

Children's Understanding of Death Handout

Reference from: <http://www.hospicenet.org/html/understand.html>

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	
<p>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</p> <ol style="list-style-type: none"> 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 	<p>Providing Support:</p> <ol style="list-style-type: none"> 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	
<p>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</p> <ol style="list-style-type: none"> 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 	<p>Providing Support:</p> <ol style="list-style-type: none"> 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

<p>periods of time</p> <ol style="list-style-type: none"> 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 	<p>euphemisms; Avoid "Mommy has gone to sleep", "God has taken Grandpa"</p>
<p>Six to Nine Years</p>	
<p>Child's Perception: Child begins to understand the finality of death that it is permanent and inevitable (some do and some may not). Developing a more realistic understanding of death.</p> <ol style="list-style-type: none"> 1. Sees death as a taker or spirit that comes and gets you (may be personified as an angel, skeleton, or ghost) 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 	<p>Providing Support:</p> <ol style="list-style-type: none"> 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"
<p>Nine to Thirteen Years</p>	
<p>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</p>	<p>Providing Support:</p> <ol style="list-style-type: none"> 1. Encourage discussion of their concerns 2. Provide & encourage expressive

<p>them</p> <ol style="list-style-type: none"> 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 effects 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) 	<p>experiences such as writing or drawing</p> <ol style="list-style-type: none"> 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"
<p>Thirteen to Eighteen Years</p>	
<p>Adolescent's Perception: Adolescent has adult understanding about death</p> <ol style="list-style-type: none"> 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 	<p>Providing Support:</p> <ol style="list-style-type: none"> 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."

<ul style="list-style-type: none">13. Escapes; drives fast, uses drugs or alcohol sexually acts out14. Denial - tries not to think about it, doesn't want to talk about it15. Difficulty with long term plans16. Somatic symptoms17. Questions religious/spiritual beliefs	
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