally, the child must complete the task of withdrawing emotional energy from the lost relationship and reinvesting it in another. Intense feelings of disloyalty to the deceased may assault the child when he attempts to complete this task. He must be reassured that he is free to love again and that new attachments will never diminish the former relationship. Children may also be afraid to form new relationships for fear that they are letting themselves in for loss again in the future.

As we minister to children who are grieving, it may be helpful to try to distinguish between normal grief behavior and behavior that may indicate a need for some type of professional intervention. Normal grief behaviors include sleep and appetite disturbances, absent-mindedness and withdrawal. A child may spend much time crying or in restless activity. At times the child may imitate the behavior of the deceased. Clothing or objects that belonged to the deceased may become very important to him, and he may carry around something to remind him of the deceased. As long as a child is progressing through the stages of grief and there is evidence that his grief is lessening, he will not usually need therapy. A good sign of progress is the return of old interests or the awakenings of new ones.

Occasionally, the work of mourning is stalled or diverted. The child's eating and sleeping pattern should gradually return to normal; therefore, a gain or loss of a significant amount of weight may be a matter of real concern. The development of irrational fears or phobias about illness or death can be warning signals of a complicated grief reaction. A radical change in lifestyle or an unnaturally prolonged period of being on best behavior, or of regression to

younger behavior, may be cause for concern. Several losses close together such as a death followed by a move may overwhelm the child's coping mechanisms. Counseling may be an effective tool in assisting a child to resume his progress through the tasks of mourning.

We speak of our congregations as families. In a time of grief, families are our most important asset. Parents who are intensely involved in dealing with their own grief may not be fully available to help children accomplish the tasks of their mourning. Memorizing the stages of grief and knowing

normal patterns of mourning are not the most important things. It is most important to be there and be available. Studies with dying children show that they perceive that as death approaches everyone draws further and further away from them. I perceive that we do this with grieving children also. We feel helpless because we cannot answer all their questions or make their pain go away. Wise answers and the cessation of pain are not, however, what the child needs most. What he needs most is for us to be a bridge that helps to span the gap from his grief-filled world back to a more normal life.