

Explaining Suicide to Children

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One of the most challenging types of loss a bereavement counselor or therapist will be faced with is that of a family dealing with a death by suicide. Each member of the family will experience their grief differently depending on a myriad of factors. These factors include the person's relationship to the deceased, factors regarding the circumstances of the death, previous history of loss, as well as personality factors. In addition to their intra-personal responses, they may be encountering environmental changes which could include a withdrawal of social support, the "conspiracy of silence", and financial hardships.



When death is a result of suicide, the task of telling children is even more difficult than for other types of death. The immediate aftermath of the death is a time of confusion and intense emotion for everyone involved and families may seek guidance on what to tell children and how much to involve children in the funerary rituals.

Regardless of the age of the child, it is always important to offer simple, truthful explanations about the cause of the death. Accurate information is crucial to the grieving process, and without the facts children will have difficulty with the first task of mourning, accepting the reality of the death as identified by the leading authority on grief, Dr. J. William Worden (Grief Counseling & Grief Therapy, 2009). Regardless of age, involving the children in the funerary rituals will also help them with this task. Children will follow the lead of the adults in their life and if adequately prepared for the funeral will generally find the support of their community and rituals to be comforting.

The following examples are helpful tools for explaining suicide to children and helping them on their journey toward healing:

For very young children:

- First explain, “their person who died had been feeling very, very sad and could not think of any other way to end the pain/sadness.”
- Explain what he/she did to end their life, “she took a whole bottle of pills which made her body stop working and then she died” or “he used a gun to make his body stop working, and then he died.”

While most people who are depressed are not suicidal, most suicidal people are depressed (American Foundation for Suicide Prevention Symposium, 2001).

Therefore, for school-aged children you can add:

“Mommy had a disease called Depression which made her feel so sad and/or angry. Because of the disease she could not think clearly like we do, so she could not think of any other way to get help or end her pain except to end her own life.”

- We strongly suggest that you conclude by reminding a child there is always someone willing to help. Ask the child: “Who would you go to for help if you ever felt very depressed and wanted to end your own life?” Caution: make sure they can identify someone they trust and would go to for help.

With adolescents:

- It’s important to be both truthful and thorough in your explanations while remembering to emphasize that they are not to blame.
- Developmentally, an adolescent is on a course of individuating and separating from the family. It is important to remember that expecting them to assume parental or adult responsibilities prematurely because of the absence of the deceased could interfere with this natural and imperative developmental outcome.

Children will eventually learn the truth and it is always preferable for a child to hear the truth from the person they trust most in the safest setting possible. To minimize confusion and anger, this conversation should take place before the child returns to school so they will be prepared for the questions and comments of their peers. If children don’t learn the truth until adulthood, they may feel betrayed by those they trusted.

A child may experience the act of a parental suicide personally. This often affects their sense of self worth and creates feelings of abandonment. Unexpressed anger, guilt and shame can impair the child’s ability to form meaningful relationships in the future. Fortunately, on a positive note, Harvard researcher Phyllis Silverman (Never Too Young to Know, 2000) found that most childhood grief survivors are able to remain committed in relationships.

In the therapeutic setting remind child survivors of suicide that the person who died loved them and that the death is not their fault. Another way to help children is to guide them to keep memories of happy times alive in conversation, keep photos and personal belongings of the person that died on hand, and by making a memory box or album.

Words to use:

1. **Suicide:** The act of killing yourself so that your body won’t work anymore. People who kill themselves often do so because they are suffering from a disease called Depression. Because of the disease they can’t think clearly and feel very, very depressed. Sometimes they feel hopeless that things will never get better and that life is not worth living. They may feel there is no other way to solve their problems or to end the

- pain they are feeling.
2. **Death:** When a person's body stops working.
 3. **Depression:** Extreme feelings of sadness and hopelessness that lasts a long time.
 4. **Guilt:** Something we feel when we think we have done something wrong or are the cause of something bad happening.
 5. **Grief:** Natural feelings when someone close to us has died

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