

***Wandering Around in the Face of Death*** ~ from *Shobi*

People who are not caring clowns always ask me “How do you deal with so much suffering and death?” Or “How can you do that work?” I have always said “It’s about living a little deeper in your Soul.” From the very first newsletter I have made a promise to myself never to avoid that part of our lives called death!

Elizabeth Kubler-Ross in 1969 wrote *On Death and Dying* – five stages of dying which had an impact on society and got us thinking not just about coping with death, but giving it the reality of making

death a part of living. Today the theory set forth by hospices moves more towards having patients celebrating life as a whole rather than focusing on the last months or weeks of their life.

Whether we work in a Children Hospital or not, we will all encounter grieving children and terminally ill children. It is my experience that children who are aware they are dying are the most beautiful beings to be around. They actually glow!

Grieving children are more complicated. The following chart is from the Bereavement Services Hospice, Fort Collins, Colorado.

<b>Developmental Ages of Children and Possible Reactions to Death</b>				
<b>Age</b>	<b>Concept</b>	<b>Feelings</b>	<b>Behavior</b>	<b>How to Help [be of Service]</b>
Birth -2 yrs	<ul style="list-style-type: none"> <li>• Separation/ absence</li> <li>• Reacts to change in routine and emotional climate</li> </ul>	<ul style="list-style-type: none"> <li>• Miss and ache for sound, smell, sight or feel of someone</li> <li>• Fears of being abandoned</li> <li>• General anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Thrashing, sucking, throwing, crying, biting,</li> <li>• Sleeplessness</li> <li>• Silliness</li> <li>• Indigestion</li> </ul>	<ul style="list-style-type: none"> <li>• Physical contact and reassurance</li> <li>• Attend to immediate physical needs</li> <li>• Maintain routines</li> <li>• Include the child in the mourning process when possible and appropriate</li> <li>• Be patient</li> </ul>
2-5 yrs	<ul style="list-style-type: none"> <li>• Death is temporary and reversible</li> <li>• Finality of death is not evident</li> <li>• To be dead is to be sleeping or on a trip</li> <li>• May wonder what deceased is doing</li> <li>• Magical thinking and fantasies, often worse than realities</li> <li>• Understanding is limited</li> </ul>	<ul style="list-style-type: none"> <li>• Sad</li> <li>• Anxious</li> <li>• Insecure</li> <li>• Withdrawn</li> <li>• Confused</li> <li>• Angry</li> <li>• Scared</li> <li>• Cranky</li> <li>• Agitated</li> </ul>	<ul style="list-style-type: none"> <li>• Crying</li> <li>• Fighting</li> <li>• Interested in dead things</li> <li>• Acts as if death never happened</li> <li>• Regressive behaviors</li> <li>• Repetitive questions</li> <li>• Expressing strong feelings in his/her sleep and dreams</li> <li>• Expressing feelings through play.</li> </ul>	<ul style="list-style-type: none"> <li>• Answer repetitive questions</li> <li>• Give simple and truthful answers to questions</li> <li>• Include child in family rituals and in mourning process</li> <li>• Provide safe ways to express feelings</li> <li>• Maintain structure and routine.</li> <li>• Encourage children in play and to have fun</li> <li>• Tolerate the child’s need to regress for awhile (being held, sleeping with other, thumb sucking, etc.)</li> <li>• Physical contact</li> <li>• Let the child cry</li> <li>• Talk</li> </ul>
5-9 yrs.	<ul style="list-style-type: none"> <li>• Thinks about the finality of death</li> <li>• Thinks about the biological processes of death</li> <li>• Death is associated with bodily harm, mutilation and disintegration</li> <li>• Personify death - a spirit, monster, death man, ghost get you when you die</li> <li>• Who will care for me if my care giver dies</li> <li>• My actions or words caused the illness or death</li> <li>• Death is punishment</li> </ul>	<ul style="list-style-type: none"> <li>• Sad</li> <li>• Anxious</li> <li>• Withdrawn</li> <li>• Confused</li> <li>• Angry</li> <li>• Scared</li> <li>• Cranky</li> </ul>	<ul style="list-style-type: none"> <li>• Aggressive acting out</li> <li>• Withdrawal</li> <li>• Nightmares/sleep disturbances</li> <li>• Acting as if the death never happened</li> <li>• Lack of concentration</li> <li>• Declining or greatly improved grades</li> <li>• Regressive behavior</li> <li>• Specific questions looking for details.</li> </ul>	<ul style="list-style-type: none"> <li>• Answer questions truthfully</li> <li>• Look for confused thinking</li> <li>• Encourage expression of feelings</li> <li>• Offer physical outlets</li> <li>• Encourage drawing, reading, playing, art , music, dance, acting, sports</li> <li>• Physical contact</li> <li>• Have intentional times to grieve together</li> <li>• Let child choose how to be involved in the death and mourning process</li> <li>• Find peer support for the child</li> <li>• Work with school to tailor workload</li> <li>• Talk.</li> </ul>

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**Developmental Ages and Possible Reactions to Illness or Death** . *Continued from previous page*

Age	Concept	Feelings	Behavior	How to Help [be of Service]
9-12 yrs	<ul style="list-style-type: none"> <li>• Understanding of the finality and universality of death</li> <li>• Death may happen again</li> <li>• What will happen if my care giver dies</li> <li>• My actions and words caused the illness or death</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerable</li> <li>• Anxious</li> <li>• Scared</li> <li>• Lonely</li> <li>• Confused</li> <li>• Angry</li> <li>• Sad</li> <li>• Abandoned</li> <li>• Guilty</li> <li>• Fearful</li> <li>• Worried</li> <li>• Isolated</li> <li>• Shock</li> <li>• Denial</li> <li>• Emotional turmoil heightened by physical changes</li> </ul>	<ul style="list-style-type: none"> <li>• Aggressive acting out</li> <li>• Withdrawal</li> <li>• Talks about physical aspects of illness or death</li> <li>• Acts like illness or death never happened</li> <li>• Does not show feelings</li> <li>• Nightmares/sleep disturbances</li> <li>• Lack of concentration</li> <li>• Declining or greatly improved grades</li> <li>• Regressive behavior</li> <li>• Changing behavior</li> <li>• Acting out role confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Answer questions</li> <li>• Expect and accept mood swings</li> <li>• Give choices about how to be involved in death and mourning rituals</li> <li>• Find peer support groups</li> <li>• Encourage expression of feelings</li> <li>• Encourage reading writing, art, music, sports</li> <li>• Talk.</li> </ul>
12 yrs and up (Teen-agers)	<ul style="list-style-type: none"> <li>• Understanding the finality of death</li> <li>• If I show my feeling, I will be weak</li> <li>• I need to be in control of my feelings</li> <li>• Can sense own impending death</li> <li>• Self-centered and thus have an exaggerated sense of their own role in regards to the death.</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerable</li> <li>• Anxious</li> <li>• Scared</li> <li>• Lonely</li> <li>• Confused</li> <li>• Angry</li> <li>• Sad</li> <li>• Abandoned</li> <li>• Guilty</li> <li>• Fearful</li> <li>• Worried</li> <li>• Isolated</li> <li>• Shock</li> <li>• Denial</li> <li>• Depression</li> <li>• Highly self conscious about being different due to grief</li> </ul>	<ul style="list-style-type: none"> <li>• Impulsive behavior</li> <li>• Fighting screaming and arguing</li> <li>• High risk behavior</li> <li>• Grieving for what might have been</li> <li>• Acts like the illness or death never happened</li> <li>• Lack of concentration</li> <li>• Changes in grades</li> <li>• Sleep disturbance</li> <li>• Changes in eating patterns</li> <li>• Changes in peer groups</li> <li>• Acting out role confusion</li> <li>• Conflict within teen about moving to independence and remaining dependent</li> </ul>	<ul style="list-style-type: none"> <li>• Expect the thoughts and feelings of the teen to be contradictory and inconsistent</li> <li>• Allow their coping behavior in covering up their grief if it is basically harmless to themselves and others</li> <li>• Encourage expression of feelings</li> <li>• Look for high risk behavior</li> <li>• Encourage relationships with other supportive adults</li> <li>• Listen</li> <li>• Display honest grief, share in discussions</li> <li>• Answer questions truthfully</li> <li>• Give choices about involvement in death and mourning rituals</li> <li>• Encourage peer support groups</li> <li>• Talk</li> </ul>

Here is some more of what I learned in my moonlight surfing:  
 Children can grieve at any age and differently than adults. They cannot tolerate long periods of sadness. The fact that a child can play doesn't mean the grieving is over. It may be acted out in other ways. Sometimes it's hard to know what's "normal"

***Any Loss Is a Death Process to a Child***

It is good to remember that any loss is a death process to a child. The loss of a pet, a divorce, and a move are all traumatic events and if a family member has died these losses may cause re-grieving. Re-grieving is a re-experiencing of a past loss. It intensifies the experience.

Be aware of the child's social, ethnic and religious background. Words that may comfort our own psyches may not be appropriate for a child.

Ritual is important in grief process - play, art, dance, music are all part of rituals to express grief and loss. On one of my clown gigs

I'll never forget watching a couple take their crying child with the remains of a deflated balloon animal to the corner in the garden for a ritual of burial and loss. Quite amazing. They took the time to be with their child when the child was experiencing loss - grief.

However, avoid being judgmental of other adults around a child. We will see many different parenting styles in the hospital. If we have real apprehensions about the way a child's parents or others are acting, it is best to discuss these with a staff member.

***Listen with your silence and embrace a child with your eyes.***

Respect the a child's privacy and the child's need to grieve. Give the child the maximum chance to express themselves in their own way. Clear and empty yourself of judgement so that you can be open to receive where they are coming from. Be a friend and listen, with eyes, ears and heart. The best we caring clowns can do with a grieving child is to hold them in eye contact. You can see grief, fear, love, anger, frustration in the eyes. If your eyes begin to tear, that is not a reason to let go of the eye contact. Those are tears of sharing.