

## Developmental Reactions to Traumatic Loss

### Ages 2 to 4 years

**Understanding of death:** Children at this stage don't understand the permanence of death. They are very concrete and literal with interpreting what they are told. They have limited language skills. They may ask repeatedly for when their loved one will come home or when they can see their loved one again.

**Reactions to look for:** Their outlet of emotion may be intense but brief, and then they may go back to looking "normal," i.e. back to playing and so on. They are very self-oriented so they will be mostly preoccupied with their needs for care. They may ask the same questions repeatedly, and they may seem more irritable but not be able to verbalize why. Caregivers may see regressed behaviors and/or changes in sleeping and eating patterns.

**What we can do to help:** It is recommended to use the word "died" as opposed to phrases such as "passed" or "in a better place." At this age, children can be told what "died" means in very concrete terms – their loved one's body is "all done working." Tell children that their loved one cannot move his or her body and that the body feels no pain. Explain that we will not be able to see the loved one anymore. Short, honest responses to questions are recommended, and predictability and routine are important. Nurturing interactions should be encouraged.

### Ages 4 to 7 years

**Understanding of death:** Children at this stage still do not comprehend the permanence of death. They engage magical thinking during this stage, which may lead to thoughts that they were somehow responsible or thoughts that they can somehow bring their loved one back to life.

**Reactions to look for:** They may talk about it more, and at times repeatedly. They may have more questions about why and how it happened and fear that someone else will "die," and therefore, become more clingy. They may show general signs of distress and may show more aggression while trying to find an outlet for their sad emotions. There may be a change in eating and sleeping, and there is a possibility of regressed behaviors.

**What we can do to help:** Nurturing and reassuring them that they will be taken care of is important. Routine and predictability also helps in the adjustment. It is recommended to answer questions honestly and to not avoid talking about the deceased if the child asks about him or her. Children this age may use play to act out their feelings, so engage in play that has positive resolution (i.e., if they are playing aggressive scenario, who comes to help, and so on). Positive outlets for physical energy may help with emotions that may be hard to verbalize. If play becomes physically aggressive, name what they must be feeling to show you understand, but set limits and explain why they cannot play that way.

## Ages 8 to 11 years

**Understanding of death:** At this stage, children are coming into a more abstract way of thinking, or not as literal or concrete in conceptualization of death as younger children. Although they have gained a better understanding of the permanence of death, children this age may seem deeply saddened because of their understanding. While they have become more autonomous and are forming relationships beyond their immediate family, they still may be very preoccupied with their own care after a loved one dies.

**Reactions to death:** Children this age may have very specific questions and want to understand “how” it happened. Because they are more socially aware, they will be aware of how others respond and may pick up on avoidance. There may be a range of outward expression of emotion to holding in tears. Children may express feeling discomfort seeing others cry and be sad and need to be helped to understand that tears and sadness are a normal response. They may express a longing to be with the person who died. They may act out or have a change in school performance, and they may withdraw socially if they feel others do not understand.

**What we can do to help:** Answer questions honestly and try to portray openness to questions. Listen to how they are doing. Let them know you are available to talk, but do not force them to. They may have questions about spiritual beliefs and what happens after death, so consider your responses in light of this. Normalize their expression of feelings – reassure them by saying, “it makes sense to feel that way.” They may express longing to be with the deceased. Normalize this, but monitor it, too. If aggressive behavior surfaces, set limits but name and acknowledge the feelings behind it. Look for healthy physical energy outlet opportunities.

## Ages 12 to 18 years

**Understanding of death:** Children in this stage have a more adult understanding of death and its permanence. They may struggle as adults do with searching for meaning, wondering why this happened. They may struggle with more existential questions. They may form their own belief system about what happens after death (i.e., Heaven, reincarnation, “just dead”).

**Reactions to death:** Children and adolescents in this stage may present with extreme sadness and anger. Based on their developmental stage and relationships, they may be more likely to turn to peers and supports outside their own family. They may withdraw and look or act depressed. Oftentimes, this is what mourning looks like; however, if children or adolescents express suicidal thoughts, they should be monitored. They may question beliefs or societal issues. There is a possibility of risk-taking behaviors if they become ambivalent about their own death. Just remember that children and adolescents are fully capable of “healthy” grieving and mourning.

**What we can do to help:** Be available and remind them that you are there to listen, but respect their space. Allow them to choose if/when they want to talk about it. Model “healthy” coping and expression of emotions, and provide opportunities for physical outlets of energy. Give them opportunities for choices. Do not try to “rescue” them from their grief or tough emotions, but provide necessary comfort. Monitor adolescents who express suicidal thoughts and seek professional consultation.

### References

Berkowitz, S., & Marans, S. (2011). *The Child and Family Traumatic Stress Intervention: Implementation Guide for Providers*

The Dougy Center: National Center for Grieving Children and Families (2017). *Developmental responses to grief*. Retrieved from [https://www.dougy.org/docs/Developmental\\_Responses\\_2017.pdf](https://www.dougy.org/docs/Developmental_Responses_2017.pdf)