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Discussing Death with Young Children

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DISCUSSING DEATH WITH YOUNG CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Child Development

by
Teresa Clare Olin
June 2016
DISCUSSING DEATH WITH YOUNG CHILDREN

A Project
Presented to the
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Approved by:

Dr. Amanda Wilcox, Committee Chair, Psychology
Dr. Laura Kamptner, Committee Member
Dr. Sharon Ward, Committee Member
ABSTRACT

Research has shown that young children have some understandings of death. However, adults are hesitant (or even avoidant) to discuss death with young children for fear that they will scare them, or they are not sure what to tell them. Sessions were part of this project, educating adults in a child’s development and how that development affects what young children understand about death. The three sessions, completed over two weeks, included three topics including anxieties the adult may have about death, cognitive and emotional development of the young child, and the adult’s role in discussing death with young children. Participants completed a pre- and post-test. Results indicated that adults felt more comfortable discussing the death of a person with a young child, as well as feeling less avoidant of having those discussions.
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Thank you to all my family and friends who have loved me through all my emotions, prayed for me, given me countless hugs, and who continued to support me through this journey. God blessed me with incredible people to help me during these extremely emotional years, and I could not have completed this without you.
DEDICATION

For my dad, Kevin Olin, and my Grandma Rose, whose deaths taught me a great deal about life and inspired me to write this project.
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................................................. iii

ACKNOWLEDGEMENTS .......................................................................................................................... iv

LIST OF TABLES ........................................................................................................................................ viii

CHAPTER ONE: INTRODUCTION ............................................................................................................... 1

  Cognitive Development ............................................................................................................................ 2
  Piaget ....................................................................................................................................................... 2
  Theory of Mind ....................................................................................................................................... 7

Social-Emotional Development .................................................................................................................. 16

  Self-Concept ......................................................................................................................................... 16
  Emotional Understanding ....................................................................................................................... 19

Children’s Understanding of Death ........................................................................................................... 22

  Cognitive Development and Children’s Understanding of Death ......................................................... 24
  Theory of Mind and Children’s Understanding of Death .................................................................... 30
  Self-Concept and Children’s Understanding of Death ....................................................................... 31
  Emotional Understanding and Children’s Understanding of Death .................................................... 32

The Adult’s Role ....................................................................................................................................... 34

  Reflect on One’s Own Attitude Toward Death .................................................................................... 34
  Be Honest with Them ............................................................................................................................. 35
  Be an Emotional Role Model ............................................................................................................... 36
  Be Attentive and Responsive to Their Feelings .................................................................................... 37
  Create a Predictable and Caring Environment .................................................................................... 38
## APPENDIX B: PRE-SESSION SURVEY ................................................................. 70
## APPENDIX C: DEATH ANXIETY SCALE ......................................................... 74
## APPENDIX D: POST-SESSION SURVEY ....................................................... 77
## APPENDIX E: CURRICULUM BOOKLET AND POWERPOINTS .................... 81
## APPENDIX F: INFORMED CONSENT ............................................................. 131
## REFERENCES ............................................................................................... 134
| Table 1 | Developmental Capabilities and the Relation to Death Understanding | 23 |
| Table 2 | Components of the Death Concept (Kane, 1979) | 27 |
| Table 3 | Session Schedule and Breakdown | 44 |
| Table 4 | Demographic Information | 50 |
| Table 5 | Pre- and Post-Test Means (1=Strongly Disagree/Very Uncomfortable, 4=Strongly Agree/Very Comfortable) | 51 |
| Table 6 | Short Answers from Pre-Session Survey | 54 |
| Table 7 | Was This Class Helpful to You? (Please explain) | 55 |
| Table 8 | What Was the Most Useful Thing You Learned? | 56 |
| Table 9 | What Do You Feel You Gained from These Sessions? | 57 |
| Table 10 | What Was the Least Valuable Thing You Learned from This Session? | 58 |
| Table 11 | What Changes Can Be Made to Make These Sessions More Beneficial? | 58 |
| Table 12 | Will You Be Using the Tools Discussed During the Sessions? If So, Which Information? | 59 |
CHAPTER ONE

INTRODUCTION

Adults—parents, teachers, caregivers, relatives—often believe that children cannot understand the concepts, of death, so children are left out of discussions relating to death, such as when an animal or family member dies. This is unfortunate, as many adults do not understand that children are more capable of understanding the particulars of death than adults think. When considering how young children conceptualize an event or occurrence, it is always important to evaluate what children are capable of developmentally.

This paper aims to provide an explanation of what young children are capable of understanding both emotionally and cognitively, and how their development impacts their understanding of death. This information will then be used to frame a discussion regarding the adult role in helping children to better understand and navigate this important life transition.

When children encounter death they must deal with it cognitively and emotionally, therefore adults must have solid understanding of cognitive and emotional development prior to discussions of death and dying. The following is a brief review of typical cognitive and emotional development during ages 0 to 5.
Cognitive Development

It is especially important to describe a child’s cognitive, or thinking, skills at each stage of development for a better understanding of what children can comprehend, to ensure that an explanation of death is developmentally appropriate.

Piaget

Children’s Developmental Capabilities. Children have different cognitive skills at different ages, and as children grow older, their cognitive skills develop and become more advanced. There are four main stages of cognitive development that begin in infancy and continue through adulthood: sensorimotor development, preoperational period, concrete-operational period, and formal-operational period (Piaget, 2003). For the sake of this paper, only the first two stages will be detailed, since they pertain specifically to young children. Understanding a child’s cognitive abilities at each stage of development may help adults respond better to a child who is experiencing a significant life-event, such as the death of a loved one.

Piaget’s claim was that children are in the sensorimotor stage during the first 18 months of their lives (Piaget, 2003), but there is some question of whether this period lasts until the child is 2 years old (Beins, 2012). Whether this stage lasts until a child is 18 months or 2 years old, Piaget’s original claim was that the sensorimotor period consists of six substages. Within the six substages infants and young children are thought to be exploring and coordinating their reflexes,
discovering their surrounding environment, and manipulating objects in their environment (Beins, 2012). During this period infants are interacting with their environment in the only ways they can—through interacting with their caregivers and the objects around them. Infants explore through reacting to sounds and objects, repeating certain reflexes and actions, coordinating movements so they can reach for an object they see, manipulating the object they have reached, and becoming curious about their surroundings (Beins, 2012). Infants in this stage build a knowledge base that becomes more developed and refined as they move on to the next stage in their development. With these foundational knowledge skills, young children are prepared to learn more about their environment and how it relates to themselves.

Once children have an initial understanding of their environment and have interacted with objects around them, they then begin to develop preoperational thought. Piaget claimed that children ages 2 to 7 are typically in the preoperational stage (as cited in Beins, 2012). In this stage children are building upon the knowledge that was learned through their physical means in the sensorimotor stage. At the beginning of this stage children are developing language and are building representations, or symbols, of the objects in their environment (Beins, 2012). At this stage of development children do not need to directly interact with their environment because they are beginning to represent objects mentally. In other words, a child would no longer need to see a real dog to talk about it because they have a mental representation of what a dog sounds
like, how it walks, and what it looks like. Although young children are able to use mental representations, they are considered to be egocentric thinkers, which makes it difficult to take another’s viewpoint (Beins, 2012). For example, it is common for children in this stage to think that others are experiencing the same feelings or having the same reasons for behavior as they do. In addition to their egocentric thinking, children who are considered to be preoperational thinkers are unable to reverse operations; the skill of reversibility comes later in development. If an adult were to expect a preoperational child to perform an addition or subtraction problem, it would be difficult for the child to answer correctly because they cannot perform tasks that involve reverse thinking (Beins, 2012).

In addition to having a difficult time understanding that things cannot be reversed, young children in the preoperational stage have a difficult time retaining more than one representation at a time, also known as centration. Centration is the idea that young children focus on one aspect of a problem, without regarding the other aspects (Beins, 2012). Young children are only beginning to think symbolically, which makes centration and a lack of reversibility so common at a young age. Children are beginning to understand that a picture has a meaning, but understanding more than that is not possible. For example, a child might know that a picture of a flower represents a real flower and they might try to smell the picture of the flower or pluck its petals. They understand the photo represents a real flower, but real flowers have scents and petals.
Understanding that the photo does not have a scent or petals would mean the child would have to understand another aspect of the photo, which they are unable to do, due to centration. Thinking about more than one aspect of death at a time is outside of a young child’s developmental capabilities. A newly developed symbolic thought also makes it hard for young children to understand that things cannot be reversed. Young children can mentally represent an object, but if that object were to change form or quantity, it would be difficult for the child to understand how it happened or how it can go back to its original state.

Another cognitive ability that young children exhibit at an early age is object permanence. This concept has been debated as emerging earlier than Piaget believed. Neo-Piagetians believe that there are some cognitive skills, such as object permanence, that can be understood earlier than Piaget originally thought. Object permanence can be defined as the ability to understand that an object, once hidden, still exists. Piaget (as cited by Baillargeon & DeVos, 1991) believed that object permanence is developed around 9 months and goes through changes in development until the young child fully understands the concept at around 18 months. Through this developmental period Piaget claimed that infants go from believing that once an object is hidden, it is permanently gone, to being able to locate where the object is hidden. Researchers have challenged Piaget’s claim, saying that infants are capable of object permanence before they are 9 months old.
There is some evidence that infants have an understanding of object permanence as young as 3.5 months old. Baillargeon and DeVos (1991) examined whether infants as young as 3.5 months old were capable of representing occluded, or blocked, objects, while also reasoning about their “height, location, and trajectory” (p. 1229). The infants were introduced to the objects, one short and one tall carrot, and were allowed to manipulate them. Then the infants went through habituation events in which the short carrot is seen moving from left to right behind a screen. The second habituation event was done in the same manner, but with the tall carrot.

The test events consisted of one possible event and one impossible event. The possible event had the short carrot moving left to right behind a screen with a window. The window was tall enough that the short carrot would pass behind it and not be seen. The impossible event was the same, but performed with the tall carrot. The window in the impossible event was the same as the possible event, but the carrot would be tall enough to be seen. It is an impossible event because the tall carrot should be seen at the window, but it passes through to the right side without being seen at the window.

The results indicated that the 3.5 month old infants spent more time looking at the impossible event. Infants looking more at the impossible event was interpreted as them being capable of mentally representing objects that were occluded, but it also meant that the young infants were capable of understanding the object’s height and path. This study demonstrated that Piaget’s initial claims
underestimated the cognitive abilities of infants and toddlers. Being capable of holding mental representations of objects and information about those objects, which is the essence of object permanence, upholds the idea that young children have cognitive abilities that are often underestimated. Object permanence is just one example of the cognitive abilities of young children that is often overlooked.

**Theory of Mind**

[Developmental Capabilities.](#) Theory of mind (ToM) involves “seeing oneself and others in terms of mental states—the desires, emotions, beliefs, intentions, and other inner experiences that result in and are manifested in human action” (Wellman, Cross, & Watson, 2001, p. 655). A cognitive ability that is often seen as appearing later in childhood is theory of mind. Theory of mind is a potentially useful way of evaluating what children understand about death and may provide a framework for educating adults who are not aware of how much young children can understand and feel. Exploration related to children’s cognition and ToM began with Piaget’s idea that young children are egocentric thinkers (as seen in Flavell, 2004); simply put, they cannot take the perspective of another person. To have a developed ToM means that a child can recognize and act upon their own inner mental states and the mental states of others. Piaget’s claim (as cited by Flavell, 1999) was that young children are not aware of other perspectives, and when asked about another person’s perspective they, unknowingly, give their own perception. According to Piaget, this demonstrates
the child’s inability to understand things that are not physically present or those that exist solely in another’s mind.

From Piaget’s work about egocentrism came studies about how children think about their own thinking process, or how they think others are thinking, which is known as metacognition. Researchers were interested in children’s metacognition and metamemory (Flavell, 1999). Researchers were not only interested in what children thought about thinking, but they also wanted to know how children process thoughts, how they comprehend thoughts, and how they problem solve, all of which are part of metamemory. The current ToM development began in the 1980s and remains to be a well-researched topic (Flavell, 1999), since many researchers are still trying to answer the question, when do children develop the ability to take the perspective of others?

In order to fully understand the child’s development of ToM, the mental states (desires, beliefs, perceptions, intentions, and emotions) that are a part of ToM must be defined. When discussing a child’s desire, it means that the child is wanting something, and at two years old, they are capable of knowing what someone else desires. A child can vocalize their desire with words such as “want” or “hope” (Wellman & Bartsch, 1994). An example of a child vocalizing their desire would be, “[I] Want milk”.

In addition to desires, there are two mental states that are often associated with each other when discussing ToM—beliefs and thoughts. Beliefs and thoughts are what a child believes, and actions are the product of that belief
or thought (Wellman & Bartsch, 1994). For example, when a child says to an adult, “I thought it was a dog!” but what they really saw was a cat, they are expressing a belief or a thought that may have caused them to move closer or further to the cat. A child may have believed what they saw was a dog, because they perceived it that way, but then corrected their belief because they moved closer and saw it was cat.

A two year old child’s ability to perceive, or see, what others see is another portion of ToM (Flavell, 1999). A child’s perception may be different than an adult’s perception, but when a child says, “See milk”, it is clear that they have some understanding of perception because of the language they used when they saw the milk. In other words, the child is using language to share their perception of the world with another. This requires the child to mentally understand that what they perceive may be different from what another person perceives and that it is necessary to share perceptions in some way.

Another mental state that is part of a child’s development of ToM is intention. As humans, we have purpose behind a task or a goal (Flavell, 1999), which is seen as the intention behind the behavior. Young children also have intentions, for example, when they push a car down a ramp they want to see it roll. Another way of conceptualizing intentions, is the behind the scenes mental work that children undertake prior to engaging in a particular behavior. For example, in order to push a car down a ramp the child must first conceptualize that the ramp is high enough for the car to roll down, or they might have to think
about how hard they have to push the car for it to move the distance or speed they need it to move. This behind the scenes work is indicative of mental states.

The final concept that is a part of ToM is emotions. Emotions, or feelings, such as “happy, sad, mad, and scared” (Flavell, 1999, p. 34) are expressed in the first two years of life. Emotions can be seen, felt, expressed through action (i.e., hitting or hugging) and through body language (e.g., smiling or furrowed brow), and are complex, but nevertheless, children develop a sense of how others are feeling, and how they feel when something caused them to have an emotion. Being able to understand another’s emotions, their own emotions, and how those emotions may differ from each other, demonstrates that children engage in thinking about mental states.

Many studies have been done to investigate at what age children develop a ToM, and to study the mental states of young children. Current research on ToM investigates what children know about basic mental states including “desires, percepts, beliefs, knowledge, thoughts, intentions, feelings, and so on” (Flavell, 1999, p. 23). One way of studying children’s knowledge of the basic mental states is through false-belief tasks.

A false belief task is one way researchers are studying ToM in young children and determining at which age ToM abilities are first demonstrated. A false belief is when a young child does not “understand that people can believe to be true, and act in accordance with, a mental representation that does not correspond to reality” (Flavell, 1999, p. 23). As young children can have a difficult
time realizing that others do not act upon the mental representations in their mind, but rather act on what is occurring in reality.

An example of a false belief task is an unexpected-transfer test. As cited in Flavell (1999), a recognized example of this type of test is when an experimenter shows a 5-year-old child a candy box and asks the child what they think is inside. The child will most likely answer, “Candy”. The experimenter then shows the child that there is no candy in the box, but rather there are crayons. The experimenter then asks what another child would think is inside the box, if the other child had not seen the contents of the box. An older child would answer, “Candy”, knowing that another child does not know what they know, hence falling for the trick. A young child, however, would answer, “Crayons” when asked what another child would think is inside the box. An older child is aware that another child would be unable to know there are crayons in the box since they did not see the contents. A younger child assumes that another child would have seen what they had seen—crayons—thus failing the false-belief task. The younger child has a mental representation of crayons in a box, not thinking that in reality others do not have their mental representation. ToM at three years old and younger is not typically seen; most young children will fail most false belief tasks, but this does not mean that children are not capable of processing mental states, just that they cannot understand representational thinking (Wellman, Cross, & Watson, 2001).
Young children may fail false belief tasks, but there are researchers who argue that young children and infants still possess mental states that are the foundation of ToM. One of the studies about infants and their ability to reason about desires was done by Repacholi and Gopnik (1997). In their study they explored whether young children (ages 14 months and 18 months) were capable of acting upon the desire of another person and the person’s different desire about the same object. First the children were tested to decide a baseline for which food was favored: broccoli or goldfish crackers. The majority of the children favored the crackers over the broccoli. The children were then placed into two groups: mismatched or matched. In the matched group the researcher gave a positive expression toward the goldfish crackers and a negative expression toward the broccoli. In the mismatched group the researcher gave a positive expression toward the broccoli and a negative expression toward the goldfish crackers. For the experiment the experimenter would taste each food and give either a positive (“Mmm!”) or negative (“Eww!”) reaction to the foods. Then the experimenter would simply place a hand out and ask for some food.

The results indicated that 18-month-old children were able to respond according to the experimenter’s desires. These children were able to understand that the experimenter had different desires than they did and acted accordingly. The majority of the 18 month-old children were able to offer food that the experimenter previously reacted positively toward. The 18 month old children in the mismatched group offered the experimenter the broccoli, even though they
themselves preferred the goldfish crackers; indicating this group of children did not think egocentrically. The 14 month-old children, on the other hand, acted more egocentrically. These children offered the crackers even if the experimenter showed positive affect toward the broccoli. This study shows evidence that children as young as 18 months-old exhibit mental states, such as desire, by recognizing another person’s emotion toward a food, even if that desire was different than their own.

There are various actions infants do that imply they are developing theory of mind (Flavell, 2004). For example, infants are able to gaze at what another person is attending to, which is a foundational skill of theory of mind. Another example of theory of mind seen in infancy is that infants are capable of social referencing, which means they are able to learn about an object through reading the focus and reaction of the adult (Flavell, 2004). When a child uses social referencing, they see an adult’s reaction toward an object or situation, the child then interprets the adult’s reaction, and responds in a manner that matches that of the adult’s reaction. ToM is the ability to understand the thoughts and feelings of yourself and others, and social referencing is an example of how children use other’s feelings as a reference of how to act in their environment.

Young children also display certain mental states that are considered to be part of theory of mind: visual perception, attention, desires, emotions, beliefs and related mental representations, knowledge, and thinking (Flavell, 2004). The first mental state, visual perception, can be seen as early as infancy when infants
follow the gaze of another person (Flavell, 2004). At a young age, children are aware that people see things, but since they think egocentrically, they do not understand that what they see might be different from someone else’s view (Flavell, 2004). A child might see a toy car near them, but another child might not see the car if there is something obstructing their view such as a block.

Attention is another mental state that is seen as early as infancy; infants and toddlers are both capable of looking at what others are paying attention to. Young children are able to begin to understand what others are attending to and that the attention of others changes. Infants are aware when adults are looking at something else, and in this realization, infants will look in the same direction as the adult (Flavell, 1999). As previously mentioned, young children have desires in life, for example, “I want juice!” but they are also aware that their desires might differ from the desires of others. Infants as young as 18-months-old can interpret a person’s desires and act upon them (Repacholi & Gopnik, 1997). When a young child’s desires are met they may feel joy, whereas if their desires are not met they might feel irritated, which brings up another mental state: emotions. Young children can experience many emotions in a day, and those emotions may last a long or short time. Emotions, whether they are positive or negative emotions, are another mental state that can contribute to a child’s development of theory of mind. Young children are learning more about their emotions and the emotions of others, but also some of the causes of those feelings. A young child might feel upset that they cannot wear shorts on a cold day, but then on the
same day the child might feel joy when they snap the buttons on their jacket on their own.

There is some controversy regarding mental representations, and whether young children are capable of having them or not. The mental representations a young child has may not match with reality, but the studies that test whether or not children have mental representations, such as false-belief tasks, are controversial. Three year olds usually fail false belief tasks and it may be because children are not capable of answering correctly because of their language is still developing, or they may fail because of the way the tasks are presented (Onishi & Baillargeon, 2005). It is possible that children do not know enough about a task to perform it successfully, but if it were presented another way, they might pass it.

Knowledge is a mental state that is present at a young age, and it is an important element in the research about ToM in young children. Young children need more information about an object before they can really know anything about it. If an object is partially hidden, a child cannot know what the object is without enough information and knowledge about the object. For example, it would be difficult to differentiate the difference between a red car and a red truck if parts of the vehicles were hidden.

The last mental state of children is thinking. It was mentioned earlier that young children think egocentrically, and because of their thinking it is difficult for them to think about others. Children of preschool age and younger lack certain
thinking skills such as not being aware that people are continuously mentally active (Flavell, 2004). Since young children think egocentrically, it is difficult for them to think about what others could possibly be thinking. An example of egocentric thinking is if a child hits another child, it is difficult for the first child to think about how it made the other child feel; they are thinking about how they themselves felt about the action. Young children possess these mental states, which are the foundation for their developing theory of mind.

Social-Emotional Development

Self-Concept

Developmental Capabilities. Self-concept is a concept that is often connected to ToM. When discussing ToM, young children are thinking about themselves and others in terms of mental states. Self-concept, on the other hand, is how a child views himself in the world, with concepts that are learned and also observed from their social interactions. These self-concepts that the child has compiled will eventually mature into “ideas about our physical bodies, about interpersonal communication, about what kinds of things we have done in the past and are likely to do in the future, and especially about the meaning of our own thoughts and feelings” (Neisser, 1988, p. 54). As with other areas of development, self-concept develops over time, with the child developing early skills at a young age.

A person’s ability to identify their own skills, abilities, and traits does not develop all at once, but rather gradually. The development of self-concept
“evolves from a recognition of the self as physically distinct and recognizable to a representation of the self as an entity with distinguishing, verbally representable characteristics (e.g., little, boy, or curly hair)” (Stipek et al., 1990, p. 975). The development of a self-concept is seen as early as 2 or 3 months old, when infants begin to sense that their physical bodies are causal agents in their environments; they are able to differentiate themselves from other objects in their environments (Rochat, 1998). An example of an infant’s awareness of their own bodies would be in an experiment that alters a video of an infant’s kicking movements, such as reversing the image. An infant, whose leg movements are being filmed and shown on a monitor, is attuned to differences between their own movements and movements that are altered on the monitor. If the monitor shows an image that does not reflect their present movements, the infant will gaze longer because it does not match their perceived kicking (Rochat & Morgan, 1995). Yet, an infant’s awareness of their own movements is only the beginning of their self-concept.

A child’s self-concept continues to develop and is visually evident when the child is able to recognize themselves in a mirror or a picture (Houk, 1999), which usually happens by the time the child is 18 months old (Stipek, Gralinski, & Kopp, 1990). The young child is able to point to themselves when an adult asks them where in the picture they are. Being able to point out their own self in a mirror or photo means that the child now sees himself as existing separately from their mirror image (Stipek et al., 1990). They are aware that they are separate
from the image of themselves seen in the mirror. For example the child recognizes that they have two eyes and a nose, it is how they conceptualize themselves in their world. A well-known test of whether a child is aware of himself as being physically separate from the mirror image is the mirror task. A researcher puts rouge or a red dot on an infant’s nose, and then places the child in front of a mirror. If the child reaches for the face and rouge they see in the mirror, then they do not understand that they are separate from the image they see. If the child sees their reflection, but reaches for the rouge on their real face, then they have developed self-recognition (Amsterdam, 1972). If the child does not yet have self-recognition, they will interact with their image as if it were a playmate. This first step of self-recognition is only the beginning of the developing self-concept.

From the development of self-concept follows self-description and self-evaluation (Stipek et al., 1990). Once the child has exhibited self-recognition (such as in the mirror test), they then begin to describe and evaluate themselves. At around 18-30 months old, children begin to describe characteristics about themselves such as being a boy or a girl, or describing self as good or bad (Stipek et al., 1990). Being able to describe oneself means that children are becoming more aware of who they are in relation to others, and are beginning to view themselves as others see them, too. This ability is similar to that of ToM in that children describe themselves as others see them. An example of this would be when adults see a young girl as “good” because she follows directions, and
later when the child follows other directions the girl might describe them self as a “good girl” or “not a bad girl”. A child’s developing ability to think symbolically may also allow them to describe how they see things versus a representation of what could be seen (Stipek et al., 1990). This child may be developing a representation of how others see them and use that representation to describe themselves. Being able to describe oneself and understand how others view them will be beneficial when talking to children about death.

**Emotional Understanding**

**Developmental Capabilities.** Much like a child’s cognitive abilities, a child’s emotional understanding is often underestimated by adults. However, similar to cognitive development, children display certain understandings of emotions at an early age that should be taken into account when discussing death. There are numerous emotions seen throughout a person’s lifetime, but there are a few emotions that are categorized as fundamental, meaning that they are seen at an early age. The literature on basic emotions discusses various emotions that are considered to be basic, however, there are a few emotions that are common across most lists: fear, anger, happiness (or joy), sadness, love, surprise, and disgust (Lewis, Sullivan, Stranger, & Weiss, 1989; Izard, 1977; Nesse, 1990; Ortony & Turner, 1990). These basic emotions are thought to develop before the child is 2 years old (Denham, 1998).

Basic emotions appear at an early age, with more emotions emerging soon after. After the basic emotions are developed, self-conscious emotions
emerge. These emotions include empathy, shame, pride, embarrassment, and guilt (Denham, 1998). These secondary emotions are not seen in children younger than 2 years old, and when the emotions do appear young children might not understand the whole emotion as adults do, but rather just the core of the emotion (Denham, 1998). It is possible that young children only understand a portion of a complex emotion, such as guilt or empathy, because they do not possess all of the cognitive abilities to understand it as a whole.

As a child’s perspective of others develops, so does their understanding of complex emotions (Denham, 1998). For example, in order to fully understand embarrassment, a child would have to understand what was embarrassing, what others may have seen it that made it such a notable event and humiliating event, and how the event made them feel. Young children might be able to feel embarrassment in a limited way, but might not fully understand it until they have a developed self-concept. Having a self-concept, or having the ability to evaluate yourself, contributes to a better emotional understanding because you are more aware of the various feelings of others and yourself. Young children with a developed self-concept are able to understand how they feel, how others make them feel, how they have to act when a certain feeling emerges, and how they can impact others.

A young child’s understanding of emotions is visible in their behavior. As discussed earlier, children are capable of social referencing (Flavell, 2004), which indicates young children use the emotional state of others to respond to a
situation. Social referencing is an example of a child’s understanding of emotions because the child is aware of the state of others and is able to respond to the situation with the same emotion they understood. The behavior of adjusting their behavior to match that of an adult’s is an example of their emotional understanding. Another example of young children understanding emotions is through the literature on helping behaviors.

As young children develop the idea that they are separate from others, their emotional understandings undergo change as well. As the child is more aware of how they are separate from others, their ability to show concern for others emerges (Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). Concern is seen as the “emotional response consisting of tender feelings on behalf of a distressed other” (Davidov, Zahn-Waxler, Roth-Hanania, & Knafo, 2013, p. 126). When children show concern for others it sometimes leads them to try to help the other person, which is seen more frequently as the child ages. Between 1 and 2 years of age when children are concerned, they are more likely to act prosocially in order to help someone who is distressed. Prosocial behaviors include, but are not limited to, hugging, patting, asking if the person is okay, helping, sharing, protecting, or distracting (Zahn-Waxler et al., 1992). As children grow older they are more likely to display these behaviors when they see others distressed. For example, if a young child sees their mother crying they might pat her back in hopes of help.
Some adults may believe that a child will not understand a discussion about death, and therefore they should not talk to a child about it. Some adults may believe that if they leave a child out of a discussion about death then the child will not have to think about the death, which will protect them from having an emotional reaction to it. There is evidence, however, that young children do have some understanding of emotions, which is why their feelings should not be ignored when discussing death.

Children’s Understanding of Death

As the previous sections state, children have a developing theory of mind, concepts about themselves, and they have emotions that are seen at an early age. Although this suggests the need to approach conversations about death differentially based on the age of the child, leaving a child out of a discussion about death altogether underestimates their understanding and ignores their curiosity and other emotions. “Young children have different concepts of death, and they have to be taken into consideration in order to talk to them and to understand their communications” (Kübler-Ross, 1969, p. 157). It is difficult to appreciate what a child knows about death before first understanding their development. The purpose of the following table is to summarize how children’s developmental capabilities may be related to their understanding of death. The information presented in this table will also be discussed in further detail in the following paragraphs.
Table 1

*Developmental Capabilities and the Relation to Death Understanding*

<table>
<thead>
<tr>
<th>Concept</th>
<th>Child’s Abilities</th>
<th>How Abilities Relate to Death Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reversibility</td>
<td>They cannot reverse a sequence of events</td>
<td>Young children do not understand that death cannot be changed and reversed back to its original state</td>
</tr>
<tr>
<td>Centration</td>
<td>Children can focus on only one aspect at a time</td>
<td>Young children cannot understand that a death has happened and the duration it will last</td>
</tr>
<tr>
<td>Object permanence</td>
<td>Children can hold mental representations of objects and information about the objects.</td>
<td>Children notice an absence when a death has happened, but cannot make sense of the permanency of it</td>
</tr>
<tr>
<td>Theory of Mind</td>
<td>Young children understand the desires of others, attend to what others are looking at, use social referencing, have mental representations, and they have beliefs which might differ from reality</td>
<td>Different mental states will interact with their understanding of death. They might have the belief and the mental representation of the living as still functioning.</td>
</tr>
<tr>
<td>Theory of Mind (continued)</td>
<td>They desire the living to come back.</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>They are attentive to what others see, and are also aware of the emotions of others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use social referencing as a cue how to react to the death</td>
<td></td>
</tr>
<tr>
<td>Self-concept</td>
<td>Young children recognize themselves in a mirror, then they later begin describing things about themselves.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Young children are learning how the deceased are no longer functioning, but also how they have changed because of another’s death</td>
<td></td>
</tr>
<tr>
<td>Emotions</td>
<td>Young children experience anger, happiness, fear, sadness, surprise, and disgust. They act prosocially to help those who are distressed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children are attuned to the emotions of others and are learning about their own emotions caused by a death.</td>
<td></td>
</tr>
</tbody>
</table>

Cognitive Development and Children’s Understanding of Death

A young child’s cognition is still under development, which makes some aspects of death difficult for them to understand. A child’s understanding of death develops as the child grows older and their cognitive abilities are developed. One study regarding the progression of a children’s understanding of death asked children ages 3-10 “What is death?” and “Why do people die?” (Nagy, 1948). The responses were categorized into three stages:
1. There is no definitive death

2. Death=a man

3. Death the cessation of corporal activities

It was found that young children, ages 3 to 5 years old, were in the first stage of death understanding. In this stage, the children saw death as only a separation or they saw it as temporary. One of the responses from the study was that death only lasted a few days, another child responded that the heart does not beat so the person is dead (Nagy, 1948). From this study it can be understood that young children can grasp some ideas about death, but make mistakes about some of the ideas. It is apparent that these children are aware when a death happens or how it happens, but do not understand that the death is permanent.

It is difficult for young children to understand that death is permanent because they see it only as being a temporary departure (Nagy, 1948); they do not understand that the deceased will not be returning. However, because object permanence can be seen in children as young as a few months old, it can be expected that children notice when someone is missing. Since young children are capable of noticing this change in their routine lives, it should be addressed. They may notice that their mother does not come to comfort them anymore when they cry, or that their dad is not there when they wake up. They might not be able to voice the fact that they notice their loved one is gone, but that does not mean that they are unaware of the absent adult. They may not understand the
permanency of the change they notice, but they do notice something is different. Children who notice a change, and who see death as a temporary separation are also thought to be in Piaget’s preoperational stage.

Children in the preoperational stage think in terms of centration, which explains why they are only able to consider one aspect of death at a time. Children in this stage are able to mentally represent objects, yet they do not have the ability of reversibility. So although children in the first stage of understanding death can realize that a death has happened, they are unable to also understand that death is not reversible (Nagy, 1948); they see things as they are and are unable to see them back in their original state.

Therefore, it makes sense for children in the first stage of death understanding, there is no definitive death, to not fully understand irreversibility of the death. Young children might have a mental understanding of being gone, but in their world “being gone” usually means the parent comes back (e.g., they come back to pick up the child at the end of the day, or they come back from a trip) (Speece & Brent, 1984). Since a child younger than three years of age does not understand reversibility, understanding death can be confusing and frustrating.

As indicated above, scholars have considered stages of death understanding. A more comprehensive theory regarding stages of death understanding is presented below, wherein the stages presented are related to the concepts involved in understanding death. In this stage theory, a child
progresses through the stages of understanding death when they start comprehending more concepts (i.e., when they progress in terms of cognitive development). Specifically, this conceptualization of death understanding is comprised of 10 components in which the first three stages are applicable to young children (Kane, 1979; Speece & Brent, 1984; Willis, 2002; Nagy, 1948). The components, as seen in Kane (1979), are described below in Table 2, with personification being dropped from the list because it was thought to be included in Realization.

Table 2

*Components of the Death Concept (Kane, 1979)*

<table>
<thead>
<tr>
<th>Component</th>
<th>Explanation</th>
<th>Ages at Which it is Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realization</td>
<td>Being aware of the death</td>
<td>By age 3</td>
</tr>
<tr>
<td>Separation</td>
<td>The location of where the dead are</td>
<td>By age 5</td>
</tr>
<tr>
<td>Immobility</td>
<td>The child’s idea of whether or not the dead are capable of moving</td>
<td></td>
</tr>
<tr>
<td>Irrevocability</td>
<td>Thinking of death as either permanent or temporary</td>
<td></td>
</tr>
<tr>
<td>Causality</td>
<td>The idea of what caused the death</td>
<td>By age 6</td>
</tr>
<tr>
<td>Dysfunctionality</td>
<td>Whether or not the dead can function or not</td>
<td></td>
</tr>
<tr>
<td>Universality</td>
<td>The idea that death happens to everyone</td>
<td></td>
</tr>
<tr>
<td>Insensitivity</td>
<td>The child’s idea of whether or not the dead can still think or dream</td>
<td>By age 8</td>
</tr>
<tr>
<td>Appearance</td>
<td>How the dead look to the child</td>
<td>By age 12</td>
</tr>
</tbody>
</table>
These first three components of death understanding can be linked to the previous stages of death understanding presented above. For example, a child in the first stage of death understanding—no definitive death (Nagy, 1948)—has the realization that a death has happened, but has no concept of separation; they have no understanding of where the deceased is located. The components a child comprehends determines where they are in their development of understanding death (Kane, 1979). Young children are capable of understanding some of the components, but because of their cognitive abilities, they are not able to understand all of the parts.

As discussed earlier, young children are believed to be in Piaget’s beginning stage of preoperational thinking, and they are capable of understanding only one aspect at a time. Children in this stage of development mainly understand three components of a death concept: realization, separation, and immobility (Kane, 1979). A child’s death concept was decided by which components were present or absent. As a child’s understanding of more components became present, their concepts of death became more developed. By age 5, these children may understand the three said parts, but the concepts are not interrelated (Kane, 1979). These children are capable of knowing that the person is dead, or gone, but they are unable to understand that the separation is permanent. A child with this understanding might also know that the deceased is unable to move, but they might also see this immobility as temporary. With a child’s cognitive development comes their ability to think about more than one
aspect at a time, thus, their understanding of a death concept grows (see Table 1). As children develop cognitively, they are able to consider more parts of a death concept. Children in the concrete operational and formal operation stages are able to understand death better with age (Kane, 1979). These children transform their thinking from specific and concrete thinking to more abstract thinking. By age 8 children are able to understand all of the components, except for appearance, which develops by about 12 years of age (Kane, 1979). This is just an example of how children’s thinking of death changes with age. Talking to a child about death depends on their cognitive development as well as their understanding of a death concept.

With a developing death concept, children will have more questions about death that can be answered with more complex explanations. When a young child matures they will be able to understand more components, and be able to hold more than one understanding at a time because they are also undergoing cognitive development. A young child might only be able to understand the component of realization, but as they develop they might be able to understand realization and separation. As the child develops and matures, they will be able to understand more components of a death concept, which means adults can use more complex language and ideas with the child. Complex ideas and language will be lost on a young child who is not developmentally ready to understand more than one component; a young child needs an adult to describe death in a simple and concrete manner. A simple rule of thumb when discussing
death with children, no matter their age, is “Never tell the child what he will later need to unlearn” (Grollman, 1975, p. 4).

Theory of Mind and Children’s Understanding of Death

A young child’s developing ToM can impact how they understand death; all of the mental states that make up ToM come into play when considering how a young child understands death. A young child’s desire might be to see the deceased or have the deceased help comfort them. The concept of realization is present because they know that someone has died, yet they do not understand the permanency of the death when they want the dead to return. Belief, another part of ToM that would impact how a child understands death, would be their belief that the dead can continue to function, or that the deceased will come back. A child’s belief can be closely tied with their mental representation of the dead. A young child might have the mental representation of the dead person being able to eat or sleep. This is partly because the child does not understand that the dead do not need to function once they have died; they do not have the concept of dysfunctionality yet. The attention of a young child might be directed at the other people around them and noticing the changes they see. For example, a young child might notice more people crying, or follow the gaze of a mourning adult out the window. A young child would not understand that an adult who is gazing out the window is thinking, which is the mental state of knowledge; they are unaware that a mental process is taking place. The final mental state of ToM is emotions. When a death has occurred a child might be confused by the
emotions seen in others; they are not used to seeing so many adults cry and look sad for so long.

Self-Concept and Children’s Understanding of Death

A child’s developing self-concept can be impacted by death in that their life and the lives of others have been changed. A child between 18 and 30 months old (Stipek et al., 1990), who has a developing self-concept, will see themselves as separate from others. Being able to differentiate between self and others will allow a child to describe themselves as living or alive, because they are still breathing and moving, whereas the deceased are no longer functioning. Since part of a child’s self-concept is how others see them, a young child might continue to describe themselves as the “baby” of the family since others still see them as such. Later in development, young children might see other children with two parents and evaluate themselves as not having a mother or father anymore once they understand that their deceased parent is permanently gone. However, they might still evaluate themselves the same regardless of the fact that their loved one is gone; they still consider themselves to be “girl” or “boy” and they are still “good”. Since the child has developed a sense of self and knows that they are separate from others, they are better able to describe their characteristics or attributes. These older toddlers with symbolic thinking are better able to mentally represent how they see themselves and how others see them, too. Others will still see the child as “good” and still see them as a part of the family, regardless of who died.
Emotional Understanding and Children’s Understanding of Death

Since children are capable of expressing emotions at a young age, it would be appropriate for adults to talk to children about the emotions they express during their grieving process. Emotional expressions are seen on a daily basis. For example, young children are capable of mirroring back a smile while engaging with a parent in a game of peek-a-boo, which can imply the child is expressing joy. A young child will cry when they are hurt or their favorite toy gets taken away by another child. When a parent drops off their young child at a day care, the child might cry and point at the door, letting the teacher know they want to go with their parent. Examples like this connote that children are able to express different responses to certain situations, before they are able to verbalize their understanding of what they are feeling.

When a child experiences a loss they may experience many emotions but not be able to verbalize them, which can be confusing to them. For example, young children are likely to physically express anxiety and confusion (Abrams, 1999), have feelings of abandonment (Plank, 1968), sadness, fear, regression, a lack of feelings, or they might act out (Wolfelt, 1983). Grief can be expressed through crying, a knit brow, being quiet, or even showing signs of ongoing distress or uneasiness. One minute a young child might express extreme sadness while the next minute they might seem to be their normal self; they express grief in a variety of ways, which can be similar to the way an adult’s grief
comes in waves. Adults need to be attuned to what their child is expressing and comment on what they see so they child can learn the words for their emotions.

Young children utilize social referencing as a way to understand how to react to a certain situation such as a death. Young children will look to the adults in their life and notice how they are reacting to the loss. Although a young child might not fully understand that someone has died, they will notice others crying, people acting differently than they normally do, or perhaps even become attuned to anger. Young children will see how others are reacting and mirror it, which impacts how they react to a death. A young child might act more irritable because they sense a feeling of uncomfortableness from the adults around them. Infants and toddlers will detect the differences they see in people and use that as a way of dealing with a death, even if the death is only understood as a separation or change in their life.

As discussed earlier, young children display helping behaviors to those they see who are distressed by acting prosocially and hugging the person or patting their back. These prosocial acts are another example of how children emotionally understand a death. Although young children might not understand that death is permanent, they are attuned to how others are feeling in those moments and they will try to help the others feel better. Seeing someone who is sad or displaying anger would prompt a young child to help that person to feel better. The young child might not fully comprehend why the person is distressed,
but they do realize that the person is in need of help, and are capable of comforting them.

**The Adult’s Role**

In the previous sections, a young child’s development was discussed and how that development impacts their understanding of death. With a better understanding of how children think about death, the role of the adults in the child’s life can then be discussed.

**Reflect on One’s Own Attitude Toward Death**

The topic of death may be taboo in our culture, but this fear and forbidden topic does not have to be passed down to younger generations. A large factor in becoming comfortable with discussions about death is reflecting on your own attitudes toward the subject:

We are more likely to be successful and to be comfortable with interactions that we have anticipated at least in some measure and with those to which we have given some forethought…Preparation for helping with death education is mainly two sorts: (1) initiating reflection on one’s own thoughts and feelings about death and (2) a study of relevant content in the field of death, dying, and bereavement. (Corr, 1982, p. 53)

This does not mean that an adult will magically be ready to openly discuss death once they reflect on their own feelings, but it will help them gradually become more aware of their feelings and, hopefully, more comfortable with the topic. Since children use social referencing to understand how to react toward
certain situations, it can be assumed they would be able to sense an adult’s uncomfortableness, or silence, about the topic. Children are interested in death and are capable of understanding dimensions of death, so the adult’s perceptions about the subject need to be addressed in order to talk about it in an open manner.

Be Honest with Them

Being honest about a death does not mean adults share all the details, but rather sharing with the child what they can understand. To illustrate this idea, it would be developmentally appropriate for the adult to tell the child something such as, “Their heart stopped beating and they died” or “They stopped breathing and they died”. It would be inappropriate to tell a child, “They had a cardiac arrest and the doctors could not resuscitate them”. The child would not be able to understand any of that explanation because the terms are too advanced and too abstract. However, if death is explained in tangible parts then it will be less overwhelming for the child to try to understand. The adult is being honest and concrete about what happened to the deceased, but at the same time not sharing what the child cannot comprehend. Adults can talk about this in a way a child can understand, “I know you want Grandma to come back, but she died and cannot come back”. This explanation acknowledges the child’s desire, but also lets the child know that death means the deceased cannot come back in a way that they can understand.
Euphemisms are not a concrete nor honest explanation of death, and can be confusing to young children. Young children are especially confused by phrases such as “He’s sleeping” or “She is on a trip” as they do not help the child understand the finality of the death. People wake up from sleep all the time, which means the child would think the person will wake up. Telling a child that the deceased is “sleeping” also does not confirm their realization that a death has occurred; it negates the fact that a death has happened because it is being labeled as sleep. Young children already believe that the deceased can continue to grow and breathe (Nagy, 1948), but an adult labeling death as “sleep” or a “trip” implies that the deceased is still functioning in the same manner as when they were alive. It is better to avoid euphemisms and be honest with the child about what has happened to avoid further confusion.

Be an Emotional Role Model

It is important for adults to label and identify their own emotions, as well as model their own emotions. Since children are social referencing while in the presence of adults, children share their parents’ emotions (Denham, 1998). For example, when mourning a death, it is okay to let the child know you are feeling sad and missing the person who died; “You see me crying. I am sad today because I miss Grandpa”. Adults may feel the need to not cry so they do not upset a child, but in reality, seeing an adult cry lets the child know that it is also acceptable for them to cry, too.
Children may be aware of the distress of others and respond to those emotions, but they might not fully understand all of the various emotions. This is where the role of the adult takes place. Children who have parents who discuss emotions with them, and have discussions that encourage their reflection on the emotions of others, are more likely to display prosocial behaviors (Brownell, Svetlova, Anderson, Nichols, & Drummond, 2013). Not only do children need adults that will encourage reflection of emotions and respond to the emotions they see, but children also need adults to be mindful of what they are seeing. “The emotions we adults demonstrate, the way we talk about emotions, and the ways we react to children’s emotional experiences are important contributors to children’s enduring patterns of emotional expressiveness” (Denham, 1998, p. 130).

**Be Attentive and Responsive to Their Feelings**

Mind-mindedness is the ability to understand the child’s internal state and then interact with the child accordingly (Meins, Fernyhough, de Rosnay, Arnott, Leekam, & Turner, 2012). An adult who is appropriately minded will correctly understand how the child is feeling, label it correctly, and respond accordingly. Young children need adults who not only understand how they are feeling inside, but also be able to react to it in a manner that matches their feelings. For example, an adult might see a child dumping balls out of a box, thus creating a mess, but instead of getting upset at the child, offers the child a bigger box with more to dump because the child expressed interest in watching the balls fall.
Adults can help children better understand emotions through discussions, being mindful, and modeling.

A large part of emotional literacy is vocabulary to identify and describe different emotions (Joseph & Strain, 2003). Children may feel a certain emotion for different reasons, which can also be confusing if the child does not have guidance from an adult. For instance, a child may feel sad when their mom leaves, but they might also feel sad when they drop their ice cream. But the adult could use other words such as disappointed, heartbroken, or lonely to describe the previous examples. It helps to have an adult around who can identify the difference and perhaps introduce new vocabulary, which will increase the child’s vocabulary of feeling words (Joseph & Strain, 2003). Literature can introduce new emotional vocabulary and teach emotions through matching pictures of feelings with feeling words in a more direct manner (Joseph & Strain, 2003). A child might see an illustration of a child crying about the death of a pet and be able to relate to the child in the book. The adult can relate the illustration to how the child reacted to the death by saying something such as, “You wanted hugs after Grandma died because you were crying and sad, just like the boy in the book.”

Create a Predictable and Caring Environment

Since young children see death as a separation or even an abandonment, it is crucial for adults to create an environment in which the child feels loved and that others are not going to leave them, too (Jackson, 1982). The loss of a loved
one, such as a parent, can mean a disruption in the daily routine of a family, which is why the child needs a caring and close adult to help them through the change. Young children are accustomed to having routines such as eating, sleeping, the people they see, and the sequence of when a parent leaves and comes back. Because children are comfortable with a predictable routine, and a death disrupts that routine, it is important for adults to try and keep the routine as normal as possible (Kroen, 1996). This is not to prevent the child from noticing the absence, but rather to help the young child realize that they will still be loved and taken care of by those around.

Part of a child’s daily routine might involve going to day care, which is where the role of the caregiver comes into play. Educators play a unique part in a child’s life because they are a constant in the child’s life while the parent is at work or school. A child’s classroom is an environment in which they feel safe—both physically and emotionally—it is predictable, and if they make mistakes they know it is okay (Wood, 2008). This type of environment will allow the child to be open about their grief and ask the questions they might not be able to ask their parents. When a death occurs, especially the death of a close relative, the parent(s) are likely to be overwhelmed with grief and not able to attend to their child’s grief. A teacher may be able to provide the availability a grieving parent might not be able to provide at first. The teacher may also have resources for the parent such as support groups, books to read with the child, or ideas of activities that the child can do to honor their loved one (Wood, 2008).
As the child develops, they might think that they had something to do with
the death, so adults need to reassure the child that they did not cause the death.
The component of causality—of knowing what something internal or external
caused the death—should then be addressed. Young children struggle with how
a death happened. Some young children might think that they caused the death
because of something they said or wished would happen, which needs to be
clarified by an adult so the child does not develop a sense of guilt for something
that was out of their control (Willis, 2002). It is important for adults to reassure the
child that death happens to all living things and that the deceased’s death had
nothing to do with the child’s thoughts or actions, “You loved your daddy and he
loved you. He was just very, very sick and died. There is nothing we could have
done.” Being truthful, yet keeping it focused on the internal cause (he was sick)
can help the child understand it had nothing to do with them.

Include Them in the Process

Adults are hesitant to involve children in the burial services such as
funerals for fear that they might frighten the child or possibly cause anxiety.
However, a child should never be forced to attend a funeral, but rather given a
choice of attending or not (Jackson, 1982). Since the funeral will be a new
experience, the child should be briefed about what happens at a funeral or what
to expect at a cemetery before they are asked if they want to go or not.
Closing Thoughts

Every death is different, just as every child is unique. With each death and child being different, it is not possible to have a cookie-cutter technique on how to discuss death with children. There might not be a single way that would be suitable for every case of death, but the focus should be on including children in the process in ways that they can understand, instead of lying to them or hiding it from them. Children are curious about life and death, and that curiosity should be approached with understanding and honesty, keeping in mind the child’s developmental capabilities. Elisabeth Kübler-Ross (1969) said it the best about discussing death with children:

They [children] are often the forgotten ones. Not so much that nobody cares; the opposite is true. But few people feel comfortable talking to a child about death. Young children have different concepts of death, and they have to be taken into consideration in order to talk to them and to understand their communications. (p. 157)

The subject of death is appropriate for children once adults understand how children conceptualize and understand the subject.

Purpose

The purpose of this project is to increase parents’ comfort level of discussing death with young children, as well as improve their understanding of what children already know about death. This will be done through asking parents to reflect on their own attitude toward death, introduce parents to their
child’s cognitive development and emotional skills, and finally, through examining what children already comprehend about death. It is expected that parents who have more education about child development, are introduced to a child’s existing death understanding, and have resources available concerning death will be more comfortable when having discussions about death with young children.
CHAPTER TWO

METHODS

Overview

The purpose of this project was to increase parents’ knowledge about how children understand death so they are better prepared to discuss the topic with young children when it arises. The sessions were meant to be proactive, giving parents the information and resources needed to feel more comfortable when the topic of death arises. Parents attended three sessions entitled, “Let’s Talk About Death” (see Table 3). The sessions focused on topics related to death, including an introduction that included the cognitive and emotional abilities of young children, what children think about death, what to say, and resources to help keep the dialogue open. At the start of the first session, participants completed a short scale to determine their death anxiety (see Appendix C). Participants completed a pre-session assessment at the start of the sessions to determine if they felt prepared to discuss death with children, or to voice what they needed to feel more prepared (Appendix B). Once the 3 sessions were completed, participants completed a post-session assessment (Appendix D) to determine what they gained from this experience and how comfortable they now are in discussing death.
Table 3

Session Schedule and Breakdown

<table>
<thead>
<tr>
<th>Session</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>1. Pre-Session Survey</td>
</tr>
<tr>
<td><em>(1 Hour)</em></td>
<td>2. Death Anxiety Scale (DAS)</td>
</tr>
<tr>
<td></td>
<td>3. Death is Everywhere</td>
</tr>
<tr>
<td>Session 2</td>
<td>1. Cognitive Abilities of Young Children</td>
</tr>
<tr>
<td><em>(2 Hours)</em></td>
<td>2. Emotional Capabilities of Young Children</td>
</tr>
<tr>
<td></td>
<td>3. What Children Know about Death</td>
</tr>
<tr>
<td>Session 3</td>
<td>1. The Adult's Role</td>
</tr>
<tr>
<td><em>(2 Hours)</em></td>
<td>2. What to Say/Not to Say</td>
</tr>
<tr>
<td></td>
<td>3. Activities and Resources</td>
</tr>
<tr>
<td></td>
<td>4. Post-Session Survey</td>
</tr>
</tbody>
</table>

Participants

Four participants from California State University, San Bernardino's Infant/Toddler Lab School (CSUSB’s ITLS) participated in this project. However, one participant dropped after the first session. The participants ranged in age...
from 26 to 36 years old (m=32.3 years). The three participants were all Caucasian. Two of the participants were female, with the last participant being male. Participants included two parents of young children, and one teacher who did not have any children. The participants were recruited via flyer from CSUSB’s ITLS. The Psychology Subcommittee of the Institutional Review Board (IRB) approved the study and participants gave informed consent (Appendix F). There was a book raffle at the end of each session, with the winner receiving a children’s book about death.

Measures

Pre-Session Survey

A self-created 18-question survey was administered at the start of the first session to understand what participants believed was necessary to know before talking to young children about death, as well as what they hoped to learn in the sessions (Appendix B). Demographic questions were also included in this survey.

Adult’s Death Anxiety

The Death Anxiety Scale (DAS) (Templer, 1970) was completed by participants in the first session (Appendix C). This 15-question scale is intended to measure an adult’s anxieties of death (e.g., “I am very much afraid to die”). The scale ($r=.83$) was used as a self-reflection tool for participants, keeping the focus on how their anxieties may interfere with how they approach conversations about death with young children.
Post-Session Survey

At the closing of the third session, a survey created by the researcher was administered to participants. The 16-item survey (Appendix D) was created to determine if participants better understood how children understand death, and if they felt better prepared to discuss death when the topic arises. Additionally, participants provided feedback as to what they gained from the sessions. Questions from the pre-session survey were included in the post-session.

Development of Project Materials

Participants were recruited from CSUSB’s Infant and Toddler Lab School (ITLS) via flyer. The flyers were posted throughout the center and each family received a flyer (Appendix A). Although the flyers were presented to parents, one teacher expressed interest in attending the classes as well.

The three sessions were split into three separate topics; one topic per session. The topics included: Facing Your Own Feelings about Death, Children’s Understanding of Death, and The Adult’s Role in Discussing Death with Young Children. Sessions also included discussions and activities for the participants. Throughout the three sessions, participants were encouraged to ask any questions they had, or share any thoughts they had about the subjects being discussed.

Facing Your Own Feelings about Death (Session #1)

The sessions began with an introduction about why discussing death should be considered an important and relevant topic with young children. The
session introduced the idea that adults need to prepare themselves in order to
discuss death with young children. Researchers have suggested that adults
come to terms with their own feelings and thoughts toward death as part of
preparing to discuss death (Corr, 1982; Crase & Crase, 1976). Therefore, the
Death Anxiety Scale (Templer, 1970) was administered (see Appendix C) so
participants had an opportunity to identify their fears and anxieties about death,
as well as time to reflect on their findings. The purpose of the session was to
focus on understanding the cognitive and emotional development of young
children, and how their development is connected to their understanding of
death. Therefore, participants were asked to score their own DAS and keep the
scale as a reminder of their own anxieties and how their score might impact how
they approach the topic of death with their own child.

In addition to the DAS, participants were asked to complete a pre-session
survey (see Appendix B) to pinpoint what they needed in order to feel more
comfortable in discussing death with young children, and what they hoped to gain
from the upcoming sessions. This session was shorter in duration so participants
had time to reflect on their feelings toward death before learning about what
children know and understand about death.

Children’s Understanding of Death (Session #2)

In order to understand what children comprehend about death, a child’s
development must first be taken into account (Jackson, 1982). In the second
session, children’s cognitive skills were addressed, as well as their emotional
understanding (see Appendix E for PowerPoint and handouts). Children have different concepts and understandings of death that need to be understood by adults before speaking to them about death (Kübler-Ross, 1969). Piaget’s developmental stages were explained, as well as some Neo-Piagetian theories to give participants a better understanding of children’s cognitive abilities. Children’s emotional understandings included ideas such as social referencing, helping behaviors, and self-concept. Once the child’s cognitive and emotional understandings were identified, then death concepts were discussed.

Death concepts and stages of death understanding were explained using the stages described by Kane (1979) and Nagy (1948). This information provided participants with the information needed to understand what young children know about death and the developmental skills behind their understandings.

The Adult’s Role in Discussing Death with Young Children (Session #3)

Young children need adults who can have open discussions with them about the subject in “teachable moments” (Corr, 1982, p. 52), such as seeing a dead animal on the road, and when a more serious and personal death has occurred. Sara Smilansky (1987) compared the introduction of death in “a light dose” to immunizing a child (p. 24); you introduce them to a small amount and later in life they will be better prepared to cope with the death. During this final session, participants learned strategies to take advantage of the teachable moments in life. Participants were given handouts and PowerPoints (see Appendix E) that have suggestions on what to say in these moments, resources
to help with discussions (e.g., websites and books), and activities that incorporate lessons about life and death. These resources acted as only suggestions, since every death is different and each individual will have a different response to the death.

A post-session survey (Appendix D) was administered at the close of the session to measure how comfortable participants are now with discussing death with young children and if they learned anything from the sessions. Participants were encouraged to leave feedback about any improvements that could be made to make the sessions more valuable.
CHAPTER THREE

RESULTS

Pre- and Post-Surveys

Pre-Session Survey

In the self-created pre-session survey, participants were first asked questions pertaining to demographics. Participants ranged in age from 26 to 36 years of age (m=32.3 years old). There were two female participants (67%) and one male (33%) participant. All participants were Caucasian. Participants were asked to provide information about their current occupation, which role best describes their current status, and the highest level of education they have completed (Table 4).

Table 4

Demographic Information

<table>
<thead>
<tr>
<th>Current Occupation</th>
<th>Current Role</th>
<th>Highest Level of Education</th>
<th>Age You First Experienced a Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 Child care director</td>
<td>Parent</td>
<td>MA</td>
<td>19 years old</td>
</tr>
<tr>
<td>P2 Teacher</td>
<td>Student (MA), Teacher</td>
<td>Bachelors degree</td>
<td>11 years old</td>
</tr>
<tr>
<td>P3 Learning and development consultant</td>
<td>Parent</td>
<td>Masters degree</td>
<td>5 years old</td>
</tr>
</tbody>
</table>
In addition to the demographic information, participants were asked to state the age in which they first experienced the death of a family member. The mean age for this question was 11.6 years old.

Additionally, participants were asked seven questions that asked how comfortable they were with death and discussing it with young children. The following table depicts the self-created survey’s pre- and post-test scores. The data in Table 5 were coded 1 through 4 as indicated below.

Table 5
Pre- and Post-Test Means (1=Strongly Disagree/Very Uncomfortable, 4=Strongly Agree/Very Comfortable)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would be comfortable talking to a young child (under the age of 5) about the death of an animal or pet.</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td>I would be comfortable talking to a young child (under the age of 5) about the death of a person</td>
<td>2.6</td>
<td>3.6</td>
</tr>
<tr>
<td>In general, how comfortable are you with talking about death?</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Young children have an understanding of death</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>I can protect children from learning about death until a later age</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>I avoid discussions about death with young children</td>
<td>2.3</td>
<td>1.3</td>
</tr>
<tr>
<td>If I knew more about death I would be more comfortable discussing it with young children</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Initially, participants were somewhat comfortable discussing the death of a pet with a young child, but they did not feel as comfortable discussing the death of a person to a young child. Participants were fairly comfortable discussing death in general in the pre-session survey. For example, two participants answered they were “somewhat comfortable” At the start of the sessions, participants did not have a high belief that children understood death, with one participant who strongly disagreed with the statement, “Young children have an understanding of death”. Participants answered that they could not protect children from learning about death until a later age. It was also apparent that participants somewhat avoid conversations about death with children. Participants felt that if they knew more about death they would be more comfortable discussing it with young children.

At the close of the sessions, the results indicated that participants were slightly more comfortable discussing the death of a pet or animal with young children. Participants showed an even bigger increase in comfort level when discussing the death of a person with young children; two participants strongly agreed with the statement, “I would be comfortable talking to a young child (under the age of 5) about the death of a person”. Post-session results demonstrated an increase in the awareness participants had concerning children’s understanding of death.

Some of the questions showed improvement in comfort level, while other results stayed consistent. There were minimal improvements in how comfortable
participants were discussing with young children the death of an animal or pet. There was an increase concerning how comfortable participants would be talking to young children about the death of a person. To go along with the comfort level of discussing death with young children, participants also showed a decrease in avoiding death discussions with young children; they are less avoidant with these discussions. However, the comfort level of discussing death in general remained the same, as well as understanding that they cannot protect children from learning about death until later in life.

The pre-session survey was also comprised of open-ended questions to obtain a better understanding of what participants expected from the sessions, and what they needed in order to become more comfortable with the topic of death (see Table 5). The questions for the short answer section were as follows: “What information is needed for you to feel better prepared to discuss death with children?” (Q1), “What is your biggest fear when thinking about discussing death with children?” (Q2), and “What do you hope to gain from these sessions?” (Q3). The responses for the three short answers are provided on Table 6.
Table 6

*Short Answers from Pre-Session Survey*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Short Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1: Q1</td>
<td>&quot;Developmentally appropriate ways to discuss it in a way they understand and can make sense of it.&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P1: Q2</td>
<td>&quot;Saying something that causes them to worry. What if I say something wrong?!&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P1: Q3</td>
<td>&quot;I would love to learn how young children process death and how I can best help (e.g., what to say, what to do/not do)&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2: Q1</td>
<td>&quot;An understanding of how children process death, samples of what to say to children about death, and knowing how/if children grieve.&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2: Q2</td>
<td>&quot;Not being able to provide them with satisfying answers/not allowing them the opportunity to grieve.&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2: Q3</td>
<td>&quot;Feeling prepared to discuss/help children process death.&quot; (P2, personal communication, 2016)</td>
</tr>
<tr>
<td>P3: Q1</td>
<td>&quot;How their minds process this information. What words would make sense to them. The timing, not just age but time of day/week. Context and setting; are some locations better than others? How often and to what depth to talk about it.&quot; (P3, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3: Q2</td>
<td>&quot;Scaring them in some way. They shouldn't be afraid, but I know I was, and I hope there is a better way to explain it.&quot; (P3, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3: Q3</td>
<td>&quot;Knowledge of how children process death and ways I can approach those conversations when they become necessary.&quot; (P3, personal communication, 2016)</td>
</tr>
</tbody>
</table>

Participants were lastly asked which resources would be most helpful to them out of the four items listed: Websites, books, scripts of what to say, and
personal experiences. Two participants circled books and scripts of what to say, while the other participant circled all of the resources.

Post-Session Survey

In addition to the repeated pre-session questions discussed earlier in Table 5, participants were asked to provide open-ended feedback in the post-session survey.

The first question asked if the class was helpful, and to explain why. All of the participants found the sessions to be helpful. Participants mentioned that the classes provided them with understandings of what children can and cannot understand, as well as answering the questions they had (Table 7).

Table 7.

Was This Class Helpful to You? (Please explain)

<table>
<thead>
<tr>
<th>Participants</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>&quot;Very! I learned ways to introduce the concept of death in developmentally appropriate ways&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2</td>
<td>&quot;Yes, I feel more confident and prepared to talk to children about death as well as understanding what they can and cannot understand developmentally&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3</td>
<td>&quot;Yes, it covered the most important questions I had&quot; (P3, personal communication, March 2016)</td>
</tr>
</tbody>
</table>
The second question asked what the most useful thing learned from the sessions was. Participants answered that learning how to discuss death with young children in ways they understand, and knowing what to say were the most helpful tools they learned from the sessions (See Table 8).

**Table 8**

*What Was the Most Useful Thing You Learned?*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P1</strong></td>
<td>&quot;That it is best to be honest and matter-of-fact about death with my daughter (I technically knew this but it was reinforced), and not to pass on my anxieties!&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td><strong>P2</strong></td>
<td>&quot;How to talk to children about death&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td><strong>P3</strong></td>
<td>&quot;How children learn and process information. What they are and aren't ready to talk about. How and when to talk to them and specific things to say&quot; (P3, personal communication, March 2016)</td>
</tr>
</tbody>
</table>

The third question asked what participants had gained from the sessions. Two participants answered that they had gained confidence, either in their understanding of how children understand death, or confidence in knowing how to be a role model to their children (Table 9).
Table 9

What Do You Feel You Gained from These Sessions?

<table>
<thead>
<tr>
<th>Participants</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>&quot;Learned helpful things to say and what not to say. Make the most of teachable moments. How young children understand/process death&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2</td>
<td>&quot;Confidence in my understanding of how children comprehend death&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3</td>
<td>&quot;Confidence to rely on my own emotions to be a positive role model for my children. Knowledge of what they are capable of understanding and how and when to talk about death&quot; (P3, personal communication, March 2016)</td>
</tr>
</tbody>
</table>

The fourth question asked participants what they thought was the least valuable thing they learned from the session. All participants said that all of the sessions were valuable (Table 10).
Table 10

What Was the Least Valuable Thing You Learned from This Session?

<table>
<thead>
<tr>
<th>Participants</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>&quot;It was all valuable information&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2</td>
<td>&quot;N/A&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3</td>
<td>&quot;Nothing, seriously. It was all valuable&quot; (P3, personal communication, March 2016)</td>
</tr>
</tbody>
</table>

Question five asked participants to describe what changes could have been made to the sessions to make them more beneficial. One participant had hoped for more details about how to discuss Heaven, while another participant had hoped for more opportunities to practice what was learned (Table 11).

Table 11

What Changes Can Be Made to Make These Sessions More Beneficial?

<table>
<thead>
<tr>
<th>Participants</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>&quot;Nothing&quot; (P1, personal communication, March 2016)</td>
</tr>
<tr>
<td>P2</td>
<td>&quot;I would like to know information about how children process Heaven. We discussed good ways to talk to children about Heaven briefly but I do wonder what is appropriate for each age&quot; (P2, personal communication, March 2016)</td>
</tr>
<tr>
<td>P3</td>
<td>&quot;A chance to practice, using small groups to say some of the messages out loud and get used to saying it&quot; (P3, personal communication, March 2016)</td>
</tr>
</tbody>
</table>
The sixth, and final, written explanation question was asking participants which tools, if any, they will be using in future discussions about death. All of the participants said that they would be using the tools that were discussed during the sessions (Table 12).

Table 12

Will You Be Using the Tools Discussed During the Sessions? If So, Which Information?

<table>
<thead>
<tr>
<th>Participants</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>&quot;Yes! Books, websites, helpful phrases, using teachable moments with animals, pets, etc.&quot;</td>
</tr>
<tr>
<td>P2</td>
<td>&quot;Yes, anytime a death arises or children have questions about death&quot;</td>
</tr>
<tr>
<td>P3</td>
<td>&quot;All the books! And Sesame Street!&quot;</td>
</tr>
</tbody>
</table>

The next questions were on a scale from 1 (“not at all”) to 5 (“very likely”). The first question asked, “How likely are you to share the information with other families or teachers? (Circle one)”. The mean response for this question was 4.6.

The following question followed the same scale rating 1-5, “How likely are you to use the information when your family or classroom encounters a death? (Circle one)”. The mean response for this question was 5.0.

Overall, the participants indicated that the sessions were a helpful experience.
CHAPTER FOUR
DISCUSSION

The purpose of this project was to educate participants in how children develop cognitively and emotionally, and how their development is linked to their understanding of death. Participants were also asked to reflect on their own feelings about death (through the Death Anxiety Scale) because “Preparation for helping with death education is mainly two sorts: (1) initiating reflection on one’s own thoughts and feelings about death and (2) a study of relevant content in the field of death, dying, and bereavement” (Corr, 1982, p. 53). This self-reflective activity revealed that participants had varying levels of anxiety about death prior to the sessions employed. One participant voluntarily shared their DAS score, which was at the low end of the scale, and reasoned that their score was low because of their faith and that perhaps they grew out of the anxieties they had about it before. Another participant mentioned their score was “higher”, and that they did not want their child to have the same anxiety about death that they did. This was helpful to know prior to beginning the sessions as they were designed to function as a preventive resource for adults to use so they are more comfortable discussing death with young children before a major death occurs and initial anxiety about death is important to gauge.

Overall, the pre- and post-test results indicated that after the sessions, participants felt more comfortable discussing the deaths of animals and people with young children. The biggest improvement was regarding how comfortable
participants felt they were discussing death with young children. Inversely, participant’s score about avoidance of the discussion of death with young children decreased. The results also showed that participants better understood that young children have an understanding of death. As Nagy (1948) found, young children are mainly in the first stage of death concept, there is not definitive death. They may only understand parts of the death concept, but the participants learned that they do have an understanding, no matter how simple it is.

In addition to the information gleaned from the surveys, participants also participated in discussions during the sessions that were indicative of the helpfulness of the death education training provided. For example, on the pre-session survey, all participants answered that books and scripts of what to say would be the best resources when they have to discuss death with young children. As books were one of the resources all participants agreed on as being the best for discussing death with young children, a children’s book about death was read at the beginning of each session. The books served as an example of the types of books that are available as resources, but also to demonstrate to participants that the subject of death could be written in non-threatening or scary ways, in language that can be understood by young children. One of the books was described by a participant as “sweet and appropriate”, especially liking the closure the character in the story was allowed to have.
The first session provided participants a chance to talk about their first experiences with death and how they felt. One participant discussed how they had encountered the death of a friend at a young age and how no one ever explained it, not even at school. Another participant said they couldn’t recall a person dying while they were in early childhood, but did recall their fish dying. Anxiety was brought up in the third session as well when one participant shared that some of her anxiety came from a childhood prayer that says, “If I should die before I wake, I pray my soul to keep” because the prayer was never explained to them. Sharing these stories emphasized the importance of discussing death with young children when the death happens, whether it be an animal or person.

Participants mentioned in the first session that the subject of death is not discussed with young children because some adults are uncomfortable with the topic, while another participant said that other adults may evade the topic because they do not want to make the young child sad. It was also mentioned that although the subject is taboo in our culture today, it is important and should still be discussed.

The first session was shorter in duration than the following sessions because it was meant to only introduce the idea that children are introduced to death at a young age, whether it be on television shows, in their garden, or via something that happened in their family. Too much information during the first session would not have allowed participants to reflect on their DAS score and think about how their anxieties about death might transfer to their young child.
All of the participants gave positive feedback concerning the use of the sessions and the information provided, saying that the information provided throughout the sessions was all useful. All participants indicated that they were very likely to use the information when their family or classroom encountered a death.

One of the purposes of the sessions was to introduce parents to how children develop, so they have a better grasp as to what children can comprehend about death, and thus be better prepared for future discussions about death. All of the participants had an abundant understanding of how young children develop, so the session about development served more as a refresher, rather than an introduction. However, the portion concerning how young children’s development interacts with the stages of death understanding and death concepts seemed to be the most helpful topic addressed in the sessions. A participant answered that the most important part of the sessions was learning how children process information and what young children are (or are not) ready to talk about. The other participants said the sessions were helpful because they learned developmentally appropriate ways to discuss death with young children.

One example of development interacting with a child’s understanding of death is object permanence. It was discussed in the sessions that young children have a developing sense of object permanence and children as young as 3.5 months show an understanding of the cognitive skill (Baillargeon & DeVos, 1991). In a typical day, a young child may say goodbye to their parents,
understand that they are gone, but they also understand that their parent will return. This sense of “being gone” is understood as being temporary (Speece & Brent, 1984), which is why using words such as “gone” or “lost” are not developmentally appropriate; those words do not describe the finality of the death. Participants were urged to use the words, “dead”, “died”, or describe the death in concrete terms that a young child can understand.

Participants also addressed what parts of the sessions could be changed to make the classes more beneficial. One participant requested that Heaven should be addressed in more detail, since the topic was only touched upon. Another participant requested that more time be made for them to practice the messages that were introduced so they could get accustomed to saying the phrases out loud.

One of the purposes of the project was to help participants become more comfortable discussing death with young children. Overall participants indicated they were more comfortable discussing with young children the death of a person than they were at the start of the sessions (Table 5).

At the conclusion of the third session, participants were asked if there were any other questions they had that were not answered during the sessions. One participant asked whether or not they should start sharing the books about death now, since their child’s grandmother is getting older. Although the participants were encouraged to read the books with their children, it was discussed to wait until the grandmother is getting very ill before reading books
about a deceased grandmother. However, books about aging grandparents, or books that introduce death in a more neutral manner such as animals or plants was suggested.

Another participant asked about what to say when their child asks if their parent is going to die. Universality, the idea that death happens to everyone, is a concept that is usually understood by age 6 (Kane, 1979). It was discussed as letting the child know you are going to die someday, but that you are with them in the present and not going anywhere right now.

Future Sessions

The present sessions opened discussion for participants to have with young children when a death occurs; however, there are some changes that could be made to help make future sessions more beneficial.

The sessions briefly covered the topic of Heaven, because participants were asking how to address it with young children because it is not a concrete idea. Future sessions could include more explanations of the language to use, more resources such as books, and simply discussing specifics of what participants wanted to know. Since there are families whose beliefs include Heaven, this should be a more in-depth topic to discuss with families.

Another change that could be made to future trainings could be administering the DAS a second time to allow participants to identify whether or not their anxiety had lessened so they could reflect on any changes that may
have occurred. This, again, would be for their own reference tool and would be used as a way to reflect on how their anxieties may be conveyed to their children.

Lastly, when these sessions are executed again, there should be more teachers and caregivers invited to attend the sessions. Participants could be recruited from multiple centers instead of a single school. Possibly recruiting participants via email might draw more interest of parents and teachers alike. The current classes were held in the evenings so parents would be available after work, which helped some, but asking parents what times work best for them might attract more parents or teachers. Creating multiple classes with various times might appeal to encourage more adults to join the session that works best with their schedule. Providing child care might also encourage more parents to come to the sessions. If more adults could attend future sessions, the discussions between multiple parents and teachers during the sessions could be beneficial for when a death does occur. It would allow both sides to be on the same page as to what language should be used, what to say, and how to keep the line of communication open between school and family when a death occurs. The information is not geared toward one or the other, so both parties could benefit from the information presented at these sessions.

Limitations

The current project had limitations including the number of participants and the type of participants. This limitation may be due to only approaching the Infant/Toddler Lab School, the times that the sessions were held, that there was
no child care available while the parents attended the sessions, or the fact that
the sessions were held the same week as final exams. Parents and teachers at
ITLS are also students, so their classes and exam times may have conflicted with
the times the sessions were being held. With so few participants it is difficult to
truly gauge the impact this type of curriculum would have on a generalized
population of adults in a child’s life. Although participants said the class was
helpful, and the scores indicated an increase in how comfortable they were
discussing death with young children, it is challenging to generalize this result.

Conclusion

This project was created to benefit parents and teachers of young children
when discussing death with them, through educating adults about their child’s
development, their children’s understanding of death, and how to approach
discussions about death in a developmentally appropriate manner. These
sessions were meant to be part of the preparation adults can take in order to
become more comfortable with death. The results indicated that participants
were less avoidant of discussions about death with young children, as well as an
increase in how comfortable they were discussing the death of a person to a
young child. This speaks to the idea that “we are more likely to be successful and
to be comfortable with interactions that we have anticipated at least in some
measure and with those to which we have given some forethought” (Corr, 1982,
p. 53).
APPENDIX A

RECRUITING FLYER
DISCUSSING DEATH WITH YOUNG CHILDREN

- Has your child been curious about death?
- Are you wondering what to tell your child when a death occurs?
- Has a death already occurred and you are searching for an explanation to offer your young child?

If you have answered “yes” to any of the above questions, or if you are just curious about the subject of death, join these FREE sessions.

Sessions will be held Wednesday, March 16 from 4:00-5:00, Monday, March 21 and Wednesday, March 23 from 4:00-6:00 at CSUSB

These sessions will include:
- Your view of death
- How young children develop
- Death understandings of young children
- What to say versus what not to say
- Resources
- Activities
- Discussions

All materials will be provided. Snacks will be provided at each session. There will be a book raffle at the end of each session!
APPENDIX B

PRE-SESSION SURVEY
Pre-session Survey

1. Your age________________

2. Your sex (circle one): Male Female

3. What is your ethnic background? (Check one)
   ______ Asian
   ______ Black
   ______ Caucasian
   ______ Hispanic
   ______ Native American
   ______ Other: ______________

4. What is your current occupation?____________________________

5. Which of these describe you (check all that apply)
   _____ Student: _____Baccalaureate _____Post-Baccalaureate
   _____ Parent
   _____ Teacher
   _____ Caregiver
   _____ Grandparent

6. What is the highest level of education you have received?____________________________
7. How old were you when you first experienced the death of a family member? ______________________ (put N/A if you have not yet experienced it)

**Circle your answer for each question**

8. I would be comfortable talking to a young child (under the age of 5) about the death of an animal or pet

   Strongly Agree  Moderately Agree  Moderately Disagree  Strongly Disagree

9. I would be comfortable talking to a young child (under the age of 5) about the death of a person

   Strongly Agree  Moderately Agree  Moderately Disagree  Strongly Disagree

10. In general, how comfortable are you with talking about death?

    Very Comfortable  Somewhat Comfortable  Somewhat Uncomfortable

    Very Uncomfortable

11. Young children have an understanding of death

    Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree

12. I can protect children from learning about death until a later age

    Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree

13. I avoid discussions about death with young children

    Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree

14. If I knew more about death I would be comfortable discussing it with young children

    Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree
15. Which resources do you think would be most helpful in your discussions about death with young children?

Websites  Books  Scripts of What to Say  Personal Experiences

16. What information is needed for you to feel better prepared to discuss death with children?

17. What is your biggest fear when thinking about discussing death with children?

18. What do you hope to gain from these sessions?

Created by Teresa Olin
APPENDIX C

DEATH ANXIETY SCALE (DAS)
Death Anxiety Scale (DAS) (Templer, 1970)

Directions: Please indicate your age and sex, and then answer the 15 questions.

If a statement is true or mostly true as applied to you, circle “T”. If a statement is false or mostly false as applied to you, circle “F”.

1. I am very much afraid to die. T F

2. The thought of death seldom enters my mind T F

3. It doesn’t make me nervous when people talk about death. T F

4. I dread to think about having to have an operation. T F

5. I am not at all afraid to die. T F

6. I am not particularly afraid of getting cancer. T F

7. The thought of death never bothers me. T F

8. I am often distressed by the way time flies so very rapidly. T F
9. I fear dying a painful death. T F

10. The subject of life after death troubles me greatly. T F

11. I am really scared of having a heart attack. T F

12. I often think about how short life really is. T F

13. I shudder when I hear people talking about a World War III. T F

14. The sight of a dead body is horrifying to me. T F

15. I feel that the future holds nothing for me to fear. T F
APPENDIX D

POST-SESSION SURVEY
Post-Session Assessment

1. Was this class helpful to you? (Please explain)

2. What was the most useful thing you learned?

3. What do you feel you gained from these sessions?

4. What was the least valuable thing you learned from this session?

5. What changes can be made to make these sessions more beneficial?

6. Will you be using the tools discussed during the sessions? If so, which information?
7. How likely are you to share the information with other families or teachers? (Circle one)

1  2  3  4  5  
Not at all  Very likely

8. How likely are you to use the information when your family or classroom encounters a death? (Circle one)

1  2  3  4  5  
Not at all  Very likely

**Circle your answer for each question**

9. I would be comfortable talking to a young child (under the age of 5) about the death of an animal or pet

Strongly Agree  Moderately Agree  Moderately Disagree  Strongly Disagree

10. I would be comfortable talking to a young child (under the age of 5) about the death of a person

Strongly Agree  Moderately Agree  Moderately Disagree  Strongly Disagree

11. In general, how comfortable are you with talking about death?

Very Comfortable  Somewhat Comfortable  Somewhat Uncomfortable  Very Uncomfortable

12. Young children have an understanding of death

Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree

13. I can protect children from learning about death until a later age

Strongly Agree  Somewhat Agree  Somewhat Disagree  Strongly Disagree
14. I avoid discussions about death with young children

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

15. If I knew more about death I would be comfortable discussing it with young children

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

16. Which resources do you think would be most helpful in your discussions about death with young children?

- Websites
- Books
- Scripts of What to Say
- Personal Experiences

Created by Teresa Olin
APPENDIX E

CURRICULUM BOOKLET AND POWERPOINTS
Discussing Death with Young Children

Teresa Olin
First thing is first…

Talk about death does not have to be frightening; it is a part of the life cycle.

Every death is different, so do not treat them as they are the same.

Deaths come in all shapes and sizes. The death of a classroom pet might be more heartbreaking to a child than an adult, but this does not mean that it should be treated as unimportant.

Some deaths are sudden while some are expected and can be discussed over time.

The purpose of this booklet is to be used as a reference guide before or after a death has occurred in a young child's life.
Contents

Why discuss death with young children? ................................................................. 85
Cognitive Abilities of Young Children................................................................. 86
What Young Children Know About Death............................................................ 89
Dos and Don’ts of Talking to Children About Death ........................................... 90
The Adult’s Role in Discussions with Young Children About Death ................... 92
Being an Emotion Role Model ............................................................................. 93
Emotions in Young Children and How They Grieve ............................................ 94
Seeing Life and Death Around You: How to Introduce Death in a Teachable Moment ........................................................................................................ 96
Recommended Books ............................................................................................ 99
Helpful Websites .................................................................................................... 105
Why Discuss Death with Young Children?

- Young children are already fascinated and curious about death, so embrace their questions and interests.
- **Young children can also develop anxieties about death at a young age, such as fear that they will be abandoned, or that the dead will be unable to breathe** (Wass & Corr, 1982), which is why their anxieties need to be addressed by the adults they trust in their lives.

- Discussing death in a non-threatening manner, known as a “teachable moment” (Corr, 1982, p. 52), can open up discussions about death. This can happen in any setting—at home, school, on the news, or on a trip.

“The child who experiences ‘a light dose’ of mourning will be prepared to deal more effectively with ‘the more severe’ cases of personal misfortune…the child will find it easier to deal with death if he has had such preparation, most likely emerging from his encounter with death with fewer frustrations and with a better understanding of the phenomenon of death” (Smilansky, 1987, p. 24)

**Time to Reflect**
What times in your life did you educate yourself before a big event or change? How did you feel when the moment finally came?
Cognitive Abilities of Young Children

A young child’s ability to understand death has a lot to do with their cognitive, or thinking, abilities.

A young child (from 0 to 4 years old) is considered to be in Piaget’s stage of sensorimotor or preoperational periods.

Infants and young toddlers (0-2 years old) are in the sensorimotor stage, so they explore their world with their senses. They learn how their body is a part of their world around them and how they make certain actions happen. Once they learn that they can make things happen, they are likely to repeat those actions.

- Reflexes are seen first—sucking a thumb
- Coordinate movements and repeat them—kicking a mobile and repeating the action to repeat the effect
- They become more aware of themselves in their world—reaching for a toy they see
- Coordinate and manipulate objects around them—they can reach for an object and shake it

Toddlers (ages 2-7) in the preoperational period think symbolically. They are beginning to think representationally about certain objects in their lives. Children in this stage are able to think symbolically, but they have trouble reversing orders of things. These children think in the here and now; they cannot think abstract thoughts, but rather concretely.

- They can think symbolically—a photo of a dog is a symbol for a real dog
- They cannot reverse the order of things—it is difficult to understand subtraction or addition, or how when one thing is altered it can sometimes go back to its original state
- They think concretely—they cannot think abstractly; they need representations or tangible examples
• Have mental representations—they know where to look when a ball rolls under a table

Another cognitive skill that develops in young childhood is **object permanence**. This ability is knowing that a hidden object still exists. Object permanence was thought by Piaget to be developed between 9 months and 18 months of age. However, there is some evidence that children might have an understanding of object permanence at a younger age.

• Young children can track an object that moves behind a screen
• If an object *should* be seen from behind a screen, but has been manipulated so it is hidden, children will see a difference and focus on the moment that seems to be “impossible”

A developing **theory of mind (ToM)** is apparent in young childhood, too. Having a theory of mind means having the ability of “seeing oneself and others in terms of mental states—the desires, emotions, beliefs, intentions, and other inner experiences that result in and are manifested in human action” (Wellman, Cross, & Watson, 2001, p. 655).

• Young children have a developing ToM, so some components are easier for them to understand
• They understand that people have desires that sometimes are similar to theirs and sometimes differ from their own. This is apparent when they say they want something.
• Children have certain beliefs about things, such as believing a cow is a dog
• Another part of ToM is what children perceive or see, such as when they say, “Dog!” when they see a dog nearby
Together, the components listed above comprise a developing ToM, which once fully developed, means that a person can recognize and act upon their mental states and the mental states of others.

During the first few years of life young children are also developing a **self-concept**. A self-concept involves the ability to see yourself, your traits, and abilities.

- A self-concept develops over time, beginning in infancy
  - Infants begin to see that they are separate from their environment
    - They are aware of their movements, such as kicking
  - As children get older they can point themselves out in a photo
  - Around 18 months, children will be able to differentiate themselves from a mirror image of them
  - Young children can then begin describing themselves, which relates to how they view themselves and how they see others viewing them
    - “I’m a girl” or “I have hair”
What Young Children Know About Death

Young children do have some understanding of death. Although it is not fully developed, they do have a rudimentary understanding, which over time will develop into a mature knowledge of death. A child’s understanding of death becomes more developed as they age, with the most development seen at ages 3 to 5 years old.

Young children understand when something is dead, or that something that was once living is now dead, or that a death has happened. This understanding of something being dead is thought of as temporary or as asleep. They do not have a real concept of time, so to them death is temporary and therefore the dead are seen as able to come back or wake up for sleep. Some young children will even understand where the dead are located; they are gone and in the ground.

- Because of their object permanence they understand that someone, although buried, still exists.

Young children have a difficult time comprehending that death happens to all living things.

Since children are developing a self-concept, they are better able to understand how they are separate from others. For example, they may be able to run and play, but the dead cannot anymore; they are alive and the deceased are not.

Sources
Dos and Don’ts of Talking to Children About Death

Based off of what infants and toddlers are capable of thinking, we are better able to understand how to talk to them about death so they can understand it best.

**DO**

- Be honest with them
- Discuss death in simple and concrete descriptions since they cannot think abstractly
  
  “Grandpa’s heart stopped working and he died. The doctors tried very hard to help him, but they could not and he died”
  
  “Your aunt’s car crashed. She was hurt in her car very badly and she died”
  
  “Grandma was very old and she died”
  
  “Your uncle is buried in the ground at the cemetery”
  
  Putting an emphasis on the person’s injury, age, or the process to save them helps a young child understand the circumstances under which that person died. For example, a child will have many doctor visits and they need to know that their doctor visits will most likely not end in death.
- Answer their questions no matter how many times they repeat the question
  - They cannot reverse their thinking, so when they ask many times it is as if they are confirming what they know as the truth—that death is temporary. For example, asking “Where is Grandpa?” repeatedly is them being aware he is gone, but only seeing it as temporary.
- Describe the death as permanent since children see death as temporary
  - “Grandma died and she cannot come back”
- Let them know it is okay to cry or be upset
- Affirm that you are not going to leave the child
DON’T

- Use euphemisms
  - “was called home”, “lost”, “resting”, “croaked”, “pushing up daisies”, “asleep”
- Tell them anything they have to unlearn later
- Use complex language, they cannot think abstractly and their language is just developing
  - It’s difficult to understand and does not clarify anything
- Keep it secret; children know when something is wrong
- Buy a pet to hide the fact the original pet has died
- Leave a gap in the information; they will fill in the blanks
  - A young child might think they caused the death, or assume the worst, which might be worse than the truth.
- Hide your emotions
  - Be a role model of how to express emotions in a healthy manner.
  - You will want to be strong for your child, but if they see you cry then they will know it is okay for them to cry, too.
  - They are aware of your emotions, even if you try hiding them, so it is best for you to let your child know that you are affected by the death.

Time to reflect

- What is the most interesting or confusing phrase for “dead” you have heard?

- Can you think of an instance where your worst case scenario was worse than reality?
The Adult’s Role in Discussions with Young Children About Death

- Adults play a crucial role in a child’s understanding of death. Young children seek adults to help them make sense of something as novel as death.
- Children also look to adults to learn what a healthy attitude toward death looks like (Corr, 1982)
- When a child’s family member dies, the child’s teacher or caregiver can be an adult the child goes to who is not directly involved, or who is less affected by the death.
  - The primary adults in a child’s life might be too occupied with the death to pay close attention to how their child is handling the death, or they might be too distraught to be supportive to the child in the time of uncertainty.
  - The death may present the primary adult in the child’s life with tasks, such as funeral planning, that occupy their time and focus that can also take away from being attuned to their child’s needs.
Being an Emotion Role Model

Coping with a death can be an emotional experience for adults as well as young children.

The emotions that are felt during a death might be new to adults, but they are definitely new to young children. Because of the novelty of these emotions, young children will check with an adult for an explanation of what they are feeling. Often, children examine how adults are reacting to certain situations and will mirror those reactions.

That being said, it is normal to not be “okay” when grieving. It is okay to cry in front of your child or tell them, “I am sad because I really miss Grandma. I loved her so much.”

It is okay to cry and show young children that you have feelings, too. Children are helpers and when they see someone who is distressed, they will try to help the best they can—through hugs, pats on the back, or even offering a favorite toy.

It is also okay to allow your child the opportunity to cry and show them that you are there to be with them through it all.

PEOPLE HAVE SAID, “DON’T CRY” TO OTHER PEOPLE FOR YEARS AND YEARS, AND ALL IT HAS EVER MEANT IT, “I’M TOO UNCOMFORTABLE WHEN YOU SHOW YOUR FEELINGS. DON’T CRY.” I’D RATHER HAVE THEM SAY, “GO AHEAD AND CRY, I’M HERE TO BE WITH YOU.”
Mister Rogers
Emotions in Young Children and How They Grieve

Children are learning about emotions, and the emotions felt during a death are new and can be confusing to them.

Similar to adults, infants and toddlers who are dealing with a death can show various emotions. They can appear to be unaffected by the loss at all and carry on their normal activities, but then cry the next moment. Some children will become more emotional during these times, such as display more aggression, more crying, revert to old behaviors such as having bathroom accidents or sucking their thumb, or they can become very quiet.

Young children are sensitive to change, and death is a big change that they will have an emotional reaction to. Infants and toddlers are especially sensitive to changes in their routine.

These young children are used to the same people meeting their needs, such as their mom singing them to sleep every night, or having their dad there in the morning to make them breakfast.

A routine is not just about people meeting their needs on a daily basis, but what their day-to-day schedule looks like, too. A young child will get used to waking up and seeing their pet dog by their bed, or having their grandparent pick them up from school. People or animals who are a part of their daily routine will cause a more noticeable change than a distant relative who they only saw on occasion.

When a routine has been disrupted, there will be a longing for that person (or pet) that had become a constant in their life. This longing can be seen when they search for the deceased or they ask questions about their location.

Activities

- Hang a chart of emotions that are easily accessible by children
  - Try to use photographs of real faces
  - Label the photos with more than one word in addition to the simple words of “happy”, “sad”, and “angry” (e.g., “happy”, “joyful”, “jovial”, “ecstatic”, “pleased”, etc)

- Emotions are all around you
  - Have conversations about how everyone has emotions
  - Discuss how having emotions is okay, but how you express them is not always okay (e.g., “I see how upset it made you when we had to leave the park, but I cannot let you hit me. You can hit the pillow or the ball instead.”)
  - There are numerous books focused on different emotions for many events in life (e.g., the first day of school, missing someone, the various emotions a person can have in general, etc)
o In books that are not focused entirely on emotions, ask your child how the character might have felt throughout the story (e.g., “How do you think he felt when he saw the birthday cake? (Pause and wait for an answer. If no answer, try prompting an answer. “Do you think he felt upset or excited?”)

**Time to reflect**
The emotions of children can be overlooked by adults, so it is important for us to reflect on how certain situations make us feel. Being aware of our own emotions can help us empathize with young children during trying times.

- How do you react to change or loss?
Seeing Life and Death Around You: How to Introduce Death in a Teachable Moment

There are numerous opportunities to teach young children about death that are often overlooked or covered up to not upset young children.

**Classroom or family pets**

If an animal dies, do not lie to the child by going to the store and buying a new one in hopes that they do not notice. They notice.

A pet provides so many exciting, interesting, and teachable moments in a child’s life!

The children can observe that the animal is alive because

- The pet is moving: Depending on the animal, they are running, walking, standing, rolling over, playing, swimming, or moving in various ways
- They are breathing: “See their chest moving up and down when they breathe? Just like how our chests move when we inhale and exhale”
- They are eating: Children can learn that you have to feed the animals to help them grow and keep them healthy, because growing is part of being alive.

Teaching children that they have to use gentle touches is another way to incorporate life and death into the curriculum. For example, “You have to use soft touches on the bunny. If you push too hard it can hurt its body and they can get really hurt or die. You can touch them like this so they can keep living and growing.”

All living things will die, so when a pet dies it is a golden opportunity to talk about death with young children.

- The animal is no longer moving: Talk about how the animal is still and not able to perform the movements the child was so used to seeing
- They are no longer breathing: Talk about how their chest is no longer moving up and down. Compare the dead animal to how the child is still breathing: “The lizard cannot breathe anymore because he is dead. But we are still alive and breathing. See how our chest moves when we take a deep breath?”
- They can no longer eat: This is difficult for young children to understand since they think that the dead still need food, but it should still be discussed. “It is dead so it cannot eat or grow anymore.”

Allow the child to examine the dead animal’s body if possible, even if it means not touching the animal. Children can observe the animal in a box or container. Ask if the children want to be a part of the burial process. They can decorate a box to put it in, or help dig a hole for the animal. Ask the children if there is a song they want to sing for the dead animal before they bury it. This process can also be new to children, so be sure to address the fact that the animal is dead.
and cannot move, or eat, that they are not sleeping, and that their body will stay in the ground. Use the words, “burial”, “coffin”, and “dead”. Some animals or insects will be difficult to see them breathe or eat, but movements are usually detectable and can be discussed in detail.

Plants
Plant life is all around us and can provide “emotionally neutral opportunities to learn about life and death” (Furman, 1990, pp. 16-17). Plants can be in the garden, house, classroom, park, front yard, or in the woods. Since there are many plants around us, and if there are not we can plant them, it provides numerous activities to discuss the lifecycle.

When planting seeds or a new plant
Talk about how the plant will need the right amount of sunlight and water to grow.
- Too much or not enough water will kill the plant and the same goes for sunlight
- Soil needs to be kept moist for the plant to grow

Keep track of the progress of the plants with either measurements or photos—or both!
- Keep track of the progress with dates so a concept of time is introduced

Talk about any buds that will open into flowers when they grow
- Pulling off any buds before they open will cause the flower to die, and the same applies to the rest of the plant; “We have to use gentle touches on the plant. If we pick the leaves then the plant cannot grow anymore and it will die”.

If the plant grows a fruit or vegetable, talk about the growing fruit. Discuss what it will look like if it is able to grow until it is mature.
- “See the very small, green tomato? If we keep giving it a little bit of water it will grow bigger and turn red (or orange) so we can eat it. When it turns red then we can pick it.”

Have a diagram of the plant life cycle available in the classroom with the deterioration of the plant included

When the plant is showing signs of dying
Talk about how the plant is beginning to wilt or turn brown
- “The leaves are starting to die. See how the leaves are brown?”
- “The flowers cannot grow anymore. See how they died and turned brown?”

If applicable, discuss the seeds that are going to fall and make a new plant
If the plant got too much or too little water or sun discuss this with the children
• “We put too much water on the soil and it killed the plant. This plant only needed a little bit of water.”
• “The plant got too much sunlight and the plant died. See the holes (or brown spots) on the leaves?”

Point out where the plant is on the life cycle and remind the children that (in most cases) will drop its seeds and make a new plant that they can watch grow.

Plants around you
Talk about the green leaves and how they are growing. You can often see buds on trees that open into large green leaves.

Take a photo of a tree on a walk or in your yard. Compare it to pictures throughout the year.

When the seasons start to change, talk about how the leaves are dying and falling onto the ground.

In the fall, there are usually pumpkin patches you can visit where you can see the dying vines, but you can also discuss that if the seeds inside the pumpkin are planted then new pumpkin plants will grow.
Recommended Books

For each book, it is recommended that you first introduce the author and illustrator, and then prompt discussions about what they see on the cover. ALWAYS read a book on your own before introducing it to children.

Books about death


The book begins with a table of contents that is easy to use. The book begins with the definitions of life and death. Definitions are straightforward and easy to understand. There is a definition within the content of the book, but there are also talking bubbles with dialogue that compliments the content and can add more conversation. The illustrations are full of things (related to death and to everyday objects) a child can point to, talk about, and relate to.

The book begins with an explanation of what it means to be alive. Point to the people, animals, and plants that are alive, and describe what makes them living.

Feelings are okay to have, but it is what we do with those emotions that are not always okay. There is a page that talks about ways to get feelings out and some ideas of how to do so. If the child is displaying anger and not letting it out, try some activities on the list.

There are pages about funerals and burying a pet, but the same can apply to a person. If your child choses to take part in the burial, let them decide what should be placed with their animal. Talk about how you will miss the pet (or person).

Suggestions of how to remember a loved one are at the end of the book.


This book talks about the death of a child’s friend. The content is a little lengthy for young children, however, there is an introduction that answers many questions parents may have about children and death. There are beautiful illustrations that include what a funeral and a cemetery may look like.

There are brief descriptions of different words that would be new to a child such as “morgue” and “funeral”.

Discussing the emotions seen in the faces of the characters can be something the child can relate to.

Point out in the illustrations what the child might see at the funeral (if they choose to go) and the cemetery.

Offer a hug like in some of the illustrations.
Talk about how the death made you feel, like the parents in the book shared how they felt.


A story about a little boy who visits his great-grandmother and a grandmother, one of which who lives upstairs and the other who is seen downstairs. The boy shares his memories of his great-grandmother and grandmother, but one day “Nana Upstairs” dies. He shares what it is like to have someone die, but also shares memories of her.

A book like this is good for starting conversations about death and how it happens to very old people.

Share memories the child may have had with their grandparent before they died, or share a photograph. The emphasis is made on the great-grandmother's inability to come back, but that her memories are always with him.


This book introduces children to death in terms of lifetimes; every living thing has a lifetime and each lifetime varies. The authors introduce death in terms of animals, plants, and people. Understanding plants as living is a difficult concept, so younger children might need more of an explanation of how plants can die.

On the first page you can talk about where eggs come from; birth is part of the life circle that people are most comfortable with.

You can talk about the animals on the pages and relate it to what the child knows. For example, if you have pet fish at home or if you see insects on a walk, talk about how those animals were alive and how they were moving and breathing.

The page with the dead butterfly you can talk about how it is dead and cannot fly anymore; its wings are broken and its body stopped working and moving.

Plants are alive, but harder for children to understand because they cannot see them breathe or move. However, you can discuss how to care for plants so they do not die; water them and give them sunlight. Some plants grow old or die after they fruit or flower (like the book says), but plants need sun and water to stay alive.


This book comes ready with conversation starters throughout the story. It discusses how deaths differ from one another, how a death can make a person feel, and how a person can feel once time has passed. It focuses
on the death of a person, but with many possibilities of how it can make you feel including feeling like you should have been nicer to them. The book emphasizes that it is okay to feel how you are feeling, no matter how the death affects you.

Introduce the child(ren) to the title and author of the story. You can ask the child what they see or how they think the child on the cover is feeling.

There are questions on some of the pages, but if the child(ren) are too young to answer in detail you can fill in the answers if it’s fitting. One of the questions is, “Has anyone you know died? How did they die?” (p. 11). In this case, by answering for the child you are not telling them how they are feeling or how they should feel, but rather stating facts of who died.

There are two pages that discuss a funeral and what it is, which is helpful if the child is going to attend the funeral. You can point out what a coffin is on the page, which will allow you to prepare the child for where the deceased is going to be during the funeral. All the time, reminding the child that the person cannot move, breathe, hear, hurt, or eat any more.

The end of the book has numerous ways to use the book, terms used throughout the story, and more books and resources for adults.

**Books about death of an animal**

This book is about a little girl whose dog, Lulu, is dying. The little girl talks about Lulu’s abilities and how different Lulu is from the dog she once was. One day the little girl’s mom tells her that Lulu has died and the little girl and her family cry. They have a small funeral for Lulu, and when time has passed they plant a tree at Lulu’s gravesite. Time passes and the little girl is ready for a new pet.

Recall all the moments your family had with the pet, whether you gather the pet’s toys and talk about how they used to play, or talk about things you would do together.

The book says that the mother cried, too. Talk about how you felt when your pet died.

The mother and daughter in the story touch Lulu after she died (the mother asked if the girl wanted to before taking her to see Lulu), which can emphasize that the animal cannot breathe, lick, eat, that they are not asleep, and that a death has really happened. This cannot be done in every case, but it can provide a more concrete description of what it means to be dead.

The father in the book talks about a new dog after Lulu, but the girl says she does not want another one. The parents respect her decision and wait until the girl is ready. You can discuss a new pet after some time has
passed, but do not force it on the child, let them decide when they are ready.


In the introduction, Mister Rogers shares his personal experience and how he learned that it was okay to cry and that “loss takes time to understand”. The book describes what it is like to have a pet and what happens when the pet gets very sick or very old. There are photographs of real children and their pets, as well as photos of a family burying their animal. Emotions are discussed in an open manner, and the author suggests that the grieving child be around someone who loves them and who understands their emotions.

The author states that the purpose of the book is to “encourage family talk”, which can be easily prompted by talking about your family pet and relate the photographs seen in the book to your lives.

Talk about how the veterinarian is listening to the dog’s heart and hearing its heartbeat and lungs breathing.

Emotions are seen throughout the book—the child seems loving and delighted when playing with their pet, they seem quiet when they are missing their dead pet, and even outraged after their pet has died. Ask your child how the children in the book are feeling, or point it out to them and introduce new terms. No emotions are certain in the book, but rather words such as “You may” or “You might” are emphasized because not every child will feel these emotions.

Concrete explanations of death are given in the book as well, especially when describing the cessation of bodily functions. Talk about your own breath, your ability to eat and sleep, and your heartbeats.

Invite your child to create a memory page of photos (like the photo album in the book), with your child picking out which photos to use and letting them decorate a page. It does not have to be an entire book, but something for them to reminisce about.


A young boy’s cat, Barney, died and his mother suggests he make a list of ten things he likes about his cat that he can share at the funeral. The story has simple black and white illustrations that include the family digging a hole in the ground to bury Barney. The boy knows the cat is in the ground, and his father tells him that is where things change, including Barney. After talking to his dad, the little boy thinks of the tenth good thing about his cat.
The book begins with the little boy discussing how the death affected him and made him cry. You can talk about how the death made you feel, or what you noticed your child do or react.

- “When our dog died, you cried, too”
- “You did not want to play when our cat died, either”

Sharing good memories or photographs of the deceased pet (or person) is a nice way to remember the dead.

You can ask your child where to bury the dead animal (if it is possible to do so). The idea of heaven is introduced in this book, but not in a definitive way; the father says they do not know much about heaven.

**Books about emotions**


This book introduces various emotions a child can feel on a day-to-day basis. The authors introduce a wider variety of emotions such as “quiet” or “confused” that can spark conversation between adults and children. The authors close the story with a short explanation that no matter how you feel, it is okay to have those feelings.

Read the book with *feeling*—when the character feels “quiet”, then read the page in a calmer and quiet voice. When the character is feeling silly, read in a silly voice.

You can always ask how the girl in the book is feeling before you read the page. “Look at her face and body. How do you think she feels on this page?”

Ask why the girl felt the way she did.


This book is all about feeling blue and what may have caused you to feel this way, but also what to do so you do not feel blue anymore. The photographs in the book are black and white images of animals that are sure to spark conversation.

The first thing you can connect to in this book are the animals. There are various animals making certain faces or acting in certain ways.

To feel blue is pretty abstract for a young child, but the book describes other words and feelings that mean feeling blue. Talk about a day you felt blue.

Use some of the examples the book describes that will help you out of feeling blue—dress up, paint, or be with a good friend.

It is okay for a child to have a blue day, but it is good for them to know that they can feel back to their old self by using some of the techniques listed.
Books about plants


This is a story about the death of leaves. Although the story is lengthy, it provides beautiful photographs of trees through the seasons. Freddie the leaf reflects on what he likes best about being a leaf, but asks his friend what will happen to them when they die. Freddie’s friend tells him it is okay to be afraid because the unknown can be scary, but that they are a part of life.

If the story is too long for your child’s attention, discuss the photographs and how the seasons are changing.

You can point out the budding leaves at the start and point them out again in the end; when leaves die new leaves will take their place.

It does mention that the leaf falls off the tree and falls asleep (on the last page), which is confusing to young children, so be sure to say that the leaf died.


This book explains the parts of a leaf and the different types of leaves. The emphasis of the book is not on how leaves die, but it is included in the overall process. The photographs are beautiful and descriptive.

The book begins with the photo of a tree, this will be a simple way to relate the book to what your child(ren) see in their own lives.
Helpful Websites

- [www.grievingstudents.org](http://www.grievingstudents.org)
  - This Coalition to Support Grieving Students provides information for teachers, parents, and community. There is information ranging from developmental milestones to special circumstances such as suicide. The site is very simple to use and is useful when needing more information on specific needs regarding many aspects of death.

- [www.dougy.org](http://www.dougy.org)
  - The Dougy Center provides grief resources for kids, teens, young adults, and parents. The site provides information in terms of support groups and people sharing their experiences. There are tip sheets as well as information about different types of grief (e.g., sibling grief, or suicide, etc.).

- [www.sesamестreet.org/parents/topicsandactivities/toolkits/tlc/griefresources](http://www.sesamестreet.org/parents/topicsandactivities/toolkits/tlc/griefresources)
  - Sesame Street has compiled grief guides, storybooks, journals, and resources (in English and Spanish) for families, using photos of real families and beloved characters from Sesame Street. There is an extensive list of resources, as well as a guide made specifically for military families.
Facing Your Own Feelings about Death
Session #1

TERESA OLIN

This Session
- Why do we avoid talking to children about death?
- Reflecting on our own attitudes about death
- Death Anxiety Scale
Why do we avoid talking about death?

Adults assume that...
- Children are too young
- Death is too morbid
- Child has never thought about death before
- Adults should protect children from it
- Children cannot cope with it

Death is all around

- Two-thirds of children experience a death before age 10 (Bunk, 2007)
- Media
  - Movies, television shows, the news
- Plants and animals die
- It is IMPOSSIBLE to shield children from death

Photo credit: Teresa Olin
Slide 5

Take a Moment...

• When was your first interaction with death?

• For many of us death was introduced at a young age, even if it was an indirect death.

Slide 6

Example of death being presented at a young age
### Slide 7

**Why is it important?**

- “We are more likely to be successful and to be comfortable with interactions that we have anticipated at least in some measure and with those to which we have given some forethought” (Corr, 1982, p. 53)

- Preparations include
  - Reflecting on your own thoughts and feelings about death
  - Studying information in the field of death
    - (Corr, 1982)

### Slide 8

**Death Anxiety Scale (DAS) (Templer, 1970)**

- Take some time to complete the 15-item true or false scale
- Key: Give yourself one point for every answer that matches with these answers and zero points if your answer does not match the given answers below. Total up your points.

2. F 7. F 12. T
3. F 8. T 13. T
5. F 10. T 15. F
DAS-Continued

• Reflect on your answers.
• Why do you think your score is what it is?
• If it is a high score (11 or higher), what steps can you take to make it lower?
• If it is a low score (5 or under), why do you think it is so low?
• How do you think your score reflects on your child's feelings toward death?
• Do you think knowing your anxieties toward death worsens those anxieties or alleviates them?
  • How so?

“Homework”

• Think about why you are uncomfortable (or comfortable) discussing death with others, especially children. Be specific.
• If comfortable... Go home and share your score with someone (e.g., a parent, spouse, sibling, friend, etc.) and share why you scored what you did
• Reflect on your earliest interactions with death and how they may have influenced your DAS score
Session #2-Children’s Understanding of Death

• Cognitive abilities of young children
• Emotional skills of young children
• What children understand about death

Children’s Understanding of Death

SESSION #2
Recap from Session #1

• Death is all around us
• It is impossible to keep death from children
• Adults have anxieties about death
• Being aware of your own feelings about death can influence how you discuss it with others

This Session

• How children develop
  • Cognitive development
  • Emotions

• How their development ties in with their understanding about death
Death Understanding

“Through numerous studies conducted over a period of more than 40 years, we know that children’s understandings of death depend to a large extent on their level of cognitive development, their experiences, and their perception of events in the world. Further, we know that children’s thinking is qualitatively different from that of adults and that concepts of death usually develop in an orderly sequence” (Wass & Corr, 1982, p. 5)

Cognitive Abilities
Cognitive Development

Piaget (as cited in Beins, 2012) outlined stages of development
• Sensorimotor (0-2 years)
• Preoperational (2-7 years)
• Concrete Operational (7-11 years)
• Formal Operations (11+ years)

Sensorimotor Stage

• Children in this stage are between 0-2 years old
• Using senses to explore their world
• Repeat reflexes in their environment
• Coordinate movements
• Manipulate objects
• Are curious about their surroundings
Preoperational Stage

- Children ages 2-7 years old
- Language is growing
- Building mental representations
- Symbolic thought beginning to emerge, but centration and lack of reversibility is common

Object Permanence

- The ability to understand that an object, once hidden, still exists
- Piaget believed it emerged at 9 months and was fully developed by 18 months
- Others believe it is seen earlier!
  - Baillargeon and DeVos (1991) believe it is seen as early as 3.5 months
Theory of Mind (ToM)

• Seeing oneself in terms of mental states that result in and are manifested in human action (Wellman, Cross, & Watson, 2001, p. 655)

  • Desires
  • Beliefs
  • Intentions
  • Emotions
  • And other inner experiences

• Later, you recognize and act upon your own mental states and the mental states of others.

• Mental states emerge at different ages, but children possess the foundations of ToM

ToM-Desires

Broccoli and goldfish

https://youtu.be/GkYQg0l5bMY

The young child is capable of recognizing their own desire,
The desire of another person,
And act upon those desires.
ToM-Beliefs
Recall that the younger children in the broccoli and goldfish study were not able to give the researcher the food they desired.
The young children believed that the adult wanted the goldfish because that is what they personally desired.

Slide 24
ToM-Intentions
When a child is drawing, “Tell me about your drawing”
Does your child know what they drew?
• They have every intention of drawing what they did and they point it out to you
• They believe that what they see is what they drew
ToM-Emotions

Social referencing
- Young children are paying attention to how we react to situations, and mirror those reactions.
- How would you react if you saw a large, ferocious dog walking toward you?
- How will your child react when they see your response?

Photo from: http://i.huffpost.com/gen/1431739/images/o-BARKING-DOGS-facebook.jpg

Emotional Skills
Self-Concept

- How we view ourselves in our environment through observations and social interactions
- A self-concept is developed over time
- At 2-3 months: Their bodies are different than the objects in their environment; they are beginning to become aware of how their bodies move.
- By 18 months: Self-concept is visually evident. Young children recognize themselves in photographs or in a mirror; they are separate from their reflection.
- Around 18-30 months: Children begin to use descriptions and evaluative terms

Emotional Understanding

- What emotions do you see in your own young child?
- How do they express these emotions?
Emotions

- There are thought to be basic emotions seen very early in childhood
  - fear
  - anger
  - happiness (or joy)
  - sadness
  - love
  - surprise
  - disgust

Self-Concept and Emotions

As a child’s self-concept develops, they grow more aware of how others have feelings that are separate from theirs.

- Between 1 and 2 years old: Children act prosocial when others are distressed
  - Pat your back
  - Hug you
  - Share a toy

- In what ways has your child helped you when you were upset, crying, or distressed?
“What does all of this have to do with understanding death?”
Like other areas of development, a child’s understanding of death develops in stages. These stages coincide with their cognitive development.

“This sequence proceeds from nonconceptualization of death in infancy; to the concept in late infancy and early childhood that death is a reversible event, a temporary restriction, departure, or sleep…”

(Wass & Corr, 1982, p. 5)

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Nagy (1948) asked children 3-10 years old, “What is death?” and “Why do people die?”

Three stages
1. There is no definitive death
2. Death = a man
3. Death the cessation of corporal activities
Stage 1: No definitive death (Nagy, 1948)

- Children ages 3-5 years old were in this stage
- Children see death as temporary or as a separation; do not understand the permanency of it
- Young children are aware someone is gone, but do not understand for how long. Or, they know they are gone, but that they still exist.

Components of Death Understanding (Kane, 1979)

- Realization: Being aware of the death
- Separation: The location of where the dead are
- Immobility: The child’s idea of whether or not the dead are capable of moving
- Irrevocability: Thinking of death as either permanent or temporary
- Causality: The idea of what caused the death
- Dysfunctionality: Whether or not the dead can function or not
- Universality: The idea that death happens to everyone
- Insensitivity: The child’s idea of whether or not the dead can still think or dream, or use their senses
- Appearance: How the dead look to the child
- Personification: Seeing death as a person
Components Young Children Understand

Realization: Being aware of the death
- They are aware someone is gone

Separation: The location of where the dead are
- They are not around, or in the ground, or the cemetery

Immobility: The child's idea of whether or not the dead are capable of moving
- They sometimes understand that the deceased cannot breathe or move, but may believe that they can still eat, or sleep, or dance
  
  https://youtu.be/p4li1iuctzQ?t=104

Putting it all Together

DEVELOPMENTAL SKILLS | RELATION TO UNDERSTANDING DEATH
---|---
Object Permanence | Children understand that someone is gone; something in their environment has changed
Theory of mind | Children understand some of the mental states of themselves and others: believe dead can still function, use social referencing, and desire the deceased to come back
Self-concept | Start viewing themselves as separate from others; the deceased can no longer function as they can
Emotions | They are aware of the emotions they see around them
For Session #3...

Topic: The Adult’s Role in Discussing Death with Young Children

• What is an adult’s role in all this?
• Learn strategies to take advantage of the teachable moments
• What to say versus what not to say
• Activities and resources
• And a Post-Session Survey!!! (FUN!)
Recap from last session...

- Children understand more than we give them credit for
- Emotions are not just felt by young children, but they also pick up on many emotions seen by the adults in their environment and act accordingly
- Children do not understand the entire concept of death
  - They do have SOME understandings

This session

- An adult’s role in discussing death
- Making the most of teachable moments
- What to say versus what not to say
- Activities and resources
The Adult’s Role

• Reflect on your own attitudes about death (Began this process in Session #1)
  • Be aware of your own feelings about death
  • Consider how your feelings and attitudes will impact your child’s understanding of death

• Be honest with your child
• Be an emotional role model
• Be attentive and responsive to their feelings
• Create a predictable and loving environment
• Include them in the process

Teachable Moments

“An opportunity created by an event that stimulates cognitive inquiry in a relatively nonthreatening way...Some of these opportunities may be anticipated, though most will simply arise in the normal course of events without prior warning.” (Carr, 1982, p. 52)

• A dead animal on the road
• A friend’s pet died
• Death seen in film or television
• A living and dying plant or garden
Be Honest

- Children are often left out of discussions or are lied to in order to protect them
- Use the words “Dead” or “Died”
- Describe what happened in a developmentally appropriate manner
- Avoid euphemisms

What to Say Versus What Not to Say

<table>
<thead>
<tr>
<th>DO NOT say this</th>
<th>DO say this instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Grandpa is sleeping”</td>
<td>“Grandpa died today”</td>
</tr>
<tr>
<td>“She had a cardiac arrest and CPR didn’t work”</td>
<td>“Her heart stopped beating and she died”</td>
</tr>
<tr>
<td>“Lassie (the dog) is gone”</td>
<td>“Lassie was very, very, very old and died”</td>
</tr>
<tr>
<td>“It was Grandma’s time to go”</td>
<td>“Grandma was very, very, very sick and old. The doctors tried very hard to help her get better, but it did not work, and she died.”</td>
</tr>
</tbody>
</table>
Be an Emotional Role Model

- This does not mean you have to be strong for your child and show no emotions
  - This means you need to show them that it is okay to have feelings, but show them the appropriate ways to express those feelings
- Young children are still learning about emotions
  - Label and identify your own feelings
  - Showing your own emotions lets your child know it is okay to display their own feelings
  - “The emotions we adults demonstrate, the way we talk about emotions, and the ways we react to children’s emotional experiences are important contributors to children’s enduring patterns of emotional expressiveness” (Denham, 1998, p. 130).

Be Attentive and Responsive

- This can be difficult when you are mourning as well
- Understand how they are feeling, but also label those feelings, and respond accordingly
- Use a variety of descriptive words for how the child is feeling
  - Write down as many words you can for the words sad and happy
Practice Your Skills

What emotions, other than sad, can you think of that describe this child’s current state?

Create a Predictable and Loving Environment

- Children see death as an abandonment or separation
- They need to feel loved and secure
- Routines will be disrupted
- Assure them they had nothing to do with the death
Include Them in the Process

Funerals are most likely novel to a young child
• Read the child a book that depicts what a funeral will look like
• Ask the child if they would like to go to the funeral
• A child might participate by drawing a picture
• Do not keep a young child away because it will cause them anxiety
• Including them in the process will answer questions and keep the line of communication open

Closing Thoughts

They [children] are often the forgotten ones. Not so much that nobody cares; the opposite is true. But few people feel comfortable talking to a child about death. Young children have different concepts of death, and they have to be taken into consideration in order to talk to them and to understand their communications. (Kübler-Ross, 1969, p. 157)
APPENDIX F

INFORMED CONSENT
Informed Consent

The project you are being asked to participate in is designed to teach parents about a child’s development and how their development impacts their understanding of death. This study is being conducted by Teresa Olin, M.A. candidate in Child Development, under the supervision of Dr. Amanda Wilcox-Hertzog, Professor of Psychology, California State University, San Bernardino. This study has been approved by the Department of Psychology Institutional Review Board, subcommittee, California State University, San Bernardino and a copy of the official Psychology IRB stamp of approval should appear on this consent form. The university requires that you give your consent before participating in this project.

You will be asked to attend three sessions, with each session being approximately 2 hours in duration (for a total of 6 hours). You are not required to attend all three sessions.

At the beginning of the first session, you will be asked to complete a pre-session survey that includes demographic information and questions about talking to children about death using the Death Anxiety Scale (DAS). These forms should not take more than ten minutes. This session is meant to be a shorter session, focusing on your attitudes toward death, with a brief introduction of what will be covered in the following sessions.

The second session will introduce children’s thinking and emotional development, and link their development to what they understand about death.

The third and final session provides examples of what to say, resources, and activities for discussing death with young children. At the conclusion of the third session, you will be asked to complete a post-session assessment to determine the knowledge gained during the sessions and a post-session evaluation form. These forms should take no more than ten minutes.

These sessions are not for grief therapy or counseling. These sessions are meant to focus on how children understand death and how adults can use this information to discuss death with children in non-threatening ways they can understand. If you have recently suffered the death of a loved one, please consider your feelings before enrolling. You may contact the Counseling and Psychology Services at (909)537-5040 to schedule an appointment if you are in need of grief counseling.

Your participation is voluntary and you may withdraw at any point during the sessions. If you chose to withdraw, your child’s position at ITLS will not be affected. Information collected during the surveys and post-session assessment will be kept completely confidential.

The group’s results from these sessions will be used for Teresa Olin’s master’s thesis on discussing death with young children. All completed surveys, assessments, and evaluations will be stored in a locked file drawer that only the researcher is able to access. Once analyzed, the surveys that you fill out will be shredded.

If you have any questions regarding these sessions, please contact Dr. Amanda Wilcox-Hertzog, Department of Psychology (awilcox@csusb.edu), Teresa Olin (tolin@csusb.edu) or
the Department of Psychology Institutional Review Board subcommittee, of California State University, San Bernardino at psqlh.irb@csusb.edu
I acknowledge that I have read the above information and freely consent to participate. I acknowledge that I am at least 18 years of age. Please indicate your consent by placing a check mark in the box below.

Participant's X ______
Date: ____________

The California State University
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REFERENCES


