



## A Brief Overview of Children's Understanding of Death

Many parents have expressed to the Northern Illinois CISM team that they have concerns about how to approach, share or explain death & loss to children. Parental efforts may involve assisting and comforting a child in dealing with the loss of a parent, sibling, neighbor, schoolmate or host of other friends.

Crystallize the fact that *Children do not understand death, grief or loss in the same way as adults*. Much of a child's understanding of death depends on developmental age and insight reflective of that individual child's cognitive, emotional, spiritual and mental capacities. The *responsiveness of individual children to issues surrounding death and loss will vary greatly* within a given age group. However, children remain perceptive, intuitively sensitive and naturally curious surrounding issues of death, grief and loss. They often take their leads from those loved ones closest to them. Make an effort to take some time here.

In responsive support, our NICISM team provides a brief review of several developmental compass points that may help to educate and remind parents and caretakers of ways in which children experience their own crisis events. We offer this educational information to help you take or to affirm some of your next important steps. Our hope is that as we come alongside children in need of sensitive and compassionate understanding, we each may be more capable of facilitating open and honest conversations with children as they cope with their own unique and personal losses. Educating each other in developmentally sensitive ways (so as to better relate to children) can reaffirm and encourage children to share their pains with adults.

Although it is inappropriate to digest this material immediately after a traumatic or personal shock and or loss experience, much of our own learning has resulted from parents who have helped our NICISM team by later sharing their own personal experiences after the shock of their own loss has subsided. Your own thoughtful insights are also appreciated and valued for the benefit of the many families we continue to serve together. Our team believes in and is committed to continuity of care. Although we journey with you briefly, as one small step toward the difficult path ahead, our hearts, our support, and our commitment to you and your family continues. Do not hesitate to reach out to us if we can better serve your specific needs.

### Developmentally

**INFANTS** less than six months of age are developing trusting relationships with the one or two people who care for them most often; usually this is the mother and/or father. They seek parental contact for security. By the time babies are one year old, they have formed strong attachments to their parents and a small number of people who spend the most attentive time interacting with them. Higher anxiety levels are manifested by crying, thumb sucking, throwing objects and biting. Many babies have ventured from creeping to crawling, are frequently standing and are usually cruising about by this time. There is *very little if any conscious cognitive ability to appreciate death* or its implication at this age.

During the next few **TODDLER** years, children *really begin to learn about coping with separation*. At first, the loss of a security blanket or special object may be just as traumatic for little ones as the fear of separation from parents or other significant persons. Even a short absence may cause a child to cry, protest and attempt to find that person. Toddlers are in constant motion. As they accumulate more experiences with people predictably leaving them and then later returning again, and as they understand time better, toddlers become increasingly more tolerant of separation. Coping with separation is a basic task necessary in understanding death. Another basic task is learning that out-of-sight does not mean absent. A favorite game of peek-a-boo helps toddlers to learn about visual presence and absence. Toddlers between two and three can find hidden objects even when the hiding place is not readily apparent. Knowledge that something is present without being visible is also basic to understanding death and loss.

Toddlers often confuse fantasy and reality. They may imitate words such as "Timmy is dead," but then talk about Timmy as if he were alive. Toddlers, although perceptive, usually think about people from a self-centered frame of reference. "Mommy go to store, me go too." It is paramount for parents to understand that because predictable routines are important to toddlers, changes in the home after a death may be transitionally upsetting to them. To the dismay of some parents, toddlers may want the dead person's belongings left alone and undisturbed. For example, they may wish a place setting at the table for the dead person. It may be important to set a place at the table so that a toddler knows you too continue to remember the loved one who died. At the same time it is also important to explain that the person who died will not be coming back. It is always difficult to know what is best. Most times it can be helpful to consider what might be most reasonable. As toddlers grow older, they are more able and willing to let go of their fantasies. They are constantly curious – Although very young children do not understand death, toddlers can and will clearly sense when other family members are upset. Additionally, toddlers are usually unable to speak of traumatic events but will be able to play, act out and literally recreate behavioral expressions of what has affected them. Until about age three, children's language and cognitive development is too immature for them to have an accurate concept of death. They may react with a host of frustrating behaviors such as changes in eating patterns, crankiness, and difficulty sleeping. Young children need that close and familiar reassurance provided by the ongoing relationship with their parents when changes are perceived in their normal routines.

**PRESCHOOLERS** typically understand death as separation, something like sleep. Death is conceptualized as reversible (the kitty-cat will move soon when she's done sleeping and the sleeping person will wake up when he's finished napping). These children, between three and six years of age, usually have heard the word "dead". For them, dead people still breathe and eat and will come back to life; they have just "went away for a little while". Parents have reported that children ask, "Hasn't she been dead long enough?" Preschoolers need to hear that death is not like going to sleep. Parents need to take the time to differentiate that when someone goes to sleep, they wake up again. When someone dies, they are not alive anymore, so they cannot wake up again. Parents of preschoolers have reported that this age group has a hard time understanding that death is forever and that death happens to everyone at some time. Children see animated characters on television, who after stupendous falls, knockouts, crunches, stabbings or shootings are miraculously revived to continue on into the next "dying scene", always escorted by music and special effects. With this type of reinforcement, it is easy to see why the difference between fantasy and reality is not always clear. Preschoolers believe words make things real and they need a lot of repeated reassurance that this is not true. Many preschoolers at some time wish their parents and siblings were dead (it is a brief stage that most kids go through quickly). If a family member actually dies, kids may feel overwhelmed with guilt. Because they believe wishes come true, kids may believe they caused a person to die. Reassurance that they did not cause the person to die is critical. They need to know people die when they are very old, very sick, or so badly hurt that no one could make them better.

When preschoolers are faced with death they may cling (physically hold onto) to adults, fear that someone else or they themselves will die, and they may also have trouble sleeping (often will not want to sleep alone). A preoccupation with death during this developmental period may evidence. Some children express fears about going to sleep, afraid they will not awaken. They may also have dreams about dead people or animals and may fear that their parents will die. One hears questions such as "Can't we just get a band-aid to make it better?" It is common to observe a few regressive behaviors such as increased thumb sucking, withdrawal, or bed-wetting. Preschoolers need close contact with a person significant to them during these crisis times. They need to be able to talk about the person who died. They may be sad for a short time and then go about their play as if nothing had ever happened. As parents already know, these children are already in constant motion. Children accept truth best when it is already modeled in the home.

At this time in their developmental growth preschoolers are learning about how others react to death. A simple explanation about why people cry may be helpful. For example, you may say that people cry when they are sad or because they miss the person who died. "When things are sad inside its O.K. to cry." You may offer a like-kind experience that the child will relate too. "Remember when you hurt your knee and mommy put a band-aid on it because it was an 'ouchie' and it hurt real bad?" Child answers: "uh-huh." Parent continues to explain and shares that "when someone dies, it feels like a big hurt inside and people often cry when they are hurt, like you did when you hurt your knee. Crying helps the hurt feel better. When someone dies, it often takes a long time for the hurt to feel better." Children need to be assured that it is okay to have the feelings they do. Additionally, they should be encouraged to talk about specific feelings such as anger, confusion, frustration and sadness.

**SCHOOL AGED CHILDREN**, the explorer creators that are six to “eleven and a half,” possess a more realistic understanding of death. Although play is the primary method of expression, they appropriately seek explanations of observed parental actions. Demonstration of adult emotions (crying) with children can normalize their own emotional processes. Children appreciate cause and effect and can grasp that people die from accidents or illness. Body dysfunctions (headaches, stomach aches) are normal.

Children are often *more curious* about what happens to someone's body after they die. They are experts at testing the limits to things – even in the midst of awkward moments. Children focus on key words overheard in adult conversations and will inquire, straightforwardly, about what happens at autopsy, wakes, funerals, memorial services, burials and cremations (even though some of these words may represent new concepts for them). Children six to twelve years of age, especially when close to the deceased, may feel guilty about behaving “badly,” (*self blame*) just prior to a loved one's death and therefore may perceive that they somehow “contributed” toward causing that person to die. In visually traumatic situations children may associate mutilation and punishment with death as well. Children often conceptualize death as a person, a ghost or even a “bogeyman” of sorts. Additionally, a child's more immediate concerns are often different from what is assumed by an adult. For instance, a child may be more concerned over who is caring for a pet animal, or what school friends might think about an extended absence. Children prior to age 12 have not yet matured their time operations concepts so expect to hear greater than expected time distortions. Additionally, overwhelming anxiety can distort time perception during crucial incidents by creating misconceptions, leaving confusion and introducing feelings of inadequacy. Yet children are resilient and are quick to steer forward when guided with honesty, openness and developmentally appropriate suggestions.

Children seven or eight years old realize that death is irreversible. After an exposure to death it is common for children to worry that someone in their own family may die. The death of a loved one may cause them to be quite anxious – *especially if the death was traumatic and unexpected.* It is often comforting to help children understand that when someone dies, they will not actually “see” him or her again, but that loved one (or pet) can remain alive in the child's memory. Often times an applicable illustration will help the child process this differentiation and extremely valuable learning concept. For example, one might say “Do you remember the time when Timmy and you visited your uncle's firehouse and you got to play on the fire trucks together? Those are the kind of fun memories that we all like to remember together. I bet you know a fun memory like that one don't you?” Whatever approach is used it should remain truthful with an appreciation that the more a child can participate in resolving an anxiety the more rapidly the anxiety will dissipate. Any loss, disruption or permanent change in a child's relational attachment and security is to be handled with the greatest of nurturing concern and continuity of care.

Through play, children can regain power, control (even revenge), and mastery while establishing a renewed sense of their own autonomy. They validate their own feelings by employing play, symbolic or otherwise, as a particular coping strategy that directly deals with any threat to self-esteem caused by stressful experiences. By the time children are ten or twelve years of age, they are able to understand that death is inevitable, universal and irreversible. They can appreciate the basic biological process of death. How they view death is greatly influenced by the reactions of others, especially their parents. School aged children need honest, realistic and understandable answers to their questions. Although adults may find school children's questions upsetting, especially if the adult is struggling with his or her own grief, avoiding questions or not responding to questions honestly will cause children to be more anxious. Sparing the child the true facts may cause further trauma since they will feel betrayed and lose trust when the discovery of what really happened is uncovered. Book stores that have a children's section will often have age appropriate books that may be helpful for the beginning of an ongoing discussion between you and a child. Consider this a potential resource and don't be afraid to ask for help in selecting an appropriate book.

Parents wonder whether children should attend funeral, memorial or burial services. Sharing time of significant loss can help children understand an experience and deal with acute feelings. Often the fear of the unknown is more upsetting than the reality of the situation. For this reason children need to know what they can expect. Children thrive on predictability. They need to know, for instance, how the room will look and how the dead person might appear if the casket is open. It may also be helpful and reasonable to bring children to a wake or funeral service well before many other visitors arrive – this will help protect those moments where adults can be attentive to specific needs. This also provides a quiet moment and a private time to say good-bye. Allow children to stay as long as they wish and respect their need to leave when they desire.

This action facilitates a child's sense of control. Caregivers can inadvertently sidetrack a child from working through a necessary grieving process by "congratulating" the youngster for cooperation, for being good, or for some other related behavioral adjustment. Children in fact may block their feelings thereby numbing themselves emotionally because they may be fearful of "being bad", perhaps even expecting that something worse may yet happen. Do not be alarmed if you find children "playing funeral" several weeks after an incident.. Symbolic play can often be helpful to the child's ability to process a loss.

Although **ADOLESCENTS** understand death as adults do, of all the age groups teens may have the most difficulty coping with death. Adolescents typically demonstrate mood swings and most closely resemble adult post-traumatic stress reactions. When someone dies, they may idolize the person one moment and condemn him or her the next. Their grief may be expressed with sobbing or embarrassed laughter. Teenagers may feel anger, shame, betrayal and even act out their frustrations through a variety of rebellious activities in school (including academic performance). Remain sensitive to dramatic overreaction or apparent hysterical reactions (flashbacks & triggers). These types of transitional behaviors may be appreciated as normal coping mechanisms. Although infrequent, it is important to appreciate that teens have been known to lose impulse control and become a threat to other family members or themselves. Alcohol use may also accompany acting out behaviors – and is a problem often a result of the teen's perceived meaninglessness of the world. Be vigilant and aware of trauma driven behaviors, recklessness and accident proneness. Recall that teenagers usually get their sense of self from their peer group. Teenagers may worry about what others think of them and therefore may respond to peer pressure in a way that may seem out of character to a parent. They may not want anyone to see them cry, so they appear stoic and "cool," withdrawn or self-focused. Rituals may also be important to them. They may evidence a pessimistic worldview and lingering apprehension about the future.

Physical symptoms such as headaches, stomach problems or changes in menstrual patterns may develop. Eating and sleeping disorders are common. Transitional depression may be evidenced and there may also be a generalized fear that a disaster or tragic event may repeat itself thereby perpetuating the teenager's sense of a foreshortened future.

Teenagers also struggle with, confront and directly question philosophical or spiritual issues. "If we're all going to die anyway, why bother living?" "Why love some one and become close when they're just going to die anyway?" "If God loves us, why does He let people die?" "It isn't fair that a child dies." "Why my brother or sister or our family?" "Why?"

Grieving is individual, painful, but necessary. The grieving process needs to be openly acknowledged and shared. At any age, grief remains a very personal process and each person will need to grieve in his or in her own way. Language used must be age appropriate, clear and correct! Check for comprehension as well as understanding! Allow children to explain what they believe and why! Thus, a respectful and a gentle facilitation of this process for our young ultimately can result in the promotion of a healthier understanding of the pain and loss that has occurred. Parents need to be keen on rebuilding and/or reaffirming attachments and relationships – and be quick to realize that physical closeness is needed and helps to provide continuity. Recognizing that children may be reluctant about initiating conversations about traumatic incidents or death, adults need to be ready to talk about tragedies in honest, direct and open ways – especially recognizing that it is ok to show tears and other emotions. Issues involving death should be addressed concretely and specifically – yet adults need to clearly realize that prolonged or unchecked parental despair can and will interfere with a child's ability to recover.

As we, the Northern Illinois Critical Incident Management Team can help – please let us know. As a team, we have solid resources that may be of help to you or to your family