

Children's development and concepts of death

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What does death mean?

- Death's major concepts include:
 - Universality-all inclusive, unpredictable, inevitable
 - Irreversibility-impossible to undo the natural processes
 - Non-functionality-biological, sensation, social and cognitive functioning of the body ceased after death
 - Causality-causes and reason of causing death
- Children's understanding of death may be related to their age, cognitive abilities, family communication style as well as social and cultural background.

Four basic factors affecting children's understanding of death

- a) children's developmental – cognitive stage, which is directly correlated with their age
- b) every child's personality and specific individual features
- c) children's personal experiences regarding deaths, separations or illnesses
- d) communication, support and information they receive regarding the phenomenon of death from their family and social environment, in general.
(Kastenbaum, 1986)

Earlier concepts of death

- Naïve understanding of death can begin at age 3
- More specific concepts of death like universality, irreversibility and non-functionality between ages 5 and 7 (Speece and Brent, 1996)
- Piaget suggests children at pre-operational stage (2-7 years) have ego-centric thinking and do not understand concrete logic, have incomplete concept of irreversibility

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- Studies found that children's understanding of death's inevitability and universality is related to age (6-7years) but concept on irreversibility is not.

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- children under six years, only 16% believed that death was universal.
 - 35% of six to eight-year-olds comprehended the universality of death compared to 95% of children nine years and older.
 - Children at all ages showed uncertainty about death's irrevocability. (Childers and Wimmer (1971))

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- Hyslop-Christ determined that children aged three to five years experienced anxiety and confusion at being separated from their terminally ill (and later deceased) parent.
 - This age group did not understand *death's finality* nor its *irreversibility*.
 - In contrast, children in the six-to-eight-year-old range were able to anticipate the death of the terminally ill parent and understood the *finality of the death*. (Hyslop-Christ, 2000)

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- Mahon and her colleagues (1999) interviewed children aged 5 to 12 years from Israeli
 - found that children had mastered understanding of all components of death as young as six years.
 - all of the children in their sample had fathers in the Army Reserves in Israel, may have been exposed to regular family discussions about death



Chinese American child's drawing of memorial service at age 5-6 years
(Yang & Park, 2017)

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- Silverman, Weiner, and El-Ad (1995) conducted a qualitative short-term longitudinal study of bereaved Israeli families
 - identified two communication styles: “open family” and “less open/ less reflective families”
 - “Open family” composed of parents able to talk candidly about terminal illness and the ensuing death.
 - “Less Open Family” manifested a “charade of deception”
 - Study results suggest when parents try to protect children by withholding information from them, they foster confusion and increased anxiety in children.

Developmental stage and death concepts

Neonatal to Age 2

- Babies do not have the cognitive capability to understand an abstract concept like death.
- function very much in the present
- when someone significant dies, babies are more acutely aware of loss and separation.
- react to the emotions and behaviors of significant adults in their environment and to any disruptions in their nurturing routine and schedule, feel tremendous discomfort to sudden changes

Grief Response

- Babies may search for the deceased
- become anxious as a result of the separation.
- Common reactions include: irritability and protest, constant crying, a change in sleeping and eating habits, decreased activity

Pre-school to Age 4

- Preschool children do not comprehend the concept of “forever.” For this age group, death is seen as temporary and reversible.
- Preschoolers do not usually visualize death as separate from life, nor as something that can happen to them.
- Preschool children love to play “peek-a-boo” games where adults in their life disappear and then reappear again. It is through these games that they slowly begin to understand the concept of “gone for good.”

Grief Response

- Grief reactions can be brief but very intense.
- heightened sense of anxiety concerning separations and rejections because they don't yet have the capacity to use their imagination to gain control over what is happening.
- Typical grief responses include confusion, frightening dreams and night agitation, and regressive behaviors such as clinging, bed wetting, thumb sucking, inconsolable crying, temper tantrums and withdrawal from others.
- might search intensely for the deceased despite assurances that that person will not return or be anxious around strangers.

- **Early Childhood (4-7)**

- Preschooler views death as temporary and reversible.
- sometimes feel responsible for the death because they believe that their own negative thoughts or feelings about the deceased might have caused his/her death.
- This “magical thinking” stems from the belief that everything in their environment revolves around them and that they can control what happens.
- Even when children at this age are exposed to death through the media or at school, they still may believe that you can avoid death if you are careful enough.



Korean child's drawing of emergency medical treatment (Yang & Park, 2017)

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- Interviewer: How can a dead person become alive?
 - Child #2: If hospitalized. With the IV injection.
 - Interviewer: Can dead people revive?
 - Child #14: No, they can't live again. But if they get a surgery, they can. Surgeries can cure everything, even when you are sick. You should take medicine too.

- **Grief Response**

- may repeatedly search for the deceased or ask where he/she is. Repetitive questioning about the death process is also common. “What happens when you die?” “How do dead people eat?”
- express their grief feelings through play instead of words. Themes of family loss and death may surface as they play with dolls or action figures. They may play-act the death itself or the funeral.
- model their grief reaction after adults in their lives who are feeling uncertain how to express their own feelings. Other typical responses include anger, sadness, confusion and difficulty eating and sleeping.

- **Middle Years (7-10)**

- may want to see death as reversible, but they begin to see it as both final and universal.
- sometimes visualize death in the form of a tangible being such as a ghost or boogeyman.
- become very curious about the details of death, cremation and burial and may ask candid questions.



A Korean child's drawing of a dead person buried in a grave (Yang & Park, 2017)

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What happens when people
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An American Chinese child of dead people flying into the sky

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- they know death can happen to anyone and that there are many things that cause death, they still do not typically think of death as something that can happen to them or their family members.
 - death happens to only old or very sick people, or that they can escape death through their own efforts.
 - might view death as a punishment, particularly before age nine. Sometimes they are unable to comprehend how the death will affect their life, a possible source of anxiety.

- **Grief Response**

- concerned with how others are responding to the death by focusing less on themselves and more on others.
- may fear that other loved ones will die as well
- may worry about own health or fear bodily harm and death.
- may act out their anger and sadness or be unable to concentrate at school. Still others might have a jocular or indifferent attitude about the death, or they might withdraw and hide their feelings.
- Other typical responses include shock, denial, depression, changes in eating and sleeping patterns, and regression to an earlier developmental stage.

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- tap into more coping strategies than younger children and might fantasize how they would have prevented the death as a way of gaining control over the situation.
 - assume the role or the mannerisms of the deceased or take on chores or roles previously performed by the deceased, such as care for their siblings.
 - may idealize the deceased as a way of maintaining a bond with them.

- **Pre-Adolescent (10-12)**

- Cognitive development at concrete-operational stage under Piagetian model
- pre-adolescents attempt to understand both the biological AND emotional process of death.
- Pre-adolescents may be more able to understand the facts surrounding the death of someone than they are the feelings surrounding the death.

- **Grief Response**

- common for pre-adolescents to want to cover their feelings and emotions so as not to appear “different” from their peer group. They fear that expressing sad feelings may be seen as a sign of weakness (particularly for boys). For this reason, they may seem removed and indifferent.
- worry about practical issues after a death, such as how the household will survive without the deceased or how they personally will be taken care of.
- might have questions regarding religious and cultural beliefs about death.

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- express their grief uncharacteristically, such as through anger outbursts, irritability and bullying behavior.
 - may exhibit physical symptoms, moodiness, changes in sleeping and eating patterns, indifference toward schoolwork, or isolation from their peers.

- **Adolescent (12 above)**

- Entering formal operational stage under Piaget cognitive development model, able to deduce from logic, have abstract and theoretical concepts and able to come up with creative and problem-solving solution
- But also have biological changes, cognitive attainment (pondering one's death), emotional shift (pulling away from family to form new adult attachment) and social development (importance of peer relationship and fear of social death)

- Grief Response

- fully cognizant of the permanence and causality of death, such tensions make their responses to death encounters *more intermittent, intense, and overwhelming* than children and adult (Noppe & Noppe, 1991, 2004).

Clinical Application

- When parents or teachers avoid conveying accurate information on death or give distorted explanations to children
- children may develop unrealistic expectations or negative reactions regarding death (Grollman, 1990; Lonetto & Templer, 1986).
- provide developmentally appropriate death education for young children can reduce excessive fear toward death and develop skills to cope with death-related situations

Clinical Application

- A new paradigm of bereavement therapy emphasizes the significance of creating a meaningful and coherent narrative in the face of loss (Neimeyer, 2001).
- need to develop a story that provides continuity between one's identity in the past (before the loss) and the new sense of self that is held by the future.

Selected references

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- Yang and Park (2017). A sociocultural approach to children's perceptions of death and loss. *Omega-Journal of Death and Dying*, Vol.76(1) 53-77
 - Speece, M.W., & Brent, S.B. (1996). The development of children's understanding of death. In C.A. Corr & D.M. Corr (Eds.). *Handbook of childhood death and bereavement* (pp.29-50). New York, N.Y: Springer Publishing Company.
 - Mahon, M.M., Goldberg, E.Z., & Washington, S.K. (1999). Concept of death in a sample of Israeli kibbutz children. *Death Studies*, 23, 43-59.
 - Grollman, E.A. (1990). *Talking about death: A dialogue between parent and child*. Boston, MA: Beacon Press.
 - Lonetto, R., & Templer, D.I. (1986). *Death Anxiety*. Washington, DC: Hemisphere.
 - Noppe I.C. & Noppe L.D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling*, 26, 146-167.
 - Neimeyer, R. A. (2001). The language of loss: Grief therapy as a process of meaning reconstruction. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 261-292). Washington, DC: American Psychological Association
 - Silverman, P. R., Weiner, A., & El Ad, N. (1995). Parent-child communication in bereaved Israeli families. *Omega*, 31, 275-293.
 - Hyslop-Christ, G. (2000). *Healing Children's Grief: Surviving a Parent's Death from Cancer*. New York: Oxford University Press.