

HELPING CHILDREN COPE WITH DEATH

CHRISTINE L. ROBERTS

The rationale for teaching about death and dying is simple: death is a part of life. The person who cannot grieve is crippled emotionally, unable to experience and benefit from the full range of human emotions. Sylvia Plath (1972), visiting her father's grave years after his death, couldn't understand why she was crying so hard.

Then I remembered that I had never cried for my father's death. My mother hadn't cried either. She had just smiled and said what a merciful thing it was for him he had died, because if he had lived, he would have been crippled and an invalid for life, and he couldn't have stood that, he would rather have died than had that happen (p. 137).

Grief is an essential reaction to loss; to repress grief is to repress emotional growth. If children are to grow up to be whole, integrated adults, they need to learn how to cope with catastrophe and crisis (Gorer, 1965)—with any loss in their lives.

It is normal for children to show curiosity about death; it also seems natural for parents to ignore their questions to spare them from pain. As children internalize their parents' avoidance behaviors, they learn to "field questions," "be strong," and deny their anguish. Unfortunately, these culturally acceptable responses are not healthy.

Children and youth need solid information in order to neutralize "the pornography of death" they see in movies and on television: the highly stylized and ritualized brutality, sadism, and murder that render life and death trivial or meaningless. Susceptible children who see such impersonal violence may believe that their own lives are irrelevant, precisely at an age when they are searching for meaning and intimacy (Jackson, 1972). They need to learn about death in order to explore the ramifications of such taboo topics as abortion, suicide, euthanasia, cryogenics, and triage. They need to learn how to cope with catastrophe and crisis whenever they meet it. Expressing their emotions is a necessary first step in this coping process.

Christine L. Roberts is Professor of Elementary Education at the University of Connecticut in Storrs, Connecticut.



Parents and teachers must accept death as a natural function of life in order to teach children about dying.

We know much about children's fears and needs (Nagy, 1948). Understanding the stages of child development can make it easier to know when and how to go about teaching children the meaning of death.

- Children under six months of age are too young to understand death. However, bonding—an early, warm, loving relationship with a parent or surrogate—is critical to babies (Brown, 1978).

- Toddlers from one to two years still have a need for bonding: They sense and reflect their parents' anxieties and recognize separation, which they react to by crying. Toddlers love to play "peek-a-boo," which literally means "alive or dead" in old English (Kastenbaum, 1969), but they still cannot grasp the concept of death.

- For three- to five-year-olds, death is temporary and reversible; dead persons or animals will return someday just as the characters who die on TV return later in another show. They believe that the dead can read, eat, write, and sleep in the grave (Nagy, 1948), and that death happens to others, not to themselves. They have no fear of death, injury, or mutilation. Tots also like to hear nursery rhymes, even though they contain many morbid actions. In fact, in all 200 nursery rhymes, there are eight allusions to murder, at least one case of death by choking, devouring, decapitation, dismemberment, squeezing, shrivelling, starving, boiling, hanging, and drowning; 21 other unclassified deaths; five death threats; and several references to undertakers, graves, and body snatching (Baring-Gould, 1962).

- From five to nine years, children fear personification of death—skeletons, werewolves, and ghosts. Seven-year-olds may pick flowers in a cemetery, but in a year or two they will be afraid of graveyards. They also fear haunted houses, fire, loud storms, "bad" people such as robbers, darkness, strange sights, and being alone (Foster and Headly, 1966). While they know that the body decays in death, they believe the spirit still lives. This is the time to talk openly about death to clear up misconceptions and lessen fears. Children should come to understand that everything that lives must die, that dead plants cannot grow, and dead



flies won't fly away anymore. They should be able to cope with accompanying an adult on a visit to a relative's grave or bury a dead pet with dignity. They should also be taught to respect varied religious definitions of death (an end, a mystery, a stepping stone to an afterlife).

- From ten years of age and up, children can understand and accept a mature, realistic explanation of death as final and inevitable. They may want to refuse to believe that they themselves are mortal, and they may cover up any feelings of incompetence (Jackson, 1972). Around the age of 14, many children abandon their belief in spiritual immortality, and they are more apt to be aware of death around them. Children over ten should be taught that (1) it is normal to feel sad, angry, and lonely when a favorite pet, relative, or friend dies; (2) it is all right to talk and cry openly over a death; (3) both the dying person and the living need to say goodbye to each other; and (4) life is precious and should be preserved. It's also not too early to teach children that alcohol and drug abuse, pollution, starvation, and disease are all forms of slow death to be avoided.

- By the time children reach their mid and upper teens, they are able to understand the issues of death, such as war, abortion, suicide, murder, slavery, child abuse, and rape. They can deal emotionally with hospitals and nursing homes, battlefields, or war museums. Most important, they can evaluate on their own the language and subliminal messages of advertising, which persuade them to think young, look young, and stay

young. Guntzelman (1975) calls America "the most death-denying culture of all time."

Kubler-Ross (1969) describes five stages through which people must pass when confronted with death, either their own or another's. These stages were recently dramatized in the movie *All That Jazz*. They may differ in length and intensity, and a person may regress to an earlier stage before progressing to the next or appear to be in two stages simultaneously. To block or repress emotions felt in any of the stages is unhealthy.

- Stage 1—denial and isolation. "Oh no, not me! This can't be true!" The person who is dying or the person who faces the death of a loved one temporarily permits the psyche to collect itself and mobilize defenses.

- Stage 2—anger. "Why me? Why not somebody else?" Denial hasn't worked, so the person feels angry and displaces and projects the anger to others.

- Stage 3—bargaining. "Just let me live until the baby comes." Denial and anger have both been ineffective, so the next step is to bargain with the purveyor of misfortune for a little more time—usually in exchange for good behavior.

- Stage 4—depression. This comes as a reaction to the realistic sense of loss, including feelings of guilt and shame for failing to function adequately. It is painful for mourners, but it is worse for the dying person who now realizes everything will be lost.

- Stage 5—acceptance. As long as the earlier feelings have been sufficiently expressed, the individual will be able to feel peace, acceptance, and resignation. Eventually the person who is to die loses interest in everything, grows weak and tired, and desires only to remain undisturbed or with one or two loved ones.

These stages are recognizable in anyone who has faced a traumatic disappointment—from death to loss of a job, divorce, or failure to get a promotion. Learning to face loss and disappointment is an important developmental task in the wholesome integration of personality. Older children, as well as adults, can recognize them and should feel free to pass through

them unselfconsciously.

There are several ways in which parents and teachers can make death seem less unnatural and horrible and more acceptable to children. In order to do so, they should first confront their own anxieties about death and stop using such euphemisms as "passed away" for the word "died."

When a hospitalized parent is obviously dying, family members should talk freely to the patient and permit themselves to express grief. Terminally ill patients can recognize a conspiracy of silence among family members who would prefer to avoid the subject of death—ironically, at a time when the dying individual really wants to discuss it. Once it becomes known that the patient is dying, doctors visit less often, nurses take longer to answer calls, and even hospital volunteers avoid the patient, who by this time has been moved to a private room. Often, the hospital's cleaning staff are the only ones left to linger, talk, and listen. Yet this is the time when family members and other adults need to visit often, listen to the patient, and talk candidly (Glaser and Strauss, 1965).

Parents should never send their children away to avoid a mourning period; they should permit the children to hear everything. While they need to answer all questions honestly, they should avoid overanswering, as this betrays anxiety. The child should understand the cause of death and, if he or she wishes, participate in the funeral.

After the funeral parents should continue to discuss the dead person, but they should not glamorize death. One mother whose husband died in an auto accident told her young son that "Daddy is up in Heaven now, and he is very happy there doing everything he always wanted to do." Her young son went outdoors and deliberately hit his head on a rock so that he could join his father in that wonderful place (Doyle, 1972).

There is some advice, too, for parents and families of dying children. If the child is very young, the family will need to reassure him or her that everything possible will be done to help and that death is not a punishment for being naughty. They will need to answer all questions as they arise. Children as young as 15 months old can sense parents' anxiety,

especially when it causes the parents' behavior to fluctuate between frantic closeness and cool emotional distance. At first, the child can sense danger in the frantic closeness; however, perceiving the emotional distance, the child usually reacts with protest, then despair, and finally total detachment (Bowlby, 1961). Siblings of the dying child may suffer hysterical symptoms—enuresis, headache, school phobia, depression, abdominal pains (Binger and others, 1969)—perhaps because they feel guilty or rejected by the parents, who now spend much time and energy on the dying child.

If that child is a teenager, parents and family need to understand the psychology of the adolescent: teenagers prize their physical powers and attractiveness and feel guilt and shame at finding themselves sick and weak. They may believe their growing up years were all for nothing, an idea vividly illustrated by an infant epitaph found in a British churchyard, "It is so soon that I am done for; I wonder what I was begun for." Dying teenagers may bitterly resent the fun-filled lives of their peers. They need to continue to develop their own special talents and hobbies right up to the day of their death. In one hospital where personnel were trained for grief counseling, a counselor worked with a despondent teenager named Michael, who had given up on everything, including playing his beloved guitar. The counselor found a sound-

WRITING FOR EDUCATIONAL LEADERSHIP

We welcome manuscripts about any aspect of curriculum, instruction, supervision, or leadership in education. Papers should be written in direct, readable style and be as brief as possible (five to ten pages typed double-spaced). We reserve the right to edit for brevity, clarity, and consistency of style.

References may be cited in footnotes but we suggest they be in bibliographic style at the end of the article. If that form is used, references in the body of the text should be APA style, as in: (Jones, 1979). Double space everything, including quotations and footnotes.

Please send two copies. Rejected manuscripts are not returned unless the author provides a stamped, self-addressed envelope.

proof room where Michael taught guitar classes to other patients and wrote a rock mass for four guitars. The mass, which Michael completed just a few weeks before his death, was played at his memorial service (Doyle, 1972).

Like sex education, death education takes a long time: it cannot be taught or learned in a three-day or three-month unit of study. Death education begins naturally the first time the young child sees a dead bird or plant; it continues when the child grieves for the death of loved ones, and it ends with his or her own death. ■

References

- Baring-Gould, William, and Baring-Gould, Cecil. *The Annotated Mother Goose*. New York: Bramhall House, 1962.
- Binger, C. M., and others. "Childhood Leukemia." *New England Journal of Medicine* 10 (February 1969): 414-416.
- Bowlby, J. "Childhood Mourning." *International Journal of Psychoanalysis of the Child* (December 1961).
- Brown, Nancie Mae. *Bonding: The First Basic in Education*. Bloomington, Ind.: Phi Delta Kappa, 1978.
- Doyle, Nancy. *The Dying Person and the Family*. Public Affairs Pamphlet No. 485. New York: Public Affairs Committee, 1972.
- Foster, R., and Headly, N. *Education in the Kindergarten*. 4th ed. New York: American Book Co., 1966.
- Glaser, B., and Strauss, A. *Awareness of Dying*. Chicago: Aldine, 1965.
- Gorer, Geoffrey. *Death, Grief and Mourning*. New York: Doubleday, 1965.
- Guntzman, Joan. *Reconciliation and Children: Suffering, Death and Dying*. Kansas City, Mo.: National Catholic Reporter, 1975. (cassette.)
- Jackson, Edgar N. "Understanding the Teenager's Response to Death." In Sarah S. Cook, *Children's Perceptions of Death*. New York: Department of Psychiatry, Columbia University, and Foundation of Thanatology Cooperative Symposium and Workshop on Anticipatory Grief, 14 April 1972.
- Kastenbaum, Robert. *Explaining Death to Children*. Edited by Earl Grollman. Boston: Beacon Press, 1969.
- Kubler-Ross, Elisabeth. *On Death and Dying*. New York: Macmillan, 1969.
- Nagy, Maria. "The Child's Theories Concerning Death." *Journal of Genetic Psychology* 73 (1948): 3-27.
- Plath, Sylvia. *The Bell Jar*. New York: Bantam Books, 1972.

Copyright © 1981 by the Association for Supervision and Curriculum Development. All rights reserved.