

CHILDREN REACTION TO DEATH AND ILLNESS



MBCH.B LEVEL 6




Introduction

- Almost every child or adolescent faces the death of someone close at some point in life and are affected in some way.
- Estimated that 6 percent of children under age 15 will lose a parent.



- Children are normally left out in discussions about death which makes them feel anxious, bewildered, and alone.
- Children should be helped by letting them express their anger and sadness.
- By painting and telling stories.




Reaction to death

- **Shock.** May not believe the death happened and act as though it has not.
- **Physical Symptoms.** Complain of headache or stomach-ache, and may fear that he too will die.
- **Anger.** The child may be angry at the person who died or God.



- **Sadness.** The child may show a decrease in activity - being "too quiet."
- **Regression.** The child may revert to bed-wetting or thumb-sucking.
- **Guilt.** The child may think that he caused the death.
- **Anxiety and Fear.** Have fears that a loved one will die or wonder who will take care of him.



Developmental stages and reaction to death

- **Age 2-5years**
- Sleep problems (restless frightening dreams.
- Revert to wetting the bed or thumb sucking.
- Guilt feelings



❑ School-aged children

- Physical symptoms e.g. stomachache, headache and tiredness.
- Behavior change e.g. reluctance to go to school, daydreaming and poor academic performance



□ Teenagers

- Finds it difficult than younger children to deal with their grief.
- Behavior problems e.g. aggression
- School drop out
- Physical complaints
- Sexual promiscuity
- Attempted suicide result from their feelings of pain and loss.
- Become clingy.



Risk factors in psychological reaction to grief

- Those with preexisting psychiatric disorders
- Family history of psychiatric disorders
- Dysfunctional circumstances.
- Lack of good support system.



Reaction to illness

- Children ask questions about the illness.

- For example:
 - Who will take care of them?

 - Wonder whether the ill parent will recover or not.



- Whether they will also suffer from similar illness etc.
- Such questions needs to be addressed either by the ill parent or a counselor or a doctor.
- They will have healthy and unhealthy reaction to the parent's illness.



Children with chronic illness

- Their activities may be limited, miss school frequently
- Their development is affected and self-esteem lowered.
- Are at risk of mental health problems e.g. emotional, school and social problems



Developmental stages and reaction to illness


■ Under Two Years

- Do not understand illness
- Sense feelings of adults - non verbal communications
- Need physical care, affection and reassurance





□ Three - Five Years

- View illness as being temporary
- Question cause of illness
- May feel the illness of a loved one is a punishment
- Feel sad
- Regressive behaviors
- Increased aggression

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- Give up attachment to the ill person; attach to substitute people (teacher, neighbor, etc.)
 - Escape into play to forget.
 - Need reassurance, love, care, honesty

□ Five - Ten Years

- Fear illness of self and others
- Guilt feelings



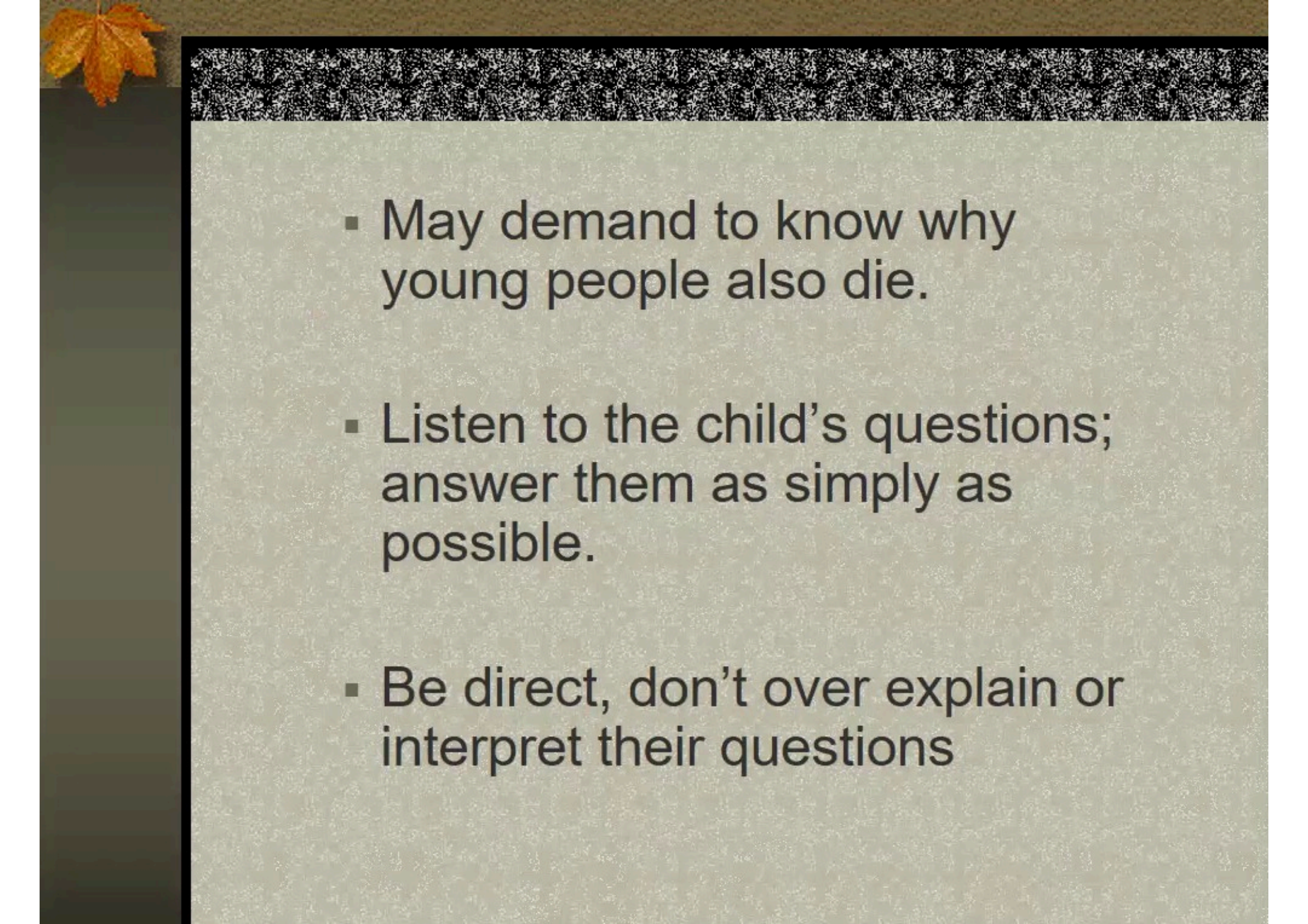
□ Ten - Eighteen Years

- May be troubled about own illnesses
- May experience denial.
- Fear of future
- Hide feelings of anger, sadness and become depressed
- May have physical complaints



Intervention

- **Role of parents/care givers**
- **Handling a Child's Questions About Death and Dying**
 - Preschoolers may ask questions such as, when is grandma coming back?

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- May demand to know why young people also die.
 - Listen to the child's questions; answer them as simply as possible.
 - Be direct, don't over explain or interpret their questions



- Discuss serious illness before death occurs
- Prepares child - not a shock or surprise to them.
- Be honest. Do not tell a child that “Grandpa is just sleeping,”



- **Discussing Death with Children**
 - Warn children of grave illnesses.
 - Tell them about the loss immediately.
 - Discuss the loss with the children and not with others.





- **Define "dead" in clear and simple terms**

- Have to understand that the dead person will not be able to e.g. walk, talk and breathe.
- Should know that dead person will never return and that the body will be buried in the ground or burned to ashes.



■ Avoid casual explanations

- Avoid telling the child that the person died because he was sick.
- "It is God's will." or "God took him because he was so good."
- Use words like "dead," "stopped working," and "wore out."



- **Fit the explanation to the children.**

- Give age appropriate responses and support for the child.

- **Two to six years**

- Do not understand the finality of death so may appear unaffected by death.
- Provide reassurance when necessary.



■ Six to nine years

- Do not understand the finality of death.
- See as only happening to old people and others

■ Nine to twelve years

- Understand death but may not be able to handle it.
- May regress if given too much.





■ **Teens.**

- Probably understand death and its finality as an adult.
- They still need lots of support from parents and loved ones.

■ **Try not to alter the daily routine.**

- Parents should keep life going as normal as possible
- Disruption of daily routines can be very upsetting to children.



- **Allow children to grieve in their own way.**

- Allow children to mourn. Be supportive and reassuring to them.
- Parents should encourage their children to express their feelings, whatever they are.



■ Don't hide your own grief.

- Do not hide feelings from children.
- Do not turn to children for emotional support.
- Children must be allowed to grieve without feeling responsible for supporting grieving parents.



■ Reassure.

- At time of death children may think of their own death.
- Reassure them that they may probably not die for a very long time.
- If a child has lost a parent, reassure him that the other parent will still be around.



- Will still live in the same house, sleep in the same bed, and go to the same school
- May feel guilty. Tell the child it is not his/her fault that their friend or loved one died.
- If death was due to illness, reassure the child that he or she is healthy and will not die of the same disease



■ Attending the Funeral

- Parent should consider the following:
 - The age of the child.
 - What the service will include.
 - How emotional the service will be.
 - The children's relationship to the person who died.



- Prior to the funeral the child should be prepared.
- The choice of whether to attend view or touch the deceased should be left up to the child.
- Attending the funeral will provide children with the opportunity to express grief and to say good-bye to the deceased.



■ Professional intervention

1) Counseling

- Necessary in pathological grief reaction.
 - Be loving, accepting, truthful, and consistent.
 - Let the child know about illness or death
 - Let the child express grief/tell their story.



- Reassuring the child that you will be there for them
- Help children cope with emotions and challenges of having Chronic Illness.
- Help them make choices and decisions that will prolong their life and improve their quality of life



2) Grief work

■ Stages of grief work

- Accept reality of the loss
- Experience the pain of grief.
- Adjustment to the environment
- Reinvestment in other relationships

3) Psychotherapy



- **Behaviour therapy**

- Visits to the grave, viewing of the body and going through photos of the dead person

- **Family therapy**

- Family needs help to accept, share emotions and cope
- Siblings require help to cope with emotions.




4) Social support

- Be there for the child.
- Provide support to the family to help cope with stresses e.g. financial strains, loneliness and isolation etc
- Group support

5) Pharmacotherapy

- Drugs for depression, anxiety, phobias, psychosis etc.



References

- Any basic psychology textbook.
- Walker, Jan (2001) (eds). **Control and the Psychology of Health** , Open University Press, Buckingham.
- DiMatteo, M.R., Martin, L.R. (2002) **Health Psychology**, Ally and Bacon, Boston.