

# Children's Development Understanding of Death and how it Effects the Grieving Process

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Early considerations about the grief process for children were influenced by Freudian theory. According to the psychoanalytic framework, a child must 'have a mature concept of death in order to grieve and that mourning requires the ability to separate self from the love object. In addition, the person must have a mental representation of the deceased person, tolerate painful emotion through ego strength, accept the loss as permanent and develop new ties after a loss (McGlaufflin, 1992). Due to the highly sophisticated nature of these processes and concepts children were previously seen as incapable of grief and their needs were overlooked.

Fortunately, professional viewpoints have evolved such that we can see that children do perceive death and grieve albeit in different ways than adults. Developmental theorists focus instead on the unique differences between adult and children's grief. According to Piaget and Erikson's developmental theories, children grasp the concept of death through a series of distinct, identifiable stages, which unfold over time, each stage with its own unique characteristics. In 1971, Bereavement Researchers and theorists used Piaget's **Cognitive Developmental Theory** (1971) as a framework for understanding how children's grief is influenced by developmental factors.

Piaget's stages:

*sensorimotor* (birth-2yrs), *preoperational* (2-7years), *concrete operational* (7-11yrs) and *formal operational* (11and up).

**Infancy (sensorimotor):** Though infants can not cognitively understand that a death has occurred they do react to separation from attachment figures and are sensitive to changes in the responses of surviving family members. Changes in eating and sleeping and vocalizations as well as heightened seperation anxiety are physical manifestations of an infant's grief.

Application of John **Bowlby's Attachment Theory** to Children's Grief Responses suggests that the absence of primary attachment figures through death would have a significant impact on the child's personality, patterns of behavior, responsivity to their environment and even their future developmental growth.

**Toddlerhood (preoperational):** At this stage magical thinking compromises the toddler's ability to understand the concept of death. Because the concept of death is illogical thoughts about the death do not evoke an emotional response as in older children or adults who do understand death related concepts.

**School-aged (concrete):** As children move into the stage of concrete operations their thinking becomes more concrete and logical. They can understand 'cause and effect' relationships and thus, see how certain events lead to the death. Because they don't think abstractly, their interest remains on the present and as such on the details concerning the death and what happened to the body. They can begin to make connections between what they feel and think but still express their grief best through play. This remains a very difficult time for children to lose a parent because they have not had enough experience to integrate coping strategies for managing their feelings.

**Teens (Stage of Formal Operations):** Teens can think abstractly like adults but don't have the same emotional maturity so their grief responses remain different from adults. As the teen brain is still forming they may engage in magical thinking, have poor judgment and act in an impulsive manner that can put them at risk.

In another theoretical framework describing a child's ability to understand death:

STAGE ONE: Birth to Age Five. **"There is no definite death"** (Nagy, 1959). No cognitive acknowledgement or realistic picture of the permanence and irreversibility of death. The child thinks about death as a magical place or in a supernatural way. Children find a way to blame themselves or determine causality out of unrelated events.

STAGE TWO: Ages Five to Ten. **"Personification of death"**(Nagy, 1959) found children view death as a person waiting to take people away. This is a time when children developmentally acquire concrete thinking skills which help them grasp difficult concepts of finality and causality even in the presence of residual magical thinking. They can also begin to understand the pain associated with the loss. These children question how the death occurred and what happens to the body after death. Children at this age are very sensitive to the feelings and thoughts of the adults around them, and are protective of them.

STAGE THREE: Age Ten Through Adolescence. The reality of death is now conceivable because they can think abstractly about themselves and the world. **"Cessation of Bodily Activities"** (Nagy, 1959) because they can now understand the biological realities of death and disease. Children now understand that death can be caused by either internal processes or external, and that death touches us all. They can grasp abstract concepts of the afterlife, philosophically question the meaning of life and death, without magical thinking.

Other theorists postulate that children's grief reactions are a function of a combination of social, emotional and cognitive factors. Thus, attitudes and responses towards death will vary according to experience more than developmental stage.

When reading theories about children's grief it is important to remember that grief is very individual. Each child's grief reaction will be impacted by a multitude of different factors. Most grief reactions fall well within the range of **Natural or Normal**. **If you are concerned about the way your child is grieving please refer to "Children Grieve Too: a handbook for parents of grieving children" or contact: [www.ourhouse-grief.org](http://www.ourhouse-grief.org).**

(Based upon McGlaufflin, Helene (1992) How Children Grieve; Implications for counseling. G.R. Walz & J.C. Bleuer (Eds.), Developing support groups for students. Ann Arbor, MI> ERIC Counseling & Personnel Services Clearinghouse. Silverman, Phyllis (2000) Never Too Young to Know.Oxford University Press.

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