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Young Children's Understanding of Death

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Children of all ages are affected by the death of a significant person in their lives. Two researchers, Renzo Vinello and Maria Lucamante, investigated the differences in how healthy and seriously ill children understand death. Their results “suggest that children, healthy or sick, are left alone with the problem of death and are not helped either by their parents or by their doctors” (2001, p. 305). Young children usually base their idea of death on what they understand. Because young children’s cognitive abilities are still developing, it is critically important for adults to make the time to talk with them about death with age-appropriate language.

Infants also “experience feelings of loss” (Walsh-Burke, 2006, p. 32). Upon separation from their primary caregiver, infants may cry inconsolably or be quiet and unresponsive. They may also lose weight and sleep less.

Although toddlers learn that some things do not return—they are all-gone—they cannot understand the difference between “a parent’s absence for a short time from a long time” (Walsh-Burke, 2006, p. 33). It is common for toddlers to confuse death with sleep. They may regress by giving up previously learned skills like speaking clearly and toileting.

Preschoolers may view death as accidental or magical. Some believe that their bad thoughts caused others to get sick or die. They may say that someone, like the “grim reaper” or a ‘bogey man’ ... caused some people (the old, the sick) to die” (Slaughter, 2005, p. 180). Grieving preschoolers “may have trouble eating, sleeping, and controlling bladder and bowel functions” (Walsh-Burke, 2006, p. 33). If they have already lost one parent, a preschooler may

worry about who would care for them if something happened to the remaining parent.

School age children are usually very curious about death. They may ask “questions about what happens to one’s body when a person dies” (Walsh-Burke, 2006, p. 34). They may also ask how the “deceased eat, breathe, or play” (Walsh-Burke, 2006, p. 34). They want to be included in family activities and “often benefit from being invited to contribute to memorial ceremonies or activities” (Walsh-Burke, 2006, p. 34).

“Children’s understanding of death is closely tied to cognitive developmental maturation” (Slaughter, 2005, p. 181). Before children can understand death, they must have a basic understanding of life. “Once children come to conceptualize the body as a ‘life machine’ then they also recognize that any major malfunction of the body will result in the cessation of life—that is, in death” (Slaughter, 2005, p. 183). Children first understand that death is universal (everyone will die) and irreversible (the dead will not come back to life).

Eventually, by around age seven at the earliest, children acquire an adult understanding of death. They recognize “that death comes to all living things, that death is the final stage in the life cycle, that it is inevitable and irreversible, and that it is ultimately caused by a breakdown in the functioning of the body” (Slaughter, 2005, p. 179).

Possible Reactions of Children to Death

The death of a family member is often a traumatic event in a child’s life. Children respond in different ways. Possible reactions and children’s statements may include:

- Denial—"I don't believe it."
- Bodily distress—"I can't breathe;" "I can't sleep."
- Hostile reactions to the deceased—"Didn't he care enough for me to stay alive?"
- Guilt—"She got sick because I was naughty. I killed her!"
- Hostile reactions to others—"It is the doctor's fault. He didn't treat him right."
- Replacement—"Uncle Ben, do you love me, really love me?"
- Assumption of mannerisms of deceased—"Do I look like Mommy?"
- Idealization—"How dare you say anything against Daddy! He was perfect."
- Anxiety—"I feel like Mommy when she died. I have a pain in my chest."
- Panic—"Who will take care of me now?"

(Grollman, 1967, pp. 18–20).

Explaining Death to a Child

Most adults find themselves unprepared to talk with young children about death. Before talking about death with a child, ask open-ended questions to get a feel for the child's understanding of basic biology—the human body, life, and death. For example, "the child who says that the heart is for loving, lungs are for talking and the stomach is for getting hungry has not yet acquired or constructed the 'life' theory of the body, and therefore is unlikely to understand any talk about death as a biological phenomenon" (Slaughter, 2005, p. 184). For these children, parents should offer repeated, simple explanations that death means that life stops, the deceased cannot eat, breathe, or move and will not return. Parents can reassure young children that they are loved and safe and that everything is going to be all right by giving them a lot of attention, including holding and hugging. Also, maintain normal care-

giving routines, stay in familiar surroundings, and name the feelings the children are having or are seeing expressed, such as, "Daddy is crying because he feels sad."

Children who understand the basic requirements of life, that the heart beats to circulate blood and oxygen throughout the body, lungs are for breathing, and the stomach breaks down food to give the body energy, are likely to understand that death is caused "by a breakdown in some aspect of body functioning" (Slaughter, 2005, p. 184).

These children benefit by discussions that include the correct words, such as "died" and "death" in place of "passed away" or "sleeping." Also helpful are opportunities for children to ask questions and express their feelings verbally or through creative arts; participating in physical activities as an outlet for strong emotions; discussing spiritual and/or cultural beliefs; and allowing them to attend the funeral or remembrance activities.

Parents may also want to take advantage of the many community resources available to help families. Ministers, priests, or rabbis can help with spiritual concerns. Hospice organizations have excellent reading materials and support groups. School guidance counselors and teachers should know of resources to help children. Librarians can suggest quality books for parents to read alone or with their children. There are also excellent on-line resources available through universities, hospitals, and the government.

References

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