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OVERCOMING THE CHILDREN'S MOURNING STATE THROUGH PSYCHOLOGICAL INTERVENTION

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Abstract

Death and mourning that follows it are experiences that occurs in everyone`s life at one time. There are unavoidable, painful, sad experiences even for adults who are able to manage their own emotions, and evenmore for children who, at least in early childhood and elementary school aren't able to understand on their own what it's happening in that moment, and how to manage their sadness and live the mourning period properly. Due to the fact that children are not yet fully developed cognitively, cannot understand on their own the concept of death. At that age, death seems for them not to be permanent. Children believe that death is a reversible process that the person in their family is temporarily left and they will return at any moment, and they will wait and ask for that moment long after the actual death, if lacked of any other information. Moreover, children think that death is avoidable, since - at that age, self-centeredness is somehow a characteristic of their personality and death hasn't affected their own person; therefore, when death occurs in their family, their reality will be brutally shaken and they will be very disoriented. Also, in early childhood, kids have a symbolic, magical perspective about death; they imagine it as a devil, a monster or a black lady with a scythe and many other images, far from a realistic perspective. Considering this aspects, it is very important that a realistic, honest, adapted to their age perspective of death when it affects their family. Unfortunately, in many cultures, death is still a taboo. It still exists the belief of overprotecting children from suffering by hiding the death of a close family member, lying them and taking them far away so that they cannot see the dead person. But

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actually, by practicing this, parents, teachers and persons around the children only make him be more disoriented and suffer more by not knowing what happened with the person they love. As a parent or teacher, it is very important to understand that staying beside the children and sustaining him emotionally, without hiding him any aspect about death of the loved one has a crucial importance for their future development; otherwise, it is probable that they will develop symptoms of chronic depression, and as adults, problems of attachment and extreme fear of death. Proper education for population regarding this delicate subject is a sign of a developed society. In the light of this perspectives, specialists and psychotherapists should be prepared to offer advice and support in any moment so that parents will be learn how to stand by their children in the hard and long process of managing their negative emotions, living their mourning together.

Keywords: death, mourning, sadness, emotional management, psychotherapy, psychological intervention

JEL classification: I10, H10, O52

1 INTRODUCTION

Death and mourning that follows it are experiences that occurs in everyone`s life at one time. There are unavoidable, painful, sad experiences even for adults who are able to manage their own emotions, and evenmore for children who, at least in early childhood and elementary school aren't able to understand on their own what it's happening in that moment, and how to manage their sadness and live the mourning period properly. According to a large body of literature that has investigated relationships between children's concepts of death and such variables as age, gender, developmental level, socioeconomic status of the family, religious beliefs, and previous experience with death (Kane, 1979; Speece & Brent, 1984; Wass, 1991), striving to understand death is a difficult challenge for children. An important reason for this difficulty is that the concept of death is a difficult notion. It incorporates social and cultural beliefs, personal and emotional issues, religious assumptions, and conceptual understandings (Slaughter, 2005). Adults understand death fundamentally as a biological event and this understanding influences the other facets of this concept. For example, adults recognize that death comes to all living things, is the final stage in the life cycle, is inevitable and irreversible, and is caused by a breakdown in the functioning of the body. But not the same thing happens in case of children. For pre-school children and even for children in primary school, death does not look the same at all like for their parents or adults in their lives. At that age, death is still reversible, and caused by supernatural avoidable forces in many cases. Researchers in this concept concluded that children do not grasp all the

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subcomponents of death, and therefore lack a mature understanding of death, before age 7 at the earliest (Speece & Brent, 1984). Understanding death and its subconcepts is therefore a clear sign of mental and emotional development.

Unfortunately, death can occur in a child`s life even earlier before he could be able to understand the concept of death and the actual situation. Consequently, they will be not only grieved by the death of a close person, but also confused and, unless parents or close relatives and teachers will explain to them that the person they loved died and will no longer be in their reality and sustain them emotionally, they will never be able to deal with grief and negative emotions, and emotional marks of the tragic experience will remain imprinted in their soul forever. Contrary to the practice of overprotecting children from suffering by hiding the death of a close family member, lying them and taking them far away so that they cannot see the dead person, it is very important – as a parent of a child going trough grief and mourning or as a teacher - to understand that staying beside the children and sustaining him emotionally, without hiding him any aspect about death of the loved one has a crucial importance for their future development; otherwise, it is probable that they will develop symptoms of chronic depression, and as adults, problems of attachment and extreme fear of death.

2 AGE PERSPECTIVES OF DEATH. CULTURAL AND RELIGIOUS INFLUENCES

Children`s perspective about death is very different from the one of an adult and it develops according to age and cognitive and emotional development. Understanding how children see death is very important in trying to help them to get through the process of mourning.

A multidimensional concept of death must include biological, sociocultural, and emotional components. Children glean information about death in many ways.

According to Speece and Brent (1984) children achieve the three components, irreversibility, finality, and inevitability, between 5 and 7 years, but a full understanding of the components about 10 years of age. Causality is the final subconcept to be acquired, perhaps because understanding the causal mechanisms that result in the breakdown of bodily functioning leading to death is the most complex component of the death concept (Kenyon, 2001; Slaughter & Griffiths, 2007).

M. Nagy shows in her research that before 6-7 years, children` have magical, self-centered thinking; consequently, they are not able to understand the concept of death unless death do not belong to their direct experiences and it does not affect them directly. Even if someone close for them dies, unless they are not dead, it means death is still avoidable. They also believe that death is reversible, that the person in their family is temporarily left and they will return at any moment, and they will wait and ask for that

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moment long after the actual death, if lacked of any other information. Preschoolers do not grasp the biological basis of death and tend to believe that death is a different state of life – a state of prolonged sleep. At this age, children often say that only old and ill people die, that dead people need to eat and breathe, and that they can still see, hear, or dream (Hodalska, Ghita & Dixon, 2016). The symbolic children's perspective about death is evident in situations when they imagine it as a devil, a monster or a black lady with a scythe and many other images, far from a realistic perspective. Moreover, according to Papalia & Olds (1986), the idea of reincarnation is present in many fairytales and stories for children, one of the main ways children could gather information from. Stories such as "Little Red Riding Hood" or "Prâslea the Brave and the Golden Apples", where characters are resurrected, or in many animation series where dead, are struck, crushed and so on, and in the next episode they reappear safe and sound as if nothing happened. It is also known that, when children experience the death of a friend or family member, it is not uncommon for their grief to be accompanied by some unrealistic beliefs about what has happened and concern over what to expect in the future (Bosticco & Thompson, 2005; Crăciun, 2011). Children's misconceptions and fears may be heightened in cases in which parental grief or parental uncertainty about how to talk to the child hinders communication (e.g., Siegel & Gorey, 1994).

Between 7-11 years, children begin to discover specific causes of death: accidents, diseases or death caused by the deeds of "bad" people. They now realize that death is irreversible, and this is the moment when questions about death as an abstract concept appear. Only after 12 years when abstract thinking stage of development occurs, children realize that death can affect all of us, regardless the age, sex, socio-economic status and it is not a punishment or an act of violence, but a part of the life cycle, and that it is not their fault if a parent or relative is dead and they could do almost nothing to stop this happening.

Additional research sought to investigate whether personal experience of death affects how children understand death. Some studies indicate that children who have direct, personal experience of death show relatively advanced understanding (Popescu, 2001; Hunter & Smith, 2008; Bogdan, 2016). Other studies showed that children who suffered protracted illness or hospitalization may be accelerated in the acquisition of irreversibility and causation, reflecting a relatively early understanding of the medical=biological nature of death (Jay, Green, Johnson, Caldwell, & Nitschke, 1987; O'Halloran & Altmaier, 1996). Contrary evidence emerged from Cotton and Range's study (1990) of 6- to 12-year-old children. Children who had lost a loved one showed less accurate death concepts than did children with no such experience. Similarly, Mahon's study (1993) of 5- to 12-year-old children who lost siblings from trauma, found that these children's death concept scores did not differ from matched controls. The lack

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of consensus about the effects of previous experiences on concept acquisition might be the result of various methodologies and instruments used, the different contexts studied, and the various definitions for conceptualizing the meaning of death (Mahon et al., 1999).

Cultural and religious beliefs taken from family have major influence in the way children perceive death. Research into children's biological reasoning provides evidence for cross-cultural universalities in the development of children's ideas in this domain – including those concerning death – but also for cultural influences (Inagaki & Hatano, 2002; Ross, Medin, Coley, & Atran, 2003). For example, Schonfeld and Smilanski (1989) explored the impact of sociocultural influences on the conceptualization of death amongst 4- to 12-year-old Israeli and American children and found that Israeli children understood the notions of irreversibility and cessation better than their American counterparts. The unstable political situation in Israel at that time, and children's exposure to discussions about death, might have influenced their awareness of some of its subcomponents. Mahon, Goldberg, and Washington (1999) reported that Israeli 6-year-olds had an accurate notion of the cessation of death. All children in the study were exposed to conversations about death due to their fathers' involvement in military operations, which might have accelerated their understanding that death is final.

Other studies suggest that children from religious backgrounds (e.g., Muslim or Baptist) have a less scientific understanding of the irreversibility and inevitability of death than their non-religious peers, due to religious ideas about life after death that contradict biological explanations (Antony & Bhana, 1988–1989; Candy-Gibbs, Sharp, & Petrun, 1985). Florian and Kravetz (1985) reported that Jewish and Christian children living in Israel had a more scientific concept of death by the age of 10 than their Muslim and Druze counterparts, possibly due to the different religious beliefs espoused within their communities. In a study of Spanish children, Bering, Hernandez Blasi, and Bjorklund (2005) found that 4- to 12-year-olds attending Catholic schools were more likely than those in secular schools to believe that the biological and mental functions of a dead mouse (the main character in the study's stories) continue after death. Children exposed to religious instruction about the 'afterlife' may differ in their understanding of cessation from children without religious input because the idea that some processes continue after death is supported by their educational and religious background. On the contrary, in another study by , which explored the influence of cultural experiences on the development of children's understanding of death by comparing responses to a death concept interview given by White British, British Muslim, and Pakistani Muslim 4- to 5- and 6- to 7-year-olds, children answering questions about inevitability, applicability, irreversibility, cessation, and causality of death, scientists found that the sequence of subcomponent acquisition was similar for White British, British Muslim, and Pakistani

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Muslim children. Moreover, as predicted, and consistent with previous research , for children in all three groups, irreversibility was one of the first subcomponents to be grasped, whereas causality was consistently the last. Results also suggested that, for all cultural groups, inevitability, applicability, and cessation were acquired either at the same time as or after irreversibility and consistently before causality. In addition, children's understanding of these three subcomponents improved significantly with age.

Considering these aspects, it is very important to gradually introduce the abstract and hard to understand concept of death in children's reality, so that they are able to discus and understand death and its implications. For example, death of a pet could be the occasion for such delicate conversations.

3 MOURN FAZES

The stages of mourning and grief are universal and are experienced by people from all walks of life, adult or children. Mourning occurs in response to an individual's own terminal illness, the loss of a close relationship, or to the death of a valued being, human or animal. There are five stages of normal grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book "*On Death and Dying*."

The first reaction to learning of terminal illness or death of a cherished loved one is denial of the reality of the situation. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain. Isolation can also occur in this stage, people feeling the need to be left alone to live their grief.

Anger is the second stage of mourning. As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. But the person are not ready yet to deal with it. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. Anger may be directed at their dying or deceased loved one. Rationally, he/she knows the person is not to be blamed. Emotionally, however, he/she may resent the person for causing us pain or for leaving them (Munteanu, 2009; Ionescu, 2015). They feel guilty for being angry, and this makes them angrier. The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. That does not make them immune to the suffering of their patients or to those who grieve for them. In such situations, it is good for the person to be given extra time and just once more the details of the loved one's illness, and to be reminded that everyone did everything they could to keep the person alive or at least to die peacefully.

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Bargaining with life, God and divinity is the next stage that a person in mourn passes. The normal reaction to feelings of helplessness and vulnerability is often a need to regain control, by saying things like "If only I had tried to be a better person toward them..." or "If only someone could help us to keep ... alive...". Secretly, person may make a deal with God or higher power in an attempt to postpone the inevitable. This is a weaker line of defense to protect them from the painful reality. Children may say such things such as "I'll be a good kid if you let my parents live, God."

Depression is the fourth stage that may appear when the situation gets worse. Two types of depression are associated with mourning. The first one is a reaction to practical implications relating to the loss. Sadness and regret predominate this type of depression. The person worries about the costs and burial. He/she worries that, in his grief, he have spent less time with others that depend on them. This phase may be eased by simple clarification and reassurance. In this situation, the person may need a bit of helpful cooperation and a few kind words. The second type of depression is more subtle and, in a sense, perhaps more private. It is the quiet preparation to separate and to bid the loved one farewell. Sometimes all that person really need is a hug and someone close to listen to them (Teodorescu, 2015).

Acceptance is the last stage of mourning. Reaching this stage of mourning is a gift not afforded to everyone. Death may be sudden and unexpected or the person may never see beyond anger or denial. It is not necessarily a mark of bravery to resist the inevitable and to deny themselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression. This is the stage when person finally accepts death of the loved one and go one in their lives in absence of the loved one.

Coping with loss is ultimately a deeply personal and singular experience. But others can be there for you and help comfort you through this process. It is very important to understand that for every person the situation is different and each person go through these stages in a different way. There is also a great difference between the way an adult and a child get through mourning. Not completely understanding implications of death changes the way they see things and deal with grief (Vlăduțescu, Siminică & Dumitru, 2015).

4 THERAPEUTIC INTERVENTION STRATEGIES

Unfortunately, in many cultures, death is still a taboo. It still exists the belief of overprotecting children from suffering by hiding the death of a close family member, lying them and taking them far away so that they cannot see the dead person. But actually, by practicing this, parents, teachers and persons around the children only make him be more disoriented and suffer more by not knowing what happened with the

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person they love. As a parent or teacher, it is very important to understand that staying beside the children and sustaining him emotionally, without hiding him any aspect about death of the loved one has a crucial importance for their future development; otherwise, it is probable that they will develop symptoms of chronic depression, and as adults, problems of attachment and extreme fear of death. Proper education for population regarding this delicate subject is a sign of a developed society. In the light of this perspectives, specialists and psychotherapists should be prepared to offer advice and support in any moment so that parents will be learn how to stand by their children in the hard and long process of managing their negative emotions, living their mourning together.

In any moment parents consider needed, they may ask help of a psychotherapist. It is very important in such situations when adults do not know how to deal with the situation to talk with a specialist who can listen to them, sustain them emotionally, a person who can be emphatic and help the family get over the mourn without transforming it in a permanent, chronic state, a depression.

In case of children suffering from the loss of a loved person, special techniques of intervention adapted to their age and cognitive development can be used to help them. Such techniques are therapeutic tales, drawing projective test and role-play games which can show and heal traumas without having kid to remember the actual death of the loved one.

Researches shows that drawings could be fruitful especially for those children who had experienced death within their family, because drawings might help children to talk about experiences that otherwise might find difficult to express. Moreover, drawings enhance the quantity of information children reveal about their past experience, as well as that they provide more accurate information compared to those obtained through narratives (Gross & Hayne, 1998; Ene, 2014; Al-Tokhais, 2016). Gross and Hayne argued that drawings decrease the social demands of the interview, allowing children to feel more comfortable, facilitate memory retrieval because children's pictorial representations offer them effective retrieval cues, and help children organize their verbal reports. We hypothesized that on both the questionnaire and in the drawings, older children with personal death experience would have more mature death concepts compared to younger children with no death experience.

Therapeutic fairytales, storybooks and picture books could be other resources that foster open communication with children and facilitate the therapeutic intervention, helping children prepare for or cope with death and to understand it in developmentally appropriate terms (Corr, 2000, 2004). Children's literature has been used legitimately as a therapeutic and didactic tool for grief counselors, teachers, and school administrators to aid children in bereavement, as well as a useful means for

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parents to communicate with their children on the subject of death (Heath et al., 2008; Pehrsson, 2007; Todahl, Smith, Barnes, & Pereira, 1998). Research shows that psychotherapeutic intervention using fairytales and literature in case of children has led to very positive results, due to the fact that they do not force the children to live again the painful experience directly, but allow him to have insights and heal his trauma by identifying with the leading character who, in the story scenario, is going through the same situation as him (Ștefan & Popescu, 2015; Voinea, Negrea & Teodorescu, 2016).

Psychological intervention shall be a very gentile one and, if possible, in the presence of the family, so that child knows all the family is there with him sustaining in the process, and he is not alone and abandoned with his grief.

5 CONCLUSION

Death and mourning are for sure some of the saddest and painful experiences one must go through in his life. It is a difficult moment for any person, but especially for children who are by definition not fully developed emotionally and cognitively. When a loved one dies, a child will feel abandoned, disoriented, confused, as a result of possibly losing the person of attachment. Severe emotional problems might appear if the situation is not well managed. It is therefore very important for parents and close relatives to stay together with the child, to explain him sincerely and according to his age the situation and to sustain him emotionally until they all overcome the challenge and the recovery successfully. Eventually, if the child feels secure and loved during the hard moments, the sad experience will turn into one that will help him develop and get mature, understanding death and its implications.

In such situations, teachers must be prepared to recognize the aspects of mourning and possible symptoms of an early depression or abnormal functioning in child's behavior and, as much as possible, help and counsel kid and his family, as well as advise the other pupils to help him and integrate him in their activities as possible as normal.

Parents shall know that in any moment they feel they cannot deal with the hard situation, they can ask for aid of a psychotherapist for kid and also their family if needed. This way an emphatic but detached of the actual situation, trustful specialist trained to deal with such things will assist and advise them on the hard road through mourning and will help them reconcile with the new state of their family.

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