

Second Tier, Seminar Format

**The Grieving Child**  
**&**  
**The Casa dei Bambini:**  
**a facilitating Environment for the child who is grieving.**

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Irene Fafalios

Humpty Dumpty  
sat on the wall,  
Humpty Dumpty  
had a great fall,  
All the King's horses and all the King's men,  
Couldn't put Humpty together again.

*(Old English Nursery Rhyme)*

*Athens in turmoil - May2010*

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## **Introduction**

We are a society where news travels fast. Newspapers, radios, TV, internet, blogs, twitters and mobile phones bring images of wars, genocides, famines, crimes and natural disasters into our homes, as they happen. One would think that such frequent exposure to death and suffering, would sensitise us and make of us better human beings growing in compassion and concern for the well being of all. However, the reality is that it we are becoming increasingly indifferent. Exposure, is in fact, having the reverse effect - it is desensitizing us. We have acquired a voyeuristic attitude to violence, grief and death, distancing and dissociating ourselves from the suffering of others.

We have to ask how this is affecting our children who are exposed to death and human suffering in many forms both real and symbolic on a daily basis,.

“More children watch news than previously, at a time when images of starvation, war, and genocide, in horror and magnitude almost beyond imagining, are transmitted to the television screen. Adding the access to a largely unrated home video market, it becomes clear that children are flooded with images of violence in their daily lives.”  
*(Wass 1997)*

And if it is not through the news, then we ensure they get their daily dose by providing them with electronic entertainment in the form of games where killing is the aim, where the perpetrators go unpunished and where the dead rise again for another round. Technology has contributed significantly to providing our children with a distorted perception of reality confusing their perception and understanding of both life and death.

We happily let our children play with ‘symbolic’ death (computer games, cartoons, combat dolls etc.) but when it comes to the death of a loved one, we act quickly to protect the child and prevent any unnecessary contact with genuine sorrow and grief.

"Although we consider it our role to help children adapt to the world and get to know it, when it comes to death we keep a strange silence, we want to protect them from it."  
*(Monroe 1995)*

We consider it morbid and inappropriate for children to kiss a loved granny who has just died, to be present at the funeral of grandpa, to assist at the burial of a parent. Even though death is a favorite theme in the entertainment industry, we deny its existence in the real world. This is so true, that if we examine our attitudes to death in the 21<sup>st</sup> century, we will find that in an

attempt to 'sanitise' society, we push the dead and dying to the periphery, where they are cared for by 'specialists'. Many of those traditions, rituals and customs surrounding the dying, the dead and the bereaved, which helped both the individual and society come to terms with loss, have been replaced by 'services offered' by third parties, who charge a fee and are grateful when tipped. As a consequence, we are inadequately prepared to cope not only with the dying, but also with those that grieve.

Death becomes a subject we choose not to talk about. It is referred to indirectly. We paraphrase and couch the language believing that by so doing we will soften the finality that death carries with it. Jessica Mitford in her book, *The American Way of Death*, gives us a very amusing description of what we could call the political correctness of death.

“..a whole new terminology, as ornately shoddy as the satin rayon casket liner, has been invented by the funeral industry to replace the direct and serviceable vocabulary of former times. Undertaker has been supplanted by 'funeral director' or 'mortician'...Coffins are 'caskets'; hearses are 'coaches,' or 'professional cars'; flowers are 'floral tributes'; corpses generally are 'loved ones', but mortuary etiquette dictates that a specific corpse be referred to by name only - as, 'Mr. Jones'; cremated ashes are 'cremains'. Euphemisms such as 'slumber room', 'reposing room', and 'calcination - the kindlier heat', abound in the funeral business.”

*(Mitford 1963)*

## **The Concept of Death and the Preschool Child**

“To conceal death from the child is not possible and is also not permissible.”  
(Nagy, 1948)

We cannot isolate children from death and its implications, for they will inevitably pick up information from parents and friends, from the very lives they live. And yet, we continue to resist and choose to protect children from death. Why? Because we wish to protect ourselves. Because the anxiety and insecurity we fear we might evoke in our children by talking to them about death, are the very same anxieties and insecurities we harbor in ourselves. By attempting to conceal death, we are not helping children cope with loss. We are not helping them find a way to express their grief or mourn for a loved one. Our ability to mourn is influenced by our perception and understanding of death - an understanding which will allay our worries and anxieties and enable us to live our life.

We need to ask ourselves, what is our ‘concept of death’? One thing is sure, it is not a single construct, but it is composed of various components. What notions do we need to have understood with our reasoning minds, so as to have a mature and fully developed concept of death? This is a difficult question to answer, since there is no general consensus on what these components are, so finding appropriate ways in which to articulate these is difficult. Research therefore on children’s understanding of death, is restricted (Corr 1997).

We can talk about a ‘concept of death’ once the child is about 3 years old. Under the age of 3, the child “cannot distinguish cognitively between death and separation.” According to Piaget the sensorimotor infant is unable to evoke persons or objects, which are absent since he lacks the symbolic function (Poltorak and Glazer, 2006). Death and separation are therefore one and the same.

Things however change, after the age of 3. One of the earliest pieces of research carried out was in the 1930’s, by the Hungarian psychologist, Maria Nagy. Member of the Department of Psychology at Pazmany University in Budapest Nagy put the question: “What does the child think death to be, what theory does he construct of the nature of death?” She studied 378 children between the ages of 3 and 10. They were of average intelligence, almost equally divided by gender and lived in or near Budapest. Her work is considered a classic, perhaps “the single, best-known piece of literature in this field” (Corr 1997). Prior to Nagy few had

troubled themselves with the needs of such young children. She herself was surprised at the “slim almost neglected attention given to the child’s conception of death” (Nagy 1959) in a century, which had done so much to develop the field of child psychology.

Several years later, Speece and Brent (1996) made an important contribution by providing a comprehensive outline and definition of the various notions involved in our concept of death. They gathered over 100 research studies conducted between 1934 and the early 1990’s examining children’s understanding of death. They looked at the questions that children raised and from these and they thus established the 4 central notions about death that children are trying to come to terms with.

**(a) The universality of death - all living things must eventually die.**

The *universality* and *unpredictability* of death are not understood by the preschool child. “Does *everyone* die?” “Do children or animals die, *too*?” “Do *you* have to die?” “Does everyone *have* to die?” Such questions indicate that the child is grappling with the *all inclusiveness* and *inevitability* of death. The fact that death is also *unpredictable* is reflected in questions such as: “When will *you* die?” “...as they strive to achieve an understanding of the universality of death children must bring into that concept a grasp of the notion that death is an inevitable but not a predictable outcome in the lives of living things.” (Corr 1997)

**(b) The irreversibility of death - once the physical body dies, it cannot be made alive again.**

*(This leaves open the question whether there is some noncorporeal continuation after death.)<sup>1</sup>*

Nagy’s research<sup>2</sup> showed that “The child of less than 5 years does not recognize death as an irreversible fact. In death it sees life” (Nagy 1948). Everything is new, wonderful and alive to children of this age - they are enthused with living and even though they may know and use the words ‘dead’ or ‘death’, they are unable to attach meaning. The 5-6 year olds “acknowledge that death exists but think of it as a gradual or temporary thing” (Nagy 1948) something like sleep, or going on a trip from which they will return. Death is therefore

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1. The question of some kind of continued life after death is listed in some articles as a 5<sup>th</sup> category. In Speece’s article (1995) it is not listed as a separate category but referred to under *Irreversibility*. It is mentioned however, in Corr (1997) as *Some Type of Continued Life Form*. The questions that children raised to indicate that they are trying to understand what kind of life lies beyond death were: “What happens *after* death?” “Will *I* ever come back to life again?” “*Where* does your *soul* go when you die?” It seems that both children and adults include in their general concept of death some idea of a continued life after the death of the physical body (Corr 1997).

<sup>2</sup> **Methodology used by Nagy:** 7-10 year olds were given 1 hour to put down in writing all they thought about death. 6-10 year olds were asked to create drawings on the subject and discussions were held with all children in order to amplify their ideas and thoughts. The 3-6 year olds, unable to draw or write, were encouraged “to talk about their ideas and feelings about such words as *table, death, life, birth* and *brother*.” In this way a rapport was established and researchers were able to confirm that the little ones could understand what was being asked (Corr 1997).

reversible. (6 yrs.) “They put him in a grave. He stays there until Saturday, then he may come out” (*Wass 1984*). Nagy describes a child, who suggests that “one cannot sing at a funeral because it would not allow the dead person to sleep peacefully” (*Poltorak and Glazer 2006*). “How long do you stay dead after you die?” “Once you have been ‘deaded’ are you *always* dead?” “Can dead persons *become alive again* after they are dead?” (*Corr 1997*) These questions indicate children trying to understand the permanence of death, that once dead, the physical body can no longer return to its former life. There is no understanding of the finality of death, which explains why young children often search for the dead person, believing that he/she will suddenly reappear, after eating or drinking, through wishful thinking, by praying, or through magical or medical intervention e.g. in answer to the question: “What happens when people die?” (3.11 yrs) “They can’t get up.” *What do they do with somebody who can’t get up?* “ They help them up. Lay them in the truck and take them home, Then they put them to bed.” *And what happens after that?* “They wake up in the morning and then he’s all better.” (5.1 yrs.) “Sometimes they go to heaven, and sometimes they throw them in the ocean.” *What happens then?* “They drown” *And then?* “They get a new body. I don’t know any more than that” (*Wass 1984*).

***(c) The nonfunctionality of death – once a living thing dies all typical life-defining abilities of the living physical body cease***

Children of this age are unaware that *all functions associated with life, cease* at death. Once dead, the individual continues to live but in different circumstances, which prohibit certain activities. (4.8 yrs) “It can’t move because it’s in the coffin” (*Wass 1984*). Children are therefore often very concerned that the dead person will not be able to breathe when buried underground. (4.11 yrs) “He lies there. Scratches the earth to come up. To get a little air” (*Wass 1984*). They are anxious about the physical well being of the dead person, asking whether they will feel cold or hungry, wanting to know where and how the dead person will continue to live. “Do dead people eat chocolate cake?” (*Lonetto 1980*). When children ask us “Do dead people get angry or sad?” “Do dead people continue to eat, play or go to the bathroom?” they are trying to understand what happens to the physical functions of the body (*Corr 1997*). The fact that both the observable functions (breathing, eating, walking etc.) as well as the not directly observable internal functions (feeling, thinking, dreaming etc.) all cease, confirms the finality of death.

**(d) The causality of death** – *(there is no consensus amongst scientists as to the definition of causality)*

“Why did my cat die?” “Do people die because they are bad?” “When Mommy was mad at me and said, ‘You’ll be the death of me some day’ and then was in the accident, did that mean I made her die?” (*Corr 1997*). The causality of death worries children. At this age children’s thought processes are animistic and magical. They experience themselves at the centre of things, believing that their thoughts, feelings, wishes and actions can cause what happens to them and others. They often see themselves as being the ones who caused the death of a loved one (*Speece 1995*). So should the child “observe death, it is a puzzle that he or she often solves with a magical or other pre-logical explanation” (*Wass 1984*). When asked, “What is death?” or “Why do people die?” children’s answers illustrate clearly the misinterpretations they make as a result of their pre-causal thinking: (3.4yrs) “Because the nurse gives them a pill.” (3.9 yrs) “... because they have to go to jail.” (5 yrs) “My grandfather died by eating too much dinner.” (5.5 yrs) “If people don’t go out for a walk they die.” (5.8 yrs) “Hadn’t had no dinner” (*Wass 1984*). A developed understanding of the causality of death is one that accepts that death can be brought on by external causes or by internal factors (e.g. illness).

“...these 4 components focus on the biological and scientific aspects of the death of the physical body. We know considerably less about other important aspects, such as beliefs in spiritual continuation after death and the meaning and significance of death for children of various ages.”  
(*Speece 1995*)

These 4 sub-concepts, which Speece and Brent extrapolated from their research provide us with a guideline, to assess children’s understanding when working on death related issues.

Nagy found that “Opposition to death is so strong that the child denies death, as emotionally it cannot accept it” (*Nagy 1948*). However, she does not say that these children have no concept of death. She concludes by saying: that these children have a concept of death - not the concept that we adults have - but they have a concept drawn from their own experiences and animistic point of view, where the “living and lifeless are not yet distinguished” (*Nagy 1948*).

The fact that young children have such an erroneous and incomplete understanding of death has implications for the adults’ behaviour towards the child, when a death occurs.

“Adults who are not in tune with the young child’s world may be distressed to find the child indifferent to the news of the death of a loved one. A young

acquaintance of the author was upset and angry with her 3 year old daughter for her apparent unconcern over her father's sudden death. After being told that Daddy died, the little girl asked if she could go out to play now. The child was sent to relatives until "it was all over" and enjoyed her stay tremendously." (*Wass 1984*)

The majority of research indicates that by the age of 7, "most children understand most of the key bio-scientific components - Universality, Irreversibility, Nonfunctionality and Causality" (*Speece, 1995*). But this does not mean to say that there will not be children who will achieve a mature understanding of death, before 7, or several years later. The understanding and the conceptualization of death depend on a child's developmental progress, which is affected by many factors. It is not chronological age but rather cognitive maturity and the child's own psycho-social experience, which will determine this.

A child's understanding generally matures as he passes from one stage of development to the next. (See **Appendix 1 - The child's concept of death through to adolescence.**) The sort of stories and television programmes that a child is exposed to during his development, as well as his family's approach to death, will greatly influence and determine the development of this understanding. If the child finds himself in an environment which harbours an honest approach to matters related to death and grief, this passage, is greatly facilitated and helps the child in the adaptation process.

"Natural behaviour in the child's surroundings can greatly diminish the shock of its acquaintance with death."  
(*Nagy, 1948*)

The more we know about a child's developmental needs on death issues the better able we will be to provide appropriate explanations when the time comes. From the questions that children ask us, we can see which issues have been resolved and which issues are still being grappled with. This helps us answer questions more appropriately, thereby facilitating the child express his grief and cope with his loss.

Patterns are laid during our formative years and we know that these patterns, will accompany us through to adulthood.

"..it is in childhood that the adult's outlook concerning death begins to take on basic form."  
(*Nagy 1959*)

It seems simple, doesn't it? But there is a problem, which I am sure you are all aware of! These 4 indicators also serve as useful tools for adults to assess how clear and solid their understanding of the concept of death is.

When a loved one dies, adults, often find themselves asking these very same questions. In such moments of crises, our own level of understanding is put to the test and we become acutely aware of how unresolved many of these issues are in our own minds. This fact alone is enough to prevent us from wanting to answer questions children put to us. When we see these questions coming, we avoid them and claim we are 'protecting the child' by diverting the discussion to something more 'positive'. It is often the case, that in trying to understand a child's mental processes, we begin to clarify our own.

So let us proceed in our study bearing this in mind!

## **Does the Preschool Child Mourn?**

Just as it was believed, up until recently, that children are incapable of comprehending death and that discussing it with them, would cause them great harm (*Poltorak and Glazer 2006*) likewise, it was believed that children are incapable of grieving (*Wass 1997*) - a word that “denotes the painful, sad and anguished feelings accompanying loss” (*Furman 1984*). It is thought that children under the age of 7, because of their limited cognitive and emotional skills, have no concept of death and therefore have no capacity to grieve or mourn. Most agree that the ability to grieve is acquired in childhood when the ego functions mature and the child is able to understand the finality of death (*Worden 1996*).

One of the earliest studies, suggesting that young infants do in fact grieve, is Bowlby’s work on attachment which shows that infants as young as 6 months, when separated from their mother, experience grief reactions resembling those seen in adults. Furthermore he claimed that bereavement can have a serious effect on future personality development.

“ It is by now widely recognized that loss of the mother figure in the period between about 6 months and 3 or 4 years is an event of high pathogenic potential. The reason for this, I postulate, is that the processes of mourning to which it habitually gives rise all too readily at this age take a course unfavorable to future personality development.”  
(*Bowlby, 1960*)

Although Bowlby’s paper created a great deal of controversy, it was not until much later that the grieving infant was acknowledged. Further studies were carried out to illustrate a significant change in the child’s behaviour. *Furman (1986)* for instance, describes a 2 week-old baby exhibiting protest behaviour - crying, refusing food, disruption in bodily functions etc. in order to retrieve the lost person who was the primary caregiver. (See **Appendix 2: Infants and the death of primary caretakers**) *Kranzler et al. (1989)* carried out research on 26 children aged between 3-6 years and reported acute bereavement responses in children who had suffered the loss of one parent.

The main behavioural characteristics of bereaved children, is regression to a time when life was safer, to a previous stage of development with the accompanying bed wetting or soiling, together with sleep disturbances and nightmares. Anxious attachment to another adult is also usual, clinging behaviour accompanied with intense crying and fear of strangers is characteristic. However, children who are grieving may also withdraw from their

surroundings and pull away from those who remind them of their dead parent (*Dyregrov 1990*).

Children will intermittently ask for the dead person and may search for them, believing that he/she will return. When playing and acting out the death event, the child often attempts to reunite with the deceased and to understand what happened, for in dramatising his grief he is giving it meaning.

A child may also withdraw from playing and lose total interest. But the most common pattern is that preschool children will play for a while, then grieve for a while, then return to their play again. By engaging and disengaging from play in order to grieve in small doses, they are better able to cope with their grief. *Dyregrov (1990)* tells us that such young children will seldom show sadness for long periods of time, and they often mask their sadness and depression with inappropriate behaviour such as temper tantrums.

Children under the age of 6 do mourn the death of a loved one. They are capable of acute grief. Even though little research has been carried out on this age group it is evident that childhood bereavement can delay or accelerate development. Furthermore, "Childhood parental loss has been associated with later depression, personality disorder and with cognitive and functional impairment." (*Kranzler et al. 1989*).

## **Mourning and the Preschool Child**

“Mourning” is a word used in many different contexts. We mourn the loss of our mother, but we also mourn the loss of our fortune and all too often, the loss of our youth! The word is the same, but the psychological mastery that each loss requires, is different. When mourning the death of a loved one, it is not just grief that is involved - several mental processes are at work.

“...death is a reality which implies a special finality. Unless this unique reality is perceived, comprehended and acknowledged, mourning cannot begin. The mental work of mourning is set in motion by the bereaved person's appreciation of the death and serves as the means of adapting to the specific reality of loss through death.”

*(Furman 1984)*

Should a child at this age experience the death of a significant other, no matter how well adjusted this child might be it is a moment of crisis. With the death of a parent, a child loses a relationship which can no longer be expressed and together with that relationship the child inevitably loses a part of himself. His world suddenly disintegrates - it appears as an unreliable, insecure and vulnerable world. The child's confidence is undermined, his self esteem is crushed and the basic trust he had in his environment is shattered.

It is often the case that the grieving child goes unnoticed. As the adults around are lost in their own grief and are having to deal with the practicalities that a death in the family brings, the young infant becomes the ‘forgotten mourner’ (*Smith 1995*) - a ‘forgotten mourner’ who is also confused, not having a clear idea either of what has happened or of what will happen next. Lack of information adds to the anxiety and fear that is gradually surfacing as the grieving child starts to worry about his future and to fear for his own life as well as for the lives of other loved ones - in case they too should suddenly ‘disappear’. His world is no longer as secure as it was a few moments ago.

Children often blame themselves for the death, thinking they caused it, or could have prevented it. This guilt turns to anger directed to themselves, or to a family member (who they think might have caused the death), or even to another person, for not dying instead. They are angry that the deceased abandoned them whilst at the same time they are fearful that the deceased will soon be forgotten.

Grieving children are suddenly overwhelmed with many unfamiliar feelings. Not knowing what to do with them, they listen: Granny tells them “Not to cry for it upsets mummy. You can help mummy by being brave and good.” Whilst mummy’s friend is saying: “It’s okay to feel sad and cry”. As they watch their parent grieve, they feel helpless, for there is little they can do to help - other than doing as ‘granny’ said and ‘be good’. This puts a tremendous load on the young child, who takes on a responsibility far too great for his little years, resulting in a premature loss of childhood. On the other hand, the death of a loved one can bring relief (particularly if preceded by a long illness or if the relationship was abusive) – something that at times shocks adults who may try “to sublimate the child’s feelings into something more acceptable but less genuine” (*Smith 1995*).

In order to regain his balance the child is dependent on the help he will receive from the adults in his immediate environment. The support we offer children at this critical stage, can effect their emotional development. It is important therefore we are aware of just how crucial our intervention and assistance is.

A child’s adjustment after death depends to a great extent on the relationship the child had with the dead person, on how open a system of communication exists within the family allowing the child to express and find support in his grief and to what extent the child is involved in the processes surrounding the death and funeral (*Monroe 1995*). Of course, the child’s age and ability to understand the process of death is also a significant factor.

According to Furman (*1984*), there are 3 tasks that need to be mastered, if we are to resume a healthy life following the death of a loved one:

(1) The first task is to help the child **understand and come to terms with the reality and circumstances of the death**. It is important that the child is given as soon as possible, a simple, straight forward explanation of the following:

- (i) what being dead means
- (ii) how the death occurred and
- (iii) where the dead person has gone

It seems however we have great difficulty in doing this, either because we do not recognize the significance of this stage or because of our own unmastered fear of death and dealing with the questions that the child might raise. Furman suggests (*1984*) it is far better for a parent or

a loved one to give this information to the child (regardless of how awkward we may feel), rather than for him to receive a polished explanation from a third party.

(i) Should the child ask: “What is dead?” we give the concrete reality of death in a way that he can grasp - i.e. the dead do not eat, sleep or drink. If the child has had some previous experience of death – with a bird, or a fish, for instance - it helps the child, to refer to it: “Do you remember when we found the dead bird? It did not fly or chirp. It couldn’t do anything. That’s the way grandpa is dead.”

(ii) The circumstances of the death must be explained to the child in an age appropriate manner that is not overwhelming.<sup>2</sup> It is important the facts are clearly established in the child’s mind, so that he can grasp and understand the sequence of events that caused the death. This may take months. The grieving child will keep returning to the death event at different times, asking again and again the same questions, wanting to receive clear, simple, honest answers.

(iii) Finally, we need to explain what will happen to the body. “Where is Daddy?” is a way of saying “Where is his body?” (*Furman 1984*). We need to talk about the burial (or cremation), even visit perhaps a cemetery to reassure the child of what exactly happens.<sup>3</sup> The extent to which a child will be present at the funeral and involved in the traditions that surround death, will be something that only he can decide. We tell him what is going to happen and he makes his choice. Should he wish to be present at the funeral then he must be sure of having his parent available during the service, to offer a reassuring hand, a look or an answer to a question. If this is not possible, or if the parent is too distraught, it is perhaps best for the child to stay home with a familiar adult, knowing where his family is and for what reason.

Telling children that ‘Grandpa is now in heaven’ might be appropriate for an older child, but not for the Preschool child. Such religious or philosophical statements usually frighten and confuse a child, who has not yet grasped the concrete reality of death. Participating and being included in the family’s grief is one of the best ways to help a child at this stage. By watching others grieve, he learns to grieve and find the appropriate channels to express those muddled

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<sup>2</sup> It is easier to talk about a death that was the result of old age or illness, than it is to talk about a violent unexpected death, the result of an accident, murder or suicide. Suicide is possibly the most difficult one to talk about. *Furman (1984)* suggests we talk of a “mind sickness” which caused the parent to think and feel in a muddled way and made him do what he did.

<sup>3</sup> It is easier for children to accept this aspect of death when there is a burial, rather than a cremation (*Furman 1984*)

feelings. It is critical that the parent be present during the first days to answer the child's questions and to offer reassurance. This intense relationship will set the tone for the entire mourning process that lies ahead.

The adult's role is primarily one of reassurance - to reassure the child all his needs will continue to be met, that his world has not totally disintegrated, that he did not bring on the death and that this death is not catching. It is very likely that the young child who has not yet differentiated himself from the loved one who has died, may feel that what has happened to the other, has in fact also happened to him. The child needs to understand that he will not die now, he is not threatened by what has happened and that he is expected to live a long time (*Furman 1984*). Reinforcing the child's sense of safety and security in his immediate surroundings is paramount.

“Grandma and I will take care of you. We will make sure that we do all the things that Mommy used to do - cook, shop, read bedtime stories – but we will all also miss Mommy very much because nothing can make up for the way she loved us.”  
(*Furman 1984*)

**(2) The second task, is to allow for the process of mourning**

“Two steps forward and one step backward is the normal rate of progression with all psychological developments, including the task of coping with a bereavement. The difficult job of understanding and accepting a death and its circumstances is intermittently set back by disbelief and confusion. As mastery gradually wins the upper hand, mourning begins - silently, unnoticed, not willed. It consists of 2 opposite but complementary processes: detachment, which serves to loosen our ties with the deceased and identification, which enables us to keep aspects of the deceased forever by making them a part of ourselves.”  
(*Furman 1984*)

**Detachment** requires that we remember and relive memories we have of our loved one, and experience the painful longing to be together again. Reality reminds us that this cannot be so. We gradually resign ourselves to this and begin to “withdraw our emotional investment from what is no longer there” (*Furman 1984*). Sadness, pain and anger, guilt and helplessness are all activated when the child realizes the unavailability of the deceased. These feelings need to be expressed through words, actions, songs, drawings, games etc. They need to be allowed and acknowledged. The adult may suggest and encourage ways in which the child may keep alive memories of the dead person. These reminders, linked to the past, help the child loosen his ties and gradually detach from the dead person. The process of detachment takes time.

We continue our daily lives. We avoid those places, which hold memories and yet we are drawn back to those very places, to remember the happy, sad and angry times. If this were not to happen, detachment would not occur.

“Ian, 2 ½ years old, used to enjoy watching his Dad shave. For many weeks after the father’s death, Ian walked into the father’s bathroom every morning, tinkered with father’s toothbrush and shaving bowl and put the towel on the sink as he used to hand it to his Dad. His mother had thoughtfully left everything in place but she also appreciated his need to share his feelings and to learn words to help him master them. She therefore sometimes stood by him, told him how well she too remembered his happy times of watching Dad and how much both of them missed Dad.”

*(Furman 1984)*

**Identification**, which occurs as a result of detachment, is when the child selects and internalizes aspects of the dead person’s personality, which are most suitably integrated into the child’s. This process happens unconsciously. Children sometimes select an unhealthy or unhappy attribute to take on e.g. if the loved one died from an illness, the child may begin to suffer from something similar. If a young child internalizes a parent’s values and rules for instance, we may find that he becomes very hard on himself perceiving the dead parent as judgmental and punitive. This can generate feelings of guilt, low self-esteem, fear of making mistakes, or a very strong drive to excel in order to please the demanding dead parent *(Furman 1984)*. We support children at this stage, by helping them identify with something positive. A child however, is less likely to identify with negative aspects if he has a good understanding of the reality and circumstance of the death *(Furman 1984)*.

Mourning is a process that never ends. It is particularly acute during the first 6-18 months and then it subsides. However it is triggered once again, at every significant life event (birthday, graduation, wedding etc.). The loss of a loved one can never be forgotten. When a child loses a parent, it loses a part of himself. “This aspect of the loss is experienced as a diminution in self worth which, like the loss of a limb, causes one to feel different from and inferior to others” *(Furman 1984)*. The greatest help at this stage is the support and continued relationship with the surviving parent.

### **(3) The third task is to resume and continue the course of living**

This stage is as difficult as the preceding ones and if they have not been successfully mastered, then it is more than likely that this stage will also not be resolved successfully. When one parent dies, the surviving parent and child often grow very close and dependent on

one another as a result of their bereavement. With time the parent may choose another partner, the adolescent will go his way, but the very young child, unlike adult or adolescent, is at an age when he still needs both parents. So, he may turn to siblings, adult friends or relatives whom he loves, admires and emulates. Should stepparents appear, they should support and acknowledge the child's feelings and attachment to the dead parent and make it clear to the child that they do not intend to replace him or her in the child's affections. The surviving parent plays an important role at this time of readjustment, ensuring that there will always be space for the memories of the deceased in the new family that is being built.

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Children are better equipped to deal with their bereavement when:

- The parent supports the child and they share one another's grief.
- They are emotionally strong and healthy
- They are reassured that all their physical and mental needs will be looked after
- They do not have to deal with additional stress (e.g. changing home, school etc.)

“Bobby's father died from a debilitating illness when the boy was 2. The mother at once sold their home and took up full-time work. Bobby was sent to a day-care center. His 6 year old sister had to change schools and stayed with neighbors during the late afternoons. The partial loss of the mother, loss of home, school and friends, as well as the need to adjust to so many new people and places proved too much to handle. Both children failed to cope with their bereavements and developed emotional difficulties.

By contrast, Jennifer's mother appreciated how important she was to her children at the time of their father's death and how much they depended on the safe familiarity of their surroundings. Although her financial means were very meager she decided to keep their home intact and to work only part-time. During these few hours her toddler was cared for at home by a retired friend and 4 year old Ray attended nursery school. As Mrs. S. put it ‘We haven't eaten a real piece of meat in a long time, but we've had each other.’”

*(Furman 1984)*

## **A Casa dei Bambini for the Grieving Child**

“School is perhaps the only place a bereaved child can feel safe enough.”  
(Smith 2002)

School can become an oasis, a little haven for the grieving child. The stability that school provides, offers the reassurance and security that the child so desperately needs. The continuation of a routine, the repetition of a ritual, the encountering of familiar faces, all serve to remind the child that, “the world is still a safe place.” His little world might be in turmoil, but there is still a world out there, within which he also participates, which has not changed, which is peaceful, stable and welcoming.

“The implementation of any educational system ought to begin with the creation of an environment that protects the child from the difficult and dangerous obstacles that threaten him in the adult world.”  
(Montessori, 1975)

In this final part of my paper, I would like to suggest that a Montessori environment is a *particularly* ‘safe place’ for a grieving child. Not only does it offer the reassurance and protection that the child seeks, but it also offers the means to help a child through his grief and help him resume his normal life.

The Children’s House is per se, a therapeutic environment. It is not judgemental, critical, punitive, rewarding, or competitive. It provides the child with appropriate activity to stimulate interest and challenge the mind. A therapeutic environment allows the child to function through his own will, using mind and hand, to carry out independent work, freely chosen by him. The child is given the time to find his pace, to perform his work and to follow his rhythm. When children are in such an environment they become normalized and are restored to their developmental path by virtue of their own resources, under the guidance of a well-prepared adult, with whom the child has formed a stable relationship. This ultimately empowers and strengthens the grieving child, transforming his vulnerability into inner strength and self-reliance.

A Montessori environment is created and maintained by the teacher in order to respond to the developmental and individual needs of a mixed group of children aged between 3 and 6. In its

simplicity and order lies an aesthetic which creates a pleasing, safe and peaceful atmosphere. The **maintenance of order** in this environment is of the utmost importance. The child who is busy making sense of his world, needs to know at this stage in his development that his world is secure and that everything is in its place. This order provides the child with a sense of security, whilst at the same time minimizing any additional stress, which may occur with unexpected changes or disturbances. The grieving child feels himself so vulnerable, that not finding something that he wants, or finding it and then discovering that a part of it is missing, is enough to bring on inconsolable tears. This child needs constant reassurance that the inner turmoil he is experiencing is not an indication that the world is disintegrating. The Montessori environment is a safe place. The sense of security that is engendered in maintaining this external order is of great importance for the grieving child who comes to school every day and finds this little world completely unperturbed.

It is an environment which welcomes the child, which makes him feel significant, for he can use it, contribute to it and most importantly he can **control** it. Everything in the environment is there to be used, moved, changed and cleaned. The environment is full of activities involving movement and encouraging exploration. These activities are placed on shelves and in cupboards to which the child has free and unlimited access. The fact that this environment can be manipulated and controlled by a child himself, offers positive reinforcement to the child's image of self. This is significant for children who are grieving and whose confidence and self esteem have suffered a terrible blow.

The activities that are particularly significant for the child in emotional turmoil and which serve to boost a child's confidence and self esteem, are the **activities which are performed in our daily lives** – the activities that have to do with the home e.g. sweeping, washing, cleaning, dusting, preparation of food for cooking etc. This work demands concentration, physical exertion as well as co-ordination so that mind and hand work in unison, thereby helping the child harmonise its impulses and work towards a definite goal. Our aim is to help children adapt to their reality. We do this by giving them real objects and by showing them how to do real activities which have a place in the real world. These activities offer an honest means for finding themselves, for co-ordinating their energies and directing their attention, enabling them to contribute and participate in the daily activities that surround them, putting them in touch with reality.

It is no surprise therefore that these activities have proven to be the most appropriate for children with behavioural problems. There is often an initial difficulty until the child organises himself, but once he finds purpose in what he is doing, thoughts turn inwards, the mind directs the body and an inner transformation begins. The cycle of work can be short or long so that all children gain the satisfaction of work completed. They emerge from their work, calm and strengthened. They have achieved a result through their own efforts. This is an important achievement for any child, but even more so for the grieving child who can easily lose himself in his grief, and his sense of helplessness.

The teacher's role in this environment is primarily to **observe**. A Montessori teacher is interested in the development of the Person – the whole child – and is therefore always alert to each child's developmental progress. Since children are free to make their own choices in whatever they decide to do, these observations are particularly indicative of a child's inner world. The teacher keeps a record of each child's daily activities, bearing in mind social interaction, emotional, intellectual and physical development. In the case of the grieving child, who's grief is likely to reemerge time and time again, this continuous observation helps the teacher first of all to recognise any change in the child's usual behaviour and secondly to acknowledge and respond to this change. These observations may indicate a behavioural pattern which repeatedly occurs when a child's grief is reemerging. If this is recognised, then the teacher can anticipate behavioural problems or difficulties and her interventions are more appropriate and effective.

Since there is **no fixed programme** to the day, individual work is encouraged and children often form their own small groups. They are free to work on their own, with another, or sit and watch. This daily routine, devoid of any external interruptions, allows children to discover and follow their rhythm and achieve extremely high levels of concentration, without fear of criticism, pressure to achieve, or fear of failure. What a relief for a child who is undergoing emotional turbulence and is unable to decide what to do or who to work with! He can choose to play or not to play, he can cry, he can choose to play and then cry and then play again, he can ask for a cuddle, for a story to be read...in other words a child is free to follow his own rhythm and emotional swings and this happens not in isolation, but within a group which can sustain him.

In a Montessori environment children are free to **talk**. A child is spoken to precisely and correctly, so that he in turn may be able to express himself in the same way. Children learn to talk and to listen, to describe and to explain. Emphasis is given therefore on building a rich vocabulary, so that children can become adept at expressing themselves and making others aware of their thoughts and feelings. The richer the vocabulary a child has, the better able will he be to verbalise his grief and put it in a context which enables him to communicate to others what it is he is feeling.

And there is a lot of talk going on in a Children's House, because there are children of mixed ages! The **mixed age group** exposes the child to a far wider range of language use and expressions than he would otherwise have access to. It is a **social environment**, where the younger works with the older and the older helps the younger, not only with activities requiring a more adept hand, but also by putting into words things that perhaps a younger child is unable to express. It is an environment where the age difference can accommodate individual differences and children learn to accept one another and live together. They find comfort from one another - kindness, concern, compassion is expressed freely, as the children, gradually become more and more aware of their little community. This comforting, environment is not at all threatening to a grieving child, who finds amongst his peers understanding and acceptance.

There is no reason therefore for a child who is grieving, who is feeling different, who is the one "with no mummy", to feel rejected. Together with the help of his teacher, his particular situation can be made known to the rest of the group (should the child choose this). Special **groups** of 5 to 6 children are organised daily (initiated by the teacher or by the children) where each child says whatever it is he wants to share. In these groups, appropriate bite-size answers are given to children's questions, feelings are voiced and the teacher – as in all other things that are brought to her – deals with things that arise in a simple, clear and honest manner, always with sensitivity and affection, refraining from abstract explanations and euphemisms, clarifying misconceptions, helping children acquire meaning.

The teacher is trained to listen carefully to children, to listen for their hidden questions, their unspoken fears, to always look for the child "who is not there". These groups provide excellent **death education** opportunities, where in the intimacy of a small group, a story can be read, information given, an event described, a ritual carried out, or a memory shared. This

is the time when “the dead bird” found in the garden, or “the dead fly” found on the window sill, can be brought to the children’s attention. There, in this safe, friendly non-threatening environment, children can begin to understand aspects of death, which will prepare them for life’s passage.

Central to the Montessori approach is the concept of **indirect preparation** which is applied to everything the child does in the environment. Each activity is broken down into its component parts and the child is introduced to one difficulty at a time, through a series of other unrelated activities, so that when he comes to do the final activity – the real work – he is able to do it with a greater degree of success. In other words the child is prepared for the difficulties which he might encounter, without realizing it.

This approach can be applied to death education. If we are to help a specific child in its process of grief, then we need to have prepared it appropriately prior to that experience (just as we prepare children for a visit to the dentist, or for the arrival of a new sibling etc.). If we do appropriate indirect preparation as regards death issues, then, when and if the occasion should arise, teacher, children and class as a whole will be far better prepared to hold and support the grieving child.

This of course presupposes a **well-prepared adult** - an adult, who has thought about death issues and who feels comfortable talking about them to children. To be able to do this with love, patience and understanding, requires preparation of a special kind. We may consider ourselves well versed in these matters, but when one day we are faced with a little pupil, who has lost his parent in a tragic accident, we see ourselves suddenly crumpling. We find that in order to give support we ourselves need it! It is important that all nursery teachers prepare themselves appropriately, so that when a child turns to us for a helping hand, we are ready to give it.

The Montessori environment is able to absorb and accommodate what Corr (1996) refers to as “non normative life events” in such a way so as to enhance and enrich its little open community and strengthen the inner resources of the child who is grieving. Since it is an environment which based on a direct and honest approach to the child, it is truly a facilitating environment for the grieving child, providing it with the space, the support, the time and the activities to express its grief and come to terms with its new reality.



## APPENDIX 1

### **The Child's Concept of Death through to Adolescence**

The concept of death begins to mature as the child moves from the preoperational stage into concrete operational thought. The existence and finality of death have been accepted but death is still seen as something that is not universal and if lucky, it might be avoided. Nagy found that the 5-9 year olds personified death as “ a reaper, a skeleton figure, king of the dead, a ghost, a death man, a death angel, or some other type of distinct personality ... who can carry off living persons” (*Corr 1997*). Death can be seen as a ‘boogie man’ who takes bad children away – which explains why we sometimes see exemplary behaviour in a young child, after having experienced the death of a parent or sibling, in the hope that they will be spared. Children now begin to understand the cessation of bodily functions at death and accept that death can be caused by serious illness or injury, and not because of their behaviour.

After the age of 9, as the child progresses from concrete operational thought into formal operational thought their thinking becomes increasingly abstract and so their concept of death develops further. The universality of death has by now been understood, but adolescents as often seen by their risk taking behaviour, tend to put themselves outside this universality believing that they are omnipotent and hence invincible (*Poltorak and Glazer 2006*). Added to the understanding of death concepts are spiritual and ethical beliefs, which touch on the afterlife. The child's concept of death is such that it sees it is a process, which operates within each one of us. “When the child reaches the point where death is a process operating within us, he recognizes its universal nature” (*Nagy 1948*). Children now see death as inevitable, universal and final. At this stage children know that only people, animals and plants are alive and that what lives, also dies.

## APPENDIX 2

### **Infants and the Death of Primary Caretakers**

For a young child “the relationship with the parent is paramount and all his other relationships pale by comparison. For this reason, a child’s parental bereavement constitutes an incomparable loss and the mourning task is especially difficult.” (*Furman 1984*)

When the mother dies, it is important that the infant be taken care of immediately by another permanent caregiver, who is emotionally invested in the child and not there just for the child’s physical needs. In his article, *Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood*,<sup>1</sup> Spitz has shown that “some babies who are well provided physically but lack the opportunity to relate in an ongoing way with a loving human being, actually die” (*Furman 1984*). It is the mother’s continuous loving care, which assures the baby’s physical and mental survival. If this is suddenly discontinued, signs of distress will surface either immediately (e.g. disturbed sleep, eating problems etc.) or later in life.

“May was 10 weeks old when her mother died suddenly. She was first cared for by her grandmother, then by her aunt and during her second year by another aunt. May’s many difficulties included frequent stomach aches, obesity and a pervasive inability to “feel good”. These responded only partly to intensive therapy.”  
(*Furman 1984*)

It would be ideal for the future mother substitute to become involved in the caring of the infant, during a mother’s terminal illness, thereby ensuring that there is no sudden interruption. If the death of a mother is sudden, however, and the new caretaker steps in immediately, then that helps the baby considerably in its bereavement.

When infants lose other family members (e.g. a sibling), they experience the same death in 2 ways: they experience the actual loss of the sibling, but they also experience the death through the parent who becomes physically and emotionally less available, because of their own mourning.

“When 11 month old Robin’s brother died, she looked for him everywhere and became alarmed when her sister briefly left home. Above all she clung to her mother who understood Robin’s concern. The mother, left Robin as little as possible and helped her distinguish, permanent from temporary absence with simple words, “Johnny dead, not come back.” “Mommy bye-bye, Mommy, come back.”

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<sup>1</sup> Psychoanalytic Study of the Child, 2:53-74, New York, International Universities Press, 1945)

*(Furman 1984)*

### **APPENDIX 3**

#### **The Child: 3-6 years old**

If the child's developmental needs in the first 3 years of life have been satisfied to a greater extent, then the nursery school child has already established a basic trust in his environment and has learnt to trust others. This solid foundation will allow him to continue in his quest for independence and to work hard at getting to know and understand how his world functions. He will thus be better able to adapt fully to his culture, to contribute and participate in it. Everything about him at this age, is focused on achieving this end.

The 3-6 year old has particular sensitivities to qualities and functions of the environment which he needs to absorb, learn and master, so that he may successfully participate in his social and cultural milieu. This means that his attention is dramatically drawn to the language spoken around him, to the way we interact with one another, to the rituals which highlight the passing of time and to all those qualities which enrich our experiences of our material world such as touch, taste, sound, smell and sight.

This child is emotionally vulnerable and needs the warmth, security and safety that a family provides. It is a critical time for establishing emotional responses and for learning to express himself to others. Imitation is one of the most important tools he has in order to facilitate this adaptation process - both in terms of the application of physical as well as emotional abilities and skills. The nursery school child has a mind which is particularly active in assimilating and classifying the countless impressions he is receiving. His mind is being formed and strengthened - it is an inquisitive mind, capable of thought and reflection.

## APPENDIX 4

### Children Grieving ...in a nutshell

"Although we consider it our role to help children adapt to the world and get to know it, when it comes to death we keep a strange silence, we want to protect them from it." (Monroe 1995)

Brief survey of literature on death and mourning of loss of significant other:

- debate among professionals as to when children acquire capacity to mourn
- child under 7 not considered to have capacity to mourn because of limited cognitive and emotional skills
- agree that ability to grieve acquired in childhood when ego functions mature and child understands finality of death

Little consideration is given to child under 7 (strange... since formative years are critical for emotional, intellectual and physical development).

Bowlby (1960): work on attachment shows infants at 6 mths experience grief reactions as in adults

Furman (1986): 2 wk old baby exhibiting protest behaviour to retrieve lost person who was primary caregiver - crying, refused food, disruption in bodily functions

Handbooks & guides for parents & teachers are sensitive - excellent source of info. for child under 6. (Fitzgerald 1992, Dyregrov 1992, Smith 2002, Johnson 2002)

The Child (3-6 years old) (description of main characteristics – See Appendix 3))

#### The 3-6 year old's understanding of the Concept of Death

(Speece and Brent's (1996) model for assessing child's understanding of death)

- (1) do not understand universality of death: all that lives inevitably dies, death is all inclusive
- (2) unaware that life functions cease at death - worried about physical well being of dead - are they cold/hungry?
- (3) not grasped finality of death - death is irreversible - often search for dead person, believing they will reappear
- (4) don't understand causality of death: think their thoughts, feelings, wishes, actions, were the cause. The magical thinking of the under 5's means they experience themselves at centre of things and believe they cause what happens to them and others.

Understanding of these issues matures/changes in passing from 1 stage of development to next. But development of understanding also determined & influenced by: (i) the sort of stories + TV progs that child's exposed to (ii) family's approach to death - if env. has honest approach to death and grief, then passage is facilitated and child is helped in its adaptation

#### Death or Crisis Situations and the 3-6 year old

Should child experience death of significant other, no matter how adjusted, it is a moment of crisis.

With the death of a parent:

- child loses a relationship which can no longer be expressed
- together with that, child inevitably loses a part of himself
- his world suddenly disintegrates
- it appears unreliable, insecure and vulnerable
- confidence undermined, self esteem crushed, basic trust in environment shattered.

Main behavioural characteristics of bereaved children:

- regression to a time when life was safer - to a previous stage of development with bed wetting/soiling, sleep disturbances + nightmares
- anxious attachment to another adult
- clinging behaviour with intense crying and fear of strangers
- may withdraw and pull away from those who remind him of dead parent

- developmental processes may be accelerated: e.g. child internalises parents' values at too young an age, and becomes hard on himself, seeing dead parent judgemental, punitive. Generates guilt, low self esteem, fear of making mistakes, drive to excel to please demanding dead parent (Furman 1984)
- asks for dead person, searches for him believing he will return
- in playing/acting out event, tries to unite with deceased & understand what happened - in dramatising his grief he is giving meaning
- may withdraw and lose total interest in play
- common pattern: grief in small doses, so better able to cope with grief - plays, grieves, plays
- seldom show sadness for long periods but masks sadness/depression with inappropriate behaviour e.g. temper tantrums (Dyregrov 1992)

#### Needs of Grieving 3-6 year old

To gain balance and help him in his grief, child dependent on help received from adults in environment. Way we help children at this stage, can effect emotional development. Our intervention and support is crucial.

Child's adjustment after death depends to a great extent:

- on relationship that child had with dead person
- on how open a system of communication exists in family allowing child express and find support
- to what extent child is involved in the processes surrounding the death and funeral (Monroe 1995) - child's age + ability to understand process of death

Adult's role - one of reassurance:

- to reassure child that his world has not totally disintegrated
- that he did not bring on the death
- that this death is not catching (like a cold)
- that all his needs will continue to be met
- reinforce child's sense of safety/security in immediate surroundings

We can only do this, if we ourselves are comfortable with our concept of death. Have we answered our own questions? That is the greatest handicap.

Important that child return to usual routine, with clear limits and boundaries, as soon as possible.

If there are changes to routine, we explain clearly and repeatedly.

Grieving child will keep returning to the death event at different times:

- trying to make sense of what has happened
- asking again and again same questions
- child should feel free to ask any question, whenever and however many times he wants
- child should be assured that he will always receive clear, simple, honest answers (concepts are explained in an age appropriate manner)

The grieving child needs:

- to have outlet for all his feelings - fear, guilt, anger, sadness, rejection etc. must be expressed, acknowledged, allowed, whenever they re-emerge - not only through words but also through drawings, movement, games, songs etc.
- to participate and be included in family's grief (one of best ways to help child). By watching others grieve he learns to grieve, and finds appropriate channels to give expression to muddled feelings

- to decide and choose to what extent he will be present/involved in process surrounding the death and funeral. We inform, give appropriate explanations but allow child to choose extent of participation.
- the adult to initiate, suggest and encourage ways in which child keeps alive memories of dead person:
  - o these reminders, help child loosen his ties
  - o help child gradually detach from dead person
  - o allowing to select & internalise aspects of dead person's personality which are most suitably integrated into the child's. (Furman 1984)

“If we tell them the truth lovingly, they can face the challenges of grief.”  
(Monroe 1995)

Most sources claim that 3-6 yr olds are able to master death when they receive appropriate help from adult - be it a parent, a teacher, or another significant caregiver, family friend or relative.

"School is perhaps the only place a bereaved child can feel safe enough"  
(Smith 2002)

....if environment responds to needs of grieving child, then it facilitates a child adapt to new situation by virtue of own resources rather than through the support and interventions of an outsider - a significant difference, empowering the child and strengthening the inner self.

#### The Montessori Environment for the 3-6 year old

- maintaining external order is of greater importance for grieving child – gives sense of security and minimises additional stress/disturbance
- teacher observes children: - alert to dev. progress (soc. interaction, emotional, intellectual and physical dev.) - recognises change in behaviour and responds - may indicate pattern, occurring when child 's grief is re-emerging. By anticipating problems child is helped to cope.
- therapeutic env.: not judgemental, critical, punitive, rewarding, or competitive. Child expresses himself through interaction with activities of own choice. No fear of criticism, failure or pressure to achieve. Relief for emotionally disturbed child.
- practical life activities are appropriate for children with psychological disturbances: initial difficulty until child organises himself, but once into activity and finds purpose in what he is doing, mind and body work together and transformation takes place. Emerge strengthened, having redressed the imbalance of energies - an important achievement which child has attained, on his own, through his own efforts and with his own work.
- builds self-esteem and confidence because child functions independently and is in control – important for grieving child who has suffered blow to confidence and self esteem.
- no fixed programme, free to work in group, on his own or sit and watch. No external interruptions. Finds own pace, reaches deep concentration, calm, normalised behaviour. Can play or not, can cry, can play then cry and play again, can ask for cuddle or story to be read... free to follow his rhythm and emotional swings, not isolated, but in group that sustains him.
- language used is correct and precise, encouraging children to do likewise. The richer the vocab. a child has, better able to put his grief into words.
- mixed ages expose child to wider range of lang. Soc. env. where younger works with older and older helps younger and puts into words feeling that younger child unable to express. Age

differences accommodate indiv. differences, children learn to accept each other and live together.

- small daily groups, where child shares what he wants. Teacher helps grieving child explain situation to group, should he wish and children listen to each other. Teacher gives appropriate bite-size answers with sensitivity, affection, simplicity, clarity, honesty. No abstract explanations and euphemisms. Misconceptions clarified. Children helped to acquire meaning. Listens for hidden questions, unspoken fears, for child "who is not there".
- groups provide excellent death education opportunities, where in intimacy of small group, a story is read, information given, an event described, a ritual carried out, or a memory shared.
- indirect preparation can be applied to death education opportunities - to help a child in its grief process then we must prepare prior to that experience (just as we prepare children for a visit to the dentist, or for the arrival of a new sibling etc.). By so doing teacher, children and class as whole are better able to sustain and support the grieving child.

The Montessori environment is able to absorb and accommodate "non normative life events" (Corr 1996) in such a way so as to enhance and enrich its little open community and strengthen the inner resources of the child who is grieving.

On one proviso: that the adult be prepared appropriately (teacher + parent). Not question of theoretical preparation and understanding, but of inner preparation and understanding. Our attitude to death reflects our attitude to life. Our fears, lie in both camps. It is our responsibility to prepare ourselves for our own mortality and so that we can live happier lives.

Since it is an environment based on a direct and honest approach to the child, it is truly a facilitating environment for the grieving child, providing it with the space, the support, the time and the activities to express its grief and come to terms with its new reality.

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## APPENDIX 5

### Suggested Books for a Montessori Children's House

Althea, (1982) *When Uncle Bob Died*. Dinosaur Publications

(Good little book – simply illustrated – deals with several death issues. All ages)

Blackburn, Lynn (1990) *I Know I Made it Happen*. NE: Centering Corporation

(Good straightforward text – simple drawings. Good explanations, giving children answers. All ages)

Buscaglia, Leo (1982) *The Fall of Freddie the Leaf*. NJ: Slack, Charles B.

(A leaf is personified – the cycle of the leaf - beautifully illustrated and told, long text – 4 ½ - 5 year olds)

Greenlee, Sharon (1992) *When Someone Dies*. Peachtree Publishers

(Good book, deals with many issues, simple. Illustrations simple, clear. All ages.)

Joslin, Mary & Little, Claire (1999) *The Goodbye Boat*. MI: William B Eerdmans

(Single word text – nicely illustrated – a bit abstract, will need filling out by teacher – for the older child)

Mellonie, B. & Ingpen, R. (1983). *Lifetime: A beautiful way to explain death*. NY: Bantam

(My favourite! Simple text, beautiful illustrations talking about beginnings and endings. All ages.)

Miles, Miska (1985) *Annie and the Old One*. NY: Little Brown and Company

(Story of Navajo girl and grandmother – accepting death – beautifully told – can be read over time for older children)

Mundy, Michelene. *Sad Isn't bad: A Good-Grief Guidebook*. Abbey Press

(Deals with all death issues in a clear way. Amusing illustrations – some talk of heaven. All ages)

Varley, S. (1984). *Badger's Parting Gifts*. NY: Wm. Morrow & Company

(Good little story of preparing to die and remembering the dead friend – animals personified – for the older child.)

Wilhelm, Hans (1988). *I'll Always Love You*. NY: Crown publishers

(A boy losing his dog – a tender very moving little story – lovely illustrations. All ages)

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