

CHILDREN'S UNDERSTANDING OF DEATH

Calderdale Educational Psychology Service

CHILDREN'S REACTION TO DEATH

Children react very differently to death according to the following:-

- * The circumstances of the death (e.g. natural death or traumatic).
- * Their closeness to the individual.
- * The similarity between them and the deceased (e.g. if the person is a child or adult etc).
- * The reactions of the adults around them (e.g. the level of hysteria and a grief reaction etc).
- * The level of understanding about the circumstances (e.g. whether or not it can be explained).
- * The resultant changes in the child's life (e.g. what real difference it makes to the child's life etc).

Probably the most important factor is the child's perception of and understanding of death. This is a developmental factor and this document outlines the typical responses /understanding levels of children at different ages.

Two ways of representing the same information are included:-

- (a) a written format i.e. listing the reactions according to age
- (b) diagrammatic format i.e. classifying the different ways in which children react

Also included are guidelines for staff dealing with traumatised children.

CHILDREN'S UNDERSTANDING AND REACTIONS TO DEATH

In Klicker 1999:

'A Student Dies, a School Mourns - Dealing with Death and Loss in the School Community' - ISBN 1-56032-742-1

pub: Taylor & Francis - Accelerated Development - Philadelphia USA

Birth to Two Years

- Do not understand the finality of death
- Can miss the presence of primary caregiver
- Will react to loss by crying, altering eating/sleeping habits
- Can become detached

Two to Five Years

- Do not understand the finality of death
- Believe death is reversible
- Do not always have vocabulary to express grief
- Feelings may be acted out in behaviour and play
- May have an interest in dead things
- May ask some questions over and over again
- React in light of their own experiences of death

Six to Nine Years

- Beginning to understand finality of death
- Believe death only happens to others
- Death is personified as ghosts or monsters
- Engage in magical thinking, and may feel they caused death
- Have strong feelings of loss
- May lack vocabulary to express feelings
- Often need permission to grieve, especially boys

Nine to Twelve Years

- Understand finality of death
- Have curiosity about the physical aspects of death
- Have vocabulary to express feelings, but often choose not to
- Need encouragement to express feelings
- May identify with deceased by imitating mannerisms
- May have short attention spans

Thirteen to Eighteen Years

- Have an adult understanding of death
- Can express feelings, but often choose not to
- Philosophise about life and death
- Search for meaning of death
- Death affects whole life - school, home, relationships
- May appear to be coping well when they are not
- Are often thrust into role of comforter
- Participate in dangerous behaviour like drugs and alcohol

WHAT IS THE OVERALL MESSAGE IN HELPING BEREAVED OR TRAUMATISED CHILDREN?

- Try to maintain the child's feelings of security, of being cared for, of being loved.
- Try to maintain all the necessary practical care for the child.(e.g. ensuring that they are eating, caring for themselves, sleeping etc)
- Keep up the routine's (of home/and school) so that "life goes on", but be prepared to accommodate some outbursts or extreme reactions by providing "time-out".
- Be honest with yourself and the child (at the child's own level of understanding.)
- Continue to listen (even if the same questions reappear), to talk and communicate.
- Do not pretend to believe what you don't believe, about what has happened.
- Try to understand the child's feelings (as a child of their particular age) and reassure where possible that their reactions are perfectly normal.
- Don't be afraid to say 'I don't know!' You can't be expected to have all the answers.
- Don't be afraid to share your own feelings, even if you get a bit upset. It will help to explain that adults also have these deep and confusing feelings (which we normally keep private).
- Remember there are others who can help. Find another adult to offload to on regular basis (i.e. a person who can listen, understand and comment) Supporting a child can be upsetting and emotionally very demanding, and it is very important to get this personal support.
- Don't be afraid to admit to colleagues, family and managers that you can't cope at any particular time.
- Support can come from:
 - friends, family are the natural supporters
 - colleagues at work (peers and managers)
 - religious and community leaders
 - specialist bereavement support groups
 - psychologists or counsellors
 - medical practitioners

CHILDREN'S COGNITIVE, EMOTIONAL AND PHYSICAL RESPONSES TO DEATH

	Infant/Toddler	Key Stage 1	Key Stage 2	Adolescent
Cognitive Factors	<ul style="list-style-type: none"> Onset of attachment at about 6 months after birth Permanence of absence or death not understood Ability to conceptualise the word 'death' very limited Children begin to incorporate small 'losses' into their lives Children are aware of the adult use of the word 'death' 	<ul style="list-style-type: none"> Able to classify, order and quantify events and objects but unable to give a rationale Concept of 'life' and 'death' established e.g. death equals separation Understand the state of death means not breathing, not moving, still etc Permanence of death still not established. Stage of 'magical' thinking e.g. thoughts / actions may be responsible for death 	<ul style="list-style-type: none"> Able to explain reasoning in a logical way Realisation that death can be applied to self Permanence of death established Death is understood as an ultimate reality Confusion about metaphors and euphemisms associated with death e.g. 'gone', 'asleep', 'lost' 	<ul style="list-style-type: none"> Abstract thought patterns established Interest in physical characteristics of death and dying Questions asked How? Why? Own theories about what happens at death and beyond formed Interest in ethical issues e.g. abortion, euthanasia
Emotional Response	<ul style="list-style-type: none"> Separation anxiety Yearning and searching for the person who is not there Expression of sadness short-lived Blame other people for death/departure Fantasises about being re-united with the dead person Rejection of affection from new primary carer 	<ul style="list-style-type: none"> Excessive crying Unable to control emotions Poor concentration at school and play School refusal Illusions/hallucinations about the dead person - night terrors 'Play out' death and dying 	<ul style="list-style-type: none"> Anxiety about other people dying Disturbance in normal behaviour patterns More in control of emotional responses Inability to organise and to concentrate Stealing objects as 'comfort' Capacity to sustain feelings of sadness for longer 	<ul style="list-style-type: none"> Whole range of emotions displayed Feel embarrassed about being 'different' Anxiety about the future e.g. material possessions/economics Inability to form new lasting relationships Rejection of affection from other people
Physical Response	<p>Children who have not developed verbal language may respond by:</p> <ul style="list-style-type: none"> bedwetting wetting by day viral infections disturbed sleep 	<ul style="list-style-type: none"> Restlessness Loss of appetite 'Tummy-ache' psychosomatic illness Clinging behaviour Night terrors 	<ul style="list-style-type: none"> Aggression Changed behaviour Nail biting Sleep disturbance Physical illness 	<ul style="list-style-type: none"> Eating disorders Challenging behaviour Physical illness Disturbed sleep Conflict Risk-taking behaviour Increased sexual or permissive behaviour