



Hospice Volunteers of Waterville Area
304 Main Street
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(207) 873-3615 ~ www.hvwa.org ~ hospiceinfo@hvwa.org

RESPONSE TO LOSS BY AGE

INFANTS (0 to 2 years)

Developmental Stage:

- Self centered.
- Dependent being.
- Strong attachment to primary caregiver, views self and caregiver as one.
- Only germinating seeds of language and thought.

Concept Of Death And Loss:

- No understanding of death.
- Mostly disturbed by the loss of physical/loving parent's presence.
- Fear of separation.
- Parent's anxiety has very strong influence on infant's reaction.

Grief Response:

- Intense but brief. Very present oriented.
- Aware of altered patterns of care.

Possible Related Behaviors:

- Crankiness; crying; slight skin rash; clinging; withdrawn and inactive. Will finally detach themselves from significant person.
- Regression; eating/sleeping disorders; insecurity; fear when left.

What Parents Can Do:

- Continued care and attention vitally important. Consistent routine.
- Warm, dependable caretaker.
- Comforting, touching, holding.
- Parent should try to spend some time with child each day to provide the feeling of security.

What The Support Person Can Do:

- Allow the caregiver to talk about their feeling and concerns.
- Help with care and household tasks.

RESPONSE TO LOSS BY AGE

PRE-SCHOOL (2 to 4 years)

Developmental Stage:

- Egocentric, believes the world revolves around them. Narcissistic.
- Difficulty sharing; quick social exchanges; short attention span; unpredictable.
- No cognitive understanding; unable to grasp concepts. Concrete and literal in their thinking.



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Concept of Death and Loss:

- Seen as abandonment. May think the deceased live underground. Reversible, not permanent.
- Equate to “going to sleep”.
- May be seen as contagious if the family member died of illness.

Grief Response:

- Intense but brief.
- Very present oriented.
- Most aware of altered patterns of care.

Possible Related Behaviors:

- Sadness, anger, guilt, confusion, regression, decreased self-esteem, frightening dreams.
- May need to talk about death a lot.
- Wonders if he/she will still be cared for?
- Frightened to go to sleep if equates death with sleeping.
- Frightened if someone gets sick, is in danger of going away forever.
- Interruptions in language and toilet training.
- Aggressive behaviors.
- Fear of abandonment.
- Unusual or negative behaviors because of their inability to articulate feelings.

What Parents Can Do:

- Tell in concrete terms that the departed family member is not going to return, and that people will be very sad about that for awhile.
- Allow child to have possessions of deceased until they are ready to put away.
- Do not make child put grief on back burner to protect other family members.
- Children are concrete and literal in thinking. Don't be surprised at questions they may ask.
- Don't conclude a child is not grieving because he or she continues to play normally and appears happy. They grieve in short periods as they can tolerate.
- Continue effective parenting and nurturing to the best of your ability. Enlist the support of other adults you and the child can feel safe with.
- Children need to be reassured they are in no way to blame for the death.
- Well-enforced routines are important to provide structure during adjustment.
- Use terms such as death and dead. Keep explanations short, simple, truthful. May have to be repeated over and over.
- PROVIDE OUTLET FOR ANGER!!

What The Support Person Can Do:

- Help educate the parent in expected grief reactions in this age group.
- Take the child seriously, and help them use their skills to process.
- Read to the child.



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- Encourage them to use their imaginations for art and play to express themselves and process grief.
- Help regain positive memories.
- Encourage talking about dreams. They can be comforting and reassuring if about the deceased.

RESPONSE TO LOSS BY AGE
ELEMENTARY SCHOOL AGE
(5 to 7 years and 8 to 11 years)

Five to Seven Year Olds

Developmental Stage:

- Gaining awareness of feelings in self.
- Beginning to explore world outside self.
- Developing language.
- Fantasy or magical thinking.
- Initiative stage. Sees self as initiator.

Concept Of Death And Loss:

- Still seen as reversible.
- Feels responsible because of wishes and thoughts (magical thinking).
- Great personification of death.
- Death seen as possible, but only for others not for them.

Grief Response:

- Verbalization: “It was my fault!” “I was mad at her and wished she had died.” “I know the reason Dad left was because of me.”
- Great concern with process. HOW? WHY? Repetitive questioning.
- Try to fix things and find solution to death.
- May withdraw.

Possible Related Behaviors:

- Somatic behavior (abdominal pain, headache).
- Crying, anxiety; separation anxiety; hostile reactions toward deceased; guilt; daydreaming; lack of concentration; withdrawal.
- Regression to an earlier age.
- Fears; tough stance; very argumentative and demanding; sleeping disturbances.



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Eight to Eleven Year Olds

Developmental Stage:

- Concrete-operational.
- Industry vs. inferiority.
- Beginning of socialization.
- Development of cognitive ability; beginning of logical thinking.
- Can articulate feelings to some degree.
- Awareness that feelings can be worked through, and can reason things out.
- More aware of rules.
- Beginning to grasp facts; better memory for information.
- Can compare, contrast, categorize.
- Asks a lot of questions.
- Longer intervals of play.
- Wider range of interests; tricks and jokes popular.

Concept of Death and Loss:

- Death may now include them.
- Beginning to understand irreversibility of death, but difficult transition period as a still wants to see the loss as reversible.
- Death/loss seen as punishment.
- Fear of bodily harm/mutilation.
- May show interest in biological aspects of death, and details of future.
- Can differentiate between living and non-living.

Grief Response:

- Specific questioning. Desire for complete detail.
- Concerned how others are responding.
- What is the right way? How they should be responding.
- Starting to have ability to participate in and understand the mourning process.

Possible Related Behaviors:

- Crying, anxiety; somatic behavior; separation anxiety; denial of death; hostile reactions toward deceased; guilty-blame someone other than self; daydreaming; lack of concentration and attention; withdrawal.
- May try to fix things and find solution to death.
- May fear will die at same age.
- Display similar symptoms of deceased person.
- Regression; poor grades/problems in school; withdrawal from friends (afraid of another loss); loss of manual skills; acting out; sleeping/eating disorders; overwhelming concern with body; role confusion.
- Suicidal thoughts (desire to join one who died).



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Five to Eleven Year Olds

What Parents Can Do:

- Pre-school intervention may also apply.
- Answer questions; encourage expression of range of feelings; encourage/allow control; symbolic play/talk about it; be available and a good listener; respect time to be alone; give permission to cry through words or example; let them know it's OK not to cry too, and explain that everyone goes through different reactions at different times/
- Give honest explanation of person's death; encourage attendance at funeral, but abide by child's wishes if they choose not to attend.
- Let them know their feelings are important.
- Reassure them they are not responsible for the death.
- Normalize their feelings by letting them know that all children their age go through same feelings.
- Actively attempt to demystify loss.
- PROVIDE OUTLET FOR ANGER!!

What The Support Person Can Do:

- The support person can do most of the same interventions listed above.
- Provide a safe environment for the child to process.
- Support parents.
- MAINTAIN CONFIDENTIALITY!!

RESPONSE TO LOSS BY AGE

JUNIOR & SENIOR HIGH SCHOOL

(12 to 18 years)

Developmental Stage:

Emotions:

- More tools to express feelings verbally.
- Feelings often confusing/overwhelming.
- Processing feelings about everything.

Social Skills:

- a. Acute sensitivity about how perceived by others.
- b. Friends most important support they feel.
- c. Belong to many groups.

Thinking Skills:

- d. Beginning to think abstractly.
- e. Can imagine the future.
- f. Better understanding of the world and how it works.
- g. Can be philosophical.



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Behaviors:

- h. Establishing self in peer groups.
- i. Great interest in games.
- j. Physical contact important.
- k. Play still important.

Concept of Death and Loss:

- Understands more fully the implications of death.
- Can acknowledge that life is fragile.
- Working at making sense of teachings.
- May view suicide as means of “getting back” at someone. See it as reversible (because some survive it), and “reoccurable” (because some try it more than once).

Grief Response:

- Depression, anger, sadness, physical pains, tears, denial, repression, regression, helplessness.
- More willing to talk to people outside family.
- Traditional mourning.

Possible Related Behaviors:

- May put up a “pseudo-adult” front, giving the impression that (s)he is handling emotional turmoil. In fact is very sensitive to effects of loss, and suffering beyond appearance.
- Friends may desert them for lack of understanding the grief process. This increases loneliness and depression.
- Because they have greater understanding of death, they are at greater risk of depression and suicide.
- Angry toward parents and generalized anger.
- Preoccupation with death: Taking on mannerisms of deceased; aggression.
- Regression: Idealization of deceased.
- Practice of denial of death by risk-taking.
- May be critical of parents.
- Trouble with separation tasks that are normal part of adolescence. Especially if they become responsible for meeting the dependency needs of surviving parent.
- May demonstrate a “learned helplessness” if they sustain many losses and feel that major events in their lives are out of their control.
- Decreased academic performance.
- Risk of suicide particularly high if loved one was lost through suicide or circumstances suggesting suicide.
- May be expected to grow up quickly or be adult influence for younger siblings if parent dies.
- Acting out, drugs and/or alcohol.
- Non-compliance: truancy from school and other responsibilities.
- Role confusion.
- Rejection of former teaching.



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What Parents Can Do:

- Suggestions for school-age children will also apply to teens.
- Encourage communication in family.
- Important to have physical touch and “I love you” spoken often.
- Discuss role changes that may take place in family.
- **DO NOT TAKE CONTROL OF THE TEEN’S LIFE**, but provide security with structure and routine in the home.
- Encourage self-motivation.
- Be available – listen, but do not attempt to take grief away.
- Help normalize their feelings by giving your perspective on loss.
- Educate, communicate, validate.
- Possibility of suicide must always be considered then the grieving adolescent does not seem to be recovering from loss. Safety precautions should be taken and a plan made by family members to safeguard the teen. This not only addresses the suicide potential, but affirms the adolescent’s importance in the family, and demonstrates the parents’ concern.
- Allow them to be supported by their peer groups. It is often difficult for families to accept this need.
- Allow them to have possessions of the deceased they treasure.
- Work with their school to help alleviate the adolescent’s dread for re-entering school.
 - May fear being embarrassed and overwhelmed by the sympathy of others.
 - They may pretend nothing has happened to fit in with the other students. Friends and teachers may misinterpret this as lack of caring or grief.
 - Most children feel better once they are told their class has been informed of their loss, and teachers and classmates make acknowledgements.
- Have the courage to seek outside support and/or counseling. You are overwhelmed by your own grief and may need help to deal with your situation.
- Encourage or provide outlet for anger. This could be a physical sport; exercise, boxing bag. A good rule for the house is “you can hit anything that won’t hurt someone or destroy property.”

What The Support Person Can Do:

- Support and educate parents.
- Allow the adolescent to be who he needs to be without judgment.
- Encourage verbalization and **LISTEN!**
- Allow him/her to have some control surrounding place/time/circumstances of your visits.
- Encourage self-motivation.
- Educate, communicate, validate.
- Allow them to feel. Do not attempt to take their grief away.
- Review “What Parents Can Do,” and assess what you can do to support parent(s) and adolescent without violating boundaries.