

## Talking To Children About Death

### Introduction

If you are concerned about discussing death with your children, you're not alone. Many of us hesitate to talk about death, particularly with youngsters. But death is an inescapable fact of life. We must deal with it and so must our children; if we are to help them, we must let them know it's okay to talk about it.

By talking to our children about death, we may discover what they know and do not know - if they have misconceptions, fears, or worries. We can then help them by providing needed information, comfort, and understanding. Talk does not solve all problems, but without talk we are even more limited in our ability to help.

What we say about death to our children, or when we say it, will depend on their ages and experiences. It will also depend on our own experiences, beliefs, feelings, and the situations we find ourselves in, for each situation we face is somewhat different. Some discussions about death may be stimulated by a news report or a television program and take place in a relatively unemotional atmosphere; other talks may result from a family crisis and be charged with emotions.

This pamphlet cannot possibly deal with every situation. It does provide some general information which may be helpful—information which may be adapted to meet individual needs.

### Children are Aware

Long before we realize it, children become aware of death. They see dead birds, insects, and animals lying by the road. They may see death at least once a day on television. They hear about it in fairy tales and act it out in their play. Death is a part of life, and children, at some level, are aware of it.

If we permit children to talk to us about death, we can give them needed information, prepare them for a crisis, and help them when they are upset. We can encourage their communication by showing interest in and respect for what they have to say. We can also make it easier for them to talk to us if we are open, honest, and comfortable with our own feelings - often easier said than done. Perhaps we can make it easier for ourselves and our children if we take a closer look at some of the problems that might make communication difficult.

### Communication Barriers

Many of us are inclined not to talk about things that upset us. We try to put a lid on our feelings and hope that saying nothing will be for the best. But not talking about something doesn't mean we aren't communicating. Children are great observers. They read messages on our faces and in the way we walk or hold our hands. We express ourselves by what we do, by what we say, and by what we do not say.

When we avoid talking about something that is obviously upsetting, children often hesitate to bring up the subject or ask questions about it. To a child, avoidance can be a message - "If Mummy and Daddy can't talk about it, it really must be bad, so I better not talk about it either." In effect, instead of protecting our children by avoiding talk, we sometimes cause them more worry and also keep them from telling us how they feel.

On the other hand, it also isn't wise to confront children with information that they may not yet understand or want to know. As with any sensitive subject, we must seek a delicate balance that encourages children to communicate - a balance that lies somewhere between avoidance and confrontation, a balance that isn't easy to achieve. It involves:

- trying to be sensitive to their desire to communicate when they're ready
- trying not to put up barriers that may inhibit their attempts to communicate
- offering them honest explanations when we are obviously upset
- listening to and accepting their feelings
- not putting off their questions by telling them they are too young
- trying to find brief and simple answers that are appropriate to their questions; answers that they can understand and that do not overwhelm them with too many words.

Perhaps most difficult of all, it involves examining our own feelings and beliefs so that we can talk to them as naturally as possible when the opportunities arise.

### **Not Having All the Answers**

When talking with children, many of us feel uncomfortable if we don't have all the answers. Young children, in particular, seem to expect parents to be all knowing - even about death. But death, the one certainty in all life, is life's greatest uncertainty. Coming to terms with death can be a lifelong process. We may find different answers at different stages of our lives, or we may always feel a sense of uncertainty and fear. If we have unresolved fears and questions, we may wonder how to provide comforting answers for our children.

While not all our answers may be comforting, we can share what we truly believe. Where we have doubts, an honest, "I just don't know the answer to that one," may be more comforting than an explanation which we don't quite believe. Children usually sense our doubts. White lies, no matter how well intended, can create uneasiness and distrust. Besides, sooner, or later, our children will learn that we are not all knowing, and maybe we can make that discovery easier for them if we calmly and matter-of-factly tell them we don't have all the answers. Our non-defensive and accepting attitude may help them feel better about not knowing everything also.

It may help to tell our children that different people believe different things and that not everyone believes as we do, e.g., some people believe in an afterlife; some do not. By indicating our acceptance and respect for others' beliefs, we may make it easier for our children to choose beliefs different from our own but more comforting to them.

### **Overcoming the Taboos**

Death is a taboo subject, and even those who hold strong beliefs may avoid talking about it. Once death was an integral part of family life. People died at home, surrounded by loved ones. Adults and children experienced death together, mourned together, and comforted each other.

Today death is lonelier. Most people die in hospitals and nursing homes where they receive the extensive nursing and medical care they need. Their loved ones have less opportunity to be with them and often miss

sharing their last moments of life. The living have become isolated from the dying; consequently, death has taken on added mystery and, for some, added fear.

Many people are beginning to recognize that treating death as a taboo does a disservice to both the dying and the living, adding to loneliness, anxiety, and stress for all. Efforts are underway to increase knowledge and communication about death as a means of overcoming the taboo. Scientists are studying the dying to help the living better understand how dying individuals experience their approaching deaths.

Children's perceptions also are being studied for a better understanding of how they think about death. Researchers have found that two factors seem to influence children's conception of death - their developmental stages and their experiences [their environments, ethnic, religious, and cultural backgrounds, and their personal way of seeing things].

### **Developmental Stages**

Studies show that children go through a series of stages in their understanding of death. For example, preschool children usually see death as reversible, temporary, and impersonal. Watching cartoon characters on television miraculously rise up whole again after having been crushed or blown apart tends to reinforce this notion.

Between the ages of five and nine, most children are beginning to realize that death is final and that all living things die, but still they do not see death as personal. They harbor the idea that somehow they can escape through their own ingenuity and efforts. During this stage, children also tend to personify death. They may associate death with a skeleton or the angel of death, and some children have nightmares about them.

From nine or ten through adolescence, children begin to comprehend fully that death is irreversible, that all living things die, and that they too will die some day. Some begin to work on developing philosophical views of life and death. Teenagers, especially, often become intrigued with seeking the meaning of life. Some youngsters react to their fear of death by taking unnecessary chances with their lives. In confronting death, they are trying to overcome their fears by confirming their "control" over mortality.

### **The Individual Experience**

While it can be helpful to know that children go through a series of stages in the way they perceive death, it is important to remember that, as in all growth processes, children develop at individual rates. It is equally important to keep in mind that all children experience life uniquely and have their own personal ways of expressing and handling feelings. Some children ask questions about death as early as three years of age. Others may outwardly appear to be unconcerned about the death of a grandparent, but may react strongly to the death of a pet. Some may never mention death, but act out their fantasies in their play; they may pretend that a toy or pet is dying and express their feelings and thoughts in their make-believe game, or they may play "death games" with their friends, taking turns dying or developing elaborate funeral rituals.

No matter how children cope with death or express their feelings, they need sympathetic and nonjudgmental responses from adults. Careful listening and watching are important ways to learn how to respond appropriately to a child's needs.

### **The Challenge of Talking to a Young Child**

Communicating with preschoolers or young school-age children about any subject can be challenging. They need brief and simple explanations. Long lectures or complicated responses to their questions will probably bore or confuse them and should be avoided. Using concrete and familiar examples may help. For instance, Dr. Earl A. Grollman suggests in his book, *Explaining Death to Children*, that death may be made more comprehensible by explaining it in terms of the absence of familiar life functions - when people die they do not breathe, eat, talk, think, or feel any more; when dogs die they do not bark or run any more; dead flowers do not grow or bloom any more.

A child may ask questions immediately or may respond with thoughtful silence and come back at a later time to ask more questions. Each question deserves a simple and relevant answer. Checking to see if a child has understood what has been said is critical; youngsters sometimes confuse what they hear. Also, children learn through repetition, and they may need to hear the same question answered over and over again. As time passes and children have new experiences, they will need further clarification and sharing of ideas and feelings.

It may take time for a child to understand fully the ramifications of death and its emotional implications. A child who knows that Uncle Ed has died may still ask why Aunt Susan is crying. The child needs an answer. "Aunt Susan is crying because she is sad that Uncle Ed has died. She misses him very much. We all feel sad when someone we care about dies."

There are also times when we have difficulty "hearing" what children are asking us. A question that may seem shockingly insensitive to an adult may be a child's request for reassurance. For instance, a question such as, "When will you die?" needs to be heard with the realization that the young child perceives death as temporary. While the finality of death is not fully understood, a child may realize that death means separation, and separation from parents and the loss of care involved are frightening. Being cared for is a realistic and practical concern, and a child needs to be reassured. Possibly the best way to answer such a question is by asking a clarifying question in return: "Are you worried that I won't be here to take care of you?" If that is the case, the reassuring and appropriate answer would be something like, "I don't expect to die for a long time. I expect to be here to take care of you as long as you need me, but if Mummy and Daddy did die, there are lots of people to take care of you. There's Aunt Ellen and Uncle John or Grandma."

Other problems can arise from children's misconceptions about death. Dr. R. Fulton, in Grollman's *Explaining Death to Children*, points out that some children confuse death with sleep, particularly if they hear adults refer to death with one of the many euphemisms for sleep - "eternal rest", "rest in peace."

As a result of the confusion, a child may become afraid of going to bed or of taking naps. Grandma went "to sleep" and hasn't gotten up yet. Maybe I won't wake up either.

Similarly, if children are told that someone who died "went away", brief separations may begin to worry them. Grandpa "went away" and hasn't come back yet. Maybe Mummy won't come back from the shops or from work. Therefore, it is important to avoid such words as "sleep", "rest", or "went away" when talking to a child about death.

Telling children that sickness was the cause of a death can also create problems, if the truth is not tempered with reassurance. Preschoolers cannot differentiate between temporary and fatal illness, and minor ailments may begin to cause them unnecessary concern. When talking to a child about someone who has died as a result

of an illness, it might be helpful to explain that only a very serious illness may cause death, and that although we all get sick sometimes, we usually get better again.

Another generalization we often make unthinkingly is relating death to old age. Statements such as, “Only old people die” or, “Aunt Hannah died because she was old” can lead to distrust when a child eventually learns that young people die, too. It might be better to say something like, “Aunt Hannah lived a long time before she died. Most people live a long time, but some don’t. I expect you and I will.”

### **Religion and Death**

Religion is a prime source of strength and sustenance to many people when they are dealing with death. But if religion has not played an important role in a family’s life before death, a child may be confused or frightened by the sudden introduction of religious explanations or references. Children tend to hear words literally, and religious explanations that may comfort an adult may unsettle a child. For example, the explanation, “Baby brother is with God now,” or “It is God’s will,” could be frightening rather than reassuring to the young child who may worry that God might decide to come and get her just as He did baby brother.

Also, mixed messages are confusing, deepening apprehensions and misunderstandings children may have about death. A statement such as “Jimmy is happy now that he is in Heaven with the angels,” when coupled with obvious and intense grief, can leave them not knowing which to trust - what they see or what they hear. They may wonder why everyone is so unhappy if Jimmy is happy. They need to hear something about the sadness we feel about losing Jimmy as we knew and experienced him, in addition to our expressions of religious faith.

Regardless of how strong or comforting religious beliefs may be, death means the loss of a living being, the absence of a physical presence. It is a time of sadness and mourning. It is important to help children accept the realities of death - the loss and the grief. Attempts to protect children deny them opportunities to share their feelings and receive needed support. Sharing feelings helps. Sharing religious beliefs also helps if done with sensitivity to how children are perceiving and understanding what is happening and what is being said. It is important to check with them to find out how they are hearing and seeing events around them.

### **The Unemotional Opportunity**

It is usually easier to talk about death when we are less emotionally involved. Taking opportunities to talk to children about dead flowers, trees, insects, or birds may be helpful. Some young children show intense curiosity about dead insects and animals. They may wish to examine them closely or they may ask detailed questions about what happens physically to dead things. Although this interest may seem repulsive or morbid to us, it is a way of learning about death. Children should not be made to feel guilty or embarrassed about their curiosity. Their interest may provide an opportunity to explain for the first time that all living things die and in this way make room for new living things to take their place on earth.

This kind of answer may satisfy for the moment, or it may lead to questions about our own mortality. Honest, unemotional, and simple answers are called for. If we are talking to a very young child, we must remember that she can absorb only limited amounts of information at a time. She may listen seriously to our answers and then skip happily away saying, “Well, I’m never going to die.” We shouldn’t feel compelled to contradict her or think that our efforts have been wasted. We have made it easier for her to come back again when she needs more answers.

Other opportunities to discuss death with children occur when prominent persons die and their deaths, funerals, and the public's reaction receive a great deal of media coverage. When a death is newsworthy, children are bound to see something about it on television or hear it mentioned on the radio, in school, or in our conversations. In any case, it can rarely be ignored and, in fact, should not be. It is a natural time to give them needed information or to clarify any misconceptions they may have about death.

If the death is violent - a murder or assassination - it is probably a good idea to say something to reassure children about their safety. The media tends to play up violence under ordinary circumstances, and the violent death of a well-known or admired person may stimulate their fears or confirm distorted perceptions they may have about the dangers around them. They may become worried that "bad" people or that the "bad feelings" in people cannot be controlled. They may need to hear that most people act responsibly and do not go around killing each other, even though everyone feels bad or angry at some time.

### **Death in the Family - Some Children's Reaction**

Studies have shown that when children experience the death of a close relative, such as a brother, sister, or parent, they often feel guilty. While most of us experience some guilt when we lose a loved one, young children in particular have difficulty understanding cause-and-effect relationships. They think that in some way they caused the death; maybe their angry thoughts caused the person to die. Or they may view the death as a punishment. "Mummy died and left me because I was bad." Children may be helped to cope with guilt by reassurance that they have always been loved and still are. It also may help to explain the circumstances of the death. The notion that death is a form of punishment should never be reinforced.

The death of a close relative also arouses feelings of anger in both adults and children. We feel angry with the person who died for causing us so much pain and sorrow or for leaving us alone to cope with life. We feel angry at the doctors and nurses who could not save our loved one, and we feel angry at ourselves for being unable to prevent the death.

Children are more apt to express their angry feelings openly, especially when they've lost someone on whom they depended for love and care. It is difficult enough to hear anger directed toward the dead and even more so when it is expressed in what appears to be selfish concerns. But anger is part of grief, and we can help children by accepting their feelings and by not scolding them if they express anger or fear. Children need to be reassured that they will be cared for.

Some children turn their angers inward and become depressed, withdrawn, or develop physical symptoms. If this behavior persists over several months, professional help may be needed.

### **After a Child's Death**

The death of a child is particularly tragic and may create special pitfalls for families. As parents, we must share our grief with our surviving children, for they too will have grief to share, but we must try not to burden them with unrealistic expectations and concerns. For example, there is a tendency to idealize the dead, and we must take care not to make comparisons that could lead to feelings of unworthiness and increase the guilt of surviving children.

It is also natural to deal with grief by turning our attention to the living. It is understandable that the loss of a child may lead to too much worry about the welfare of our other children. However, we must resist any

tendencies to overprotect them or smother their efforts to grow independent, and we must encourage them not to over-identify with or try to replace the lost child. Each child must feel worthy in her own right and must be free to live out her own life in her own way.

### **Should Children Visit The Dying?**

Most fatally ill people are hospitalized, and, as a rule, hospitals do not extend visiting privileges to children. But this is beginning to change as hospital staffs recognize the value that can be derived from having children visit. Whether or not a particular child should visit someone who is dying depends on the child, the patient, and the situation. A child who is old enough to understand what is happening probably should be permitted to visit someone who has played an important role in her life, providing that both she and the dying person wish it.

Under the right circumstances, contact with the dying can be useful to a youngster. It may diminish the mystery of death and help her develop more realistic ways of coping. It can open avenues of communication, reducing the loneliness often felt by both the living and the dying. The opportunity to bring a moment of happiness to a dying individual might help a child feel useful and less helpless.

If a child is to visit someone who is dying, she needs to be thoroughly prepared for what she will hear and see. The condition and appearance of the patient should be described, and any sickroom equipment she will see should be explained in advance. Also, it may be wise to remind her that although she is visiting someone who is dying, most hospital patients get well.

If visits are not feasible, telephone calls may be a handy substitute. The sound of a child's voice could be a good medicine for a hospitalized relative, providing the child wishes to call and the patient is well enough to receive it.

Under no circumstances should a child be coerced or made to feel guilty if she chooses not to call or visit the dying or if her contacts are brief.

### **Should Children Attend Funerals?**

Funerals serve a valuable function. Every society has some form of ceremony to help the living acknowledge, accept and cope with the loss of a loved one. Whether or not a particular child should be included again depends on the child and the situation. If the child is old enough to understand and wants to participate, being included may help her accept the reality of the death while in the supportive company of family and friends.

If a child is to attend a funeral, she should be prepared for what she will hear and see before, during, and after the services. She should be aware that on such a sad occasion people will be expressing their bereavement in various ways and that some will be crying. If possible, someone who is calm and can give serious consideration and answers to questions she may ask should accompany the child. If she prefers not to attend the funeral, she must not be coerced or made to feel guilty.

### **Sending Children Away From Home**

The loss or impending loss of a close family member taxes our emotional and physical reserves to the extreme, and it becomes difficult to meet everyday responsibilities. It is even more difficult to care for youngsters, and



sometimes we are tempted to send our children to visit relatives or friends until we can “pull ourselves together”. Keeping children at a distance may also be a way to avoid talking to them about the death.

Careful consideration should be given before children are sent away, for this is when they most need the comfort of familiar surroundings and close contact with family members. They need time to adjust to the loss and, if feasible, should be prepared in advance of the death. Even young children who do not understand the full implications of death are aware that something serious is going on. Sending them away may increase their fears about separation from their loved ones. Having familiar and caring people nearby before and after the death can reduce fear of abandonment or other stresses children may experience.

On the other hand, we do not want to keep our children under lock and key as a way of dealing with our own anxieties and needs. Our children should be given permission to play with friends or visit relatives if they wish to.

### **Children Also Mourn**

Mourning is the recognition of a deeply felt loss and a process we all must go through before we are able to pick up the pieces and go on living fully and normally again. Mourning heals. By being open with our sorrow and tears, we show our children that it is all right to feel sad and to cry. The expression of grief should never be equated with weakness. Our sons as well as our daughters should be allowed to shed their tears and express their feelings if and when they need to.

A child may show little immediate grief, and we may think she is unaffected by the loss. Some mental health experts believe that children are not mature enough to work through a deeply felt loss until they are adolescents. Because of this, they say, children are apt to express their sadness on and off over a long period of time and often at unexpected moments. Other family members may find it painful to have old wounds probed again and again, but children need patience, understanding, and support to complete their “grief work”.

### **In Summary**

- Communication about death, as with all communication, is easier when a child feels that she has our permission to talk about the subject and believes we are sincerely interested in her views and questions. Encourage her to communicate by listening attentively, respecting her views, and answering her questions honestly.
- Every child is an individual. Communication about death depends on her age and her own experiences. If she is very young, she may view death as temporary, and she may be more concerned about separation from her loved ones than about death itself.
- It is not always easy to “hear” what a child is really asking. Sometimes it may be necessary to respond to a question with a question in order to fully understand the child’s concern.
- A very young child can absorb only limited amounts of information. Answers need to be brief, simple, and repeated when necessary.
- A child often feels guilty and angry when she loses a close family member. She needs reassurance that she has been, and will continue to be, loved and cared for.
- A child may need to mourn a deeply felt loss on and off until she is in her adolescence. She needs support and understanding through this grief process and permission to show her feelings openly and freely.



- Whether a child should visit the dying or attend a funeral depends on her age and ability to understand the situation, her relationship with the dying or dead person, and, most important, whether she wishes it. A child should never be coerced or made to feel guilty if she prefers not to be involved. If she is permitted to visit a dying person or attend a funeral, she should be prepared in advance for what she will hear and see.

### **Needs of A Grieving Child**

- information that is clear and understandable at their development level.
- to be reassured that their basic needs will be met.
- to be involved in planning for the funeral and anniversary
- to be reassured when grieving by adults is intense
- help with exploring fantasies about death, afterlife, and related issues.
- to be able to have and express their own thoughts and behaviors, especially when different from significant adults.
- to maintain age appropriate activities and interests.
- to receive help with “magical thinking.”
- to say good-bye to the deceased.
- to memorialize the deceased.

### **Before the Death**

- help with anticipatory grief
- to be given information about the physical, emotional, and mental condition of the terminally ill person and given a choice of visiting or remaining away.
- to be allowed to care for the dying person.
- to participate in meaningful ways of saying goodbye.
- to have schedules and boundaries as close to normal as possible.
- to receive affection and be listened to.

### **Signals for Attention From a Grieving Child**

- marked change in school performance.
- poor grades despite trying very hard.
- A lot of worry or anxiety manifested by refusing to go to school, go to sleep, or take part in age appropriate activities.
- not talking about the person or the death. Physically avoiding mention of the deceased.
- frequent angry outbursts or anger expressed in destructive ways.
- hyperactive activities, fidgeting, constant movement beyond regular playing
- persistent anxiety or phobias.
- accident proneness, possibly self-punishment or a call for attention.
- persistent nightmares or sleeping disorders.
- stealing, promiscuity, vandalism, illegal behavior
- persistent disobedience or aggression (longer than six months) and violations of the rights of others.
- opposition to authority figures.
- frequent unexplainable temper tantrums.

- social withdrawal
- alcohol or other drug abuse.
- inability to cope with problems and daily activities
- many complaints of physical ailments
- persistent depression accompanied by poor appetite, sleep difficulties, and thoughts of death.
- long term absence of emotion
- frequent panic attacks
- persistent symptoms of the deceased.

### **Characteristics of Age Groups (to be used only as a general guide)**

#### Infants - 2 Years Old:

- Will sense a loss
- Will pick up on grief of a parent or caretaker
- May change eating, sleeping, toilet habits.

#### 2-6 Years Old:

- Family is center of child's world
- Confident family will care for her needs
- Plays grown-ups, imitates adults.
- Functions on a day-to-day basis.
- No understanding of time or death
- Cannot imagine life without mum or dad
- Picks up on nonverbal communication.
- Thinks dead people continue to do things (eat, drink, go to the bathroom), but only in the sky.
- Thinks if you walk on the grave the person feels it.
- Magical thinking
- you wish it, it happens (bring the dead back or wishing someone was dead)
- Death brings confusion, guilt [magically thought someone dead]
- Tendency to connect things which are not related.

#### 6-9 Years Old:

- Personifies death: A person, monster who takes you away
- Sometimes a violent thing.
- Still has magical thinking, yet begins to see death as final, but outside the realm of the child's realistic mind.
- Fails to accept that death will happen to them - or to anyone (although begins to suspect that it will).
- Fears that death is something contagious.
- Confusion of wording [soul/sole, dead body, live soul].
- Develops an interest in the causes of death (violence, old age, sickness).

9-12 Year Old:

- May see death as punishment for poor behavior.
- Develops morality - strong sense of good and bad behavior.
- Still some magical thinking.
- Needs reassurance that wishes do not kill.
- Begins an interest in biological factors of death.
- Theorizes: People die to make room for new people.
- Asks more about “what happened”
- Concerns about ritual, burying
- Questions relationship changes caused by death, life changes.
- Worries about who provides and cares for them.
- May regress to an earlier stage
- Interested in spiritual aspects of death.

Teenagers:

- Views death as inevitable, universal, irreversible.
- Cognitive skills developed
- Thinks like an adult
- Questions meaning of life if it ends in death
- Sees aging process leading to death
- Sees self as invincible - it will not happen to me.
- Sees death as a natural enemy
- Need for adult guidance (grief process, coping skills).
- Needs someone to listen; to talk with.
- May feel guilt, anger, even some responsibility for death that occurred.
- Not sure how to handle own emotions [public and private].

**References:**

Grollman, Earl A., ed. Explaining Death to Children, Boston: Beacon Press, 1968

Hershe, Stephen P. Psychosocial Management of Leukemias in Children and Youth.

NIMH Report to Physicians No.2 1974. Public inquiries, National Institute of Mental Health, 5600 Fishers Lane Rockville, MD 20857 USA

Jackson, Edgar N. Telling a Child About Death. New York: Hawthorn, 1965

Koocher, Gerald P. Why Isn't the Gerbil Moving Any More? Children Today, Vol.4 No.1 Jan-Feb 1975

Parness, Estelle. Effects of Experiences with Loss and Death Among Preschool Children, Children Today, Vol 4, No.6 Nov-Dec 1975



Wolf, Anna. W.M. Helping Your Child to Understand Death. New York: Child Study Press, 1973.

Compiled from Keynote Addresses by J.W.Worden PhD at 1991 ADEC Annual Meeting. This booklet was made possible by a gift to The Outstretched Hand Foundation from the Variety Club of Australia: the children's charity.

## Children's Understanding of Death

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; 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 boy's don't cry"

### **Thirteen to Eighteen Years**

Adolescent's Perception: Adolescent has adult understanding about death

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

### **Providing Support:**

1. Don't assume they can handle themselves and their problems without help, 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."