



Children's understanding of grief

Children 1-2: Their world is experienced through their senses. At this age, they do not understand death. Instead, they respond to their caregiver's emotions and behaviors. They may express grief as irritability, changes in sleep and eating patterns and quietness. For caregivers, supportive actions include continuing nurturing interactions and maintaining routines.

Children 2-6: For children at these ages, death is like sleeping. Death is temporary and perhaps reversible, not final, and the deceased pet can come back to life. Children may ask and repeat many questions, such as *When will he be back? Where did he go? What will he eat in the ground?* They may also believe that their own magical thinking can have realistic results. *"It's my fault. Barkley chewed on my toy and I got mad at him. Now he's dead."*

At this stage, children can be very focused on the concrete details, often very curious of the physical aspects of the dead body. Still, they are very sensitive to their caregiver's emotions and behaviors. They may express their grief as irritability, change in regular patterns, regression, and acting out behaviors, so maintaining schedules is important. Children often process their emotions through play, so themes of death, dying and funerals may be displayed with toys. Parents and caregivers are encouraged to answer questions truthfully, using simple and appropriate language.

"Barkley is sick and suffering with cancer."

"We will have the doctor give Barkley medicine that only animals can have to help him to die."

"When Barkley dies, his body will still be here, but he will not be alive anymore."

This is also an opportunity for adults to model appropriate expression of feelings. This not only helps the child identify what they are feeling themselves, but creates a sense of safety about experiencing emotions and expressing them appropriately.

Children 6-12: Children in this age range begin to understand death as final. They may be curious of the physical and biological aspects of the deceased. In the earlier years of this developmental phase, children may believe death is something that occurs to only the old, and only to others. Soon an understanding will occur that death can happen to anyone as well as themselves. Fear of death may occur. Acting out behaviors at home and at school may be exhibited. Social development is occurring so children may imitate how others around them respond to death or may hide their feelings in attempt to not appear "different". It is important for parents to continue to model appropriate behaviors and be honest and factual with children.



Teenage children: These young adults are able to think abstractly about death. They understand it is the end of a physical life. At this age, teenagers are searching for identity and attempting to find a balance between independence and dependence of their caregiver. They may struggle with needing support and not wanting it. It is important to help them find personal ways to express their grief, such as writing, drawing and talking.

In all areas of development, the ways in which parents process and display their grief will greatly impact their children's ability to grieve. It is an important time for parents and other adults to teach children how to express grief in emotionally healthy ways free of shame or embarrassment, as these lessons are carried into adulthood.



Developmental considerations concerning children's grief

Age	Developmental Stage/Task	Concept of Death	Grief Response	Signs of Distress	Possible Interventions
2-4	Egocentric. Believes the world centers around them. Narcissistic. No cognitive understanding. Preconceptual - unable to grasp concepts.	Death loss is seen as abandonment. Seen as reversible not permanent. Common statements: "Did you know my doggie died - when will he be home?"	Intensive response but brief. Very present oriented. Most aware of altered patterns of care.	Regression: Eating & sleeping disorders bed wetting, insecurity.	Short interactions. Frequent repetition. Comforting. Touching. Needs consistency more than anything else.
4-7	Gaining sense of autonomy. Exploring world outside of self. Gaining language. Fantasy thinking/wishing. Concerns of guilt.	Death still seen as reversible. Great personification of death. Feeling of responsibility because of wishes or thoughts. Common statements "It's my fault; I was mad at her and wished she'd die."	Verbalization. Great concern with process. How? Why? Repetitive questioning. Wanting the answers to stay the same. May have dying, death or funeral themes in play.	Regression: Nightmares, sleeping and eating disturbances. Violent play.	Symbolic play. Drawings /Stories. Allow/encourage expression of energy/feelings anger. Talk about it.
7-11	Beginning of socialization. Development of cognitive ability. Beginning of logical thinking.	Death as punishment. Fear of bodily harm, mutilation. This is a difficult transition period - still want to see death as reversible but beginning to see it as final.	Specific questioning. Desire for complete detail. Concerned with how others are responding. What is the "right" way? How "should" they be responding? Starting to have ability to mourn and understand mourning.	Regression: problems in school withdrawal from friends. Acting out. Sleeping and eating disturbances. Overwhelming concern with body. Role confusion.	Answer questions. Encourage expression of range of feelings. Encourage/allow control. Be available/but allow alone time. Symbolic play. TALK ABOUT IT!
11-18	Problem Solving. Abstract Thinking. Integration of one's own personality.	"ADULT" Approach. Ability to abstract. Beginning to truly conceptualize death. Work at making sense of teachings.	Depression. Denial. Repression. More often willing to talk to people outside of family. Traditional mourning.	Depression. Anger. Anger toward parents. Noncompliance. Rejection of former teaching. Role confusion. Acting out	Encourage verbalization. Do not take control. Encourage self-motivation. Listen. Be available. Do not attempt to take grief away.

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