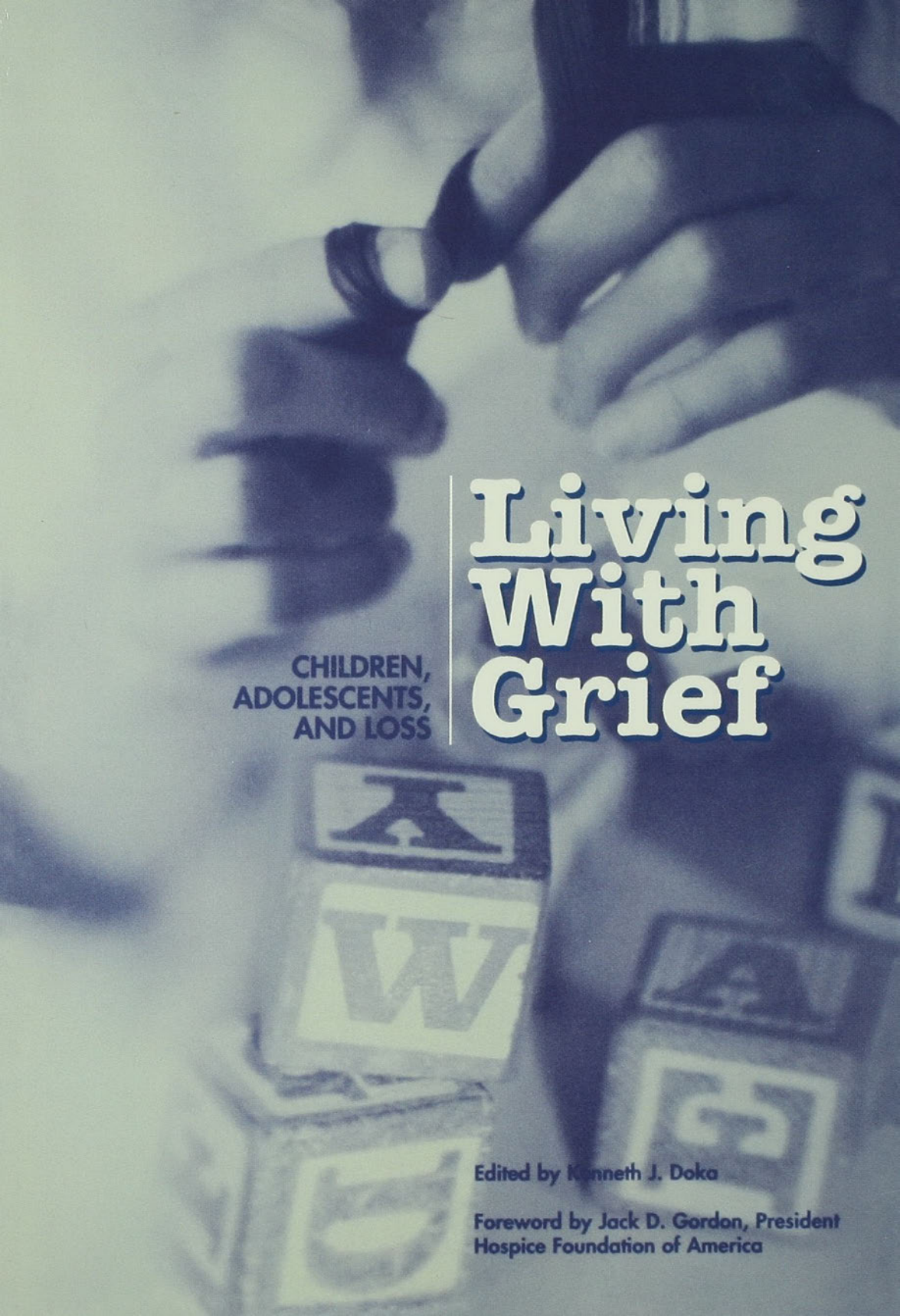

Living With Grief

CHILDREN, ADOLESCENTS, AND LOSS

Edited by Kenneth J. Doka

Foreword by Jack D. Gordon, President
Hospice Foundation of America

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To order, contact:
Hospice Foundation of America
800-854-3402
www.hospicefoundation.org
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In Celebration of New Beginnings

To

My son, Michael, and his fiancee, Angelina
On their engagement

To Lisa and Dan
On the birth of their son

To Linda and Russell
On the birth of their son Ryan

Contents

Foreword

Jack D. Gordon, President
Hospice Foundation of America

Upon reading the title of this book, many people may be struck by reminders of traumatic events involving children and loss. The images of teens sobbing after tragic school shootings in Littleton and Jonesboro, or young children being led away from a day care center after a random attack, are forever burned into our memories. These events are indeed powerful reminders of the uncertainty that faces all of us every day. While the number of children and adolescents directly affected by these random incidents is relatively small, the impact on the nation's consciousness has been enormous.

If something positive can be learned from these events, it may be that these situations help people begin to understand what death educators and hospice professionals have always known: Children and adolescents, as well as adults, face a myriad of losses every day, and they do grieve these losses. Of course, loved ones die—grandparents, parents, siblings, schoolmates. So do beloved pets—often a child's first real experience with death.

Other losses do not involve death, but can generate grief reactions. One of the most significant loss situations facing children in our society is divorce. Children also may have to relocate, or go to a new school. And, as children move into adolescence, there are the more subtle but important losses—loss of identity, loss of roles, loss of self-esteem.

We are focusing on the topic of children, adolescents, and loss in this book, and in our 7th annual National Bereavement Teleconference, to help people recognize that loss does impact children and adolescents,

and that they do grieve. We feel that it is important to include more than an adult perspective on these issues, so throughout the book you'll find essays called "Voices"—articles written by children and adolescents, conveying their perspectives on loss in their own words.

The book and the teleconference both emphasize another critical factor grounded in more current conceptions of the grief process—that grief is not something that you "get over." This understanding has especially important ramifications for young people. Losses that they experience early in life may be revisited at critical developmental stages or during important life events. The more that educators, counselors, school administrators, parents, and anyone else who works with children and adolescents realize this, the more equipped they will be to help young people cope with grief and incorporate loss in their lives in ways that are mentally and physically healthy.

Hospice, as the only medical system of care that deals with the emotional and spiritual aspects of death and dying, has always understood the impact of grief and loss on children and adolescents. Many hospices offer support groups for children. In addition, more and more communities now have independent children's grief centers. While traumatic images of young people and loss may linger in our collective memory, the best way to help and prepare children for the future is through education and understanding of the day-to-day ramifications that loss and grief have on them. This book is designed to help the adults involved with children and adolescents to provide that education and understanding.

Acknowledgments

It seems appropriate to begin this section by expressing appreciation to the contributing authors. Each of them willingly undertook the challenge of writing a chapter and responding to tight deadlines. I would especially like to thank all the young authors who contributed to our *Voices* pieces. Each of them, in their own voice, reminds us of the many ways that children and adolescents respond to and adapt to loss. I also thank those adults who called these pieces to our attention.

Naturally, too, I need to recognize and salute the Hospice Foundation of America. Each year, they manage not only to produce an annual teleconference but also to produce a variety of educational resources, including this book. Jack Gordon, the Foundation's president, offers not only a guiding vision but thoughtful ideas as well. And he constantly battles against anything he sees as meaningless jargon. His vision becomes a reality through the work of an incredible staff that includes David Abrams, Sophie Viteri Berman, Lisa McGahey Veglahn, Jon Radulovic, Michon Lartigue, and Tiponya Gibson. Cokie Roberts adds so much to making the teleconference the remarkable event it has become. I need to especially acknowledge the editorial role of Lisa McGahey Veglahn, who labored on this book even in the last month of pregnancy. Chris Procunier, who has moved on from the Foundation to head his own business, was a great help, and he will be missed. I also want to acknowledge Joyce Davidson, a former co-editor, who stepped in to help. I hope that in future years, Joyce will again agree to co-edit this series.

I also need to thank the College of New Rochelle for its ongoing support. President Steve Sweeney, Vice President Joan Bailey, and Dean Laura Ellis all contribute to maintaining a wonderful environment in which to work and to teach. Students and colleagues provide both stimulation and support. And secretaries such as Rosemary Strobel and Vera Mezzacuella, as well as my research assistant, Susan McVicker, all work their own magic.

And finally, I want to acknowledge the ongoing support of all my family, friends, and neighbors. They remain a great gift.

Kenneth J. Doka

Part I

Theoretical Overview

In a 1972 seminal article, revised and reprinted in this volume, Robert Kastenbaum suggested that we like to think of childhood as "the kingdom where nobody dies." Yet much as we like to think we can protect children and adolescents from loss and death, the power to do so eludes us. As Kastenbaum notes, from early ages, children are constantly exposed to dying, death, loss, and grief in many ways—from games, music, and television, to their own experiences and concerns. The question of "how can we protect" is moot. The meaningful question is, "How can we prepare and support children and adolescents as they cope with loss?"

It is this question that guides this book, much as it guides the Hospice Foundation of America's Seventh Annual National Bereavement Teleconference on *Living With Grief: Children, Adolescents, and Loss.* Both the teleconference and this book strive to offer sound theoretical underpinnings, as well as practical clinical suggestions in helping children and adolescents cope with loss.

This opening section attempts to establish a theoretical base. The chapters and *Voices* pieces trace the development of children and adolescents, emphasizing the ways in which this developmental process contributes to how children and adolescents experience, express, and adapt to loss. Throughout these chapters, certain themes emerge.

Children and Adolescents Experience a Wide Range of Losses

We can make a critical error in assuming that losses through death are the only losses children and adolescents experience. Gordon notes in the foreword that, as with adults, the range of losses that children and adolescents grieve can be extensive. As they age, children and adolescents must adapt to a variety of developmental losses, including, for example, the loss of childhood. Even transitions such as graduation may include elements of grief. Friendships change. People move. In adolescence, they may experience the loss of romantic relationships. Dreams may die, too, as adolescents realize they may not become the actor or athlete they hoped to be. Illness and disability both involve loss.

There may be other losses as well. Death may strike family, friends, or pets. Parents may be separated, divorced, or incarcerated. Young people may be placed in foster care or sent away to different institutions. As Kastenbaum well emphasizes, children and adolescents are not strangers to loss.

Children and Adolescents Are Constantly Developing

Kastenbaum, Corr, and Balk emphasize the continued development that takes place as children grow into late adolescence. This development proceeds on all levels. They develop cognitively, mastering, over time, more mature understandings of complex concepts such as death or loss. Yet they develop in other ways as well.

As children age, they learn to manage affect. Young children, for example, often have a "short feeling span." They are unable to sustain strong feelings for long periods of time. Mood shifts are frequent. Children and adolescents develop socially, gradually moving from an egocentric perspective that looks at any loss through a very personal lens, to one that sees the broader relational aspects of loss. The child who wonders who will take him fishing now that Grandpa has died is able, at an older age, to empathize with his grandmother's loss. Children develop spiritually as well. At early ages, Coles (1990) reminds us, children still grapple with spiritual issues as "spiritual pioneers," struggling to explore

what to them is unmapped territory. Later, they will both develop and continually reevaluate their spiritual beliefs. Yet as we attempt to understand this developmental process, Suarez and McFeaters add a further caution. The filters—cultural and experiential—that frame their lives always affect this process.

This developmental process affects grief and mourning. An early question of research asked, "At what age can children be said to grieve?" The articles in this section answer clearly: At any age, but in ways that are both similar to and different from the ways grief and mourning manifests itself in adults.

Support is Critical

All the chapters in this section emphasize the critical nature of understanding and support. Children and adolescents are helped when adults around them recognize that they grieve and support them as they mourn. Yet there may be limits to that support. Parents may be coping with loss themselves, limiting their own energy and ability to help.

Johns' chapter emphasizes the critical role that schools can offer. Schools, he reminds us, play many roles in the lives of youth. Here a range of supportive adults can assist children and adolescents as they cope with loss. But our *Voices* pieces add a note of caution. The anonymous piece sadly reminds us that teachers too are human and some may lack sensitivity and empathy. The dialogue between Whitehead and Atkins expresses the many hesitations that adolescents have in reaching for support from their schools. And Janczuk's *Voices* piece stresses a critical point—that students away at school may also be away from critical sources of support. These pieces do not belie Johns' contention that schools can be a vital resource, but they emphasize both barriers and the need for effort, education, and training.

Finally, the anonymous piece hints at the value of other sources of support such as counseling. It is this theme that will be emphasized in the next section.

1

The Kingdom Where Nobody Dies

This is an updated version of an article that first appeared in *Saturday Review of Literature* (December 23, 1972).

Robert Kastenbaum

Children are playing and shouting in the early morning sunshine near the end of Alban Berg's opera *Wozzeck*. They are chanting a variant of the very familiar rhyme: "Ring-a-ring-a roses, all fall down! Ring-a-ring-a roses, all...." The game is interrupted by the excited entry of other children, one of whom shouts to Marie's child, "Hey, your mother is dead!" But Marie's child responds only by continuing to ride his hobby-horse. "Hop, hop! Hop, hop! Hop, hop!" The other children exchange a few words about what is "out there, on the path by the pool," and run off to see for themselves. The newly orphaned child hesitates for an instant and then rides off in the direction of his playmates. End of opera.

What begins for Marie's child? Without knowing the details of his fate, we can sense the confusion, vulnerability, and terror that mark this child's entry into the realm of calamity and grief. Adult protection has failed. The grown-ups, as it has turned out, couldn't even protect themselves. The reality of death has shattered the make-believe of childhood.

Children often are exposed to death in ways much less dramatic than the sudden demise of a parent. A funeral procession passes by. A pet dies. An innocent question is raised at the dinner table: "This didn't come from a real live cow, did it, like Elsie, the one we saw at school today?" Many of

the questions children ask about death make parents uncomfortable. During research interviews, mothers of young children clearly identified a reason for this discomfort. One woman recalled that, "We never spoke about dying or death in my house, even when there was a funeral. If my parents ever did talk about it, they made sure that the kids weren't around." Another remembered being told that God wanted her older sister. "I didn't think God was so nice after that, and I worried a lot about getting older and that God might want me, too."

With few exceptions, the mothers agreed that the subject of death had been locked in silence and tension. In consequence, they felt unprepared and insecure when it was their turn to respond to a child's curiosity about death. "I wanted to find just that one thing to say that would put Jeff's mind at ease and I guess, really, just get him off the subject. But—and this is going to sound terrible--I heard myself sounding just like my mother, talking in a forced and fakey voice. I don't think she convinced herself when she was trying to convince me, and she didn't, and I couldn't when it was my turn."

The intrusion of death, even in words alone, can make loving and capable parents feel awkward. They are not able to relax and observe, much less *appreciate*, how resourcefully children attempt to comprehend the mysteries of loss, discontinuity, absence, and death. Adults do have the responsibility to protect their children from stress and harm. Yet much can be learned if we are able to drop our guard on occasion and participate in the child's discovery of death. Nobody comes to an understanding of life without coming to some kind of understanding of death, and this process begins earlier than most of us have imagined. In observing children's efforts to comprehend death we are granted the opportunity to witness sparks of creativity and surges of courage that can only enhance our respect for their spirits.

Death in the Everyday Life of Children

A child's fascination with death can demonstrate itself almost at any time and place. Mortality is a theme that finds its way into many of the child's activities, whether solitary or social, and so it has been for as long as history has had a voice. Consider games, for example. "Ring-around-the-rosey" has been a popular childhood play theme throughout much of

the world. Our grandparents delighted in "all fall down," as did their ancestors all the way back to the fifteenth century. The origin of this game, however, was anything but delightful.

Medieval society was almost totally helpless against bubonic plague—the Black Death. It has been estimated that at least one-fourth of the Asian and European populations perished during the most intense plague years. If adults could not ward off death, what could children do? They could join hands. They could form a circle of life. They could chant ritualistically and move together in a reassuring rhythm of unity. This demonstration of safety in numbers and human contact would not persist, though. The children also had to recognize their peril by enacting death. One child would drop out of the slowly moving circle and spin lifelessly to the ground. The circle would then tighten and close again, small voices still chanting. A few minutes later another child would drop to the ground, and the circle would contract again. And so it went, until only one child remained standing to chant plaintively, "All fall down." This game of childhood was not so simple after all. It not only recognized the peril of imminent death and loss but also provided comfort through a bonding ritual. Furthermore—and perhaps most subtly—death had been made to follow the rules of the game. Ring-around-the-rosey had another distinct advantage over its model—one could arise to play again. How joyous it must have been to laugh and leap up from the ground. True, one might fall again, and this time for real. But even a little triumph over death was a triumph.

In their own way the children were participating in medieval Europe's response to devastation by capturing and mocking death through dramatic enactments, songs, and caricatures. Young children were not too young to apply themselves to this enterprise, just as vulnerable children in violent environments today find ways to incorporate death into their lives as a sort of immunization. In Northern Ireland, for example, children have played "soldier and terrorist" instead of "cops and robbers."

Death has been ritualized in many other children's games as well. In the playful romping of "tag," what is the hidden agenda or mystery, that makes the chaser it? Folklorists (Opie and Opie,1969) have amassed evidence strongly suggesting that it is death's stand-in. Death (or The Dead Man) is sometimes the actual name given to the chaser. In the

English game "Dead Man Arise," the central player lies prostrate on the ground while other children either mourn over him or seek to bring him back to life. When least expected, up jumps John Brown, The Dead Man, the Water Sprite, Death Himself, or whatever name local custom prefers. The children flee or freeze in pretend surprise as the chaser whirls toward them for a tag that will bestow Dead Man status upon the victim.

In her pioneering studies of children's thoughts of death, Sylvia Anthony (1948/1972) identified a phenomenon she called *oscillation*. Her respondents, mostly happy and normal children, often spontaneously reversed roles in death games. Now they would be the poor, sad victim of a terrible accident or murder. Now they would be the person causing the "accident," or even the cold-blooded killer. Anthony concluded that children take all possible roles in death as a way of getting their minds around this challenging problem. She likened this process to the delight that very young children take in feeding the person who is feeding them. Spontaneous experiential learning is a talent that seems to develop early and that is quickly put to use. The findings of Anthony and other researchers should provide a little comfort to parents. If we observe a touch of sadism in our children, this probably does not mean that we have been raising monsters. It is far more likely that they are attempting to transform some of their sense of vulnerability to the active mode, a counterphobic move that has adaptive value if not taken too far. Similarly, when children play dead they are not necessarily demonstrating pathological morbidity. They are probably a lot more like the kids I've watched scrambling around rocks and trees enacting occasional melodramatic deaths that are reversed by a tickle. They arise, literally tickled to be alive again, having survived a micro-simulation of what it might be like to be really and truly dead.

Children's games that have been passed on from generation to generation may themselves be on the endangered list. There are fewer neighborhoods in which children play their traditional street games. Children's games have become influenced significantly by movies, television, and computer systems at the same time that "keeping kids off the streets" has been replacing the outdoor neighborhood experience. Death continues to have its place, although the forms may vary. "Bang, bang, you're dead!" became the up-to-date variant of tag games as Western and

gangster movies became popular. Today many young fingers are destroying aliens or playing other computer games of more remarkable savagery. Up to this point, computer-mediated culture has offered much less opportunity to develop compassion, healing, memorialization, and that entire spectrum of death-related experiences that does not feast on violence.

No matter what might be available in the way of existing death-related games, children sometimes must create their own. This is often the case when children are alone with feelings of foreboding and vulnerability. Again, these actions are subject to misinterpretation if viewed exclusively from an adult perspective. For example, a parent might scold or tease a child who is suffocating and burying a doll. If adult anxieties can be set aside for a moment, much could be learned here from a low-key conversation. It might be discovered that the child has heard something on the news about a person suffocating, or has himself had a moment of respiratory panic. The burial could also be an experiment to prove that the dead can return if one knows the right things to say and do. Similarly, a child may arouse adult ire by a noisy game of repeatedly crashing toy cars into each other. I remember one small boy who provided an astoundingly effective soundtrack for the repeated crashing of his model plane. In a sense these children are being rude and destructive. But in a deeper sense they may be testing out feelings that have been aroused by observations of loss, change, and abandonment. Incidentally, the boy who was specializing in air disasters comforted the adult onlooker, saying shyly, "Nobody gets killed bad."

How death becomes a vital element in what we call child's play was illustrated when one of my sons (eight years old at the time) marched himself over to the piano and started to improvise. This was not his usual style of moderated keyboarding, but loud, clangorous thumps. A few minutes later he moved to the floor near the piano and started to stack his wooden blocks. These two sets of spontaneous actions did not have any relationship to each other that I could see, nor did they bear an apparent mark of death awareness. Yet the only way to appreciate David's behavior was in terms of his response to death and loss. The piano playing and block building occurred within a half-hour of the time David and I had discovered our family cat lying dead on the road. Together we had acknowledged the death, discussed the dangers of the all-too-busy street (we moved not

long afterward), shared our sorrow, and removed the body for burial in the woods. David had then gone his own way for a while, which eventually included the actions already mentioned.

When I asked what he was playing on the piano, David answered, "Lovey's life story." He patiently explained how the various types of music he had improvised represented memorable incidents in the life of his cat (e.g., "This is music from when she scratched my arm"; "This is Lovey curling up to sleep"). The wooden blocks turned out to be a monument for Lovey. A close look revealed that the entire structure was constructed in an L shape, with several other L's at salient points.

If there had been no sharing of the death encounter when it first occurred, I probably would not have guessed that David's play had been inspired by an encounter with mortality. Adults sometimes fail to fathom the implications of their children's play because they have not had the opportunity to perceive the stimulus. The fact that a particular behavior does not seem to be death-related by no means rules out the possibility that it must be understood at least partially in those terms.

How Do Children Develop an Understanding of Death?

The more we understand about the child's understanding of death, the more prepared we are to provide guidance and comfort. Interest in death is a normal part of cognitive, social, and personality development. This development will take place whether guided, distorted, or neglected by adults. We tend to filter our responses to children's encounters with death through our own experiences, which frequently include fears, doubts, and unresolved issues. Most counselors and therapists recognize the general principle that we need to have our own issues under control before we can be helpful to others; this principle certainly applies to supporting the child's discovery and interpretation of death.

Death themes engage the mind very early in life. It was once a mainstream assumption that young children are oblivious to death because they are *pre-conceptual* (or *pre-operational*, in Piaget's terminology). This assumption does not hold up. A young child does not have to understand death in a philosophical or conceptual sense in order to feel frightened by separation or puzzled and distressed by loss. Separation anxiety remains at the core of adult interpretations of death, an anxiety that is experienced

repeatedly by even the most secure child when parents are temporarily absent. In fact, the limited conceptual development and life experience of the young child can make separation episodes even more disturbing. Similarly, recognition that something is gone comes very early in the developmental process. Many a toddler has been almost inconsolable when a favorite blankie has disappeared into the laundry or a cuddly toy left behind on a trip. Adult anxieties when some small item has disappeared may have originated in early childhood distress at the loss of a comforting presence. Children are alert to separations, losses, absences, and changes. In trying to understand a world in which people and things come and go, they are also working toward the comprehension of mortality.

There are two different, although related, realizations that children must eventually develop:

1. Other people die.
2. I will die.

One of the earliest inquiries into the psychology of death touched upon the child's exposure to the death of others. G. Stanley Hall, one of the most distinguished of the first generation of American psychologists, and one of his students obtained adult recollections of childhood (Hall and Scott, reported in Hall, 1922). Many of the earliest memories involved some form of death, and practically all respondents vividly recalled their first encounters with mortality. Hall later wrote that:

> The first impression of death often comes from a sensation of coldness in touching the corpse of a relative and the reaction is a nervous start at the contrast with the warmth that the contact of cuddling and hugging was wont to bring. The child's exquisite temperature sense feels a chill where it formerly felt heat. Then comes the immobility of face and body where it used to find prompt movements of response. There is no answering kiss, pat, or smile...often the half-opened eyes are noticed with awe. The silence and tearfulness of friends are also impressive to the infant, who often weeps reflexively or sympathetically. (Hall, 1922, 439-440)

Taking careful note of mental reactions to the elaborate funerals of the era, Hall observed that:

> Little children often focus on some minute detail (*thanatic fetishism*) and ever after remember, for example, the bright pretty handles or the silver nails of the coffin, the plate, the cloth binding, their own or others' articles of apparel, the shroud, flowers, and wreaths on or near the coffin or thrown into the grave, countless stray phrases of the preacher, the fear lest the bottom of the coffin should drop out or the straps with which it is lowered into the ground should slip or break, a stone in the first handful or shovelful of earth thrown upon the coffin, etc. The hearse is almost always prominent in such memories and children often want to ride in one. (op. cit., 440-441)

Some adult memories of death went back to age two or three. A child that young could not interpret or symbolize death in anything approaching the adult mode. Yet the exposure to death had made a special impression that had to be preserved in some way. It is most likely that the memory is preserved in details of the perception. Elements of the scene that are easily overlooked by an adult may remain charged with emotion and vividly etched in the child's mind. We still do not know very much about the process through which these early death portraits affect individual development, although there are numerous anecdotal reports to suggest this is neither an uncommon nor an insignificant phenomenon. One could compile a book devoted to "kiss of death" memories alone and the enduring effects reported by adults who were forced to press their lips to the face of a dead relative. Likewise, we could use more knowledge regarding the circumstances that evoke these childhood memories in adulthood. Nevertheless, there is enough evidence to suggest that many of us have death perceptions engraved at some level in our memory that predate our ability to preserve experiences in the form of verbal concepts. It is perhaps unnecessary to mention to therapists and counselors that fishing around for these childhood memories in other people is not a pastime that should be pursued for idle amusement.

A more direct way to study the impact of death upon young children is to learn how they respond to the loss of people close to them. Findings that have held up well over time emerged from a series of studies by Albert Cain and his colleagues at the University of Michigan. They observed that a pattern of disturbed behavior often follows a death in the family. The symptoms can become part of the child's personality from that time

forward. One of the studies focused upon responses to the death of a sibling (Cain, A., Cain, B., and Fast, I., 1964). As might be expected, guilt was one of the more frequent reactions, occurring in about half the cases, and still being evident five years after the sibling's death.

> Such children felt responsible for the death, sporadically insisted that it was all their fault, felt they should have died, too, or should have died instead of the dead sibling. They insisted they should enjoy nothing, and deserved only the worst. Some had suicidal thoughts and impulses, said they deserved to die, wanted to die—this being also motivated by a wish to join the dead sibling. They mulled over and over the nasty things they had thought, felt, or said to the dead sibling, and became all the guiltier. They also tried to recall the good things they had done, the ways they had protected the dead sibling, and so on. (op. cit., 747)

Trembling, crying, and sadness were also common. Some young children developed distorted ideas of what is involved in both illness and death. This heightened their death anxiety—something bad might happen to them at any time. A slight illness might prove fatal. There were even some fantasies that adults had killed their siblings, fantasies often fed by misinterpretations of emergency procedures such as resuscitation efforts. The surviving children sometimes became very fearful of physicians and hospitals or resented God as the murderer of their siblings. A few children also developed major problems in mental functioning; they suddenly appeared "stupid," did not even know their own age, and seemed to lose their sense of time and causation. These were dramatic illustrations of temporary effects of a bereavement experience in childhood. Retrospective studies conducted by other investigators indicate that long-term effects also may occur (in fact, childhood bereavement is reported more frequently among people who have required psychiatric care in adult life).

In an important ethnographic study, Myra Bluebond-Langner (1996) found many signs of stress among the siblings of terminally ill children. Along with the guilt feelings noted by earlier researchers, she reported sleep disturbances, outbursts of anger, and many other indices of a stress experience affecting the entire family. The children were also well aware of the ordeal being experienced by their parents. There was no doubt that

children respond powerfully to the stress occasioned by family terminal illness and bereavement whether or not they share the adult conception of death.

The loss of an expected family member also proved unsettling to many of the children observed by Cain. Although young children had a difficult time understanding miscarriage, it was clear to them that something important had gone wrong. Evasive answers by anxious parents increased the problem for some children. In the absence of accurate knowledge they created fantasies that the fetus had been abandoned or murdered. One child insisted that his mother had thrown the baby into a garbage can in a fit of anger; another associated the miscarriage with guppies that eat their young. At times the insistent questioning by the child had the effect of further unsettling parents who were trying to deal with their own feelings about the miscarriage.

Fortunately, not all children become permanently affected by a death in the family. Some weather the loss with the strong and sensitive help of others. One woman remembers being encouraged by her parents to arrange a photograph and picture album that would help them all to think of the good times they had with their grandmother. "I realize now that this was a way to let me express my own feelings and not keep all the sadness inside me. I think it helped; I know it did."

There is no way of knowing for sure which death will make the greatest impact upon which child. The death of an animal companion sometimes affects a youngster more than the death of a person. This is more likely to happen when the animal's death is the first the child has encountered and the adult has been a somewhat distant part of the child's life. What children take from a death also depends on the circumstances. A social worker recalls her shock and anger at adult indifference to the death of her dog under the wheels of a visitor's truck. She feels certain that her career in child services was prefigured in this painful episode.

Whatever the impact of other deaths, however, the loss of a parent generally has the most profound and enduring influence on children. Bereavement in early childhood has been implicated as an underlying cause of depression and suicide attempts in later life. Some counselors and therapists have learned to be alert to the possible intensification of suicide ideation when a person reaches the age at which a parent died—especially if that death was by suicide or other violent means. Many case

studies have found that a child may be growing up with suicidal ideation that will later be transformed into action because other family members had already taken that route (e.g., Heckler, 1994). The connection between early bereavement experiences and later anxiety, depression, and suicidality can be difficult to detect because there is a kind of timing mechanism involved: The emotional bomb does not explode until a particular time or situation arises. For example, a woman became panicked and acutely suicidal when she reached the age at which her mother had died. She could not help but believe that she would have to die as well, so it would be better to kill herself and get it over with.

This phenomenon can extend far into the adult years. Many healthy and active people in their middle years have told me of the suicidal plans they have in mind to avoid experiencing "old age." As one woman vehemently put it, "I saw my grandmother die inch by inch, lying in her own filth. I don't want my children to see me that way. Give me a quick, clean death or I'll take it myself." The puzzled, frightened, and hurt child remains in many an adult.

Of all the methods used to piece together the meaning of death during childhood, none can replace the sharing of a direct experience with a young child. In such moments we are granted a clear view of the child's face-to-face encounter with death. I recall, for example, David's first encounter with death.

David, at eighteen months, was toddling around the back yard. He pointed at something on the ground. I saw the dead bird. David appeared uncertain, puzzled, and curious, but made no effort to touch the bird. This was unusual hesitancy for a child who characteristically engaged physically with practically everything he could reach. David then crouched over and moved slightly closer to the bird. His face changed expression. To my astonishment, his face was now set in a frozen, ritualized expression resembling nothing so much as the stylized Greek theatrical mask of tragedy. I said only, "Yes, bird...dead bird." In typically adult conflict, I was tempted to add, "Don't touch," but then decided against this injunction. In any event, David still made no effort to touch.

That incident proved to be just the beginning. Every morning for the next several days he would begin his morning explorations by toddling over to the dead-bird place. David no longer assumed the ritual mask expression but still restrained himself from touching. The bird

was allowed to remain there until greatly reduced by decomposition. I reasoned that he might as well have the opportunity of seeing the natural processes at work. This was, to the best of my knowledge, David's first exposure to death. No general change in his behavior was noted, nor had any been expected. The first small chapter had closed.

But a few weeks later a second dead bird was discovered. David had a different reaction this time. He picked up the bird and gestured with it. He was "speaking" with insistence though without an adequate vocabulary. When he realized that I did not comprehend his wishes, he reached up toward a tree, holding the bird above his head. He repeated the gesture several times. I tried to explain that being placed back on the tree would not help the bird. David continued to insist, accompanying his command now with gestures indicating a flying bird. What could I do but put the bird back on the tree? The bird, of course, did not fly or even stir. David insisted that I try again. After several more failed efforts, David lost interest in the bird that could not be made to fly again.

There was another sequel a few weeks later—by now autumn. David and I were walking in the woods, sharing small discoveries. After a while, though, his attention became thoroughly engaged by a single fallen leaf. He tried to place it back on the tree himself. Failure. He gave the leaf to me with "instructions" that it be restored to its rightful place. Failure again. When I started to try once more, he shook his head no, looking both solemn and convinced. Although other leaves were seen to fall and dead animals were found now and then, he made no further efforts to reverse their fortunes.

David's look of puzzlement and his repeated efforts to reverse death suggest that even the very young child recognizes a problem when he sees one. Indeed, the related problems of death-loss-absence might be the prime challenge that sets into motion the child's curiosity and mental questing. Piaget's (1973) influential view of cognitive development emphasizes the child's construction of invariance or constancy. What changes or melts away is of little interest. This model misses the point that children must be aware of changes, losses, and disappearances if they are to understand that which endures. Even more significantly, change, loss, and death are part of reality. A construction of the world that ignores mortality can only be a form of institutionalized denial.

Adah Maurer (1966) has offered a view of early development based on her experiences as a school psychologist. Is her position too extreme? Judge for yourself as she describes the behavior of a three-month-old whose daily experiences alternate between frequent sleeping and waking states:

> The healthy baby is ready to experiment with these contrasting states. In the game of peek-a-boo, he replays in safe circumstances the alternate terror and delight, confirming his sense of self by risking and regaining complete consciousness. A light cloth spread over his face and body will elicit an immediate and forceful reaction. Short, sharp intakes of breath, and vigorous thrashing of arms and legs removes the erstwhile shroud to reveal widely staring eyes that scan the scene with frantic alertness until they lock glances with the smiling mother, whereupon he will wriggle and laugh with joy....To the empathic observer, it is obvious that he enjoyed the temporary dimming of the light, the blotting out of the reassuring face and the suggestion of a lack of air which his own efforts enabled him to restore, his aliveness additionally confirmed by the glad greeting implicit in the eye-to-eye oneness with another human. (op. cit., 36)

Babies a few months older often delight in disappearance-and-return games. Overboard goes a toy, somebody fetches it, then overboard again. The questions, "When is something gone?" and, "When is it gone and not going to come back?" seem very important to the precocious explorer. Maurer observes that young children devise many experiments for determining under what conditions something is "all gone," including, for example, blowing out a candle with demonic glee and giving various objects burials at sea via the toilet bowl.

Maurer's interpretations are difficult to test, but the kind of behavior she describes is widely available for observation. Furthermore, once children have developed a verbal repertoire we usually hear key death-related observations from their own lips. I remember hearing a four-year-old girl spontaneously lecturing her 84-year-old great-grandmother about death. "You are old. That means you will die. I am young, so I won't die, you know." However, a moment later she added, "But it's all right,

Gran'mother. Just make sure you wear your white dress. Then, after you die, you can marry Nomo (great-grandfather) again, and have babies." Although this child's cognitive mastery was not without its flaws, it is clear that death had become a salient topic to which she was devoting her avid attention.

The bedrock study of children's cognitions of death was reported by Maria Nagy (1948), her respondents being normal Hungarian children between the ages of three and ten. Even the youngest children were aware that "dead" was much different than "alive." Their thoughts about "dead" and "death" were based largely on realistic and concrete perceptions. Nagy (affectionately dubbed "Auntie Death" by the children who answered her questions and drew pictures) found three stages in the development or acquisition of death concepts.

> *Stage one* included mostly children between the ages of three and five. These youngest of the young were full of questions about funerals, coffins, cemeteries, and everything that seemed to be related to death. They saw death as a continuation of life but in a diminished form: the dead are much less alive. Furthermore, death could be temporary.
>
> *Stage two* included mostly children from ages five or six to nine. These children recognized that death was final: the dead do not return. Some of these children also personified death, for example, as a skeleton or some other mysterious human-like figure. A few adventurous children at Stage two revealed their plan to "Kill the death-man so we will not die."
>
> *Stage three* started for most children around age nine or ten and was thought to continue through the adult years. Older children recognized that death is personal, universal, final, and inevitable. They, too, would die some day, and there would be no getting around it.

Later studies have found few personifications of death (these may have faded from children's awareness as folk cultures have given way to technologies and mass media). It is also clear that the child's level of

maturation is an important factor: chronological age is still a useful index, but we should also attend to the particular child's general level of cognitive and emotional development (Kenyon, in press). Nagy's stages offer a useful guide to the development of the child's concept of death, but not all observations fit neatly into these categories. For example, there are instances in which personal inevitable mortality is spontaneously grasped by children who might be thought too young to have such a concept. A six-year-old boy worked out for himself the certainty of death. In a shocked voice he revealed, "But I had been planning to live forever, you know." A five-year-old reasoned aloud: "One day you (father) will be died. And one day Mommy will be died...and one day even Cynth (younger sister), she will be died. I mean dead, too. [Pause]. And one day I will be dead. [Long pause]. Everybody there is will be dead. [Long, long pause]. That's sad, isn't it?"

It is possible that children can spontaneously grasp or work out the basic facts of death for themselves at an early age, but then retreat from this realization. The compulsion to avoid holding opposite or contradictory ideas at the same time is a requirement that even many adults fail to honor on all occasions. Children may have a more situational conception of death, sometimes "childish" and wishful, other times absolutely on target.

Sooner or later most children do come to understand that death is final, universal, personal, and inevitable (Kastenbaum, 2000). Parents might prefer otherwise. We might hope for our children to remain innocent of both sexual and mortal matters until they have further ripened. But it is our own make-believe, not theirs, if we persist in behaving as though children are not attuned to the prospect of mortality. This awareness is further heightened by experiences with illness and encounters with lethal violence—even in our schools. Many children have survived into adulthood with few illusions about security and permanence.

"The kingdom where nobody dies," as Edna St. Vincent Millay once described childhood, is the fantasy of grownups. We want our children to be immortal—at least temporarily. We can be more useful to children, though, if we can share with them realities as well as fantasies about death. This means some uncomfortable moments. Part of each child's adventure into life is the discovery of loss, separation, nonbeing, death. No one else

can have this experience for the child, nor can death be locked into another room until a child comes of age. At the beginning children do not know that they are supposed to develop a fabric of evasions to protect themselves—and us—from this hard reality. Most children are ready to share their discoveries with us. Are we?

Robert Kastenbaum has been studying lifespan development and the human encounter with death for four decades. He founded The International Journal of Aging and Human Experience *and* Omega, Journal of Death and Dying. *He is an author and professor emeritus at Arizona State University.*

2

What Do We Know About Grieving Children and Adolescents?

Charles A. Corr

How do children and adolescents grieve? What are their grief and mourning like? Do children and adolescents grieve in ways that are different from adults? What do we know or think we know about grieving children and adolescents?

This chapter offers answers to such questions by drawing on the best theoretical literature from clinicians, researchers, and other scholars writing for professionals and other adults who work with bereaved children and adolescents. Quite a large body of literature is now at hand, including, in recent years, articles in professional journals that are too numerous to mention here; broad overviews of death, dying, and bereavement that include discussion of children and adolescents (e.g., Corr, Nabe, and Corr, 2000); books that focus specifically on issues related to children and death (e.g., Adams and Deveau, 1995; Corr and Corr, 1996; Doka, 1995) or adolescents and death (e.g., Corr and Balk, 1996); and books with a special concentration on bereavement in childhood and adolescence (e.g., Silverman, 1999; Webb, 1993; Worden, 1996).

Despite many variations in the language and concepts that are used to describe any bereaved persons, the professional literature sensitizes us to the difference between *bereavement* (the objective state of having suffered a significant loss), *grief* (the subjective reaction to loss), and *mourning*

(the conscious and unconscious intrapsychic processes, together with the cultural, public, or interpersonal efforts, that are involved in attempts to cope with loss and grief) (Corr, Nabe, and Corr, 2000; Rando, 1984, 1993).

From this professional literature, we can identify four central questions for this chapter: What is grief? How do children and adolescents experience grief? How do children and adolescents express their grief? How do children and adolescents mourn or try to cope with loss and grief?

In addition to the professional literature, there is another quite different body of literature which is helpful, composed of books that address death-related topics and designed to be read by or with young readers. The creativity of the authors of such literature, along with the imagination of their illustrators in many cases, can help to enrich appreciation of bereavement and grief in children and adolescents. In this chapter, 60 citations to works intended to be read by children and adolescents appear in italics (by contrast with the standard typeface used for citations to the professional literature) and are meant to refer to entries in the bibliography of this book.

What Is Grief?

When we inquire about "grieving" children and "grief" in children, it helps to be clear about the language and the concepts that are used to describe all bereaved persons. Even a brief acquaintance with the professional literature on bereavement shows that they are used in different ways and mean different things to different authors and speakers.

The term "grief" is often defined as "the emotional reaction to loss." That is not a bad definition, but it can be overly limiting if not understood correctly. Grief certainly is the term that is commonly used to identify a bereaved person's reaction to loss. Thus, if "bereavement" is the objective situation of someone who has experienced a significant loss, then "grief" is the subjective or personal reaction to that situation. When anyone experiences the loss of someone or some thing that is valued, he or she is harmed. Something important is taken away, often abruptly and in a hurtful way. It would be surprising if a bereaved person did not react to what he or she has experienced.

Feelings and emotions are a prominent part of most grief reactions. As part of the grief reaction, one experiences pain, sadness, anger,

bewilderment, and many other feelings. Bereaved persons are all too familiar with these affective reactions to loss. But while feelings are an important part of the grief reaction, they are not the whole story. Feelings represent human sentiment, sensibility, and passion. In addition to feelings, a bereaved person may experience reactions that are distinctively cognitive, physical, behavioral, social, or spiritual in nature. For example, many bereaved persons experience confusion or an inability to focus on school work and other activities, lack of energy or a lump in the throat, tightness in the chest or hollowness in the stomach, sleep or appetite disturbances, upsetting dreams, restless overactivity or loss of interest in activities that had previously been enjoyed, problems in interpersonal relationships, hostility toward God, or a search for a sense of meaning. In children, cognitive disturbances associated with grief may be misconstrued as learning disabilities, while regression to bedwetting or thumbsucking may be misinterpreted, and sometimes punished, as simple misbehavior.

This is another way of saying that grief is a holistic reaction to loss on the part of all human beings. It would be surprising and incomplete to insist that any bereaved person could only react to a significant loss in one or two ways, reflecting just one or two aspects of his or her whole humanity. Grief is or can be a reaction to loss that involves all of the dimensions of a bereaved individual's being.

How Do Children and Adolescents Experience Grief?

Some scholars have argued that children are not able to experience grief. Such claims go wrong because they depend on false premises. If one simply asks, "Can children react to loss?" or "Do children react to loss?", surely there would be no temptation to reply in the negative.

Consider what some children's books have to offer on this matter. In *Tough Boris* (*Fox, 1994*) children learn that even fearsome pirates cry when they experience a loss. By contrast, in *Why Did Grandpa Die?* (*Hazen, 1985*), young Molly is unable to cry when her grandfather dies, even though she feels frightened and awful. That is, she responds to her encounter with death in some ways, but not in other ways. Whether or not she cries, is Molly reacting to the loss that she has experienced? Is she experiencing grief? Certainly.

In two books about the death of friends in automobile accidents, *Dusty Was My Friend* (*Clardy, 1984*) and *I Had a Friend Named Peter*

(*Cohn, 1987*), eight-year-old Benjamin and a young girl named Beth share different experiences. Each of these youngsters is surprised and challenged by his or her unexpected reactions to the death of a friend, but both do react and struggle to understand their feelings.

In *The Dead Bird* (*Brown, 1958*), the first reaction of a group of children who find a wild bird that has just died is curiosity. They hold and touch the bird, leading them to discover that its heart is no longer beating, its body is growing cold, and it is becoming stiff. And in *Nana Upstairs and Nana Downstairs* (*De Paola, 1973*), when young Tommy is told that his beloved great-grandmother has died, his first reaction is disbelief. He finds it difficult to accept that she is really gone and he needs to see her empty bed to begin to grasp the hard fact that she has died.

In brief, stories for children about the deaths of grandparents, parents, other adults, siblings, friends, pets, and wild animals all describe a rich and varied panorama of reactions to loss. Much the same can be found in books like *Timothy Duck* (*Blackburn, 1987*), *Thumpy's Story* (*Dodge, 1984*), *Aarvy Aardvark Finds Hope* (*O'Toole, 1988*), *Badger's Parting Gifts* (*Varley, 1992*), and the most famous of all, *Charlotte's Web* (*White, 1952*), in which animals with human characteristics serve as the leading figures in captivating dramas of threats to life, death, bereavement, and grief.

These stories all ring true to child, adolescent, and adult readers because they paint accurate verbal and dramatic portraits of one of the most fundamental of all human experiences—experiencing and reacting to loss. Readers would hardly be attracted to such stories if their central characters did not experience grief related to their losses. One key part of being a grieving child is encountering loss and experiencing a broad range of reactions to such loss. In any specific encounter with death, the personal grief reactions experienced by a particular child or adolescent will depend upon the individual youngster and other characteristics that define the bereavement situation.

How Do Children and Adolescents Express Grief?

In addition to encountering loss and experiencing grief reactions, children and adolescents also express their grief in a variety of ways. What forms do children's and adolescents' expressions of grief usually take? Do children and adolescents always express their grief? Are children's and adolescents' expressions of grief similar to those of adults?