PSYCHOTHERAPEUTICAL STRATEGIES IN THE CHILDREN'S ANGUISH OF DEATH, UNLIMITED FREEDOM AND LONELINESS

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Abstract

This article is an analysis of children's psychological immaturity which correlates positive with the fear of death. It is considered that it exists a positive correlation between a high level of death's anguish and depression, which can be caused by losses suffered at an early age.

The main of this article is to show if the subjects with a bigger or a smaller anguish death awareness are more likely to have nightmares of death. It is considered that the subjects who lost their relatives or closed friends by the age of ten, they will have a higher number of nightmares about death.

Based on our research, we wanted to attract the attention of teachers and school counselors on psychopathology and psychotherapy studies in order to understand the role of pupils' fear of death. Some research has shown that high school girls with poor school results are manifesting an increased fear of death. It is necessary to understand that a therapeutically balanced and existential approach is assuming an analysis of death's awareness: to review the children's therapeutic implications of other fears as unlimited freedom and loneliness.

Keywords: anguish, existential psychotherapy, death, loneliness, freedom

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1. Introduction

More and more parents appeal to a qualified person for their children's problems. Emotional maturation of the child, his self-perception and his emotional safety determine his ability to adapt to change, and also the ability to socialize and learn. In the opinion of the president of Romanian Association of Integrative Psychotherapy, Chiriac G. (2011), the majority of personal unsuccessful people were children who didn't manifest their negative feelings and remain stocked. Successful people suffer when they lost, but they heal faster because they have the capacity to free their negative feelings.

The childhood is shaded by trouble and bad news in a world full of pain; it is extremely important for the people who are communicated the bad news to put them in a correct direction. In this process, there are involved parents, professional persons who work with children doctors, nurses, psychologists, social workers, therapists, counselors, priests, volunteers). Through the technique of small steps, a child is gradually prepared, without being put under an emotional shock (Mitrofan, et al 2003)

It is clearly that in the literature about traumatic experience, there is a potential difference that consists in the continuous neglect or the abuse in the childhood. While the both cases are characterized by extreme fear, of helplessness, of control lost and threat with destroying, there is a difference between the experiences that are continuous repeated and the others who are intersects with daily coping. Also, there is an important difference between trauma that has a structural accident at a base and the trauma that has a relational nature. The researchers have asked themselves why some persons who suffer from an accident or who they have a serious lost can handle it easier than the others who have the same loss. (Gilbert and Orlans 2013).

Briere and Scott (2006) cited the relevant researches who indicate the fact that the persons who experience relational traumas, specially in childhood, are more probably to experience traumatic events later; they called this thing as "re-victimization". The researched from affective neuroscience have demonstrated that the attachment history of a person affect his capacity to handle the trauma later.

Because we live in a social world where we learn how to perceive and how to label the experience, the knowledge is social and cultural created. We pride with objective perceptions, but these are just the creation of our physical and social perceptions, and not representations of a thing in itself.

The faith plays an important role here. For example: „if a man talks with God- we see this action as a prayer, but if a man says that God is talking with

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him- appears the danger to be label as psychotic and institutionalized." (Barber 2011).

The cultures are manifesting in a varied form and it differs from multiple subtle mechanisms. In Japanese traditional society prevail a very different conception regarding the nature of childhood towards Occident. The Japanese children are initially more addicted by their parents and becoming sadder when they are far from them. The need to close relationship, which is developed in the family, expands to the relationship with their colleagues and other persons by the same age. (Schaffer 2007)

2. The psychotherapeutic treatment on existential axe

Yalom (1980) is discussing the existential problems under four titles: **Death, Liberty, Isolation** and **The Lack of Sens** (the last one is not treated in this paper because we consider it is with a lower incidence among younger children). The problems related to death or to another type of losses, the confrontation with critical life choices, the significance that we attribute to events and to our life, the confrontation with the freedom to chose the decisions which will form our destiny, the reconciliation with the consequences of our choices and the confrontation with different stages of life are representing the base of problem with people are confronting when they are going to psychotherapy with anxiety and depression. At a conscious level, neither of us are not denying the reality of death, but there is a sens in which we carry the fact that the rule of mortality can apply to another, but not to us. The freedom to choice and to assume the responsibility for our actions is the base of human condition.

As Yalom indicates, to be aware of the responsibility that I have for me and for other people can be a profoundly scary experience and which probably we choice to avoid, since it can throw us into the anxiousness of the irrational. Spinelli (2007) declares that: „ontological anxiety includes all the reactions to the conditions of existence", this can be seen as "the experience of threat of imminent non-existence". Spinelli accentuated the fact that the freedom and responsibly are situated in a relational context.

The existential isolation is seen as an inevitable part of our existence, emphasizing the fact that the person is inexorably alone. By the time we meet events and people in our life, we create stories and significance that can help to our experience to have a sense for us. People can search to build and to find significance for themselves in a lot of ways, or through a spiritual way in which they find the purpose that they were searching for. (Gilbert and Orlans 2003).

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The traumatic events and world crisis can provoke stable significance established that have supported people and to let them to feel drifting apart and without a meaning of the future. Any another disaster made by a man or by nature can provoke the feeling that a person is attributing the life, and even can create the lost of a cherished person. Existential concentration on the shared aspects of the human condition is often the type of problem that brings the client to psychotherapy.

The interactive experience disturbing by time need attention in present, such that the client will be situated in a position where he can learn a new type of regulations. An interactive approach of understanding and a trauma management needs a concentration on a corporal process, on psychological process, on the role of relational process, in terms of adjusting patterns that have been acquired, and on the relation in the present between the therapist and his client. Both anxiety and depression can have multiple causes, so it is important for the therapist to check whether there are medical or lifestyle factors that contribute to this condition, such as caffeine consumption, and whether they have been subject to attention, not to try to psychologically treat a condition requiring medical or dietary intervention. Frequently, depression is related to a choice of life for which the client feels the fear to confront it, because it can cause a radical perspective of world. (Gilbert and Orland 2013)

In the opinion of Popescu and Viscu (2016), the psychotherapeutic treatment on existential axe can include:

a) The work with the loneliness feelings: changing a person needs from the point of view of relationships, needs and wishes. Reducing the perceived importance of social deficiency. The feeling of loneliness are cognitive components, emotional behaviors, family and motivational of which we need psychotherapy for. For many times, the feeling of loneliness is triggered by the interruption of an important relationship in the person's life, so that we can deal with a raw mourning.

Working with chronic or complicated mourning after the death of a person includes (Popescu and Vîşcu 2016):

"- The acceptance of a lost reality, which can be facilitated with the help of a ritual, for example a client is asked to write, to light a candle (Lattanzi and Hale 1984) and to plant a tree (Lienham 1993).

Through pain processing the client does not try to avoid painful emotions, such as sadness, anxiety, anger, and guilt, as avoidance who can lead to depression (Worden 2002);

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- adaptation to the environment in the absence of the deceased person, which may involve working with self-esteem and self-efficacy (Worden 2002);

- The emotional re-location of the deceased person and the continuation of life;

- resolution of the client's separation conflicts by: establishing the therapeutic alliance, discussing the deceased person, accepting the purpose of the loss, and helping the client to take good-bye (Worden 2002)";

b) The work with anxiety related to death through: auto acceptance, spiritual and religious beliefs, acceptance of own life and psycho-education regarding death (Wong 1998)

It explores the quality of the client's life and what kind of life he would like to have, and in the event of inconsistencies, the client will be helped to make the necessary changes. It may be necessary for therapists to work with self-esteem, perceived self-efficacy, learned helplessness, family relationships, cognitive maps and emotional aspects. Also, deadly anguish may be an associated cause of panic attacks;

c) Working with individuality, which involves: self-esteem, cognitive maps, attachment style, and parental representations. Techniques such as reinforcement of ego, cognitive restructuring, changing the client's style of attachment by creating a second order connection with the therapist and with the representation of parents can be useful;

d) Time management: assertiveness training, time planning and problem-solving strategies.

Exploring the way researchers approach and refine knowledge, Mitroff and Kilmann (1978) have identified four investigative styles that largely correspond to the psychological types of Carl Jung: the analyst scholar (the one who combines thinking with intuition), the conceptual theoretician which combines with the senses), the distinct humanist (the one who binds feelings and intuition) and the conceptual humanist (the researcher combining feelings with the senses).

Experimental investigation, in the service of personal development, encourages us to live openly and investigative, to be concerned with the unique nature of our present relationships, and to experience becoming entirely ourselves. The therapists encourage people to take nothing as guaranteed and to question everything. Children need to understand simply because "they exist" are inherently valuable, because although they may act in a negative way, such actions do not cancel their value as individuals. (Barber 2013).

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In phenomenological terms, experience requires a temporal horizon where the past, present and future converge. We are fast moving now when we are happy, or we are stuck in the past when we are unhappy. (Finlay and Evans 2011).

In Yalom's psychological therapy (Yalom and Leszcz 2013), "silence is never silence," but it is behavior that has meaning in "here and now", being representative of how the client relates to his interpersonal world. Therefore, the therapeutic task is not only to change behavior, but to explore the significance of behavior.

All affective life is strongly influenced by the social environment and community tradition. Even the content of feelings may be different; for example, jealousy is not known in some communities living in very difficult living conditions, unlike the power of the same feeling in European countries. These facts highlight family and school education can have an influence on affective feelings. (Cosmovici and Iacob 2005).

Strong emotional shocks such as anger or fear can interfere with the communication process, making the message unclear or erroneous. Another personality factor that can influence communication is shyness, especially in children and adolescents, as the shy can not verbalize what it feels and thinks, instead it expresses a message that does not reflect it here and now. (Stoica-Constantin 2004).

Denying memories of an unpleasant event is common, as with Rambo syndrome. It is followed by the inability of the subject to expose emotions and by the impoverishment of his relational life, which will become more distant, susceptible and incapable of appreciating the ones he held before. When the post-traumatic stress reaction lasts for more than three months, then we talk about a chronic condition that will lead to a profound deterioration in the quality of life. (Cottraux 2003).

The different approaches to psychotherapy differ from the degree to which therapy is regarded as a reciprocal healing process and to the extent that it is viewed more than an opportunity for the client to gain insights into his inner world, to understand his mistakenly adapted patterns, to change behaviors with the therapist as the one who directs the therapy. (Evans and Gilbert 2010). Eric Berne (1972) expressed very briefly: "This is the most painful task the analyst has to do: to tell his patients that there is no Santa Claus. But with good prior training, the blow may be mitigated and the patient may forgive him."

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3. The peculiarities of psychotherapeutical strategies in the children's case

In the child's case, the practice of clinical psychology has a number of peculiarities (David 2006):

(a) Consultation is rarely requested by the child; examination of the child being requested by the parents or the adult person;

(b) The difference between pathology and normality is given by the stage of development of the child (as urinary bedding is normal in a child for several months but is not normal at one of fourteen years);

(c) Children's therapy is more involved with nonverbal methods (as children are more vocal in words) and indirect (the adult becomes an active part in the treatment of the child).

For children, bringing to the cabinet signifies most of the time a moment of great tension and crisis, and they are presented as "guilty" before authority. This position of addiction, inferiority, guilt and fear of unpleasant measures generates crying, silent refuge, arrogance or exaggerated conformism. To eliminate the bottlenecks, the therapist will initiate a warm, supportive and friendly dialogue in which the child feels accepted and valued. (Mitrofan, et al., 2003).

The technique of gradual exposure is a variant of the progressive desensitization technique, in which mutual relaxation is used not for relaxation, but for non-anxious patient's natural behavior. One variation would be that the anxiogenic conditioning stimulus (ex a rat afraid of a child) is presented at a weak intensity, gradually (first it is presented in a cage, at an appreciable distance from the child who is playing then the cage is brought closer and closer until the baby will tolerate the surrounding animal). Another option is by modeling (the child will observe the behavior of the therapist, other model patients for them, other children of his age who are not afraid of the rat). (David 2012)

Or we can imagine that a patient with the occupation- gardener has only one problem, well-emphasized, motivated to solve it: an irrational fear of snakes. A behavioral therapist will gradually expose the patient to the stimulus they are afraid of, in situations where he can only feel a low degree of anxiety. It is known that deep muscle relaxation blocks the onset of an acute anxiety, the condition being induced by hypnosis. The patient is asked to "imagine that he's looking at a snake picture, then probably imagining he sees a snake thirty yards away, then closer, then look at the snake picture and, in the after several therapies, to see a snake and then eventually manipulate it" (Yalom and Elkin 2012).

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Death is a constant problem for humans. It occurs in every family and manages to create such a distress that it affects children's behavior in the future. Children are more prone to trauma due to the fact that they do not understand the process of death, and when it affects one of the parents, then problems become more intense.

The perception of children in the face of death is minimal, almost incomprehensible in most cases. If the situation is left unattended, the children will not be able to integrate into society and will manifest different behaviors largely misunderstood by their family. Fear of death is a real problem for everyone but especially for children. As they are young, they do not understand death as an end of life and come up with innumerable questions about these processes. Questions, but above all unanswered issues, make them form an erroneous perception of the concept of death. Some of them will feel strongly attracted to the phenomenon of death and will behave strangely, by isolating from society and creating barriers of communication between themselves and others. The family seeks to mask death, by sweetening the truth in order not to cause more harm to the child. However, true trauma can occur if death is not understood by the child. Irvin D. Yalom said that "Children are not only deeply concerned with dying, but they are more concerned at a younger age than we usually think. Children go through a series of steps in their awareness of death and the methods they use to fight their fear of it." (Yalom 2012). Death creates anxiety and brings about a series of changes in the behavior of children, not understanding exactly what part they play in everything that has happened. Children start asking questions about death, and spend more time on this topic than is really needed. These questions not only become a growing recurrence in their thoughts, they become obsessed, and it eventually leads to anxiety and isolation from society.

There is a myth that is considered to be important in the child's perception of death, namely that he should look upon death as a continuity, of divine entities whose role is to watch over him. In this case, the child sees death as a denial, considering that it does not resonate with reality, and who actually crosses the threshold, becomes a protective entity. The anguish of death can be countered by therapy if adults are aware that the little ones need it in order to truly understand the notion of death.

A problem a child may have is "creating a psychological world without freedom". The child has a problem with asuming responsibility and cannot even make certain choices, because he does not feel guilty.

Responsibility is denied and placed on someone else, the child

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considering that all of his actions are seen in a negative way due to other people or situations. He is not guilty of his behavior and fails to understand his gestures. The victim in this case is the child. By therapy, the child will better understand the issues that trigger deviant behavior. Taking responsibility is necessary after the treatment in psychotherapy, the child discovering that he, despite having suffered, must learn to recognize that too much freedom does not prove to be a benefit to him but rather a cause of his problems in relation to others.

In opinion of Yalom: "The therapist must determine the role of each patient in his own dilemma, and find ways to communicate this discovery to the pacient. Until the individual realizes that he is the author of his own discomfort, there can be no motivation for change."

To understand the child's problem, the therapist first needs to identify the problem and how it was triggered. In the event of the death of one of the parents, the child is faced with a new situation he cannot comprehend, but by therapy he can get a fair interpretation of the bad situation. The therapist relies on identifying the cause that led to the child's "guilt" in regard to death. The child needs to clarify the causes that led to the death of the parent and to understand that he is not responsible.

If the child does not go through the phases of therapy and is left without a better understanding of what has happened and why his life has changed radically, he will become isolated. A supreme isolation leads to a rift between the child and the world he lives in: his colleagues, his friends, and especially his family. Martin Buber considered that "The waves of the ether are constantly moving, but most of the time we keep our receivers off."

But how can children avoid entering a supreme isolation? The therapist can help them understand that he they are not lonely and need to relate to others. Love is the main solution to the problem. With its help, the child may soon perceive that isolation causes harm in the long run, thus no longer being able to make a special connection. The child perceives isolation at this time as a form of finding himself, escaping from a world where he does not feel well, with which he no longer resonates.

Yalom says that "taking care of the other means a disinterested relationship: the individual gives up self-awareness and self-concern: the individual relates without being dominated by the question of how the other sees it or what one chooses. The individual does not seek praise, adoration ... In other words, the individual has to relate with his whole being to the other: if part of one's being is elsewhere - for example, studying the effect that a relationship will

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have on a third person - then, to the same extent, the individual will fail to develop a relationship."

The isolated child needs therapy to overcome this threshold, so that his behavior may not worsen, leading to a number of problems both in adolescence and adulthood. The future adult will have childhood issues, which will cause problems of integration into society. In any case, child isolation is not a solution, it is more than a problem. Any child experiencing a trauma following the death of one of the parents is already in a new situation, a confused situation where a series of explanations by a specialist could help overcome this bad period and avoid developing a behavior that could harm them in the future.

The patient, the child in this case, is confronted with isolation during therapy and becomes an aid in resolving more quickly and overcoming problems that have been triggered by a trauma. By psychotherapy, the child faced with his problems, manages to overcome his problems, but also his limits. He has to face his fears and confront isolation to get out of the closed space he is in and to develop.

"When a man learned, not just in theory, how to remain alone with his own suffering, how to overcome his desire to flee, he almost learned everything." Camus. The therapist teaches the child to go over his suffering and seek the escape from the isolation imposed by himself. Yalom says "the patient dresses the therapist, like a dummy, with feelings that have been taken from others."

The child in the face of death is confused, and does not understand what's going on and why his life changes radically. There are cases where children perceive death as something that does not exist, choosing ignorance, thus giving them the chance not to perceive evil in their lives. Another interesting thing is that they consider as alive not only the beings, but also the things around them. This is why confusion arises. In their minds, they see that everything around them is alive. And then we ask ourselves: how do children separate the beings and things from the point of view of living? Not all children think life is allotted to things, but in many cases, it can happen. For this reason, children have a great need to explain what life and death mean.

Regarding this, Rochlin considers that:

"My studies have shown that very quickly in life, much earlier than assumed, the child acquires a certain knowledge of death, including the possibility of his own death. Already at three years, the fear of his own death is communicable in unequivocal terms. How sooner than the age of three this knowledge is acquired, it remains a highly speculative issue. Communicating

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with a younger child on this topic is unlikely. It is also too fragmented. More importantly, death as fear, death as a possibility already begins to have important effects on the three years old child. "

Melanie Klein argues in more detail about this subject: "My analytical observations show that there is an unconscious fear of annihilation. I also believe that if we postulate the existence of a pulse of death, we must also assume that in the deepest layers of the psyche, there is a reaction to this pulse in the form of fear of the end of life. So, in my opinion, the danger born of the action of the pulse of death inside is the first cause of anxiety ... In my view this is the undisguised expression of the fear of total annihilation of the self ... the fear of death penetrates into the fear of castration and it reinforces it, but it is not analogous to it ... Because reproduction is the essential way to counteract death ... ".

Death is a reality for everyone. No matter how it is denied by humans, it does not disappear and is the only certainty that we have. Children, on the other hand, perceive death by their own thought filter, which in this case is ineffective and does not have the information necessary to prepare it for the changes that the ultimate disappearance of a loved one produces. Death has a catastrophic effect for anyone, especially children. It produces a series of changes even in the most ordinary activity we have. A child facing the death of one of the parents becomes confused and can not understand where he is gone and why he does not return. He also does not realize for the moment that his life will be different, that all his activities with the parent will no longer exist. The activities will continue, but in the same environment as he was accustomed to. The child can perceive death as a series of changes, but not necessarily the disappearance of a person. But as he grows, he will realize what death means, and his questions will increase, trying to understand what really happened.

"Cherish what you have! How rarely do we benefit from this sayin! Usually we do not realize what we have and what we can do, because we are distracted by thoughts about what we lack or what we can not, or crushed by petty concerns and threats to our prestige or pride. But if we think of death, we will go to a state of gratitude, appreciation of the innumerable gifts of existence."

Yalom believes that as we perceive death as a certainty and become aware of her coming, we will begin to enjoy life and enjoy the presence of loved ones around us. Indeed, this does not mean that we will explain to children when they are young that death can come at any time because we would scare them worse and they would always be afraid that they would die. But we need to explain them

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if we are facing the death of a loved one, and manage to draw attention to the fact that this is how life unfolds, and they are not guilty of anything. Yalom says about death that "is the main source of anxiety. It brings changes in the behavior of all around the dead. In the face of death, we become vulnerable and perfectly aware that we will also be in the same situation. And if it is difficult for an adult to accept this, how is it for a child? Impossible, we tend to say.

"It is important to bear in mind that the anxiety of death, though omnipresent and pervasive, and although it exists at the deepest levels of existence, is strongly repressed and only rarely experienced in the true sense of the word."

The baby needs therapy to get over the trauma. Or if the death of a loved one is imminent, for example after a long struggle with cancer, the child can be helped by a psychotherapist. Through therapy, the child can understand that the sick person will leave this world much faster than he should have. Also, the child should not blame himself for anything. Understanding death by a small child may seem disturbing to adults, believing that little ones are unable to understand the truth. Yalom speaks in his book about several sources of anxiety, one of which is related to "the early relationship with the mother - a symbiotic union from which the patient never departed, but in which he continues to oscillate between total fusion and the lack of any links. To last, the symbiotic relationship requires that neither party accomplishes its completeness: each needs the other to become a whole. It is the reason why the patient never finds the feeling of completeness necessary for the complete experience of life. "

Mourning is what remains after death occurs. It is the one who shrouds both the body and the mind. The child is thus faced with a new situation: the black color becoming a source of uneasiness, constantly reminding of the loss suffered. He may associate the color with the death of his parent, and he has a fear of this color. Because of this, therapy is yet another reason to make him understand that no one is guilty or resentful of his father's death, and color is no more than a ritual they have to do, not being more more than a habit of society and tradition.

Everyone lives with the fear of death. Yalom also speaks in his book about the "unconscious death anguish". In a broad study on an extended group of people, most of them consciously denied the fear of death, but on a phantasy level less than 30% denied the fear of death, and at the subliminal level all had this fear. Thus, we can see that no matter how we think we understand death, it is a constant fear for us. A child who does not have a clear notion of death will

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experiment more than a general fear of death. He will get a different behavior for his age, and he will become oscillating between two extremes: one in which he would depart from everyone and he would shut himself or the other when he would be exposed to all temptations, choosing with non-perseverance to experience them without limits .

The death of a loved one is also a trauma for an adult. But for a child who does not perceive the existence of death in his life? How will he be able to relate to the other people in his life if he comes to believe that it is possible for someone to die, including himself. The constant deadly anguish does not have to become a constant for the child who has faced death, nor must it in any way be removed from the equation.

In order to move beyond the trauma, the child must understand that death is a finality of life. But this does not change the fact that he has to live his life and enjoy the presence of the people around him. In fact, he must understand that death will appear somewhere in a distant time and does not need to think of her presence in his life. Yalom explains as clearly in his book "Existential Psychotherapy" the following: "realizing that regardless of the advice and guidance that you benefit from others, ultimately, you have to take responsibility for how live ".

4. Conclusion

During psychotherapy, the therapist pays considerable attention to the problem, identifies the methods by which the child runs away from responsibility and tries as efficiently and as comprehensively as possible to explain the situation to the child, while at the same time succeeds in creating a space in which he feels safe. The child needs attention during this period from both family and psychotherapist. If the little one is not guided to a real explanation of death, he will begin to experience certain states, totally different from his behavior before the unannounced death. Death creates fear, can generate a disdain and change people's destinies. Young people are most strongly influenced by the onset of death and can trigger sudden changes in behavior. Once in this situation, it becomes hard for them to return to the past or to heal. That is why psychotherapy is needed to overcome the period of mourning and to understand that death is a part of everyone's life, and they must not feel fear. Overcoming the mourning of one of the parents is essential to the future of the young. Communicating with the psychotherapist helps the young person acquire a clear understanding of the phenomenon of death and take responsibility for his actions, but also get out of

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the isolation state where he has introduced himself. There is a need for a constant relationship with others, communication being essential.

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