

Developmental Stages and Grief: Children and Teens

	Psychosocial Development (Erikson)	Cognitive Development (Piaget)
Developmental Stage	Infancy: Birth to 18 months	Sensorimotor: Birth to 2 years
Primary Developmental Challenge	Basic trust vs. Mistrust	To construct an understanding of the world by coordinating sensory experiences with physical, motoric actions.
Ability Being Developed	Ego Virtue = Hope	Progression from reflexive, instinctual action (at birth) to the beginnings of symbolic thought (at the end of the stage).

Child's Beliefs About Death: No concept of death; Limited concept of time; Closest relationship to death in sleep / awake transition and games such as peek-a-boo.

Grief Reactions: General distress, shock, despair, protest, sleeplessness; May show increased primary needs for touching, holding; May show increased reluctance to be separated from nurturer.

Ways Adults Can Help: Offer abundant love, consistently available nurturance and reassurance, and ensure that routines are maintained and the environment is secure; Meet increased attachment needs for eye contact, facial expressions, touching, rocking, and singing.

	Psychosocial Development (Erikson)	Cognitive Development (Piaget)
Developmental Stage	Toddlerhood: Infancy to 3 years	Pre-operational (symbolic function): 2 to 4 years
Primary Developmental Challenge	Autonomy vs. Shame / Doubt	Egocentrism, Animism
Ability Being Developed	Ego-Virtues = Will & Self-control	Construction of mental concepts and representations of objects that are not present, via images, words and drawings.

Child’s Beliefs About Death: Death seen as reversible, impermanent; Death regarded as temporary separation; Repeated explanations do not increase child’s understanding, because cognitive ability to understand death is limited; Confusion of fantasy vs. reality; On an unconscious and non-verbal level, may assume what happens is under their control and is therefore “their fault.”

Grief Reactions: Confusion, agitation at night, nightmares; Repeated questions are common; May relieve anxiety through fantasy or “acting out” behaviors; May feel guilty or at fault; May fear being left alone; May regress to earlier stages, needs; May not understand the sadness around him or may seem unaffected.

Ways Adults Can Help: Reassure child he will be cared for, and assure him that he did not cause it to happen & IT IS NOT HIS FAULT; Give direct information (e.g., simple, honest words, concrete explanations, repetition, and patience) to help counter-balance the blur between fantasy / reality; Accept regressive behavior; Help child acknowledge own feelings – anger, sadness, fear, etc.; Offer the opportunity for inclusion in family rituals such as the funeral, but provide a supportive adult at the event to ensure that the child’s wishes are honored should he change his mind or want to leave.

	Psychosocial Development (Erikson)	Cognitive Development (Piaget)
Developmental Stage	Early Childhood: 3 to 6 years	Pre-operational (Intuitive Thought): 4-7 years
Primary Developmental Challenge	Initiative vs. Guilt	Centration vs. Conservation, Intuitive vs. Logical Reasoning
Ability Being Developed	Ego-Virtues = Purpose & Direction	An emerging interest in the use of primitive reasoning to know why things are the way they are.

Child’s Beliefs About Death: Beginning to see death as final, universal, but only for others (not for me); Experience over time with the concrete reality of the deceased not reappearing begins to have meaning, but the cognitive ability to understand death is still limited; Death often perceived as external – a person, spirit; May believe he can escape death by being good or trying hard; Neither believes nor denies that he will die.

Grief Reactions: May regress to an earlier stage and “act younger;” May cling to an adult caregiver, show anxiety that the adult may die or become ill; May tell everyone and anyone about the death - questions about the death or the deceased are common; In general, children cycle through their emotions much more rapidly than adults – smiling one minute, crying the next, angry the next, and giggling a minute later; Emotions may seem amplified at times (e.g., frustrations that would have been minor before the loss may result in major meltdowns that last

longer than expected), but at other times the child may say, “I’m happy,” or may seem unaffected.

Ways Adults Can Help: Same as above for the toddler, plus increased dialog about the deceased and opportunities for the child to participate in ways to remember them; Give the child age-appropriate, brief information and then attune to his questions and curiosities, answering him honestly and providing frequent opportunities to talk briefly; Continue to tell stories about the deceased, show pictures of them, and help the child understand their relationship with them.

	Psychosocial Development (Erikson)	Cognitive Development (Piaget)
Developmental Stage	Middle Childhood: 6 to 12 years	Concrete Operational: 7 to 11 years
Primary Developmental Challenge	Industry vs. Inferiority	Problem-solving limited to actual (concrete) objects or events, and not abstract concepts or hypothetical tasks.
Ability Being Developed	Ego-Virtue = Competency	The elimination of egocentrism, coupled with the emergence of logical reasoning as evidenced by the following processes: Seriation, Transitivity, Classification, Decentering, and Conservation.

Child’s Beliefs About Death: Perceives the irreversibility, permanence, inevitability of death, and perceives his *own* mortality; Child has vivid ideas about what occurs after death, and may be concerned with the consequences following death.

Grief Reactions: Coping may take the form of gathering lots of information and/or becoming an expert in the disease that caused a death; May act like nothing happened or deny that things are different; Tend to show grief through play or behaviors instead of talking about it; May exhibit a combination of numbness, shock, sorrow, confusion, fears, anxiety, anger, embarrassment, happiness and humor in short cycles; May desire to conform to peers and present a façade of coping; Peer relationships are becoming increasingly important – however, whereas some children elicit support from their friends, others try to hide the fact that they’ve experienced a death.

Ways Adults Can Help: Respect the child’s “need to know,” with an awareness that choices, inclusion, and information give the child some form of control; Provide simple, honest answers and information; Give ample reassurance about the future and clarity that they are not responsible for it nor for the death; Physical outlets, play, expressive art, reading, and memory

books can be helpful; Do not require children to be “brave,” “grown-up,” “in-control,” or to comfort others; Support the child’s unique style of coping, allowing him to express or withhold feelings as needed; Be firm, but kind, in upholding limits and rules.

	Psychosocial Development (Erikson)	Cognitive Development (Piaget)
Developmental Stage	Adolescence: Puberty to 19 years	Formal Operational: 11 years to Adulthood
Primary Developmental Challenge	Identity vs. Role Confusion	Adolescent Ego-Centrism: Imaginary audience, Personal Fable, Invincibility
Ability Being Developed	Ego-Virtue = Individuation	The application of abstract reasoning and logical-deductive problem solving to hypothetical situations as well as concrete experiences.

Child’s Beliefs About Death: Attitudes towards death becoming similar to adults; Fully recognize their own mortality, but may act as though it could never happen to them.

Grief Reactions:

Physical: May feel fatigued, sleep more/less, gain/lose weight, have headaches, get ill more easily, be accident-prone, restless, may be attracted to alcohol, smoking, drugs, excessive risk-taking.

Mental: May experience trouble concentrating in school, forgetfulness, lack of motivation, “negative” attitude, “no one understands,” May need to ask, “why?” or say “if only,” mourning what might have been.

Emotional: Lonely, hopeless, mood swings, sad, irritable, worried, angry, anxious, fearful, relieved, guilty, joyless, crying spells, frustration, revenge; Monitor for signs / symptoms of depression.

Spiritual: May experience loss of direction, purpose, meaning, faith.

Relational: May feel isolated, less cooperative, withdrawing from or lashing out at others; May fill emptiness with intimacy, sex; Friendships may change a lot as the teen wants others to reach out more or leave him alone; May have difficulty with others’ reactions and what is said about the death, as well as with the everyday content of peers’ conversations, which may suddenly seem trivial compared to the death; Can be left feeling isolated in a crowd.

Ways Adults Can Help: Provide access to balanced, healthy food, water, and medical check-ups; Encourage teen to obtain adequate sleep and exercise, as well as professional assistance if alcohol, drug, promiscuity, or eating issues develop; Recognize the importance of their peer relationships.

Enlist the support of teachers and parents if grades begin to suffer; Help them understand that the teen may need additional time or assistance in order to complete assignments, and/or that he may need to step out of the classroom during a grief burst.

Respect the teen's need to work through the loss independently; Be available, but not intrusive: "I'm here if you want to talk or if you need me." They will most likely talk to listeners who make themselves available but don't force talking, who respect the teen's need for privacy, and give the teen a clear sense that they have choices about when & with whom they feel comfortable expressing grief emotions; Teens benefit from opportunities and support for self-expression, and need tolerance of conflicting feelings, and push/pull relationships with adults; Even when they protest, they need adults to look out for their safety, as well as set and enforce limits.

Lastly, respect the teen's need for fun, recreation, and time with peers, but also provide inclusion and offer choices for him to participate in memorializing the deceased.

10 Basic Principles of Grieving for Children and Teens

- 1. Children are concrete in their thinking:** In order to lessen their confusion, use the words "death" and "dying." Describe death concretely. Answer their questions simply and honestly without using euphemisms such as "passed on," "went to sleep," etc. You don't have to add a large number of details. Children will ask if they want to know more. You can see if they are listening because they want to, or if it is for your benefit (they seem agitated, fidgety, and give you little or no eye contact).
- 2. Children generalize from the specific to the general:** If someone died in a hospital, children think that hospitals are for the dying. If someone died in their sleep, children are afraid to go to sleep. If one person died, "someone (or everyone) else will die," or "I will die." They will learn to accommodate new truths on their own if they are allowed to express themselves and try things out (e.g., going to sleep and waking up alive).
- 3. Children are repetitive in their grief:** Children may ask questions repetitively. The answers often do not resolve their searching. The searching itself is a part of their grief work. Their questions are indicative of their confusion and uncertainty. Listen and support their searching by answering repetitively and/or telling the story over and over again.

4. **Children are physical in their grief:** The older children are, the more capable they are of expressing themselves in words. Younger children simply ARE their feelings. What they do with their bodies speaks their feelings. Grief is a physical experience for all ages, but most especially for younger children. Watch their bodies and understand their play as their language of grief. Reflect their play verbally and physically so that they will feel that they are “being heard.” For example, “You are bouncing, bouncing, bouncing on those pillows. Your face is red and you are yelling loudly.”
5. **Children grieve cyclically:** Their grief work goes in cycles throughout their childhood and their lives. Each time they reach a new developmental level, they reintegrate the important events of their lives, using their newly acquired processes and skills. Example: a one year old, upon losing his mother, will become absorbed in the death again when her language skills develop and as she is able to use words for the expressions of her feelings. She may re-experience the grief again as an adolescent, using her newly acquired cognitive skills of abstract thinking.
6. **Children need choices:** Death is a disruption in children’s lives that is quite frightening. Their lives will probably seem undependable, unstable, confusing, and out of control. These topsy-turvy feelings can be appeased if children have some say in what they do or don’t do to memorialize the person who has died, and to express their feelings about the death.
7. **Children grieve as part of a family:** When a family member dies, it will affect the way the family functions as a whole. All the relationships within the family may shift, adjusting to this change in the family structure. Children will grieve for the person who died, as well as the environment in the family that existed before the death. Children may grieve over the changed behavior of family and friends. It is helpful if each family member is encouraged to grieve in his/her own way, with support for individual differences.
8. **Children’s feelings are their allies:** Feeling help children pay attention to their loss. Through this attention comes their own understanding about the death that they grieve. It is important not to shield children from their emotions; offering them the option to stay or leave will allow them to feel included, and will give them permission to be with the feelings.
9. **Children’s grief is intertwined with normal developmental tasks:** It can be impossible to determine which behaviors are part of developmental phases and which are grief-related (e.g., “Is it adolescence or is it grief?”).
10. **Key Tasks of Mourning in Children and Teens:**
 - a. Understand the death, try to make sense of what happened.
 - b. Express emotional and other strong responses to the loss.
 - c. Commemorate the person that’s been lost.
 - d. Learn how to go on living and loving.

Let children and teens teach you about their grief.

This material was prepared by Jonathan Frecceri, adapted from the work of Erik Erikson, Jean Piaget, J. William Worden, Charles A. Corr, Clyde M. Nabe & Donna M. Corr, and Margo Requarth. It includes material adapted by Sue Shaffer, Liz Powell, and the Kara community (Palo Alto, CA), as well as Izetta Smith from the Dougy Center (Portland, OR).

Reference List

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Corr, C.A., Nabe, C.M., & Corr, D.M. (2009). Death & Dying, Life & Living – International Student Edition (6th ed.). Belmont, CA: Wadsworth Cengage Learning.

Requarth, M. (2006). After a Parent's Suicide: Helping Children Heal. Sebastopol, CA: Healing Hearts Press.

Additional Resources

The Dougy Center (National Center for Grieving Children and Families) 2010 Training Manual: *Understanding Children's Grief*, by Izetta Smith. Portland, OR. Retrieved May 2, 2010 from <http://www.kara-grief.org/Understand.htm>.

Kara 2010 Volunteer Training Manual: 1) *Working with Individuals and Families Dealing with Loss: The Normal Grieving Process And Complicated Grief*, by Sue Linville Shaffer, and 2) *Grief and Mourning in Children and Teens*, by Liz Powell. Palo Alto, CA. Received on April 24, 2010 from Kara staff.