



Appendix C: Children and Death

Age	Developmental State/Task	Concept of Death	Grief Response	Signs of Distress	Possible Interventions
2–4	<ul style="list-style-type: none"> Egocentric: believes world centres around them. Narcissistic: No cognitive understanding. Preconceptual: unable to grasp concepts. 	<ul style="list-style-type: none"> Seen as abandonment. Seen as reversible, not permanent. Common statements: "Did you know my daddy died – when will he be home?" 	<ul style="list-style-type: none"> Intensive response, but brief. Very present oriented. Most aware of altered patterns of care. 	<ul style="list-style-type: none"> Regression: sleeping and eating disorders – bedwetting. 	<ul style="list-style-type: none"> Short interactions. Frequent repetition. Comforting. Touching.
4–7	<ul style="list-style-type: none"> Gaining sense of autonomy. Exploring world outside of self. Gaining language. Fantasy thinking/ wishing. Initiative stage seeing self as initiator. Concerns of guilt. 	<ul style="list-style-type: none"> Death still seen as reversible. Great personification of death. Feelings of responsibility because of wishes, thoughts. Common statements: "It's my fault; I was mad at her and wished she'd die." 	<ul style="list-style-type: none"> Verbalization. Great concerns with process. How? Why? Repetitive questioning. 	<ul style="list-style-type: none"> Regression: nightmares, sleeping and eating disturbances, violent play. Attempts to take on role of person who died. 	<ul style="list-style-type: none"> Symbolic play. Drawing / stories. Allow / encourage expression of energy / feelings about anger. Talk about it.
7–11*	<ul style="list-style-type: none"> Concrete – operational. Industry versus inferiority. Beginning of socialization. Development of cognitive ability. Beginning of logical thinking. 	<ul style="list-style-type: none"> Death as punishment. Fear of bodily harm; mutilation. This is a difficult transition period – still wants to see death as reversible but beginning to see it as final. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Regression: problems at school, withdrawn from friends. Sleeping and eating disturbances. Overwhelming concern with body. Suicidal thoughts (desire to join the one who died). Role confusion. 	<ul style="list-style-type: none"> Answer questions. Encourage expression of range of feelings. Encourage/allow control. Be available but allow alone time. Symbolic play. Talk about it.
11–18*	<ul style="list-style-type: none"> Formal operation problem solving. Abstract thinking. Integration of one's own personality. 	<ul style="list-style-type: none"> "Adult" approach. Ability to abstract. Beginning to truly conceptualize death. Work at making sense of teachings. 	<ul style="list-style-type: none"> Depression. Denial. Regression: more often willing to talk to people outside of family. Traditional mourning. 	<ul style="list-style-type: none"> Depression. Anger. Anger towards parents. Non-compliance. Rejection of former teaching. Role confusion. Acting out. 	<ul style="list-style-type: none"> Encourage verbalization. Do not take control. Encourage self-motivation. Listen. Be available. Do not attempt to take away grief.

*it is during these 2 age / stages that most children / young adults struggle with their own body image issues, they also seem to struggle the most with changing body images of illness and death. It is important to prepare them in advance about what they may see and then allow them to verbalize their feelings about what they saw.

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