



ABC's of DEVELOPMENTAL CONCEPTS OF DEATH AND LOSS

NEWBORN TO 10 MONTHS

Infants primarily experience significant losses through the behavior and emotions of those around them. Their world is very centered on self—as it must be at this age. They can become upset easily with shifts in caregivers or schedule, and the anxiety and tension of those who interact with them can increase their own, leading to a decrease in their ability to self-calm, unwillingness to eat/sleep, stomach and intestinal upset and perhaps a general demeanor of fearfulness. The grieving of their mothers may be most upsetting as this is typically the most constant and trustworthy individual in their world.

§ Maintain schedules as fully as possible, limit the number of new/strange caregivers and exposure to unfamiliar settings and situations.

10 MONTHS TO 2 YEARS

Toddlers observe more and express more. They can tell us with words, not merely behavior, what they are feeling and experiencing, although not always with great accuracy. The words others use now have meaning to children as well as the tone and style of delivery. They are very concerned with the way adults interact with each other emotionally, as this is a predictor of how stable their environment is. They like to test their independence but seldom for too long a period. They love repetition in all things as this aids them in beginning to differentiate and organize their environment—nuclear and larger. They have no real concept of death, but death and loss can affect them profoundly. However, they can switch from what seems to be profound sadness to complete forgetfulness in seconds.

§ Answer questions simply and honestly: "Billy died. We will not see Billy again." Keep to the routine as much as possible; if possible, increase time for snuggling, for stories, for playing. Minimizing strange faces, places, foods, sounds, is helpful .

2 YEARS TO 5 YEARS

The preschool child is much more self-aware, they like to be the center of attention and activity, and are very literal in the way they understand the world. They are curious about everything. They tend to focus only on one thing at a time, and the desire for repetition continues. They are working hard at the basic skills needed for further development: walking, talking, toileting, building relationships. They like to "practice" being grown ups. These children are very observant; they feel the difference between good and bad (being praised or scolded) but do not have a real sense of right or wrong yet. They do not object to rules—but they want them to remain constant. Whatever they are feeling, they tend to believe that everyone else feels exactly the same way. They are more likely to act out their feelings than talk about them.

Their understanding of death, or loss, is that it is temporary. People and things go back to being what they were in the child's original relationship with them/it. They attribute to those who have died all the qualities of living—they will need to eat, sleep, play. They can fictionalize dying—bad children die, do not put your toys away you could die; sometimes

they express as sense of false power—I was mad at — and she died; and, they can also connect as cause and effect going to the hospital makes you die, taking medicine makes you die.

§ *Use concrete language and concepts to engage these children and answer their questions.*

Being dead means that your body has completely stopped—no breathing, no eating, no walking. . . . Do not talk about the dead as being asleep; during this stage of development the child is becoming aware of the process of going to sleep and can be very distressed to think that when they go to sleep they are “dying.” On one level this can reinforce the concept of “getting alive” again; on another level it can create substantial fear in the child of sleep, and the possibility they may not wake up. Use the word “die” or “dead” and not any other euphemism; language is too special for the child of this age—and too concrete—for abstract or symbolic connections. Their deep curiosity may lead them to inquire when will you die? When will I die? Use the word “very” a lot: people usually die when they get very, very, very, very old/sick.” Other losses can be traumatic as well—do not trivialize a broken toy or lost special item. With all significant losses at this stage expect regression to some earlier behaviors/needs. . . . The reappearance of the blanket or stuffed animal, bed-wetting, eating with fingers. . . .



6 YEARS TO 9 OR 10 YEARS

The early school age child is beginning the “work” of living. They can become competent in playing a sport or music instrument, engage in activities that lead to either a sense of confidence and ability or inferiority and failure. They live between two worlds: the logical world of school, organized play and peers and the inner world of imagination still very much real and important. They are thinking and being with both sides of their brain—finding ways to combine logic and myth. They are learning role functions; they are beginning to judge things as good or bad—justice is a vital concept for them, “unfair” is unacceptable. They love rules and hold everyone to the same rules and standards; this is a way of protecting their environment

Children at these ages are developing a concept of death as final, but they do not respond to the reality of it rationally. Major losses turn their world upside-down. They can reason that if something happened to someone they know, it can happen to them, to someone they love. They are aware that others are behaving differently in grief and that changes are possible—children of these ages resist change and worry about change. They do not like pity—they do not want to be treated differently. In fact, they are becoming aware of a range of emotions previously unavailable to them. They can be very good at hiding these feelings in order to avoid discomfort and to “protect” those around them from further sadness—as, in turn, those others are the ones who provide stability for the child.

§ *Provide stability in terms of school, activities, peer events as much as possible. If changes are imminent (from simple to complex, like the need to move) prepare the child simply and directly being open to their distress and assuring them that you are going to be right with them. They will want details of “what happened” and “what is going to happen”; give simple and honest answers. Children at these ages can be very curious about what happens to a body and are sometimes intrigued with ideas of ghosts, skeletons. Provide books to read together or for the child to read alone that answer life-death questions. Listen to them, let them be sad and help them process new, and sometimes frightening, feelings.*

PREADOLESCENTS—10 TO 12 YEARS

Preteens are beginning to be able to think in more abstract ways. But the sheer volume of new information and new experiences can be overwhelming—even though it is sometimes eagerly sought. Their worldview is broadening; family is no longer the fullest expression of what is, or what is good, right, interesting, acceptable (and these opposites). This is a time where the decisions about what I am going to be when I grow up become more thoughtful and realistic, but also where children are beginning to think about *who* I am going to be when I grow. In other words they are developing values and codes of being and conduct. They are less focused on rules and more focused on options. They are looking for the ways things fit together, and when they do, there is a sense of stability. They can be very impulsive—or very cautious—and their behavior can shift from one to the other quickly. These children are masters at protecting themselves and others from unwanted emotional engagement

The preteen understands that death is permanent, knows why and how it occurs and can both recognize and verbalize (if they choose) the impact it has on themselves and their families. They may very much appreciate ritual, but be less comfortable with traditional rituals than with unique, significant ones that speak to their relationship with the person/loss. Culture is playing a more important role at this age and culture specific traditions may be very important. They know that they are mortal, but tend to distance themselves from that reality. Someday can be a very long way away.

§ *One on one time with preteens is important. They multitask well so combine an activity with an opportunity to talk: walk the dog, cook, go shopping, out to lunch. Give them an opportunity to talk, but do not push. Do your best to not correct them or judge what they are thinking or feeling. It is all right to disagree with them as long as you respect them. It may be that they would like to spend more time with friends—or less. They may want some alone time. If you can, allow them to choose some object/s from the person who died to keep, or items related to the loss. Let them know that while something significant has changed, the love you have for them has not. Address worries as they arise calmly and simply—and honestly. Sometimes talking with someone else can be helpful— clergy, therapist, family member.*

ADOLESCENTS

Teenagers are more able to reason and think abstractly. However, their rational brain is maturing faster than their emotional brain. This can lead them to behave impetuously, to devalue risks. They are full of life and believe they are invulnerable. They are almost constantly changing (physically and emotionally/psychologically). They tend not only to be honest, but blunt. Their worldview has both expanded and diminished from that of the preteen. They do more, go more and involved in wider and wider circles of activity but *in general* are less concerned with the **world** than they are with their peers and peer commitments. They can be both very future oriented and very now oriented and can shift between these orientations quickly.

They have an almost adult awareness of the reality of death, but because they feel themselves to be invulnerable to dying, a death or significant loss can throw them into turmoil; they can cycle through the stages of grief rapidly and repeatedly.

§ *Give them opportunities to be with peers. Allow them to participate as fully as they want in rituals, ceremonies, family gatherings, and decision making. Be alert to signs of depression: change in sleeping/eating patterns, expressions of helplessness. One on one time is important; ask if they would like to talk but do not force. Answer questions honestly. A significant death/loss may truly impact their immediate future; help them think through options and maintain plans as fully as possible.*



BASIC GUIDELINES FOR CARING FOR CHILDREN WHEN THERE HAS BEEN A DEATH OR LOSS

- How to tell them: simply, lovingly, with honest words. Use the word died when someone has died
- How to answer the “why” question: admit that you, too, wonder “why.” It is a hard question. These things happen to us all sometime; we know that it doesn’t happen all the time. It’s okay to be sad; it’s important to keep asking the questions and waiting for a good answer. If your faith or culture explains the role of God in death in a unique way, you might remind children of that.
- Discussing religious ideas about death: use concrete, short sentences. Avoid suggesting that God needed someone—it can create fear in younger children and resentment in older children. Perhaps God will want, or need, **me**—or someone else I love. Talk about your God and the way God loves us, protects us, grieves with us. Does God take care of people who have died? Say so. Then see what questions the child may have.
- Should children go to a wake or funeral?: If you can, let the children decide. Describe what will happen, what they will see/hear. They may want to go to the funeral home, but not into the room with the casket, they may choose to go to the funeral, but not the burial. Let them know whether a casket will be open.
- Will children be hurt by crying and grieving?: No. And show your own emotions—it is good modeling for their grieving.
- What if a parent’s grief makes it too hard to care for children?: Parents **can** take care of themselves and their children—with help. Let others make lunch, do the laundry. Then parents can play with children, do activities that are special to all of the family.
- Do you tell teachers about the death/loss?: Yes. As soon as possible. Teachers can help monitor how a child is coping and adjust workloads as needed. Let people like the family doctor, family dentist, scout leader, Sunday School teacher know, too— — that way when these people see the child they can be compassionate and watchful for signs of distress.
- Let children play when they want to play and grieve when they want to grieve. Sometimes children work through their losses in their play
- Do not remove all signs of the person who has died or of the loss. Children are very sensitive to what they perceive as the unfairness of forgetting or replacing someone or something beloved.
- Link questions about death to the familiar—has the child seen a dead bird? Talk about the difference between alive and dead. Find a good book to share with the child. [There is a bibliography resource on this site as well.]
- If children do not talk about the death or loss, do not assume that they are coping well. Children are masterful at keeping their adults calm and happy—if they feel their questions or feelings will upset parents they may not verbalize them. After all, the parents’ stability is what provides the safe environment for the child.
- Let children know who, besides parents/family they can talk to.
- Educate children about loss before deaths or losses occur. Again, there are good story books to use for this endeavor.

