A Practical Intergenerational Approach To Death and Dying


"There is one thing stronger than all the armies in the world, and that is an idea whose time has come."
-- Victor Hugo

Discussing death and dying is surely an idea whose time has finally come! Too often, this topic is sorely neglected in schools and homes.

Relationships are crucial for helping us deal with the anguish of death and dying. It is especially important for us in the intergenerational field to invest and openly address this topic as we interact with children, elders, and all ages in between. Children especially need grandfriends and mentors to invest time and energy in their emotional health. Our children and teens deserve to be seen and heard!

When someone we love dies, we grieve, and we re-grieve through each stage of our life in their absence. It is so painful that we avoid talking about it and feeling it. We are often afraid to say the wrong things to others who are grieving -- afraid to say too much, being too negative, not knowing their culture, or spoiling the innocence of childhood. All of these create social taboos. But healing is possible when we face these issues and share our feelings and grief.

At what age should we start fighting this taboo? It starts at birth even before words. Children pick up on non-verbal cues and mimic us, whether positive or negative. Older children and adults will stop talking about their grief if it upsets us too much to talk about it with them. That's why it's so important to match our non-verbal behavior with the words we use.

A prescholer's thinking is so magical that our adult words are often too abstract for them to understand. They don't understand that death is final. It takes years to accept that unpleasant fact.

We now know that it's not healthy for children to be protected from reality and once we understand the developmental stage the child is in and use appropriate words in casual conversations such as "die" and "dying", then they will start to become open to sharing their feelings using these words when a pet or someone important dies.
We need simple every day approaches to helping preschool children learn about death and dying at home and at school, including sharing our own memories and stories with them.

Research and materials from Death Education have been available for decades, but are not used enough. Very few existing curricula include ways to include death and dying in their courses or lesson plans.

Young children already understand a great deal about death and loss — they know that flowers, bugs and pets die, but if nobody ever says *out loud* that “Grandma died”, instead of saying “Grandma passed away”, then children sense that it’s not good to use these words or talk about it. A Language Chart is included in this handout providing excellent advice on ways to use direct, meaningful words.

Also included is an important Hospice Guideline which beautifully describes children’s developmental stages from 0 to age 18 and suggests ways to help them in each stage. Exact ages aren’t as important as the stages all children must go through to finally accept death, dying and grieving as normal experiences in life.
"Give sorrow words; the grief that does not speak
Whispers the o’er-fraught heart and bids it break."
-- Shakespeare, MacBeth Act IV. Scene III

**Use Direct, Meaningful Language**

Using direct language helps eliminate fear and confusion for children as they develop a positive realistic understanding of death.

<table>
<thead>
<tr>
<th>Instead of...</th>
<th>Say</th>
<th>Because...</th>
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<tbody>
<tr>
<td>asleep</td>
<td>Died</td>
<td>child may fear sleep</td>
</tr>
<tr>
<td>in heaven</td>
<td>died and/or buried</td>
<td>beliefs have to be explained separately</td>
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<tr>
<td>lost</td>
<td>Died</td>
<td>child may continue to look for missing person, or wonder why adults aren’t looking, creates fear of “Wouldn’t they look for me if I was lost?”</td>
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<tr>
<td>old</td>
<td>specific cause like</td>
<td>age twenty seems old to a child</td>
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<td></td>
<td>heart attack</td>
<td></td>
</tr>
<tr>
<td>on a journey</td>
<td>Died</td>
<td>child may fear trips</td>
</tr>
<tr>
<td>passed away</td>
<td>Died</td>
<td>vagueness encourages harmful imagination to fill in gaps</td>
</tr>
<tr>
<td>sick</td>
<td>heart stopped beating; lungs wouldn’t work; too sick for doctors to make well</td>
<td>child has difficulty distinguishing between a simple cold and life-threatening illness</td>
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Seibert, D., Drolet, J., Fetro, J. “Are You Sad Too? Helping Children Deal with Loss and Death”
Children's Understanding of Death (Hospice Guideline)

Children's understanding of Death is provided by Hospice of Southeastern Connecticut Bereavement Program. This chart is meant to be used as a guideline and not a checklist. All children develop at different rates and it is important to remember that the parents know their own child the best.

Newborn to Three Years

Child's Perception: Infant/Toddler can sense when there is excitement, sadness, anxiety in the home; can sense when a significant person is missing, presence of new people

1. No understanding of death
2. Absorbs emotions of others around her/him
3. May show signs of irritability
4. May exhibit changes in eating, nursing patterns, crying, and in bowel and bladder movements
5. Depends on nonverbal communications; physical care, affection, reassurances

Providing Support:

1. Keep normal routines and structure whenever possible
2. Be verbally and physically affectionate and reassuring
3. Provide warm, loving caretaker when parent is not available
4. Exhibiting healthy coping behaviors

Three to Six Years

Child's Perception: Child thinks death is reversible; temporary, like going to sleep or when a parent goes to work; believes that people who die will come back

1. "Magical thinking"; believes their thoughts, actions, word caused the death; or can bring deceased back; death is punishment for bad behavior
2. Still greatly impacted by parent's emotional state
3. Has difficulty handling abstract concepts such as heaven
4. Regressive behaviors; bed wetting, security blanket, thumb sucking, etc.
5. Difficulty verbalizing therefore acts out feelings
6. Increased aggression - more irritable, aggressive play
7. Will ask the same questions repeatedly in efforts to begin making sense of loss
8. Only capable of showing sadness for short periods of time
9. Escapes into play
10. Somatic symptoms
11. Hungers for affection and physical contact, even from strangers
12. Connects events that don't belong connected
13. May exhibit little anxiety due to belief that deceased is coming back
Providing Support:

1. Keep normal routines and structure whenever possible
2. Provide opportunities to play, draw
3. Read books on death & loss with child
4. Help to verbalize feelings and fears
5. Help to identify feelings and reactions
6. Be honest and tell a child if you do not have an answer
7. Explain in specific, concrete language - not euphemisms; explain what has happened giving specific explanations about physical reality of death
8. Gently confront magical thinking
9. Make sure child does not feel responsible for the death
10. Be tolerant of regressive behaviors
11. Modeling healthy coping behaviors
12. Avoid clichés; "At least you have another brother", "You can always get a new pet"
13. Use specific, concrete words - not euphemisms; Avoid "Mommy has gone to sleep", "God has taken Grandpa"

**Six to Nine Years**

Child's Perception: Child begins to understand the finality of death; some do and some may not.

1. Sees death as a taker or spirit that comes and gets you
2. Fear that death is contagious and other loved ones will "catch it" and die too
3. Fascinated with issues of mutilation; very curious about what body looks like
4. Connects death with violence and may ask, "who killed him?"
5. 3 categories of people who die: Elderly, handicapped, klutzes
6. Asks concrete questions
7. Guilt - blames self for death
8. May worry how the deceased can eat, breathe, etc.
9. Continues to have difficulty expressing feelings verbally
10. Increased aggression
11. Defends against feeling helpless
12. Somatic symptoms
13. School phobia (especially if single parent)
14. Continues to have difficulty comprehending abstractions such as heaven, spirituality

Providing Support:

1. Talk with child
2. Ask questions
3. Make sure child does not feel responsible in any way
4. Identify specific fears
5. Provide opportunity for play, drawing, art
6. Normalize feelings & fears
7. Address distortions & perceptions
8. Be honest and tell a child if you do not have an answer
9. Help to cope with impulse control
10. Help them share bad dreams
11. Help them with positive memories of the deceased
12. Model healthy coping behaviors
13. Avoid clichés; "Don't worry, things will be O.K.", "You're such a strong boy/girl"
14. Use specific, concrete words - not euphemisms;
15. Avoid "Grandma went to sleep and is now in heaven", "Grandma was very sick and the sickness made her die".

Nine to Thirteen Years

Child's Perception: Child's understanding is nearer to adult understanding of death; more aware of finality of death and impact the death has on them

1. Concerned with how their world will change; with the loss of the relationship, "Who will go with me to the father-daughter banquet?"
2. Questions have stopped
3. Fragile independence
4. Reluctant to open up
5. Delayed reactions - at first seems as if nothing has happened, then grief reaction May show strong degree of affect
6. Beginning to develop an interest in rituals (spiritual affects of life)
7. Disrupted relationships with peers
8. Increased anger, guilt
9. Somatic symptoms
10. School phobia
11. Self-conscious about their fears (of own death, remaining parents)

Providing Support:

1. Encourage discussion of their concerns
2. Provide & encourage expressive experiences such as writing or drawing
3. Address impulse toward acting out and allow opportunity to identify their feelings
4. Allow for regressive behaviors
5. Be honest and tell a child when you do not have an answer
6. Gently relieve child from attempts to take over adult responsibilities
7. Model healthy coping behaviors
8. Avoid clichés; Avoid "You must be strong so I don't have to worry about you", "Big boys don't cry"
### Thirteen to Eighteen Years

1. Adolescent's Perception: Adolescent has adult understanding about death
2. Death is viewed as an interruption. Death is an enemy
3. Bodily changes emphasize growth and life. Death is a contrast
4. Increased vulnerability due to many other changes and losses simultaneously occurring
5. A sense of future becomes part of their psychology
6. Increased risk taking in effort to reduce anxiety or to defy fate
7. May intellectualize or romanticize death
8. May act indifferent to death of someone close as a protection against feelings
9. May show full range of affect or almost no affect
10. Wants to grieve with her/his peers not adults
11. May need permission to grieve
12. Suicidal thoughts
13. Represses sadness, feels anger, depression
14. Escapes; drives fast, uses drugs or alcohol sexually acts out
15. Denial - tries not to think about it, doesn't want to talk about it
16. Difficulty with long term plans
17. Somatic symptoms
18. Questions religious/spiritual beliefs

**Providing Support:**

1. Don't assume they can handle themselves and their problems without help and support
2. Be available, but don't push
3. Help them find peers who will support their feelings
4. Or find other trusted adults
5. Give permission for regression
6. Be honest and say when you do not have an answer
7. Assist in relieving adolescent of burden of adult responsibilities
8. Help impulse control toward reckless behavior
9. De-romanticize death
10. Discuss feelings of helplessness
11. Model healthy coping behaviors
12. Avoid clichés; "You've got to be strong to help your mother"; "You seem to be taking this so well", "Now you're the man of the house."
Tips from two of my mentors when an important person or pet dies:


- Cry with the children and offer hugs.
- Share your feelings and listen to their feelings.
- Take action through creative activities.
- Memorialize and celebrate the relationship.

Elizabeth Kubler-Ross – This international grief expert spoke at Oakton Community College in 1991 and gave me her ideas on ways to help a child deal with his/her own feelings of grief.

- An immediate hug after a death may distract a grieving child from expressing sad feelings. After helping the child to share feelings, accept all reactions and then offer a hug.
- Evaluate yourself. If you are still grieving a loss, then enlist help from another grandfriend to help the child feel, name, and speak about their feelings of loss and grief.
- Silent mourning must end.

Helene Block Fields’ tips to help those grieving, especially young children:

- Help them become comfortable hearing the word “die” or “died” at home and in school before they are faced with the death of a close relative or pet.
- When a death occurs, find a quiet place to talk, one on one.
- Acknowledge what happened. “I heard your Grandmother died… I’m so sorry. When my Grandmother died, I cried a lot and felt very sad.”
- Look sad and wait for a reaction. Tears are important but some children won’t or can’t talk about this right away. Accept and respect all reactions.
- If the child responds, keep the conversation short and simple. Listen carefully and paraphrase what is said.
- Ask open ended questions and statements such as:
  o “How did your Grandmother die?”
  o “What did you like to do with your Grandmother?”
  o “We could draw pictures of her, bake her favorite cookies, or plant some flowers for her.”
  o “I care about you and would like to spend some time with you.”
- Watch carefully for any signs of distress, such as loss of appetite, not playing with others and/or clinging to you. Stay near and observe throughout the day and for weeks to come.

Warning: Be careful when choosing children’s books about death and dying. Some of them are scary. Pre-read all books.
(1) A Generational Reunion 20 years later:

An elementary school program brought 10 eight-year-old students to a nearby nursing home twice a week for one year to do their Social Studies with carefully chosen residents. When Sam, a beloved resident died, one boy didn’t write a condolence card to Sam’s family like the other children. He wrote directly to Sam. Here is a part of the letter: “Dear Sam, When I heard you died, I had a big explosion inside of me. I love you like a grandpa or an uncle.” More details and the other children’s letters, pictures and words are in my book.

Twenty years later, I invited the 10 former students to an intergenerational reunion. Five of them attended along with two of their teachers and the nursing home activities director. All of them celebrated being together again and agreed this was an outstanding program. I asked the former students if Sam’s death influenced them in a negative way as they were growing up. They all said that when they were young this was a wonderful positive learning experience in every way. They celebrated what they learned and how much they loved Sam.

One adult said, “That year helped prepare us for normal death experiences in our own lives.” Another said, “My time with the elderly residents gave me a sense of empowerment. Because I learned I could be of service to older adults. It helped to build excellent social skills in communicating, being compassionate, and dealing with people outside of my age group.”

(2) High schoolers amazed by elderly guest speakers:

A teacher asked me to bring some sharp older people to her high school health class as guest speakers. She wanted her students to have discussions with older people instead of learning about aging from books. I asked five older experienced intergenerational volunteers, ages 58 to 85, to join me. I’ll never forget that hour.

We didn’t know that the students’ homework assignment was to prepare questions for the older guests that they would seldom ask their parents, grandparents, or teachers. They were told to have an open honest discussion with the visitors.

We met in two small groups. They learned about the older people’s backgrounds and were impressed how busy they were. They asked a few more questions and did a great job interacting with them. I watched the students’ reactions when one boy asked the ancient-looking 85-year-old, “How do you feel when you look in the mirror?” She answered, “I don’t look at myself in a mirror unless I’m brushing my teeth. That’s not really me. That’s my shell. Inside, I’m 16 years old!” The students were amazed when she said that.

Other questions were answered with kindness and humor. Some questions were
serious. “What do I say to my grandmother who has some memory problems?” Then their answers were sensible and practical. The discussion soon became easy going and animated. A few days later I received quick written reactions from the teens and I couldn’t believe what many of them wrote, “Thanks for bringing those great older people to our class”. “I don’t fear death after this discussion, I can still be active and not feel old.” “I didn’t know that aging could be so exciting.”

A year later a waitress asked me if I am the teacher who brought the old people to her health class. When I said, “Yes”, she nervously asked, “Are they all still O.K.?” I smiled and nodded. She was so relieved and said, “I’m so glad, I'll never forget them as long as I live!”


RESOURCES:

5. “Talking to Young Children About Death”, Fred Rogers, 2005
7. Talking to grieving children: http://www.griefspeaks.com
9. Hospice of Southeastern Connecticut Bereavement Program hospicesect.org (Contact Cyndia Shook, Coordinator of Center for Hospice Care SE Connecticut)