Helping Children to Confront Death

Anna Billings, General Practitioner, Cardiff

Reprinted from an article originally published in the British Medical Journal by kind permission of the editor and the author.



As a general practitioner I have been involved in bereavement counselling without any real training. I have usually been asked to help an adult to come to terms with the death of a loved one. I think that much of the trauma could be alleviated by a more open approach to death from a young age.

There is a tendency to overprotect children, and it is tempting to reassure them when someone they love is ill. But children lose trust in you if you do this. It can only be helpful to prepare them; if the loved one is in pain or handicapped in some way they will agree that they would not wish them to suffer indefinitely. Children are sensitive to moods. Whispered conversations, hastily terminated when a child enters the room, puzzle them. I think they are less frightened if confronted by reality.

When a relative died recently I, as a mother, had to explain events to our three young children. I found that much of our discussion centred on what happens to people when they die. Since one of our children is only four years old he found my explanations hard to comprehend. I wanted to convey my belief that the body is only a shell for the spirit, and that at the time of death the spirit is released from the body. Eventually, we drew comparisons with hair which is trimmed and fingernails which are cut. We agreed that we were not much concerned about what happened to them after they were shed. Discussion about cremation and burial then followed on fairly naturally.

The children were concerned with all the developments. We asked them whether they wished to attend the service and they were emphatic in their agreement. They had seen their uncle in hospital and now they wanted to be present at the farewell ceremony, as they saw it. After all, they went to family weddings and christenings so why should they be left at home on this occasion? Their attitude was much as I had predicted, but their approach belied their years.

It was assumed by the family that we would not be taking the children to the crematorium, and certainly some relations were rather taken aback to find that the children were to attend the brief service. The feeling among the older family members was that a funeral was no place for children. The intention was good in that there was the usual, instinctive wish to protect the young ones, but I knew that the effect would have been to make them feel excluded and that would have been detrimental.

We were anxious that by allowing the children to attend we should not add to the pain of the event for all concerned. So we impressed on them that, although it would be a sad occasion, they must compose themselves if they were to be present. In an attempt to forestall a series of questions at the funeral we tried to prepare them. We described the likely sequence of events and we discussed the choice of flowers and the wording on the card with them.

'There is a tendency to overprotect children, and it is tempting to reassure them when someone they love is ill. But children lose trust in you if you do this. It can only be helpful to prepare them . . . Children are sensitive to moods. Whispered conversations, hastily terminated when a child enters the room, puzzle them. I think they are less frightened if confronted by reality.'

The occasion was, of course, sad, but the children's presence emphasised the continuity of life and helped many people. There was nothing in the service to frighten them. It was a brief celebration of their uncle's life and underlying the grief there was a quiet joy that we had all been privileged to know him. Without doubt, three young people aged nine, seven, and four year old have looked at death and felt enriched by the experience. I also know that their widowed aunt was glad to seek them out after the service with a promise to find the cat for them later.

Children have a capacity to lighten a serious moment. How natural it was that later they should find a ball and play on the lawn. I think it gladdened everyone to see this and to glimpse one of them staggering forward triumphantly, almost hidden, under a mound of very fluffy cat. We all enjoyed meeting the friends who had meant most to our uncle when he was alive. Some of them had been only names before, but each new meeting told us a little more about his character. Not only the anecdotes, but also his choice of friends told us something about the man. How much more complete was the experience for having all the family present and for not having to rush off to relieve babysitters.

Several people have asked us how the children reacted to the death. We were asked whether there were lots of questions after the funeral. There were really no questions at all. They did not talk about the funeral itself; because we had discussed it so fully beforehand there were no surprises on the day. But they did talk a great deal about their uncle. His name is often mentioned with love and without constraint. They remember a happy day, tinged with sadness, and I hope that their experience will give them the strength to cope with future sorrow.

CRUSE—BEREAVEMENT CARE

PROFESSIONAL COURSE ON GRIEF AND BEREAVEMENT

to be held in Central London starting end September, 1992 on a weekday evening for approximately 10 weeks

First-class speakers

Early booking advisable

Apply to: Mrs J Sallis, Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR (081-940 4818)