At what age does the concept of death and dying become comprehensible?

Overview

The first research area on children’s understanding of death came from a psychodynamic perspective. These studies were descriptive, employing open-ended interview techniques and projective methods to encourage children to express their knowledge freely about death (Kane, 1979). These early studies focussed on primarily children’s response to death and their conceptualisations of death. These techniques revealed two insights: (not surprisingly) children find death to be an emotionally charged issue, and the thrust of this emotional response is sadness, anxiety and fear over separation inherent in death. The second insight is that children’s understanding of death is quite different from that of adults. And this difference may intensify children’s emotional responses. For children aged 10 years or so, death was understood in more general terms such as going away, to heaven or someplace designated special for dead people, and the dead were conceptualised to be living in this new place. The dead were unable to get back because heaven etc was too far away. Some children assimilated dead to sleep, imaging dead as a permanent sleeping state, from which one cannot awake. The psychoanalytical researchers concluded that young children’s capacity to understand and accept death was limited by their cognitive and emotional immaturity, and that children’s misapprehensions about death was likely to fuel their anxieties.

The next group of researchers were more systematic and cognitively oriented, although the earlier research result had been upheld.

A second wave of researchers in the 1960s and 1970s came from a Piagetian perspective, with a focus on the cognitive rather than the emotional aspects of a child’s understanding. Across studies, subcomponents of the complex concept of dead included:

- **Irreversibility or finality**, the understanding that the dead cannot come back to life
- **Universality or applicability**, the understanding that all living things (and only living things) die,
- **Personal mortality**, the understanding that death applies to oneself,
- **Inevitability**, the understanding that all living things must die eventually,
• **Cessation or non-functionality**, the understanding that bodily and mental functions cease after death

• **Causality**, the understanding that death is ultimately caused by a breakdown of bodily functions,

• **Unpredictability**, the understanding that the timing of (natural) death is not known in advance. (Kane, 1979; Slaughter, 2005)

Using these, researchers were better able to determine the development trajectories for the development of the death concept. According to (Slaughter, 2005) a consistent developmental pattern emerged.

• Universality and irreversibility are acquired first, by age 5 or 6 years (death happens to everyone and the dead cannot come back to life)

• The final subcomponents to be mastered are cessation and causality (dead is a breakdown of bodily function, and knowledge what causes the ultimate breakdown).

### Piaget’s cognitive-developmental stages of death concepts

Thus from this perspective full comprehension of death and dying does not occur until all subcomponents are understand, which is 7 years at the absolute earliest.

In termed of Piaget’s stages consistent trends in child understanding emerged as follows:

• First stage – **Preoperational** (2 to 7 years) – children think of death as a temporary or reversible state, and tend to characterise death with respect to concrete behaviours such as being still or having closed eyes, or departing.

• Second stage – **Concrete operational** (7 to 11 years) – children recognise that all living things must die and that death is irreversible, however they consider death to be caused by concrete elements originating from outside the body and do not recognise death as an intrinsic and natural part of the life cycle.

• Final stage – **Formal operational** (11 years and older) – children hold an adult view of death as an inevitable, universal final stage in the life cycle of all living things, characterised by the cessation of bodily functions.

The findings show that children’s understanding of death is linked to cognitive developmental maturation. Other supporting studies found that the effects of individual experiences and socio-cultural variables are minimal (Slaughter, 2005). Others studies of children with direct experience of death failed to show increased
understanding across all the subcomponents mentioned, but did show advanced understanding of universality of death. Those children who have suffered with long-term illness showed (with variability) accelerated acquisition of subcomponents of irreversibility, cessation or causation reflecting an early understanding of the medical/biological dimension of death. Data on religiosity are inconsistent. Thus, the bulk of individual difference studies show that specific subcomponents may be influenced by socio-cultural background or unique experience, but the overall developmental trajectory of the understanding of death is highly robust (Slaughter, 2005).

**Studies of death as a biological construct**

This is a new approach emphasises, domain-specific conceptual acquisition over domain-general development and, that young children construct naïve, or folk theories about the world. In a classic study Carey (1985) looked at the development of young children’s conceptions of the biological world. The data from a series of studies consistently showed that before the age of 10, young children do not have a coherent understanding of how biological phenomena relate to each other and living things (Slaughter, 2005). Carey (1985) argued that young children do not conceptualise death as a biological phenomenon, but frame it as a psychological/behavioural phenomenon: going away (for good) and/or going to sleep for good. This related to children not have a coherent folk theory of biology that allows them to integrate what they know about death with other biological phenomenon such as health, illness and life cycle. It has been found that a major shift occurs, between ages of 5 to 8, in the way that children think specifically about biological phenomena (Carey, 1985).

**Implications for practitioners**

Talking about death with children is very difficult; it is both highly emotional and cognitively complex. It is very different to adults awareness, simply because as argued by (Slaughter, 2005) children do not understand death as a biological event. It is important not to fuel the preschooler’s misunderstanding of the biological phenomenon of death. Working with grieving children at this age requires considerable sensitivity. Language that does not discard the biological framework but acknowledges the departed is needed. Euphemistic terms such as ‘gone away to be with God or heaven’ and, ‘is at rest now’ may fuel later misunderstanding and not be helpful for children experiencing death (Cotton & Range, 1990; Slaughter, 2005).
Words that describe death as a breakdown of the body may be meaningless to the child. The approach mentioned by Slaughter (2005) for young children experiencing death is to take the time to explain the biological basis of living, the cycle of life and dead as a part of the cycle which then biologically fuels new life. This has been found to be effective in children as young as 4 years old. Two issues were mentioned as important with talking with young children about dead. Firstly is the need to understand developmentally where the child is with its own biological framework or folk theory, and secondly be conscious of the child’s folk theory when framing explanations.

As many children do not tend to discuss death and dying it has been suggested that the use of children’s films that display death and dying might be helpful for exploring the child’s folk theory of death (Cox, 2005). This may then provide the basis from which to frame explanations of a biological perspective.

**Question for discussion**

Is a child’s past experience with death likely to provide a more accurate death concept?

**References:**


