

STORIES FROM THE HEART

—by Judy Davis, LCSW

There are some basic assumptions needed for talking about grief and children.

- First, children grieve and their young age is no protection from grief.
- Second, children express their feelings in behaviors and words just like adults.
- Third, grief work lasts a lifetime for children and they re-work it at each developmental stage along their life journey.
- Finally, children suffer multiple losses when a sibling dies.

I tend to think that most of us as adults and parents want to believe that grief and the knowledge of death do not really touch our children. Maybe we need to believe that so we can go on. Maybe we do not have the tools to help ourselves, let alone our children. But life and death are all around our children and we can do much for their well being to have them learn from us, borrow our value system and anchor themselves in the fact that loving one another helps us all survive the bad times.

The younger the surviving sibling is when the baby dies, the less language and life experience there is for the child to use. Toddlers and preschool children will sense things are wrong. They will seek physical attention, closeness, food, play activities and often want to be in the same room as the adults. They may show their stress in physical or behavioral ways. Perhaps by sleeping more or less; by becoming more infant-like; by not being able to do things they used to do, like potty training or feeding themselves. They may not be able to tolerate strangers. They may resist going to preschool. They may refuse to do simple chores.

The younger child needs close physical contact. They need attention. They need adults to provide simple word explanations for the sensations and experiences happening in the child. Saying things like, “Mommy feels sad because Trevor is dead and you look sad, too.” “Daddy is so tired because he feels bad because baby Marissa is dead.” “Granny cries a lot because Leila is dead and you look like you are ready to cry, too.”

The young child needs to hear that their needs will be met. One of the multiple losses faced by the child is the loss of everyday routine. The predictable pattern of their life is gone. Their parents do not sound the same, do not look the same, and often behave in ways that the young child cannot understand without explanation.

They need to know that this thing called SIDS only happens to babies, not to them or anyone else. They need to hear that this is a bad time for the family, but that the family will be okay again. They also need to know that their sibling is dead and will never be with them again at their home.

All of these increased demands and needs come at a time when bereaved adults are less able to respond. Basically, all you can do is try. For some parents, the needs and activities of surviving children are an anchor and they are grateful for having to do these things. Other parents find such demands beyond their human endurance. Using other caring adults to help children is a lifesaving idea. Just be sure to tell the children what is happening and that the caretaking changes will not last forever. Most children prefer the security of their own home and having to leave it represents another loss. Children, like adults, do better when they have explanations.

Children may also respond in genuinely altruistic ways. They may work hard at making things better and easier for the grieving adults. A toddler may climb up in the parent's lap to offer love and consolation. Others may bring a favorite toy or stuffed animal to the grown-up as a gift. Little children may take on extra chores to try to act more adult-like. Learning about compassion and caring can occur at any age.

School age siblings and teenage siblings of babies who die are really no different from the toddlers. The same kinds of approaches work at any age. Children need the truth. They need knowledge and tools to use with grief work. They need to be acknowledged as bereaved. They need to be included in the mourning process on their own terms.

As a bereaved parent or other adult coming into contact with a surviving sibling, you can hardly go wrong by sharing your own experience and asking the child to share their story with you.

I once talked with a young boy named Robert. He was nine years old and his baby sister died when he was seven. I asked him to describe what this loss was like for him. Here is his story:

Do you have Baskin-Robbins ice cream where you live? They are the ones who say they have 31 flavors. We used to go there a lot before Ryla was born. Everybody had their favorite and they always got the same kind. My dad got his in a cup because it got on his beard. Sometimes my mom put a different flavor on top, but she always had rocky road on the bottom. When I was little I always got the same. When I started second grade I made up a game of trying different kinds. I put the new flavor on the top. We stopped going there when my sister died. It took a long time to go back there. My mom still eats rocky road because it starts with "R" like our names, Robert, Ryan and Ryla. Sometimes I wonder what kind of ice cream my sister would like.

Nothing prepares us for the death of an infant, whether we are the parent or the sibling. If we remember the variety of impressions and styles described in the story Robert told, we can know that each person's grief is their own. We can describe the variety, but each individual picks their own resources and uses them in their own time. Those choices may change over time. The questions and concerns will also change over time. No one can have the life they had before the baby died, but each person can select to have a new normal life.

If you have concerns about what is going on in the life of your child, just ask. If you see something that does not make sense to you, say so. If you think you have done something that caused distress for your child, check out your perception with them. Even if your child does not answer, they will know that you are thinking of them and taking the time to ask. If something needs attention, you have opened the door and it will be the child's choice when and if to enter.

My own belief is that the truth of the baby's death is always easier for the child to handle than not talking about the situation. Children can and do come to awful conclusions on their own. Those conclusions often leave them to blame in their own eyes. None of us would want that for them.

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