A CHILD'S PERCEPTION OF DEATH: DEVELOPMENTAL AND AGE-RELATED FACTORS

Believe it or not, **children give a lot of serious thought to death** yet they certainly don't think like adults!

Each stage of development is built on the experiences of the previous stages. Young people's past experiences with death are likely to be very limited. Due to this lack of experience, they respond based on what they know and what they have learned from their previous experiences.

While they do not think like adults when considering the subject of death, they do think about death and handle it within the context of their abilities, perceptions and cognitive development.

AGES ONE TO THREE YEARS

Children in this age category are pretty well tied to their own stage of being and are unable to separate death from life. Since they are alive, they view all other relationships from this angle. They view death as similar to sleep. To them, death is a temporary and reversible situation. They have no concept of the permanence of death. Anxiety in this age group is generally caused by fear of separation or abandonment.

AGES THREE TO FIVE YEARS

Children may seem unconcerned, but it is really because they have very little understanding regarding the permanence of death. Like the one to three year olds, they view it as a temporary state – like going on vacation and then coming back home. They may view death as a punishment or as something that can be avoided.

At age **four**, the child may use the word "death" with limited awareness of its meaning and with virtually no emotion. Some sadness may be noted in the child's concept of the world, but the sadness has not been well connected with any experience to which he or she can relate.

At **five** years, the concept of death is taking on more detail. The child's perceptions are more accurate although he or she may still believe that death is reversible. It is at this stage that the child may either avoid dead things or enjoy killing bugs.

AGES FIVE TO EIGHT YEARS

Children begin to recognise the finality of death and experience sorrow and fear. They may worry about their own death, the death of parents, siblings, friends or pets. They begin to accept the concept of death, but still believe they can escape it, although, they wonder if certain thoughts and actions can cause death. They may believe that death can be avoided if precautions are taken.

At age **six**, there is a new awareness of death and children may fear that their mother and/or father will leave them. They may have some preoccupation with funerals, burial and graves but they still do not believe they can or will die.

By age **seven**, the child may express an interest in the causes of death – such as old age, illness, violence, etc. They also express an interest in visiting cemeteries and they are beginning to get the idea that they may die, although they won't admit this when confronted.

Eight year olds progress from an interest in funerals and graves to what happens after death. While they have a better understanding of death, they retain a magical immunity to it with regards to themselves.

AGES EIGHT TO TEN YEARS

Children are beginning to accept the fact that all things go through the dying process, but they hope that it can be pushed far into the future. They now believe that death is permanent and cannot be escaped, yet they continue to ask questions in a quest for more knowledge and awareness of death. They may feel a deepening sadness, fear and loneliness as they associate death as a part of life, subject to natural laws. They still view death, however, as something that will happen to them way into the future when they are old.

By age **nine**, the child knows and accepts the fact that he or she will die. They look at death not just in terms of coffins and graves, but as a biological state of "not breathing" or "having no pulse" or "having no temperature". The theory of death moves along a continuum from the concept of a temporary, sleeping state to acknowledgement of its permanence.

From approximately **ten and up**, the concept of death will gradually parallel that of adults.

THE CHILD WITHIN US ALL

Even though we may live to be very old, there is a part of each one of us that will always be someone's child. If unresolved grief is carried into the adult years, it can affect our physical and emotional health, job performance and our ability to mould healthy and lasting relationships. For a child to grow up healthy after a painful childhood loss, he or she must have stable adult relationships, understanding and love. Otherwise, the child within may always be sad and fearful.

CHILDREN'S REACTIONS TO LOSS

- Children will respond to loss differently from the way in which adults will respond. This is especially true for younger children.

- Young children do not always understand the finality of death. They may believe that someone who has died will re-appear the following day.

- Younger children may show very little of the emotion usually shown by adults. To an adult, it may even seem that they are not really aware of the loss, or are ignoring what has happened, or are not affected by it. But it is rather that children tend to show their feelings about loss in other ways.

- Children may show irritability, rather than depression.

- They may revert to younger ways of behaving for a while.

- Children may "act out" their feelings by behaving badly or even fighting or stealing.

- Children may have unspoken fears that other people who are close to them may die and may express these fears by wanting to remain close to those people.

- They may have unspoken fears that they themselves may die and may guard against this fear in strange ways, such as not wanting to go to sleep.

- Children may respond differently to death at different ages.
  Nathan cannot anticipate the future, has difficulty in understanding verbal explanations – death and absence have the same effect. He may react by going through the following stages:
    - Protest (expressing grief/anger, seems inconsolable)
    - Despair (apathy, withdrawal)
    - Detachment (forgotten)
    - (Detachment is unlikely if the child is supported, but death may be most damaging at 2-3 years).

- Children show little or no over emotional reaction – and will mourn in other ways such as by showing behaviour changes.

COMMONG STRESS RESPONSES OF CHILDREN

Group of behaviours	Common Manifestations
Recurrent recollections of the event	• In play • Essay writing • Speech
Problems with sleeping	• Disturbing dreams • Inability to sleep • Constantly sleepy
Loss of interest	• In relationships, play • In school work • In the future
Disturbed relationships	• The clingy child • The isolated child • The fiercely independent child • The aggressive child • The suspicious child
Disturbances in cognitive processes	• Poor memory • Poor concentration • Inability to think in the future & a preoccupation with the present
Lack of energy	• e.g. sloppy appearance, looking dirty
Guilt feelings	• About having survived • About being privileged • About not having done enough
Moods	• Labile moods, mood swings • Temper outbursts • Easily irritable • Aggressive, clingy, weepy • Nervy, worried, frightened • Naughty • Withdrawn • General numbing, loss of effort
Eating problems	• Loss of appetite • Over-eating
Regressive behaviours	• Bed-wetting, soiling • Excessive dependency on adult, e.g. teacher
Play	• Violent themes • Re-enactment of trauma

Hyper-vigilance, hyper-alertness	• “Prickly”, suspicious, “on edge”
Somatic responses	• Tummy aches • Headaches • Vague pains

BEHAVIOURS OF CHILDREN WHICH MAY INDICATE STRESS OR TRAUMA

Any behaviours are significant if they are different from the child's normal behaviour, or if the child shows these behaviours in a much more extreme way than usual. These behaviours often persist over a period of time and may get worse, they are not shown only for a day or two.

If the trauma is ongoing or has continued for a long period of time, it may seem as though the child is just naturally dull or of low intelligence because of these behaviours.

Hatred: Anger and/or revenge – may hit out at other people or animals, especially if they are weaker, younger or smaller, sometimes shouting and swearing at people.

Impulsivity: The child acts without thinking and may hit out at people.

Negativity: The child becomes negative, puts their foot down, refuses to do things they normally do willingly, and refuses to abide by the rules.

Depression: The child may cry easily, withdraw from games, social activities, interaction with friends and tends to be on his/her own – does not respond to other people.

Punishing self: The child will not eat and may try to harm themselves so the adults feel punished. They may blame themselves and feel as though they are no good.

Concentration: The child is easily distracted from work or any activity that needs attention. They may day dream and seem far away and cannot pay attention in class – to the teacher or to reading.

Forgetfulness: The child keeps being forgetful, forgetting where things are kept or losing things because they are preoccupied with other things.

Passivity: The child does as he or she is told, there is little spark or joy and they don't question instructions but obey with a dull expression.

Impotence: The child may feel despair and feel helpless and powerless to change anything.

Sleep disturbance: The child cannot get to sleep at night or wakes very early in the morning when it is still dark.

Nightmares: The child has really bad dreams and wakes up screaming or crying. These intense nightmares persist.

Anxiety: The child is easily frightened and is fearful and anxious. They may be scared of being alone and, of going outside, be unusually afraid of strangers, etc. They may also jump at noises that no one else really notices or reacts to.

Regression: The child may go back to behaviour of an earlier stage such as bed-wetting, clinging to adults, thumb-sucking, not sharing things, selfishness, etc.

Physical: The child may complain of aches and pains: headaches, stomach-aches, etc.

Denial: The child blames others for everything and insists they are fine, there is nothing wrong, that they don't feel any ill effects even when you know they have had a bad experience.

Obsessiveness: The child may show obsessive behaviour such as head banging, fiddling with clothes, counting fingers, sniffing glue, eating more (stuffing themselves with food), nail biting, etc.

SYMPTOMS OF POST-TRAUMATIC STRESS SYNDROME

Physical Reactions

- Loss of appetite, nausea, diarrhoea
- Feeling emptiness in the stomach
- Lump in throat
- Tightness in chest
- Weakness
- Palpitations
- Insomnia
- Under-activity
- Nightmares
- Exhaustion
- Crying unexpectedly
- Over-sensitivity to noise
- Breathlessness
- Dryness of mouth

Emotional Reactions

- Paranoid fear
- Guilt
- Emotional numbness
- Over-sensitivity
- Violent fantasies
- Anxiety
- Depression
- Feelings of helplessness
- Amnesia
- Feelings of resentment

Cognitive Reactions

- Difficulty with concentration
- Indecisiveness and difficulty with problem solving
- Interfering with functioning
- Memory disturbance
- Difficulty in maintaining a schedule
- Preoccupation with incident

If these reactions continue for prolonged periods of time, it can lead to breakdown in:

- Coping with daily life tasks and demands
- Roles of spouse, parent, daughter, son, etc.
- Relationships
- Poor work performance
- Inability to maintain hom