

Explaining the Concept of Death from the Perspective of Children Aged 4 to 8: A Descriptive Phenomenological Study

Rezvan Mahmoodashiri¹⁰, Anahita Khodabakhshi-Koolaee²* ⁰

- ¹ MA in counseling, Department of Counseling and Psychology, School of Humanities, Tehran North Branch, Islamic Azad University, Tehran, Iran
- ² Assistant professor, Department of Psychology and Education, School of Humanities, Khatam University, Tehran, Iran

Received: 01.01.2019 Accepted: 13.05.2019 Published online: 20.06.2020

*Corresponding Author: Anahita Khodabakhshi-

Koolaee

Email:

a.khodabakhshid@yahoo.com

Citation: Mahmoodashiri R, Khodabakhshi-Koolaee A. Explaining the Concept of Death from the Perspective of Children Aged 4 to 8: A Descriptive Phenomenological Study. J Qual Res Health Sci 2020; 9(1): 10-7.

Abstract

Introduction: Background: A significant portion of children's imaginative thoughts is focused on the death of their parents and the fear of losing their loved ones. The fact is that an answer must be provided according to the child's perceptual complexities to prevent any harm in the process of their psychological development. Therefore, this descriptive phenomenological study aimed to investigate the concept of death in the perceptions of children aged 4 to 8 years.

Methods: This study employed a qualitative descriptive phenomenology. The data were collected through semi-structured interviews. The research population included all children aged 4 to 8 years in Tehran in 2018 who somehow experienced the concept of death including the death of animals, a loved one, and participation in funerals or mourning ceremonies. The research sample consisted of 20 children who were selected via purposive sampling for the interviews. The data were analyzed using Colaizzi's seven-step method.

Results: The results of the study showed that the children's attitudes towards the concept of death could be classified into three main contents including "irreversibility", "universality", and "loss of vital functions".

Conclusion: Given the population of children participating in this study and the correspondence of their responses to existing theories including Piaget's theory of cognitive development, it seems that the phenomenon of death was conceptualized and perceived by Iranian children in three components including "irreversibility", "universality", and "loss of vital functions", and children at a younger age have access to concepts related to the three components.

Keywords: Phenomenology, Child, Death

Introduction

eath is an extraordinarily creative force that encompasses the deepest mystery of life, and the highest moral values of life stem from contemplating death and examining it (1). Just as in adulthood, we cannot escape the reality of death; we cannot and should not protect children from facing the concept of death (2). Children are more aware of death than parents think because, at a very young age, they

encounter experiences in which life no longer exists (3, 4). A significant part of the children's imagination is made of death-related thoughts. The concept of death is also reflected in children's daily lives in the form of games, stories, and books. Besides, a child encounters real death experiences such as the death of a pet, the death of a classmate, the death of the grandfather, or sees photos of the relatives who have died. As children grow older, they ask



questions that are relevant to their age and need more complex answers (5).

Children's questions about death such as "Is the space under the ground [the grave] cold?", "Is dad wearing warm socks?", or "Where can we get on the bus and go to heaven?" can often reflect the fact that children have difficulty understanding the nature of death (2).

Most parents are concerned about how to answer children's questions about human death. However, if a child loses a loved one and asks us where the deceased father or mother has gone, what should we answer? (6, 7). The fact is that we must answer a child's questions by considering their perceptual subtleties and complexities to prevent any harm to their cognitive development. First of all, it is necessary to determine how the child understands death and what death means to him/her. Unless we answer these questions accurately, any action to justify death may have dire consequences. When children achieve a degree of psychological development and cognitive abilities, they can express their feelings and thoughts about death by words or by using pictures (8). Therefore, this study aims to explain the concept of death from the perspective of children aged 4 to 8 years using a descriptive phenomenological approach.

Methods

This qualitative study was conducted using a descriptive phenomenological method. The research population included all children aged 4 to 8 years in Tehran in 2018 who somehow experienced the concept of death including the death of animals, a loved one, and participation in funerals or mourning ceremonies. The research sample consisted of 20 children who were selected using purposive sampling. The end of the sampling was determined using the theoretical saturation technique. Based on this technique, the selection of the individuals in the sample continued until the interview with new individuals did not provide newer information to the researcher and the information was almost repeated. Accordingly, the collected data were theoretically saturated after interviewing 20 children between the ages of 4 and 8 so that in the final interviews, the researcher did not get new information and the information was expressed repeatedly.

The data were collected through semi-structured interviews with the participants. According to the participants' answers, other questions were asked for further clarification and resolving possible ambiguities if necessary. Besides, at the end of each interview session, the participants were asked to add any comment they wished. Some of the interview questions are stated as

- 1. Can a dead person become alive and come to us?
- Do all people die? Is there a living thing that never dies?
- What does a dead person look like? What is the difference between a dead person and a living person?

The children's perceptions of the concept of death were identified through interviews with them. After approving the study, the researcher received a research permit from the Islamic Azad University, North Tehran Branch and after going through the administrative procedures that were carried out in the Education Department of District 4 of Tehran and informing the children's parents. The researcher conducted face-to-face interviews with some children who agreed to participate in this study after obtaining permission from their parents. All interviews were conducted in person and in preschool and primary schools in the Education Department of District 4 of Tehran and in the presence of the parents or relatives of children in the period from April to June 2018 for 58 days. The time for each interview varied from 15 to 20 minutes. Finally, after approximately 340 minutes of interviews with 20 participants, the collected data were saturated. Since a qualitative and descriptive phenomenology method was adopted in this study, the researcher employed Colaizzi's sevenstep method of data analysis (9, 10). In the first step, all the descriptions provided by the study participants (called protocols) were read to gain a general impression of the content of the interviews. Then, in the second step, each protocol was reviewed to extract the sentences

and phrases that were directly related to the phenomenon under study. In the third step, an attempt was made to understand the intended meaning of each of the participants' statements. In the fourth step, the above steps were repeated for each protocol, and the formulated and related meanings were placed in clusters of themes (main topics). In the next step, the results were combined in the form of a detailed description of the topics under study. Finally, the phenomenon under study was comprehensively described and formulated as a clear statement. To increase the validity of the findings, in addition to allocating sufficient time to collect data, the participants were selected with the greatest diversity. The interview transcripts and the research procedures were peer-reviewed. All steps taken to conduct the study were recorded in detail along with the statements quoted by the participants so that other researchers could review and examine the data. Besides, the findings were shared with some children, albeit in an easy and understandable language fitting their cognitive development so that researchers could obtain the participants' approval. In order to observe the ethical considerations, a written consent letter was obtained from the parents of the children to conduct the interviews and record them. The parents were also told that their children's data including their names, addresses, and phone numbers would be kept confidential, their participation is voluntary, and they could leave the study at any time they wished. Besides, after transcribing the participants' recorded voice, the recorded audio files were deleted.

Results

As can be seen in Table (1), 60% of the participants in the study were females and 40% were males. The mean age of the participants was 6.15 with a range of 4 to 8 years. Besides, 5% of the participants were 4 to 5 years old, 25% were 5 to 6 years old, 30% were 6 to 7 years old, and 40% of the participants were 7 to 8 years old. It was shown that 90% of the participants experienced pet deaths, and 10 percent did not. Furthermore, 45% of the participants reported that they experienced the death of their loved ones, and 55% of the participants did not have this experience. Finally, 80% of the participants in the study stated that they had attended funerals and mourning ceremonies, and 20 percent did not.

Table 1. The participants' demographic information

ě	ge	ge	ge	r's on	r's on	of en	<u>er</u>	on ral	on ith	on ng ies
S	A	8		the	the	ber	ord	iati nim dea	tati dea lon	Participation in mourning ceremonies
		her	her	Fa	Μο duc	chi E	тh	ont h a	ont he	iciț rem
		Fat	[tot]	Ō	o o	Ź	Bij	nfr	infr th t	art n n
			2					පි	S Mi	д
36.1		= 4	= 4	2 1 1	2 1 1		TI			
	-									Yes
										Yes
					•					Yes
Male	5	41	38	Diploma	Master	2	First	Yes	No	No
Male	8	39	37	Master	Bachelor	2	First	Yes	No	No
Female	5	53	46	Doctorate	Diploma	3	Third	Yes	Yes	Yes
Female	7	40	36	Diploma	Bachelor	2	First	Yes	No	No
Female	5	36	30	Bachelor	Bachelor	2	First	Yes	No	Yes
Female	4	40	31	Bachelor	Bachelor	1	First	Yes	Yes	Yes
Female	7	51	37	Diploma	Middle school	3	Third	No	Yes	Yes
Female	8	46	43	Diploma	Middle school	3	Third	Yes	Yes	Yes
Female	7	43	31	Bachelor	Bachelor	2	First	Yes	No	Yes
Female	5	36	35	Diploma	Diploma	2	Second	Yes	Yes	Yes
Male	7	35	34	Associate	Master	1	First	Yes	Yes	Yes
Female	6	41	35	Master	Master	1	First	Yes	No	No
Male	5	40	34	Diploma	Bachelor	2	Second	Yes	Yes	Yes
Female	6	32	31	Diploma	Diploma	2	First	Yes	No	Yes
Female	7	36	32	Diploma	Diploma	1	First	Yes	No	Yes
Male	6	46	43	Bachelor	•	3	Second	Yes	No	Yes
Male	7	40	37	Diploma	Diploma	1	First	Yes	Yes	Yes
	Female Female Female Female Female Female Female Female Male Female Maie Female Female Maie Female	Male 6 Male 6 Female 6 Male 5 Male 8 Female 7 Female 5 Female 4 Female 7 Female 8 Female 7 Female 8 Female 6 Male 7 Female 5 Male 7 Female 6 Male 5 Female 6 Female 6	Male 6 36 Male 6 46 Female 6 45 Male 5 41 Male 8 39 Female 5 53 Female 7 40 Female 5 36 Female 4 40 Female 7 51 Female 8 46 Female 7 43 Female 5 36 Male 7 35 Female 6 41 Male 5 40 Female 6 32 Female 7 36 Male 6 46	Male 6 36 36 36 Male 6 45 42 Male 5 41 38 Male 8 39 37 Female 5 53 46 Female 7 40 36 Female 4 40 31 Female 7 51 37 Female 8 46 43 Female 7 43 31 Female 7 43 31 Female 7 43 31 Female 5 36 35 Male 7 35 34 Female 6 41 35 Male 5 40 34 Female 6 32 31 Female 7 36 32 Male 6 46 43	Male 6 36 36 36 36 36 36 36	Male 6 36 36 Bachelor Bachelor Male 6 46 41 Bachelor Diploma Female 6 45 42 Middle school Diploma Male 5 41 38 Diploma Master Male 8 39 37 Master Bachelor Female 5 53 46 Doctorate Diploma Female 7 40 36 Diploma Bachelor Female 5 36 30 Bachelor Bachelor Female 4 40 31 Bachelor Bachelor Female 7 51 37 Diploma Middle school Female 8 46 43 Diploma Middle school Female 7 43 31 Bachelor Bachelor Female 5 36 35 Diploma Diploma Male 7 <td> Male 6 36 36 36 36 36 36 36</td> <td>Male 6 36 36 Bachelor Diploma 2 First Male 6 46 41 Bachelor Diploma 2 Second Female 6 45 42 Middle school Diploma 2 Second Male 5 41 38 Diploma Master 2 First Male 8 39 37 Master Bachelor 2 First Female 5 53 46 Doctorate Diploma 3 Third Female 7 40 36 Diploma Bachelor 2 First Female 5 36 30 Bachelor Bachelor 2 First Female 4 40 31 Bachelor Bachelor 1 First Female 7 51 37 Diploma Middle school 3 Third Female 8 46 43<td>Male 6 36 36 Bachelor Bachelor 2 First Yes Male 6 46 41 Bachelor Diploma 2 Second No Female 6 45 42 Middle school Diploma 2 Second Yes Male 5 41 38 Diploma Master 2 First Yes Male 8 39 37 Master Bachelor 2 First Yes Female 5 53 46 Doctorate Diploma 3 Third Yes Female 7 40 36 Diploma Bachelor 2 First Yes Female 5 36 30 Bachelor 2 First Yes Female 4 40 31 Bachelor Bachelor 1 First Yes Female 7 51 37 Diploma <t< td=""><td>Male 6 36 36 Bachelor Bachelor 2 First Yes No Male 6 46 41 Bachelor Diploma 2 Second No No Female 6 45 42 Middle school Diploma 2 Second Yes Yes Male 5 41 38 Diploma Master 2 First Yes No Male 8 39 37 Master Bachelor 2 First Yes No Female 5 53 46 Doctorate Diploma 3 Third Yes Yes Female 7 40 36 Diploma Bachelor 2 First Yes No Female 5 36 30 Bachelor Bachelor 2 First Yes No Female 7 51 37 Diploma Middle school</td></t<></td></td>	Male 6 36 36 36 36 36 36 36	Male 6 36 36 Bachelor Diploma 2 First Male 6 46 41 Bachelor Diploma 2 Second Female 6 45 42 Middle school Diploma 2 Second Male 5 41 38 Diploma Master 2 First Male 8 39 37 Master Bachelor 2 First Female 5 53 46 Doctorate Diploma 3 Third Female 7 40 36 Diploma Bachelor 2 First Female 5 36 30 Bachelor Bachelor 2 First Female 4 40 31 Bachelor Bachelor 1 First Female 7 51 37 Diploma Middle school 3 Third Female 8 46 43 <td>Male 6 36 36 Bachelor Bachelor 2 First Yes Male 6 46 41 Bachelor Diploma 2 Second No Female 6 45 42 Middle school Diploma 2 Second Yes Male 5 41 38 Diploma Master 2 First Yes Male 8 39 37 Master Bachelor 2 First Yes Female 5 53 46 Doctorate Diploma 3 Third Yes Female 7 40 36 Diploma Bachelor 2 First Yes Female 5 36 30 Bachelor 2 First Yes Female 4 40 31 Bachelor Bachelor 1 First Yes Female 7 51 37 Diploma <t< td=""><td>Male 6 36 36 Bachelor Bachelor 2 First Yes No Male 6 46 41 Bachelor Diploma 2 Second No No Female 6 45 42 Middle school Diploma 2 Second Yes Yes Male 5 41 38 Diploma Master 2 First Yes No Male 8 39 37 Master Bachelor 2 First Yes No Female 5 53 46 Doctorate Diploma 3 Third Yes Yes Female 7 40 36 Diploma Bachelor 2 First Yes No Female 5 36 30 Bachelor Bachelor 2 First Yes No Female 7 51 37 Diploma Middle school</td></t<></td>	Male 6 36 36 Bachelor Bachelor 2 First Yes Male 6 46 41 Bachelor Diploma 2 Second No Female 6 45 42 Middle school Diploma 2 Second Yes Male 5 41 38 Diploma Master 2 First Yes Male 8 39 37 Master Bachelor 2 First Yes Female 5 53 46 Doctorate Diploma 3 Third Yes Female 7 40 36 Diploma Bachelor 2 First Yes Female 5 36 30 Bachelor 2 First Yes Female 4 40 31 Bachelor Bachelor 1 First Yes Female 7 51 37 Diploma <t< td=""><td>Male 6 36 36 Bachelor Bachelor 2 First Yes No Male 6 46 41 Bachelor Diploma 2 Second No No Female 6 45 42 Middle school Diploma 2 Second Yes Yes Male 5 41 38 Diploma Master 2 First Yes No Male 8 39 37 Master Bachelor 2 First Yes No Female 5 53 46 Doctorate Diploma 3 Third Yes Yes Female 7 40 36 Diploma Bachelor 2 First Yes No Female 5 36 30 Bachelor Bachelor 2 First Yes No Female 7 51 37 Diploma Middle school</td></t<>	Male 6 36 36 Bachelor Bachelor 2 First Yes No Male 6 46 41 Bachelor Diploma 2 Second No No Female 6 45 42 Middle school Diploma 2 Second Yes Yes Male 5 41 38 Diploma Master 2 First Yes No Male 8 39 37 Master Bachelor 2 First Yes No Female 5 53 46 Doctorate Diploma 3 Third Yes Yes Female 7 40 36 Diploma Bachelor 2 First Yes No Female 5 36 30 Bachelor Bachelor 2 First Yes No Female 7 51 37 Diploma Middle school

According to the findings of the present study, the children's attitudes toward the concept of death were extracted and classified in the form of themes, main categories, and primary categories.

As can be seen in Table 2, the concept of death was categorized into 15 primary categories and 3 main categories:

Table 2. The themes, main categories, and subcategories identified in the study

Subcategories	Main categories	Theme
Burial under the ground		ď
Immobility		erc
The possibility of the resurrection of the dead person with the help of	Irreversibility	eiv
miracles and asking God		ing
Doctors' ability to bring back to life the dead person		Perceiving the
Physical care and emotional attention		
Immortality due to being young or a child and being at a low age	Universality	concept of death
Not believing in one's own parents' death		ept
Not believing in one's own death		of
The aging process is equal to death		de
Not believing in the death of strong animals (with sharp teeth)		ath
Not breathing	Loss of vital	
Loss of vital functions	functions	
Inability to walk or move		
Inability to see and open the eyes		
Feeling of pain after death if the severity of the shock is high		

According to the participants' answers to the questions, three main categories were extracted, which include irreversibility, universality, and the absence of vital functions. Irreversibility means that every living thing that dies will never return and its death is inevitable and permanent. The concept of irreversibility was divided into the following subcategories:

Burial under the ground: In response to the first question (Can a dead person become alive and come to us?), some participants have pointed out once a person is buried, he/she cannot return to life in this world. For example, a participant said, "No, because he is in the ground and he can't join us" (Participant 12). Another participant stated, "No, because whoever dies, their bones crash out of the body and they will not become alive" (Participant 2).

Immobility: Some participants have indicated that the dead person cannot move. For example, a participant said, "*No, because he can't come out of the grave and can't release his hands*".

In contrast, some participants considered death to be reversible and non-permanent. The following themes were extracted from the participants' responses to the research questions:

13

The possibility of the resurrection of the dead person with the help of miracles and asking God: Several participants stated that by praying to God and with the help of a miracle through the prophets, it is possible to bring back to life a dead person. For example, a participant stated, "Yes, we should pray for God so that he listens to us and does what we wish for. We should pray a lot to God, wishing they would not die" (Participant 6). Another participant stated, "If he asks God, God will agree with his request and he can come back to earth [the world]" (Participant 7).

Doctors' ability to bring back to life the dead person: Some participants believed that it is possible to bring back to life a dead person with the help of medicine. For example, a participant stated, "Doctors can bring back to life the dead person, but we can't" (Participant 7).

Physical care and emotional attention: Some participants also suggested that physical care and emotional attention can help prevent a person's death. For example, a participant said, "We should not put salt in his access, don't let him eat too much sugar or wear socks at night because his eyesight may get weak" (Participant 14). Another participant stated, "Yes, be kind to him, be with him. We must feed him lest he dies" (Participant 15).

Universality means that every living thing including plants, animals, and humans dies one day. This theme was subdivided into the following subcategories:

Immortality due to being young or a child and being at a low age: Some participants believed that young people and children would not die due to their young age. For example, a participant stated, "People living abroad will not die if they are young, but they will die if they are old, and they will be buried there" (Participant 14). According to another participant, "Some people do not die. Young people do not die. Only old people die" (Participant 15).

Not believing in one's own parents' death: Some participants believed their parents would not die. For example, an interviewee said, "My mother will not die, so she will live. My mom and dad will not die, because one will die when he/she becomes one hundred years old" (Participant 12). Not believing in one's own death: Some participants thought that death would not happen to them. For example, a participant said, "No, I'm not going to die, I'm holding my mother's hand every day, even on the sidewalk" (Participant 9).

The aging process is equal to death: Some interviewees stated that a person will die only if he/she grows old and shows signs of aging. For example, a participant said, "Yes, I will die if I turn 40 and grow old, and my mom and dad will die if their hair turns grey" (Participant 10). Another participant stated, "If I grow up and become old, I will die. My mom and dad will die if they grow old" (Participant 13).

Not believing in the death of strong animals (with sharp teeth): Some participants did not believe in the death of strong animals and creatures that they considered them as the symbol of power. For example, an interviewee said, "A lion does not die because it has sharp teeth, a wolf does not die because it also has sharp teeth, the black animals do not die. If a leopard runs after a deer, catch it and takes its life" (Participant 14). Loss of vital functions: It means complete cessation of objective and subjective signs of life. The analysis of the participants' responses indicated that some of them only mentioned the

cessation of physical functions and some pointed to the cessation of both visible and invisible functions and signs. The loss of vital functions consisted of the following subcategories:

Not breathing: Some participants stated that the main sign of a dead person is that he/she stops breathing. For example, one of the participants stated, "The dead person is only a skeleton. For example, if someone dies in their sleep or they're very old, we have to wake them up. If they don't wake up, we should put our hands on their chest. If the person's chest does not move up and down he/she is dead. Because when we breathe, our chest moves. The person is asleep and we cannot wake him up again" (Participant 7). "Whatever you do, he won't talk to you anymore, he won't breathe anymore, and his heart won't work" (Participant

Inability to see and open the eyes: Some interviewees stated that one of the symptoms of a dead person is visual loss. As an example, a participant stated, "Sometimes you hear that someone is dead, and people ask for help. He/she won't become alive. His/her eyes are closed and he/she cannot see anything" (Participant 11). Another participant stated, "He opens his eyes for a moment. And then, he closes his eyes and dies. If he has done good deeds he will have a beautiful face at the time of death" (Participant 16).

Inability to walk or move: Some interviewees stated that the signs of a dead person are immobility and inability to walk. For example, a participant said, "He cannot walk or move his body, and he falls to the ground" (Participant 18). Feeling of pain after death: Some of the participants thought that a dead person or creature would feel pain or shock after death. For example, a participant said, "Yes, he will be hurt if we beat him hard" (Participant 4). Another participant stated, "Yeah, it hurts if we touch his wound" (Participant 14).

Discussion

This study tried to shed light on the concept of death from the perspective of children aged 4 to 8 years. The children's perceptions of death were classified into three main categories:

"Irreversibility", "universality", and "loss of vital functions".

The results of this study can be compared with the results of a study by Yan et al. who concluded that children aged 3 to 6 have a more accurate understanding of death that is beyond what is expected of this age group. There is no significant difference in the conceptualization of death between children of different sexes. However, children who have the experience of keeping pets have a more accurate understanding of death (11).

The results of the present study are in line with those of a study conducted by Panagiotaki et al. who examined four sets of factors affecting perceptions of the concept of death, including parental religion and spiritual beliefs, cognitive ability, socioeconomic status, and experience of illness and death. They concluded that children at the age of 4 or 5 understand the key aspects of death and biologically understand components of inevitability, universality, and causality. Besides, the initial understanding of the components of irreversibility and the end of mental and physical processes (the cessation of vital functions) emerge in early childhood. The socioeconomic status was to some extent related to children's conceptualization of death, while cognitive abilities and having experience of illness and death were less effective (12).

The results of the present study can also be compared with the results of Leondari et al. They concluded that children's understanding of the concept of death was related to both age and experience of death. In fact, children with the experience of death seem to have a more realistic understanding of death than their peers (without the experience of death). Their findings also confirmed that as children age, understanding of the components of death develops through various processes (13).

Slaughter et al. conducted a study to investigate the effect of the developed concept of death on anxiety about death, and found that a higher understanding of death was associated with lower levels of anxiety and fear of death (when age and general anxiety factors are controlled) (14).

Iranian children's perception of death is influenced by factors such as the impact of religion and belief in the resurrection on public beliefs and their transfer to their children, the conceptualization of death, and interpretation of the world after death for the child. These factors play an important role in how the child copes with the concept of death. However, it should be emphasized that the interpretation of the concept of death represented to the child from a religious perspective is only positive and constructive if such interpretation fits the child's perceptual and cognitive capacity and results in the child's natural and innate acceptance (12). Following with this conclusion, intercultural studies emphasizing the beliefs of the Abrahamic religions, i.e. Christianity, Islam, Judaism, and Druze (an Islamic sect) have shown that Muslim and Druze children are more successful than children in other religions in conceptualizing the phenomenon of death and how to cope with it (15). The first place for child growth and development is the family environment where the most fundamental intellectual frameworks and belief systems of the child are formed (16). Therefore, the child is directly influenced by the beliefs and values of family members. This strengthens the foundations of his beliefs from childhood, and at a younger age, he/she discovers concepts such as death and the world following it. Children's attendance in religious ceremonies and rituals including burial ceremonies, children's exposure to the issue of death in their observations and experiences in natural situations, and their perceptions of the death of other creatures, such as plants, animals, etc. are some factors affecting the acceleration or delay in conceptualizing the issue of death and how to successfully or unsuccessfully cope with the death of loved ones. Research findings show that children who have dealt with various events and happenings in their daily lives and the death of living things in a natural and reactionary way are more prepared to accept the reality of death (2, 13).

One of the shortcomings of the present study was the limited literature in the field and the lack of similar studies to compare and evaluate the results. Future researchers are recommended to conduct comparative studies of the concept of death from the perspective of children in Iran and other countries. They can also focus on the role of mass media by taking into account children's exposure to violence and explore children's understanding of the concept of death.

Conclusion

Based on the findings of this study, it can be concluded that most of the Iranian children in this study considered death as an irreversible phenomenon. However, some children believed that death is not a universal phenomenon for all people and that people like their loved ones, their parents, children, and young people are exceptions to it. Moreover, most of the participants were aware of the concept of the loss of vital functions and have mentioned it in their answers. It seems that the concept of death was more perceivable for the children participating in the study when they considered the three components of "irreversibility", "universality", and "loss of vital functions".

Acknowledgments

This article was extracted from a master's thesis in family counseling conducted at Islamic Azad University, North Tehran Branch, approved under the code of ethics 15721602961016. The authors would like to express their gratitude to the Education Department of District 4 of Tehran, the children who participated in this study, and their mothers for assisting us to conduct this study.

Conflicts of Interest

The authors declared no conflict of interest.

References

- **1.** Gaab EM, Owens GR, MacLeod RD. Caregivers' estimations of their children's perceptions of death as a biological concept. Death Studies 2013; 37(8): 693-703. doi: 10.1080/07481187.2012.692454.
- **2.** Kazemi H, khodabakhshi-koolaee A. Comparative study of the concept of death in children based on the nagy and piaget cognitive pattern: Directed content

- analysis. Journal of Pediatric Nursing 2019; 6(1): 71-8. doi: 10.21859/jpen-06110. [In Persian].
- **3.** Longbottom S, Slaughter V. Sources of children's knowledge about death and dying. Philosophical Transactions of the Royal Society B: Biological Sciences 2018; 373(1754): 20170267. doi: 10.1098/rstb.2017.0267.
- **4.** Nielson D. Discussing death with pediatric patients: Implications for nurses. J Pediatr Nurs 2012; 27(5): e59-64. doi: 10.1016/j.pedn.2011.11.006.
- **5.** Gutiérrez IT, Menendez D, Jiang MJ, Hernandez IG, Miller P, Rosengren KS. Embracing death: Mexican parent and child perspectives on death. Child Development 2020; 91(2): e491-511. doi: 10.1111/cdev.13263.
- **6.** Menendez D, Hernandez IG, Rosengren KS. Children's emerging understanding of death. Child Development Perspectives 2020; 14(1): 55-60. doi: 10.1111/cdep.12357.
- **7.** Agrawal J. What do preschool children in india understand about death?: An exploratory study. OMEGA-Journal of Death and Dying 2019; 0030222819852834. doi: 10.1177/0030222819852834.
- **8.** Wong M. Chinese preschool children's understanding of death. Early Years 2019; 1-6. doi: 10.1080/09575146.2019.1686466.
- **9.** Satvat A, Khodabakhshi-Koolaee A, Falsafinejad M, Sanagoo A. identifying the challenges marriage of person with physical-motor disabilities in Tehran: A phenomenological study. Iranian Journal of Rehabilitation Research in Nursing 2018; 5(2): 55-62. doi: 10.21859/ijrn-05028. [In Persian].
- **10.** Shosha GA. Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. European Scientific Journal 2012; 8(27): 31-43. doi:10.19044/esj.2012.v8n27p%p.
- **11.** Yan J, Yanhua C, Min H. An Investigation on 3-6-year-old Chinese Children's Perception of "Death". Universal Journal of Educational Research 2017; 5(2): 203-8.
- **12.** Panagiotakia G, Hopkins M, Nobesc G, Wardd E, Griffithsc D. Children's and adults' understanding of death: Cognitive, parental, and experiential influences. J Exp Child Psychol
- 2018; 166: 96-115. doi: 10.1016/j.jecp.2017.07.014.
- **13.** Bonoti F, Leondari A, Mastora A. Exploring children's understanding of death: through drawings and the death concept questionnaire. Death Studies 2013; 37(1): 47-60. doi: 10.1080/07481187.2011.623216.
- **14.** Slaughter V, Griffiths M. Death understanding and fear of death in young children.
- Clinical Child Psychology and Psychiatry 2007; 12(4): 525-35. doi: 10.1177/1359104507080980.

- **15.** Florian V, Kravetz S. Children's concepts of death: A cross-cultural comparison among Muslims, Druze, Christians, and Jews in Israel. Journal of Cross-Cultural Psychology 1985; 16(2): 174-89. doi: 10.1177/0022002185016002003.
- 16. Slaughter V. Young children's understanding of death. Australian psychologist 2005; 40(3):179-86. doi: 10.1080/00050060500243426.