The Child and Death

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> A simple child
> that lightly draws its breath
> And feels its life in every limb
> What should it know of death?
> —Wordsworth
> (1798/1928, pp. 74–75)

What, indeed, should any child know about death, and when should he or she know it, and by what means should he or she find out? The notion of childhood innocence as portrayed by the poet Wordsworth conveys the wish that children's knowledge about death could be avoided or postponed. Edna St. Vincent Millay said that "childhood is the kingdom where nobody dies" (1934/1969), and Becker refers to adults' "ever-present fear of death" (1973, p. 17). If adults cannot confront and make peace with their own fears about the end of life, how can they possibly help children understand these realities? Many adults refrain from discussing death with children because of their own anxiety about the subject. In addition, they may want to avoid distressing the child and having to respond to questions for which they have no answers. Many parents and other adults find it easier to talk to children about sex than about death. As in both Wordsworth's and Millay's eras, discussion about death today still represents a powerful taboo.

The above paragraph was written for the first edition of this book in 1991, and repeated in the second edition in 2002. In preparation for the publication of this current, third edition in 2009 we would hope that there would have been progression in the degree of openness in discus-

sions with children about death. There have been numerous books published to help adults help children with this difficult topic, and certainly children's exposure to death has increased through hearing and seeing numerous reports of deaths in natural disasters, in accidents such as plane crashes, and in wars. Some children who live in dangerous, inner-city neighborhood know firsthand about drug-related killings. The contemporary child, through television, views hundreds of deaths, both real and fictionalized, in the daily course of watching cartoons, news, and General Audiences/Parental Guidance Suggested (G/PG-rated) dramatizations and movies. Images of all types of deaths make imprints on the minds and psyches of the watching children, but different children respond differently to what they see and hear. And many adults still prefer to avoid discussing death with children.

Does familiarity bring desensitization about death or easy acceptance of it? Obviously, children must take a huge leap from knowing that death occurs to strangers or fantasy creatures on television to awareness that it occurs to everyone, including their own family members, and that in real life, unlike on television cartoons, the dead person does not return.

CHILDREN'S PROGRESSION TOWARD MATURE UNDERSTANDING ABOUT DEATH

The necessary truth about death that we all eventually come to know is that it is irreversible, inevitable, and universal. Most children achieve this knowledge by approximately 7 or 8 years of age due to their normal cognitive development and life experience. Some may achieve a mature conception at younger ages (Wass & Stillion, 1988) if they have had experience with the death of an animal (Yalom, 1980), or if they have had early experience with the death of a family member (Kane, 1979). For most children, the natural evolution of their ability to think rationally leads gradually to a mature understanding about death.

Cognitive Development: From Immaturity to Conceptual Understanding

Although Jean Piaget's work did not focus on children's understanding about death, I have applied his theories concerning children's cognitive development to this topic. I focus on the three major developmental phases identified by Piaget and connect these with children's ideas about death in each phase.

The Young Child: Ages 2–7; Piaget's Preoperational Stage

According to Piaget, the preschooler tends toward magical thinking and egocentricity. He or she does not differentiate between thoughts and actions, and therefore a young boy of this age may believe, when his sister dies suddenly in an accident, that his anger toward her caused her death (see example in Kaplan & Joslin, 1993). The young child also cannot comprehend the irreversibility of death, and at this age may think that if he screams loudly enough he can awaken his deceased father, who he believes is sleeping (example in Saravay, 1991). Even when the young child has witnessed a burial he or she may not realize that the dead body in the casket no longer feels anything or performs its usual bodily functions. The child may wonder how the dead man can breathe with dirt on him, and how he will go to the bathroom (Fox, 1985). A child in the movie *My Girl* insisted on putting eye glasses on her deceased friend in the casket so that he could see!

These vignettes all relate to Piaget's *preoperational stage* (ages 2–7), during which the child's concrete (literal) thinking may distort reality to conform to his or her idiosyncratic understanding, despite contradictions. Piaget refers to this type of thinking as "egocentric," since the child believes that everyone else sees the world as he or she sees it.

The work of Maria Nagy (1948) continues to be widely quoted with regard to her study and identification of three stages in children's perceptions of death. Nagy's first stage (ages 3–5) corresponds roughly to Piaget's preoperational phase. Nagy found that children at this age deny that death is a final condition; they consider the state of death as temporary and reversible. Therefore, they wonder and may ask when their dead father is coming home, even though they viewed his body in the casket at the wake. In summary, the preschool child (ages 2–6) has the following ideas about death:

- Does not understand that death is final.
- Often believes that death is reversible or temporary.
- Believes in magical thinking and that wishes come true.
- May believe that something he or she did caused the death.
- May ask repeatedly about the whereabouts of the deceased person.
- May not show outward expected signs of grieving, except intermittently (because he or she expects the dead person to return).
- May be afraid that someone else may die (leading to regressive clinging).
- May be angry with the deceased, or with the surviving parent or sibling.

Before proceeding I caution against taking these age references too literally. Development is an individual process that proceeds generally as outlined, but—as with all matters human—individual variations are the rule. Furthermore, the lack of synchrony between ages in Nagy's and Piaget's stages should not cause serious concern. The main point is that development progresses gradually from immature to mature understanding about death, and it is unrealistic to expect a young child to have a mature understanding of death.

The Latency-Age (Elementary-School-Age) Child: Ages 7–11; Piaget's Concrete Operational Stage

Reduced egocentricity and improved capacity for reasoning contribute to the progressive realization among children of elementary school age that death is irreversible. Fox states that "latency youngsters begin to know that dead is dead and that at some time each of us will die. However, their own increasing sense of power and control make it difficult for them to believe such a thing could happen to *them*" (1985, p. 11; emphasis in original). Solnit, referring to this realization, states that "the concept that inevitably each of us has to die becomes a threatening, unpleasant, ineffable quality of the *future.* Most children *are able to lay aside this oppressive sense of inevitability,* denying the feel of it because it is so far off. . . . [The] juices of life and the joy of living help block out the fearful, painful conviction about death" (1983, p. 4; emphasis added). The elementary-school-age child's improved understanding of time permits this conceptualization about the "future" as a remote, distant expectation.

Piaget notes children's increased capacity for reasoning and the ability to organize sequentially and count backwards (subtract) during the period from 6 to 8 years (Piaget, 1955, 1972). The fact that children are learning to read and use language further signals their developing cognitive abilities.

This development not only facilitates mastery of reading, writing, and arithmetic but it also opens the child's thinking to more accurate comprehension of the mysteries of life and death. Whereas the concept of the body and the spirit confuses the preschool child, who cannot understand how the deceased can simultaneously be in heaven and in a grave at the cemetery (Saravay, 1991), children of 9 or 10 are able to dramatize a puppet play that expresses their wish to visit their parents in heaven, despite clearly knowing that they are buried in a cemetery (Bluestone, 1999).

The elementary-school-age child knows that death is final, and that it will happen to everybody "sometime." However, children of this age

believe that death happens primarily to the elderly and weak, who cannot run fast enough to escape the pursuing "ghost, angel, or space creature" who will cause their death (Fox, 1985; Nagy, 1948); 6- to 8-year-olds therefore believe that young people their age usually do not die, because they can run fast! According to Lonetto, "death for the child from six to eight years old is personified, externalized, and can be avoided if seen in time. Death is not yet finalized; rather, it assumes various external forms (skeletons, ghosts, the death-man)" (1980, p. 100). The popularity of skeleton costumes at Halloween speaks to young people's fascination with death and their attempts to gain control over their fears about it. When children reach 9 or 10 years of age they may develop a more realistic understanding about death, although they still may have difficulty dealing with it. In summary, some typical responses of school-age children (6–12 years old) about death include the following:

- Inability to deal with death.
- May use denial to cope with the loss and may act like the death did not occur.
- May hide their feelings in an effort not to seem childish, and do their grieving in private (this is especially true for boys).
- May feel guilty and/or different from peers because of the death.
- May express anger or irritability rather than sadness.
- May overcompensate for feelings of grief by becoming overly helpful and caretaking of others (this is especially true for girls).
- May develop somatic symptoms or hypochondria.
- Anxiety may occur due to increased fear of death.

The Prepubertal Child: Ages 9–12; Bordering on Piaget's Formal Operational Stage

"The mental development of the child appears as a succession of three great periods. Each of these extends the preceding period, reconstructs it on a new level, and later surpasses it to an ever greater degree" (Piaget & Inhelder, 1969, p. 152). Thus, as we consider Piaget's third and "final" stage of cognitive development, that of "formal operations," we note the building on preceding stages, in addition to the ultimate spurt into the complex arena of mature thought and understanding.

Piaget's stage of formal operations usually begins around age 11 or 12, when the youngster's thinking becomes truly logical, able to handle many variables at once, and capable of dealing with abstractions and hypotheses. Many authorities on the topic of children's understanding about death (Anthony, 1971; Grollman, 1967; Kastenbaum, 1967; Lonetto, 1980; Nagy, 1948; Wolfelt, 1983) believe that children acquire

a realistic perception of the finality and irreversibility of death by age 9 or 10. Speece and Brent (1996), in an examination of more than 100 studies of children's understanding of death, conclude that by 7 years of age most children have achieved a mature understanding. This is quite a bit earlier than Piaget's designation of the inception of formal thought "around the age of eleven or twelve" (1968, p. 63). Yet perhaps it attests to the complexity of death itself—connecting both "concrete" elements, that is, a body that no longer functions (comprehensible to 7- and 8-year-olds), and the "abstract," that is, a notion of spirituality and life after death (understood by children older than 10). In Lonetto's (1980) study of children's drawings at different ages, an intriguing shift was found in the representation of death in abstract terms among 12-years-olds. They portrayed death with black crayon markings that they described as "darkness." Lonetto states that

> children from nine to twelve years old seem capable not only of perceiving death as biological, universal, and inevitable, but of coming to an appreciation of the abstract nature of death, and of describing the feelings generated by this quality. This complex recognition pattern associated with death is joined by an emerging belief in the mortality of the self, but for these children death is far off in the future and remains in the domain of the aged. (1980, p. 157)

As the prepubescent youth moves into adolescence, greater maturity in thinking can result in more complex responses. The bereaved young person:

- May feel helpless, frightened, or numb.
- May behave in a manner younger than his or her years (regression).
- May feel conflicted between the desire to behave in an adult manner and the wish to be taken care of as a child.
- May experience guilt about teen behaviors, which were a normal part of the individuating process, at the time of the death.
- May use anger to defend against feelings of helplessness.
- May respond in a self-centered or callous way.

CHILDREN'S EMOTIONAL RESPONSES TO DEATH

What is the implication of children's cognitive development on their ability to mourn the death of a loved one? Can children grieve, and, if so, how do they grieve? Is children's grieving different from that of adults? What factors other than the child's age and level of cognitive develop-

ment impact on the nature of the child's emotional response to death? This chapter (and others in this book) explores these questions in detail after first defining and distinguishing between the concepts of "grief," "mourning," and "bereavement." Obviously, these terms all relate to loss following death, but they are not synonyms, even though the general public and some professionals use them interchangeably.

Bereavement

The term "bereavement" refers to the status of the individual who has suffered a loss and may be experiencing psychological, social, and physical stress because a meaningful person has died; the term does not, however, spell out the precise nature of that stress (Kastenbaum, 2008). Three elements are essential in all bereavement: "1) a relationship with some person or thing that is valued; 2) the loss—ending, termination, separation—of that relationship; and 3) a survivor deprived by the loss" (Corr, Nabe, & Corr, 2000, p. 212).

Grief

Bowlby describes grief as "the sequence of subjective states that follow loss and accompany mourning" (1960, p. 11). Wolfelt (1983) points out that grief is a process, rather than a specific emotion like fear or sadness; it can be expressed by a variety of thoughts, emotions, and behaviors. A simple definition is that "grief is the reaction to loss" (Corr, Nabe, & Corr, 2000, p. 213). These reactions can occur in feelings, in physical sensations, in cognitions, and in behaviors (Worden, 1991).

Mourning

The psychoanalytic definition describes mourning as "the mental work following the loss of a love object through death" (Furman, 1974, p. 34, quoting Freud, 1915/1954). This "mental work," often called "grief work," involves the "painful, gradual process of detaching libido from an internal image" (A. Freud, 1965, p. 67), thereby freeing libidinal energy for new relationships. This theoretical model of grief *requires disengagement from attachment to the deceased* in order for the grief to be resolved. The psychoanalytical definition of mourning, therefore, encompasses not only the initial grief reaction to the loss but also the future resolution of that grief (Grossberg & Crandall, 1978). In order for mourning to be resolved, according to Krueger, the bereaved person must comprehend the "significance, seriousness, permanence, and irreversibility" of his or her loss (1983, p. 590). In other words, in addition

to feeling typical grief reactions, such as sadness and anger, the individual must also come to understand that the deceased person will never return, but that life can be meaningful nonetheless. This adaptation or acceptance of the irrevocable loss is referred to by Bowlby as "relinquishing the object" (1960, p. 11).

An alternative, very different model of bereavement (Klass, Silverman, & Nickman, 1996) emphasizes the mourner's *continuing bonds* with the deceased. This approach differs drastically from conceptualizations that posit disengagement and relinquishment as a goal of grief resolution. In contrast, in this view, "it is normative for mourners to maintain a connection with the deceased" (p. 18) and this connection *continues throughout the life of the mourner.* This conceptualization has great implications for bereavement counseling, which, in this view, emphasizes remembering and honoring cherished memories of the deceased.

Can Children Mourn?

This question has been asked and debated in the literature, with responses depending on both the definition of "mourning" and on the specific theoretical framework of the respondent. If one's definition of mourning requires mature awareness regarding the finality of death, as stated earlier by Krueger (1983), a positive response would not be possible until prepuberty. This is the position of Nagera (1970). At the other extreme, Bowlby argues forcefully for the existence of grief and mourning in even very young children when they are separated from their mothers. Quoting Robertson's 10-year study of children ages 18–24 months who experienced maternal separation, Bowlby presents the following position:

> If a child is taken from his mother's care at this age, when he is so possessively and passionately attached to her, it is indeed as if his world has been shattered. His intense need of her is unsatisfied, and the frustration and longing may send him frantic with grief. It takes an exercise of imagination to sense the intensity of this distress. *He is overwhelmed as any adult who has lost a beloved person by death.* To the child of two with his lack of understanding and complete inability to tolerate frustration, it is really as if his mother had died. *He does not know death, but only absence;* and if the only person who can satisfy his imperative need is absent, *she might as well be dead.* (1960, p. 15, quoting Robertson, 1953; emphasis added)

Sigmund Freud, toward the end of his life, in discussing the responses of young children to their mothers' absences, referred to their crying and facial expressions as evidence of both anxiety and pain. Freud stated, with regard to the distressed child, "it cannot as yet distinguish between temporary absence and permanent loss. As soon as it loses sight of its

mother, it behaves as if it were never going to see her again" (1926/1959, p. 169). These desperate reactions point to the child's total lack of understanding that the mother continues to exist when she goes away ("object constancy"). They also indicate the child's lack of a "mental representation" (memory) of the mother that can be evoked in her absence. The beginning stage of object constancy usually occurs in the second half of the first year of life, but the child's capacity to recall the mother's image in her absence is ephemeral until completion of M. Mahler's rapprochement stage at around 25 months of age (Furman, 1974; Masur, 1991).

It seems only logical that the child must have a clear idea about the separate, independent existence of a person before being able to grieve the loss of that person after his or her death. Anna Freud (1960) maintained that the child can mourn only when he or she has developed reality testing and object constancy, and Furman (1974) agrees with this position.

While it is indisputable that even very young children react strongly to the absence and loss of a meaningful person, and that they show their reactions in conformity with Bowlby's (1960) stages of protest, despair, and detachment, it seems to me inaccurate to refer to these responses as "mourning" when the young child understands neither the finality of the loss not its significance in his or her life. Thus, feelings of sadness, rage, and longing following the loss of a significant person may qualify as *grief reactions* but, without mature understanding of the finality and meaning of that loss, cannot accurately be termed as "mourning" in my view.

Although this may appear to be semantic hairsplitting, the implications for the grief counselor or therapist point to the necessity of respecting children's feelings without expecting more of the child than is developmentally appropriate. Thus, the question "Can children mourn?" should instead be "Can children grieve?", to which an unqualified affirmative response can be given.

Does the Expression "Relinquishing the Object" Apply to Children—or Is the Concept of "Continuing Bonds" More Relevant?

The idea that mourning can be "resolved" and that this resolution involves "decathecting" or "relinquishing" emotional investment in the deceased seems problematic when applied to children's mourning. Some traditional child therapists (Buchsbaum, 1987; Nagera, 1970; Wolfenstein, 1969) have pointed to children's ongoing psychological need to hold on to their relationship with their parents to successfully complete the tasks of development. Such a fantasized relationship with a deceased parent obviously hinders any "relinquishing" of libido from that fan-

tasy until the adolescent stage has been completed. Nagera states that "the evidence seems to point to the fact that the latency child strongly cathects a fantasy life where the lost object may be seen as alive and at times as ideal" (1970, p. 381). This explains the position of Nagera and Wolfenstein that mourning is not possible until "detachment from parental figures has taken place in adolescence" (Nagera, 1970, p. 362).

A different view about childhood grief (Baker, Sedney, & Gross, 1992) conceptualizes it as a series of psychological tasks that must be accomplished over time. For these authors, decathexis, or detachment, is not essential to the mourning process, because they found that many children maintain an internal attachment to the mental image of the lost person that serves an important function in terms of their child and later their adult development. This is consistent with the views about continuing bonds as discussed previously (Klass et al.,1996).

Therefore, in my opinion, decathexis/detachment and "relinquishing the object" are not appropriate concepts in describing the mourning of children. While a child may certainly grieve the absence of the person who died and long to be with that person, these feelings need not interfere with the child's developmental course. In fact, my own experience as a bereavement counselor supports the convincing reports in the literature that an ongoing attachment relationship after the death of a loved person can help children withstand and overcome many stresses, as illustrated in the following examples.

CASE VIGNETTES

The Grief of a 4-Year-Old

This example of the accidental death of the father of four children comes from the second edition of this book (Webb, 2002) and is used with permission. The youngest child, Lisa, age 4, was unable to understand the reality of her father's death, even though she attended both the funeral and the burial service. Several months after her father's tragic death in a house fire Lisa still became very excited whenever someone would come to the house in the late afternoon at the time that her father used to return from work. When she heard keys in the lock or someone entering the front door, Lisa would shout, "Daddy's home, Daddy's home!" Her two brothers, ages 6 and 9, who knew that their father could *not* return because he was dead, would become angry and respond to Lisa, "Daddy's dead. Why do you think he can come back?" Sometimes in frustration one of the boys would hit Lisa in the hope that this would change her expectations about their dead father's return. It was partly the mother's exasperation about how to deal with episodes such as these

among her children that prompted the referral for grief counseling. I comment on aspects of the children's behavior in treatment that demonstrate their developmental issues with regard to their expressions of grief. In my role as a bereavement counselor, I typically employ play therapy as the ideal manner of intervention with young children.

Counseling with Lisa

In the first play therapy session, this little 4-year-old was immediately drawn to the dollhouse, which had movable furniture and numerous family figurines. The therapist told Lisa that she could set up the dollhouse any way she wished and use any of the dolls she wanted. Lisa focused on the kitchen and created a scene there with a mother doll, and four "child" dolls of different sizes. There was no male doll in evidence, and the therapist asked: "Where is the daddy in this family?" Lisa immediately responded: "They can't find him; he is 'lost.'" The child's use of this term made the therapist think about how often people refer to death as a "loss"; she wondered whether Lisa had heard her mother or someone else say that the family members "lost" their husband or father. With this assumption, the therapist replied to Lisa: "Maybe he is dead, and that is why he can't be with the family." Lisa said: "That's what they say; the daddy is dead; but I think he is lost and they should try to find him." The therapist then replied, "When a person is dead, he cannot come back, no matter what." Later, the therapist spoke privately to the mother and suggested that she explain to the boys that Lisa was not yet old enough to understand the reality of death, so that she and others would need to be patient with her and keep repeating that when people are dead, they cannot come back to their families.

Comment

This girl's reactions demonstrate the inability of this preschool child to comprehend the finality of her father's death. She very much wanted him to return and seemed to be in some pain due to his absence. The play therapy sessions occurred only 3 months after the death, and suggest that the child was still actively remembering her father and was very aware of missing him.

The Grief of a 6-Year-Old

This example involves Lisa's 6-year-old brother Brian, who was also seen individually for bereavement counseling. Because of Brian's age, play therapy was also the method of treatment. This boy was very active in

the sessions, moving quickly from one activity to another. Sometimes he would draw, and other times he would play with wooden blocks, creating a rectangular building, then destroying it. Typically, after throwing all the blocks into the center of the floor, he would also toss human figures, cars, and animals in the pile, and then he would say, "It's a mess!" The therapist believed that this child was referring symbolically to his life, so she responded with an affirmative reply, "Yes it *is* a mess, and we need to try to help these poor people!" Brian would then say "They are all dead, all dead!!" in a very sad and hopeless voice. The therapist then would comment about how sad this was, and how she wanted to find some way to help.

Brian repeated this play scene for several weeks, showing through his play how very devastated he felt. After about a month had passed, the therapist decided to comment more specifically about the dead people, and she said that the people's families must be very sad because they miss their dead relatives. Brian made eye contact and said, "they need to have a funeral." The remainder of the session consisted of putting one of the male bodies into a toy casket, covering it carefully, and creating a goodbye message from the family.

Comment

This boy, at the age of 6 years, was struggling with his intense feelings of grief over the loss of his father. Initially he could convey only his distraught feelings that his life was now a mess. After playing this out repeatedly and receiving some verbal and emotional support from the grief counselor, he was then able to reconstruct the funeral preparations and prepare a goodbye message for his beloved father. This appeared to be very meaningful to this young child, who, through play, was able to reconstruct what he had witnessed (but probably not understood) at the time of his father's death.

The Grief of a 9-Year-Old

Brian's brother Greg also participated in grief counseling that included both play therapy and verbal discussion of Greg's memories of his father.

Since his father's death, Greg had had some problems hitting other children on the school playground. This behavior was very unusual for him, and the teacher had called Greg's mother to express her concerns. In the initial meeting with Greg, the therapist mentioned that she knew Greg had been getting into some fights at school, and that this behavior was not typical for him. The therapist asked whether Greg might want to draw a picture, and the boy drew a volcano. This stimulated a discus-

sion about how anger can be "stuffed down" and then it explodes like a volcano. The therapist assured Greg that people usually feel angry after someone dies unexpectedly. They then talked about how else he could express his anger without getting in trouble. The remainder of that session, and many others to follow, consisted of playing with toy cars on the floor as Greg reminisced about his father. He had many happy memories. However, he was worried, because other people told him that because he was the oldest male, he was the man of the family now. Greg did not like this idea, because he realized that he was *not* a man, and the therapist agreed with him. She also said that she would speak to his mother to have her reassure the boy about her expectations for him.

Comment

At age 9, this boy fully understood the meaning of death; he knew that his father would not come back, and he welcomed the chance to grieve his father's loss by talking about his many happy memories of his father. The therapist encouraged him to do so, while also helping him understand his feelings of anger about the loss of his father, and about the unrealistic expectations that others were trying to put on his small shoulders.

The Grief of a 12-Year-Old

Mary, the eldest child in this family, at age 12, took on a protective and parenting-type role with her younger siblings. Initially she denied the opportunity to participate in therapy, but a year later she spontaneously asked her mother to arrange an appointment. At that time this preteen girl was preoccupied with her friends and peer relationships, which is a normal focus for a youngster of that age. She worried that some of her friends were nice to her only because they were sorry for her as a result of her father's death. After discussing this issue with the therapist, Mary began to realize that she felt very different since the death, and she thought that her friends must have noticed. The fact that she had had certain friends for many years seemed to suggest that they liked her for herself, not because they felt sorry for her. As the therapist pointed this out, Mary began to feel better during this discussion and said that she was glad she brought it up with the therapist.

Comment

This example exhibits this girl's age-appropriate, preteen development related to concerns about making and keeping friends. Often bereaved

children feel very different from their peers, and they are so painfully aware of the death in their family that they believe it will alienate other people. This reflects both the bereaved child's anxiety and the difficulty many children may have in expressing their condolences and sympathy toward their bereaved friend.

IS CHILDREN'S GRIEF DIFFERENT FROM THAT OF ADULTS?

Case vignettes, professional literature, and clinical experience with bereaved children all attest to some marked differences, as well as some similarities, between the grief of children and that of adults. Wolfelt reminds us that "grief does not focus on one's ability to 'understand,' but instead upon one's ability to 'feel.' Therefore any child mature enough to love is mature enough to grieve" (1983, p. 20).

Denial, anger, guilt, sadness, and longing are felt by young and old alike in response to the death of a loved person. Adults, who expect children to have many of the same feelings they themselves experience at a time of bereavement, may be able to help children realize that these feelings are justified. It is even more important, however, for adults to recognize that most children have *limited ability to verbalize their feelings,* as well as very *limited capacity to tolerate the pain* generated by open recognition of their loss. Thus, in these vignettes, we note the children's various attempts to avoid talking about their losses.

We also note in the vignette about Mary the *fear of being "different" from one's peers with regard to having a deceased parent.* Unlike adults, who may obtain solace and comfort from the condolences of their friends, bereaved children *dread* this process, and frequently their peers feel equally uncomfortable at the prospect of having to speak to them. They do not know what to say, and they are afraid that they themselves or their friend will start crying. Children in latency and adolescence are trying hard to gain control over their feelings, so they resist and feel uncomfortable with an invitation to express their emotions openly. Furman (1974) comments that children consider crying babyish, so they may do their crying in private. The child's "short sadness span" (Wolfenstein, 1966) reflects the low capacity to tolerate acute pain for long periods, characteristic of childhood. Rando (1988/1991) explains that a child may manifest grief on an intermittent basis for many years in an approach–avoidance cycle with regard to painful feelings.

Children often use play as an escape from their pain and as a way to gain mastery over their complex and confused feelings about the death. Insofar as play is the language of childhood, children can deal with their

feelings through play in a displaced, disguised manner. The trained play therapist understands and knows how to communicate in this symbolic language and, through the use of play therapy, can help the child work through his or her painful feelings. This book contains various examples of play therapy that can help bereaved children with their grief.

In summary, the following considerations serve to differentiate the grief of children from that of adults:

1. Children's immature cognitive development interferes with their understanding about the irreversibility, universality, and inevitability of death.
2. Children have a limited capacity to tolerate emotional pain. I refer to this as a "short sadness span," which means that they cannot spend long periods of time grieving.
3. Children's acute feelings of loss may occur in spurts over many years.
4. Children have limited ability to verbalize their feelings.
5. Children are sensitive about "being different" from their peers. A death in their family makes them feel different and uncomfortable, so they may not wish to acknowledge the death.
6. Children are able to express their feelings in play therapy.

RELIGIOUS/CULTURAL INFLUENCES ON CHILDREN'S CONCEPTIONS OF DEATH

Any analysis of a child's understanding about death must include not only the individual factors related to the child's cognitive and emotional development but also the influences impacting on the child that emanate from the cultural and religious beliefs in the child's home environment.

This is discussed more fully in Chapter 2. A psychosocial assessment of the child examines both internal and external elements contributing to the child's understanding about death. McGoldrick et al. warn that "clinicians should be careful about definitions of 'normality' in assessing families' responses to death, [since] the manner of, as well as the length of time assumed normal for mourning differs greatly from culture to culture" (1991, pp. 176–177). These family therapists/authors further point out that "cultures differ in major ways about public versus private expressions of grief" (p. 178). Because of these differences, it behooves therapists to try to find out from a family member "what its members believe about the nature of death, the rituals that should surround it, and the expectations about afterlife" (p. 178). The child absorbs and interprets these beliefs and customs, questioning what is not

clear, and supplying his or her own answers when the responses to his or her questions are vague and incomprehensible.

The Appendix to this book lists resources for information about the different religious practices and mourning observances in different cultures. It is not practical to attempt a comprehensive overview of various religions and cultures. However, grief counselors and therapists working with bereaved children must learn about the typical practices in the cultural and religious group of the bereaved child's family. It is especially important to know whether the children are expected to participate in the formal and informal rituals of grieving, or whether they are excluded from these rituals due to the belief that involving the children would be upsetting to them. Most Western thanatologists believe that it assists the child's grieving when he or she is included in the funeral and other rituals associated with the death of a loved one (Rando, 1988/1991; Wolfelt, 1983; Kastenbaum, 2008). When children are told in advance about what to expect and are given the opportunity to decide whether or not to participate, many elect to do so. Rando points out that rituals are well suited to children, who are fascinated by these types of behaviors (1988/1991, p. 216). Of course, if there is an open casket at the funeral, the child must be prepared for this in advance and assured that the family will have some private time to say their farewells to the deceased. James Agee's Pulitzer Prize–winning novel *A Death in the Family* contains a moving, detailed account of a 5-year-old viewing his dead father at the wake, during which time the child came to synthesize his observations about his father's appearance in the casket with his first true understanding of the meaning of the word "dead" (1938/1969, pp. 288–298).

Children's accounts about attending wakes and funerals often project their ambivalence about the death. They prefer to remember their loved one when alive, but they also want to be included in the services. A 15-year-old boy, whose mother died when he was 9, reflects as follows:

> "The night before the funeral we all went to the funeral parlor, and I spent a lot of time right next to her coffin. She was wearing a white dress, but that's all I remember. I remember her more when she was alive because *I think my mind wants to remember her alive rather then dead*. I'm glad, though, that I got a chance to get a last look at her. I drew a picture for her and wrote a little note on it, asking her to wait in heaven for all of us. I gave it to Daddy to put in her coffin with her, and even though she was dead, I like to think that she got that last message from me." (in Krementz, 1981/1991, p. 54; emphasis added)

Children differ in their feelings about how they want to remember their deceased relative, but the idea of avoidance of the cemetery is

a repeated theme for many children. A 16-year-old Puerto Rican girl whose mother died when she was 11 stated:

> "I'm not sold on going to the cemetery. That's the worst place to remember her because I associate it with putting her into the ground. Why would I want to remember that part? My aunt is very religious and she's really into going to the cemetery and lighting candles in church and all that stuff. I don't think anybody should have to go the cemetery. I can't see it. I think the most vivid thing in a person's mind should be the happy moments, and when you visit the grave, you're left with the sad parts. . . . I *cannot* relate to my mother by looking at her tombstone. It's hard to imagine there's a body underneath the ground even if I know it's there. The body's not that important to me. It's the soul that counts, and once that's gone, forget it. I wish my mother had been cremated." (in Krementz, 1981/1991, pp. 48–49; emphasis in original)

This child clearly has attained a mature understanding of death, and she appears to have accepted the finality of her loss while being able to appreciate and remember "the happy moments" of her mother's life.

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