

# Michael in the clouds

## Talking to very young children about death



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**'WHICH NUMBER IS MICHAEL'S?'** asked four-year-old Sean, watching the clouds below en route to America on his first airline flight. His parents, strapped into their seats beside him, tried to make sense of the question. Their elder son, Michael, had died more than two years before and Marie and John had talked sparingly about him in the family, but had briefly explained to Sean that Michael was in heaven in the sky. Gradually they realised that Sean was expecting to stop at an address in heaven and get out of the plane to visit his brother. When he realised that this was not going to happen, Sean was inconsolable.

Whether one has a personal religious or spiritual belief system or not, most adults will be challenged in responding to the extremely logical questions that very young children ask about death. We can assume that many very young children in the UK will not have lived long enough to have experienced a significant bereavement and to understand the transience and impermanence of life. Children of this age are often described as being in a concrete stage of thinking, so that explanations about what happens to someone who has died are crucial if they are not to be confused and worried. How much more difficult, then, for such a child to experience the death of a loved one in a context in which explanations have been, at best, very vague.

Sean's bewilderment was by no means unusual in that, in my experience and with the best of motives, some parents and professionals will 'protect' young children from a more detailed understanding of death. It may seem appropriate to them to avoid including children in talk of death, and discussion of areas they themselves find very difficult. It is also argued that young children's cognitive understanding is incomplete in that they may not have grasped that death is universal, has a cause, and is irreversible and permanent. It is then assumed that if children cannot absorb and articulate

### ABSTRACT

*Many adults, including professionals, hold a view that very young children cannot fully cognitively comprehend the meaning of death and that it is thus unnecessary, and possibly even damaging, to talk to them about someone close who has died. This article suggests that this developmentalist view does not take account of the many other ways in which children can connect to loss. Using a case study based on a Candle Project intervention, this article illustrates how very young children can join in concrete play activities that help their understanding of what has happened. It is argued that excluding young children from explanations and remembering practices may potentially create distress, confusion and long-term problems.*

these ideas, there is little point in explanation. Parents and other carers are sometimes reassured that children are too young to understand and therefore need less attention than older children. However, much of this thinking stems from a developmental view of children, focusing on their cognitive understandings (Kenyon 2001) which may not have been assessed in a situation familiar to them.

Closer observation of babies and young children often reveals that from a very early age they may be well connected and reactive to atmospheres and situations around them. Christ

(2000) describes children aged three to five years old expressing their grief in ways 'that were difficult to recognise'. She describes young children mourning in a variety of ways including thumb-sucking, clinging behaviour, night terrors and various physical symptoms. A wonderful DVD, *Not Too Young To Grieve* (Leeds Animation 2002), graphically shows this kind of non-verbal distress following bereavement in very young children.

### The Candle Project intervention

#### Finding an explanation for Sean

St Christopher's Candle Project offers bereavement support to children, young people and their families in the south-east London area. Sean's mother approached us for help, very upset indeed about what had happened on their recent flight. The family had been frightened of talking to Sean about Michael, who had died following a short but hugely distressing illness. They felt that Sean had been too young to remember anything and, in their grief, could not begin to imagine discussing it with him in more detail. However, Lansdown *et al* (1997) asked children of five to eight years about their thoughts on an afterlife: 'Well over half declared some belief in heaven but there were indications that this was not necessarily a pleasant place to be.' They indicated the need to

take up children's ideas and anxieties about an afterlife; heaven is not, of itself, an explanation of where or how someone is after death.

Sean came into the Candle playroom with his parents rather uncertainly, but once the Playmobile ambulance came out he was in his element. With prompts and support from me, John, Marie and Sean together played out with the toys the events leading to Michael's illness and death. Sean had been cared for by his grandparents while his parents were at the hospital and this was followed by the funeral and burial. In the toy crematorium, he gently laid the little plastic doll representing his brother in the toy coffin and Marie told Sean about all the people who loved Michael and had come to say a special goodbye to him at the funeral. We talked through why Michael had to go into the ground when 'his body wasn't working any more'. John and Marie (devout Christians) explained that they thought the 'special' part of Michael that wasn't his body had gone to heaven but that we cannot go there on a plane, or bus or train or other form of transport because heaven is not like other places. Nor could Michael visit his family, though they were sure he would have wanted to do so if he could.

#### Widening the conversation

This was an expanded explanation that had a fit for this particular family. However, this was just a beginning as Sean's questions and comments about Michael have increased since. In the framework of understanding that they have begun to use to talk to him, he is able to ask more, and they can widen the conversation as he gets older. He attends a multicultural nursery school in south London and I suspect he is already meeting different ideas there and is beginning to sense that not all households would share the same ideas and spiritual beliefs about what happens to someone when they die. Nevertheless, these conversations may have given him a sense of having permission to talk at home and with others about these ideas.

Sean and his parents came to a Candle family group day for young children at St Christopher's Hospice where, with the support of staff and trained volunteers, they again played

out the events before and after Michael's death. A hospice doctor demonstrated on a large teddy the kinds of medical treatments that were used to try to help Michael, but which had been unsuccessful in the end. With the toys, Sean replayed his visits to his grandparents, remembering missing his mother at bedtime when she and John had been at Michael's bedside. I believe it was important to play out the memory of these events together as a family. Stokes (2004) says that memories 'don't sit there like a stone. They have to be worked like the best bread, kneaded and gently warmed so [they] can slowly rise to the surface'.

#### The nature of memory

But what are we doing with memories? Recent research (Gopnik, Meltzoff, Kuhl, 1999) suggests that young children may remember more than previously thought. Furthermore, they are much more likely to remember events when they are with other people connected to that event and in a situation that prompts memories to surface.

We often think of memory as an individual process and personify it, describing our memories as good or bad when we are talking about accuracy in recounting or remembering something. In some circumstances accuracy is crucial: if I forget just one digit in my PIN I will have no success in making purchases with my credit card. However, this is very different from recalling stories of my grandmother when I was a child. At this distance I cannot say which images that come to mind are from my own recall and which come from talking to my cousins and others in the family, remembering together fun on Sundays with grandma. For these purposes perhaps it really does not matter since what is important is the connection we make with her memory, which also connects us to our sense of ourselves in the family in past, present and future.

The same was true for Sean and his parents. It did not matter in the 'co-remembering' process which memories might have been formed through independent electrical impulses in his brain. What was important to them all was the revisiting and reliving of past experiences for all of them together, playing out events in a way that helped

them all to make sense of their new situation following Michael's death.

#### Meaning reconstruction

Neimeyer (2001) says that 'meaning reconstruction in response to a loss is the central process in grieving' and 'meaning reconstruction is as much a social practice as it is a cognitive practice'. I understand this to mean that remembering someone who has died can be thought of as an active thing that people do together, and every time we co-remember a person with others in this way we will also be laying down new memory traces of the co-remembered event. In this way, every time I talk about my grandma and remember her giving us children chocolate toffees on Sundays, I connect to a new memory with those I'm talking to.

We all create family stories that give us a sense of belonging, of what kind of people we are and what we expect of ourselves and each other. A death in the family presents a critical point in the family story. 'The present is not what the past is supposed to lead up to' (Frank 1997). Expectations and possibilities are changed irreversibly and often, for a period, people may not know what to do; they do not have a story or narrative suggesting the way forward.

In telling the family story we are highly selective. We put in the bits from our memory that make sense of our view of ourselves and those around us, and leave out the parts that do not fit. In the telling and retelling of a story it comes to feel more 'real' so that repeating the story and talking together provides us with a sense of continuity in our lives. According to Frank, it is not that the past is reinvented, but that a sense of what is emphasised and highlighted from the past that can shift to create a joint view of the past that has greater continuity and coherence with the present and future. It seems that a coherent narrative about attachment experiences is associated with the ability to adapt and change, suggesting the importance of including very young children in important family stories.

For little Sean, playing out the events of his brother's illness and death and co-remembering him with his parents in a safe space began a process in which he could build connections with

a brother he had only known before he could talk. Play activities were helpful in supporting his memories of being with his brother and his understanding of the sequences of events (illness, death, burial) and the nature of death (Michael's body could not eat, hear, talk, run etc). Beyond this, however, it included Sean in part of the story. His brother's life and death became part of his story of himself and these memories connected him to his brother and the rest of the family. Now that his parents are including Sean in their conversations in this way, he can go on to ask more questions and talk about these events in the future, increasing his understanding as the family gives age-appropriate responses to his more mature questions. Because John and Marie were part of this play process, they were implicitly giving Sean permission to talk about it now and in the future.

#### Revisiting memories

Kraus (2005) and Jewett (1994) have argued that children benefit enormously from the chance to revisit memories at different times in their lives. This often seems to be particularly important at times of transition, moving to primary or secondary school or moving house, for example. Monroe (2001) explores the need for bereaved children to have opportunities to remember. She refers to continuing bonds (Klass *et al* 1996) and the process that children, like adults, may engage in to construct a continuing relationship with the dead person to find ways to keep them in their lives and in their futures in a helpful and supportive way.

JK Rowling (2007) recently unfolded the last part of Harry Potter's story which included his emerging understanding of the death of his parents. As a younger boy he had stared into a magic mirror, wanting to feel a sense of connection with his parents, who had been murdered when he was a baby. As a teenager he became more and more curious about the events surrounding their death and he drew on wide-ranging resources (particularly at school) to support his co-remembering of events which had taken place in his infancy. Unlike Sean, he had no supportive family members to help at a young age and Harry's resilience in the face of family neglect is astonishing.

Harry had to wait until he was 11 years old before he began to have support in co-remembering.

Some adults never have it and have never been offered explanations about the death of an important member of the family. Michael Rosen describes looking through the family album, as an adult, with his father and brother. He and his brother ask about a baby in the photo. Their father explains that neither one of them is the baby; this was a third child that they had never heard of before. Their father responds:

'It isn't you or Brian,' he says,  
'It's Alan.  
He died.  
He would have been  
Two years younger than Brian  
And two years older than you.  
He was a lovely baby.'

#### Conclusion

Some adults never have the opportunity to make sense of confused stories and explanations about a dead family member. In an effort to protect very young children, parents and professionals may collude with an idea that children who were very young at the time of a death do not have a need or right to know, even though children of all ages consistently tell us that they want information, want to be told about a death in the family. As Cranwell (2007) concluded in the last issue of *Bereavement Care*, 'The need for truthful information about impending death, knowing the cause, reassurance that the child was in no way to blame (especially when the death is sudden) and that everything possible has been done, seems obvious but is not always appreciated by the adult'. I believe this to be as important for very young children as for older ones. ●

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#### EVENTS IN 2008

**Celebration conference.** 20th anniversary of the Center for Crisis Psychology. June 2-3. Bergen, Norway. Key speakers: Bessel van der Kolk, James Pennebaker, Onno van der Hart, Magne Raundalen. For further information: tel [+47] 5559 6191; visit [www.krisepsyk.no](http://www.krisepsyk.no)

**SIDS international conference.** 23-26 June. Portsmouth, UK. Tel [+44] 20 7227 5210; visit [www.sids2008.org.uk](http://www.sids2008.org.uk)

**Bereavement in a healthcare setting.** NHS Tayside 1st national conference. 1-2 September. Dundee, UK. Speakers include Margaret Stroebe, Janice Genevro, Henk Schut, Colin Murray Parkes, Derek Fraser. Full details at [www.pathwaysthroughgrief.org.uk](http://www.pathwaysthroughgrief.org.uk)

**Grief in the family, grief among friends.** Annual conference of the Childhood Bereavement Network. 22 April. London. Tel [+44] 20 7843 6042; email [esmth@ncb.org.uk](mailto:esmth@ncb.org.uk)