

ELŻBIETA ZDANKIEWICZ-ŚCIGAŁA

SWPS University of Social Sciences and Humanities

MAGDALENA HERDA

Primary School number 302

EWA ODACHOWSKA

The Maria Grzegorzewska University, Institut of Psychology

## CHILD IN THE FACE OF DEATH HOW DO CHILDREN DESCRIBE THEIR EXPERIENCE OF LOSS OF A CLOSE PERSON?

**Abstract:** The aim of the current study was to examine how children describe an experience of losing their close ones. We analysed how children structure and make sense of their experiences of losing somebody. We also wondered, if, basing on the analysis of the experiences' descriptions, it is possible to determine factors which make it easier or harder to handle the death of somebody close. The experiment was exploratory and descriptive, so the questions asked were as follows: (1) How do children describe their experience of losing somebody close? (2) Are there any significant qualitative differences in the way of describing the trauma connected with the loss of somebody close? The study was based on the psychological assumptions of the theory of experiencing a loss, on the division of the mourning into stages, and also on shaping and giving a meaning to the frame of mind by a nar-

rative. Forming own needs can be a healing factor, and experiencing emotions, both positive and negative ones, helps to get through the process of mourning. In accordance with the stages of mourning it was assumed that a possibility of a farewell with the departed ones, even symbolic, influences the adaptation process after the loss and therefore the psychological well-being. It was also assumed that an important factor helpful in building a coherent history of the loss is a support of adults from the child's surrounding. The study showed a number of correlations and relationships between analysed variables. The obtained results can be an implication for further analysis and they can set direction for following research.

**Keywords:** trauma, mourning, death, children's narratives.

## INTRODUCTION

Death is one of the border situations, which evokes very intense negative emotions. This is why, it is very difficult to convey this experience into understandable cognitive representations for the person who is experiencing the loss. It is even harder, when these representations are not fully developed (Jagodzińska, 2003). Studies on the perception of death among children suggest that it varies significantly depending on the age (Bilińska-Suchenek, Sałapata, 2012). Children's attitudes towards death can be divided into three stages: 0–5 years old, 5–9 years old, and above 9 years old. Up to 5 years of age children see death as a temporary state of sleeping or going away, whereas 6 years olds and 9 years olds understand its finality, which makes them feel anxious. Only children above 10 years of age see death as a common and irreversible phenomenon (Leist, 2004). Older children understand inevitable and irreversible dimension of death, but they do not comprehend its spiritual and psychological aspects (Ostrowska, 1991). In the process of shaping the cognitive representation of death among children the key role is played by the parents – their knowledge, attitude, and emotional approach (Mesjasz, 2010). When asked about death and how should it be understood, parents often feel helpless and their conversations on this topic with kids are based on incomplete information or even avoidance of the topic all together. Few of the guardians are convinced, that the way of conveying the information to their children is appropriate. Paradoxically, when avoiding conversations about death, the adults think they protect the children and their wellbeing (Czyńska, 2012). Whereas, the consequence of this strategy is leaving children on their own to face the emotions connected with the loss, denial of the problem, and in effect a shaping of helplessness' attitude in the face of such difficult situations. It should be noted, that the attitude of children depends hugely on the context, whose basis is created by the closest surrounding of the child (Perry, 2011). The environment, the way of upbringing, and family relationships have an enormous influence on the way a child perceives death and how they will cope in the difficult situation resulting from the experience of the loss. Despite the fact, that these issues are a very important topic in psychology, many inconsistencies remain, especially when it comes to children. The analysis presented here tries to explore a wider context of dealing with the loss among the youngest.

### THE ROLE OF CONTEXT IN UNDERSTANDING A THE LOSS BY A CHILD

As suggested above, the issues connected with death, farewell, and funeral are a taboo topic in many families, especially when it comes to children (Ostoja-Zawadzka, 1997). Family is of key importance for the process of mourning among children. The reaction of close adults influences the understanding of the situation among the children. It also affects how they cope with the experience of mourning after an irreversible loss. Their observation of adults' reaction is mirrored in the behaviour. While trying to help the child to cope with the death of a beloved one, the family system should be taken into account. The child's understanding of death and the reactions to it are influenced by the patterns of coping with the loss observed in the family system and in the closest surroundings (Herbert, 2005).

The influence of family on the attitude towards death was also analysed in the adolescents (Bartons OFMConv., 2005). The studies of relationships between the feeling of security among adolescents and their attitude towards death showed, that family yields

the greatest responsibility of lowering the level of fear of death by meeting the needs for safety and by an appropriate preparation of the young person to face the problems of dying (Bartons OFMConv., 2005). These analyses underlined the value of conversation and support, which give the feeling of safety and closeness. Numerous authors suggest that parents should not hide the fact of death from their children (Jaworski, Świercz, 2005). Instead, they claim that a conversation after the death of somebody of importance, provided that it is conducted in an appropriate way, has a therapeutic value.

A child cannot create a coherent history of loss as something irreversible, especially that in the early stage of development they do not understand the very notion of death. Talking about death in a way that seems appropriate for an adult does not necessary have to be adequate for a given developmental stage. A child who hears that somebody went way, or fell asleep, will often ask why can't they come back or wake up again? Such examples show how differently children and adults think about death. The fact that a piece of reality remains incomprehensible leads to a feeling of chaos, which is often accompanied by anxiety. One of the ways to deal with it is an escape into a phantasy world, where a child has an illusion of control and influence. Interestingly, the children's world of phantasy is often much more frightening than the reality. When an adult avoids explaining a difficult situation, a child tries to find an explanation on their own, which often can lead to serious emotional problems. Something which helped at first, after some time ceases to function this way and becomes an inner source of stress or anxiety (e.g. a fear of darkness, a fear of talking about death, etc.)

## CHILD'S NARRATIVE AS AN EXPERIENCE STRUCTURING

Our surroundings, the world, and the people create cause-and-effect sequences, histories, and tales. Many scientist claim, that there is no other way of understanding own life than in a form of a narrative (Bruner, 1992). It is a basic form of understanding the world for humans and it allows to organise the experiences and information about oneself. According to Stein (1996), even three years olds related their memories in a causative way when they were reminded of their experiences connected with a particular emotion. The author claims, that a fully developed representation of an emotional event includes the aims important for the person, as well as factors influencing their occurrence, actions leading to their accomplishment, and also the effects which determine if the aims were achieved or not (Stein, 1996). From the formal perspective, a child is capable of creating a narrative of an event connected with mostly negative emotions, such as fear or anger (Stein, 1996). However, when there is no understanding of the phenomenon of death, a child is unable to create a full narrative. Building a story demands some framing – an adequate material, determining who the heroes are, time and place of an action, and connecting the events into a coherent entity, which creates a logical plot. The narrator has to understand and interpret what they are talking about. That is how the narrative is created. As a form of the understanding of the reality it has a universal, basic structure: a hero with some particular intentions meets obstacles, which as a consequence of the events revolving around the hero's aims, can be overcome or not (Trzebiński, 2002). The creation of a narrative has therefore a regulating character. It allows a structuring of an experience and makes sense of the past events. For years, the specialists have emphasised, that creating a narrative of own past experiences is a key ele-

ment of the process of coping with the effects of the trauma (Williams, 2009). The formation of a narrative during the psychotherapy of trauma is often considered as a necessary element in order to create a basis for further work, including a cognitive processing of the past experiences (Briere, Scott, 2012). Many studies and therapeutic practice suggest, that a cognitive framing of the difficult experience in the form of history results in positive psychological and somatic effects (Pennebaker, 2004). However, little is known, when it comes to child's narrative, its structure and functions. The question is significant, because the child's form of narration is quite specific and differs from adults' one. For instance, it differs in form – child's narrative can also be in a form of a picture. Another thing which remains unknown is whether a child can be guided through the process of mourning by accompanying them and helping in creating a narrative of the experiences, and also what effect will it have. In case of children, the creation of a narrative is more difficult, because they lack a sufficient repertoire enabling the understanding of the world and the ever-changing dynamic reality. The building of the child's narrative is based on the context in which the child functions. A coherent self-narrative which gives meaning to the events and which allows the psychological wellbeing, demands a secure, supporting environment. A help during narrating of the experiences, which is based on the rules of coherent experience content, would make it easier for the child to understand the difficult situation and therefore would allow a feeling of wellness and following application of coping strategies when it comes to losing somebody close. In the current study, it was hard to employ the full notion of narrative as cited above (Trzebiński's definition). However, in accordance with the author's definition it can be assumed that although the narratives created by a person's mind can express the basic structure more or less fully, they always remain its transformation (Trzebiński, 2002). Basing on the above premises, the following research questions were formed:

- (1) How do children describe (narrate) their experience of losing somebody close?
- (2) Are there any significant qualitative differences in the way of describing the trauma connected with the loss of somebody close?

## PROCEDURE

The experiments' participants were fourteen children aged 9–11 years old (eight girls and four boys). The participation in the study was voluntary, the parents gave a written consent. The criteria for participation focused on the age and on the experience of the loss of a core family member in a period from one year up to three years ago. The sample was quite small, however, it should be noted that the current experiment is psychologically sensitive and requires a specialised preparation in order to be conducted. What is more, a death in a family is not a common event. Therefore, taking into account the above restrictions, it can be concluded that we managed to form not such a small sample to participate in our study. Considering that explorative nature of the current study, no directional hypothesis were formed. Basing on the previous research in this field a two-part experiment was designed. In the first part, the children were asked to fill in the authors' questionnaire *"Irreversible loss in my eyes"*. In the second part, the guardians took part and filled in the C-TRF questionnaire by Achenbach & Rescorla (2000), which served to assess the behavioural disorders among children and which takes into account the child's gender.

The questionnaire for the children was designed specifically for the current study. It consisted of twenty nine open questions, one yes/no question, one task which was to colour a “heart of feelings”, and also a short metrics with information about the gender and the age of the participant.

The underlying assumption of the questionnaire was to guide the child through the different aspects of the mourning period and coming to terms with the loss of somebody close. The following factors were taken into account:

1. The circumstances of how the child found out about the death of somebody close.
2. The feelings accompanying the child in different situations (in the moment of finding out about the death, in everyday functioning, during recalling the departed one).
3. Fears, needs, and physiological symptoms before and after the loss.
4. Social support, relationships with the surrounding people.
5. Changes in everyday life.

The child task was to answer specifically the experimenter’s question or to express their answer in a form of a drawing. The children could give an answer by drawing something or they could choose one of the options (the answer, the drawing). An additional element was designed in order to enable the child to express their emotions stemming from the loss. In the task “heart of feelings” the children had to choose an emotion from the following: happiness, joy, hope, sadness, anger, helplessness, emptiness, discouragement, hopelessness, regret, jealousy, surprise, and to colour two contours in accordance with own feelings: a heart before the death of a close person and the heart after the death. The child could use a full range of colours. The questionnaire filled in by the children structured and ordered their experiences. It also allowed to determine to current problems, difficulties, and needs of the child. As a result – outside of the experiment – it allowed to choose specific healing factors during an individual therapeutic work with the child, which was continued after the experiment commenced.

The experiment took from 45 to 60 minutes. During filling in the questionnaire an adult could explain the questions to the child in case they were not clear. The second part of the experiment was designed for the adults – a parent, a guardian or a teacher. The tool employed to examine the adults consisted of a hundred statements regarding children’s behaviour. It focused on the current behaviours, or those which occurred up to two months before. The adults gave their answers on a three-staged scale, where: 0 referred to False, 1 – referred to Sometimes/A little bit, and 2 referred to Truth or Often. This tool was chosen mainly due to the fact that it allowed an analysis of the child in two categories – internalising and externalising one. Internalising disorders refer to emotional reactivity (e.g. mood changes, anxiety due to the changes), anxiety and depression (e.g. fear of separation with the parents, nervousness, tension, shyness, unrest), somatic problems (e.g. pain and somatic symptoms without any medical justification), and withdrawal (e.g. avoidance of contact and playing with mates, being lost, and low interest in the surrounding). Externalising disorders refer to the problems with attention and aggressive behaviours. These are for example difficulties with maintaining attention, not performing given tasks, weak concentration, clumsiness, awkwardness, hyperactivity, absentmindedness, rebellious behaviours, destroying things, attitude towards other people and animals, impulsiveness and anger). Additionally, the questionnaire enabled the diagnosis of possible problems which were not included in the previous scales. These were for example aversion towards new

things, tearfulness, irritability, problems with appetite, problems with speech, problems in relationships with the peers, tiredness, and health issues.

## ANALYSIS OF THE RESULTS

In the first stage we performed a quantitative analysis of the questionnaires filled in by the children. Below we described the ways in which the children answered the questions:

### 1. The circumstances of being informed about the loss

In our sample, the children tended to find out about their loss from their closed ones (usually mothers and grandmothers). When asked how and where did they find out about somebody's death and also what was happening inside them in this moment, the majority of the participants (n = 9) answered with plain facts following the structure of the question: who told me, and then what did I feel. These answers were almost identical among the participants. Only three children gave more complex answers. These children associated the sad information with a situation of an interrupted play.

### 2. Thoughts and feelings

When answering questions about thoughts and feelings ("What kind of thoughts come to your mind when you think that a close person died?" "What kind of feelings do you feel when you think that a close person died?"), the children gave coherent answers, describing emotions they were experiencing. Only two participants described thoughts connected with a loss (a feeling of misunderstanding or injustice). No difficulties with naming of the emotions among the children were observed. Prevalent emotions described by the participants were these of sadness, longing, regret, depression, despair or worrying.

### 3. Coping strategies for difficult moments

The death of a close person is particularly difficult for a child, because they lack schemas of coping with such situations. In order for them to be created, data is necessary, which means finding oneself in a specific chain of events (Trzebiński, 2002; Young, Klosko, & Weishaar, 2013). A question about the ways of experiencing difficult moments in this context seemed very significant. Most common answers were: *I'm hugging my mum and I talk to her./ I'm hugging my mum and dad./ I'm hugging my mascot.* The above answers suggest that the children developed their own strategies to deal with the difficult moments. They know how to find a relief, even for a moment. In these situations they need touch (hugging) and auditory (music, sound of a music box) sensory stimulation, which have a cooling and relaxing effect on the organism. A sense of touch plays an incredibly important role in the process of developing relationships with other people (Maas, 2007). Physical closeness gives a feeling of security and care from the adults. Therefore it has a healing value after the painful loss.

### 4. Remembering the departed ones

Another aspect we asked about were the ways of remembering the departed. Creating a history of own life includes collecting memories, an ability to remember the events and recalling them. Thanks to that our identity is shaped. A ritual of describing and



sharing the everyday life experiences (stories, narratives) by a child and by their guardians, shapes and enriches an autobiographical memory of the child concerning important events from their life (Nelson, 1996). This assumption was a basis of our questions concerning the way children remembered the departed person. The participants answered this very generally, rarely did children mention a specific event, instead they focused on describing the overall characteristics of the departed (*e.g. She was a very good person, wise, and warm.*). The memory of the trauma can have a very fragmentary character (van der Kolk & Fisler, 1995) or a very general one (Jagodzińska, 2003).

### 5. Emotions and body

Another aspect which was considered important in the context of coping with the loss, also present in the questions, included emotions and somatic symptoms connected with them. Naming and describing signals coming from the body turned out to be very difficult for the children. In their answers the children focused on the feelings instead. As an example we can cite the following statements: *My body is embraced by regret, sadness, and depression. Above all I feel very sad. I feel nothing. I feel black inside.*

### 6. What do children wonder about?

When we asked the children about the things they think about before falling asleep, most of them described things not connected with the topic of death or loss. The children focused on their hobbies, school life and everyday life.

### 7. Looking towards the future

In this aspect, the participants were asked to formulate any questions they wanted to somebody they trusted. Thanks to that, it was possible to determine what issues bothered the children experiencing the mourning. The questions asked by the children gave an insight into the very core of their inner world and shed a light on the process of mourning they were experiencing (Goldman, 2009). On the other hand, receiving an answer from the adult for an important question has a big influence on the process of coming to terms with the loss. It gives hope for the future wellbeing. The children's questions for the adults referred mainly to the future (*Is everything going to be alright? Will I and mum be happy again? Who will I be when I'm old? How will it be when there is no grandpa anymore?*), although there also were some questions resulting from the lack of understanding of what happened, *e.g. Why did it happen? How did you feel during the funeral?* In the next task, the children could share what they wanted to with the departed person, imagining they can hear them. In this task, the children concentrated mainly on the feelings they had for the departed.

### 8. Life goes on

In the questionnaire, it was also analysed what has changed and what hasn't in the life of the child. These are examples of the children's statements:

- *Nothing is as it used to be. It is sad at home. Grandpa cries. Uncle is stressed. Everyone keeps recalling that. We talk about that.*
- *Grandma changed for worse. She doesn't play with me, she doesn't pay attention. She is not nice, she is angry with me and dad, she screams at H. (a younger sister).*
- *Recently I was playing with a jigsaw puzzle and I lost one element. Grandma was angry and she was shouting at me.*

- *I'm more sensitive, caring and careful towards mum.*
- *I'm sad that grandma is gone.*
- *It is different now on holidays and in the countryside.*
- *I'm sad more often.*

The children were able to see mainly emotional changes in themselves and behavioural changes in other people. They felt that they were sad more often and they cried more often than they used to. 50% of the children claimed that nothing in their life changed. More than 80% claimed that they were treated the same way as they used to be. Two children felt a bigger compassion and could see that people worried about them more. When it comes to what remained unchanged, ten children (83%) named specific items (books, jewellery, personal things, photos) which were also souvenirs and which created memories about the departed ones. Thanks to the places and specific items, the children were able to cultivate the memories about the departed, which they did eagerly.

### 9. Farewell

Attending a funeral is often a difficult decision, which can also depend on the regional tradition (Keirse, 2005). It is an individual matter influenced by numerous factors, e.g. the situation. What seems important here are the age of the child and the process of the ceremony (e.g. if the body is displayed to the public in the church.). It significantly influences a following coping with the situation. Ten children declared that they did not have a possibility to say goodbye to the departed person. Three managed to tell the departed about their feelings of liking. Two considered their presence at the funeral as a farewell. Only one answer to this aspect was more complex. After conduction of the qualitative analysis, some conclusions were drawn regarding the research question.

## THE ABILITY TO IDENTIFY ONE'S NEEDS BY A CHILD AND COPING WITH THE LOSS OF SOMEBODY CLOSE

In accordance with the theoretical assumptions of the current study, we expected that an ability to identify own needs influences the quality of children's functioning after their loss. Three children (25%) identified their needs, nine children (75%) did not. The difference in the number of these two groups was statistically significant:  $\chi^2(1) = 3.00$ ;  $p = 0.083$ . The children who identified their needs and those who did not were compared regarding different aspects of physio-psychological functioning. Statistically significant results suggested that identifying own needs was connected with the understanding of oneself and own behaviours. The children who described their needs felt lonely more often than those who did not:  $\chi^2(1) = 3.27$ ;  $p = 0.070$ ; Fisher's exact test:  $p = 0.250$ . Another difference between the groups emerged regarding a tendency to cry. Children who formulated their needs were more likely to cry than those who did not:  $\chi^2(1) = 3.27$ ;  $p = 0.070$  (Fisher's exact test:  $p = 0.250$ ). The two groups did not differ in terms of the intensity of behavioural disorders; however, they differed in the tendency to be happy about previously liked things and activities. The children who identified their needs were more likely to declare a lack of joy than the children who did not identify their needs:  $\chi^2(1) = 3.70$ ;  $p = 0.054$



(Fisher's exact test:  $p = 0.127$ ). Also, there was a significant relationship between formulating own needs and a feeling of fear of another close person's death. Children who identified their needs were more likely to be afraid that another close person will die compared to the children who did not formulate their needs:  $\chi^2(1) = 3.70$ ;  $p < 0.05$  (Fisher's exact test:  $p < 0.05$ ).

## TYPE OF THE EMOTIONS THE CHILD EXPERIENCES AND THE PROCESS OF MOURNING

In the presented analyses we also looked at the type of the affection and its relationship with the coping processes during the mourning period. In our sample, merely four children (33.3%) declared experiencing only negative emotions, the rest of them (eight children – 66.7%) also felt positive ones. The difference in the numbers of these groups was not statistically significant:  $\chi^2(1) = 1.33$ ;  $p > 0.05$ . The children in both groups differed in how they coped with the situation. The children who experienced only negative emotions were less likely to employ the adaptive coping strategies compared to the children who experienced also positive emotions  $\chi^2(1) = 4.69$ ;  $p < 0.05$  (Fisher's exact test:  $p = 0.067$ ). There was a relationship between the type of emotions experienced and the understanding of oneself and own behaviours. The children who experienced only negative emotions were less likely to declare a lack of understanding of own behaviours and oneself compared to the children who also experienced positive emotions:  $\chi^2(1) = 6.00$ ;  $p < 0.05$  (Fisher's exact test  $p < 0.05$ ). Children in the two groups differed in their tendency to become irritated. The children who experienced only negative emotions more rarely declared that they were irritated than the children who experienced both types of emotions:  $\chi^2(1) = 2.74$ ;  $p = 0.098$  (Fisher's exact test  $p > 0.05$ ).

It was also observed, that the children who experienced only negative emotions, were slightly less likely to recall the memories connected with the departed, compared to the children who experienced both types of emotions:  $\chi^2(1) = 2.74$ ;  $p = 0.098$  (Fisher's exact test  $p > 0.05$ ). We discovered a relationship between the experienced emotions and an ability to identify emotional reactions. The children who experienced only negative emotions were less likely to identify their emotional reactions compared to the children who experienced both types of emotions:  $\chi^2(1) = 6.00$ ;  $p = 0.050$ . The children in the two groups differed in emotional expression. The children who experienced only negative emotions were less likely to express their emotions compared to the children who experienced both types of emotions:  $\chi^2(2) = 9.75$ ;  $p < 0.01$ . We also compared the level of behavioural disorders in the children depending on the prevailing affect (positive versus negative). What is important, is that the type of the experienced emotions did not affect the level of behavioural disorders in our research sample.

## TAKING PART IN THE FUNERAL AND WELLBEING OF THE CHILD

Seven children in our research sample (58.3%) had an opportunity to say goodbye to the departed person, five children (41.7%) did not have such an opportunity. A difference in the groups' numbers was not statistically significant:  $\chi^2(1) = 0.33$ ;  $p > 0.05$ . The two groups were compared on the level of behavioral disorders (Table 1)

TABLE 1. The level of behavioural disorder among children who had or did not have an opportunity to say goodbye to the departed one before their death. Source: own research

	Farewell		No farewell		<i>U</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Emotional reactiveness	3.71	2.215	5.60	0.89	8.50	0.149
Anxiety/Depression	2.86	2.27	5.60	2.61	8.00	0.149
Somatic problems	1.43	1.39	3.60	2.88	8.00	0.149
Withdrawal	4.43	3.36	6.20	3.11	12.00	0.432
Internalising disorders	12.43	7.98	21.00	4.30	<b>6.00</b>	<b>0.073</b>
Attention problems	4.57	4.16	7.20	3.779	11.00	0.343
Aggressive behaviours	11.29	6.18	17.40	12.52	13.00	0.530
Externalising disorders	15.86	9.86	24.60	15.32	12.00	0.432
Other problems	7.43	5.71	14.80	4.55	<b>4.00</b>	<b>0.030</b>
Problematic behaviours	35.71	21.78	60.40	20.74	9.00	0.202

The children who did not say goodbye to the departed one, compared to the children who did, had more intense problems and also they had a higher level of the internalising disorders (a significance on the level of statistical tendency). The children who did not say goodbye to the departed one, compared to the children who did, were less likely to experience difficulties with falling asleep:  $\chi^2(1) = 5.18$ ;  $p < 0.05$  (Fisher's exact test:  $p < 0.05$ ). The children who said goodbye to the departed one, compared to the children who did not, were more likely to declare experiencing anger:  $\chi^2(1) = 3.09$ ;  $p = 0.079$  (Fisher's exact test:  $p > 0.05$ ).

### SUPPORT FROM THE CLOSE ONES AND AN ABILITY TO CREATE A COHERENT NARRATIVE ABOUT THE EXPERIENCE OF LOSS

Ten children (83.3%) declared that they received support from their family, and two children (16.7%) declared a lack of such support. A difference in the numbers of these groups was statistically significant:  $\chi^2(1) = 5.33$ ;  $p < 0.05$ . We analysed how the children created their answers during the experiment. Children who received support were slightly more likely to give more structured answers in a form of a story, when compared to the children who did not receive the support:  $\chi^2(1) = 5.70$ ;  $p = 0.058$ . However, there was no relationship between receiving support and the coherency of the answers:  $\chi^2(1) = 0.80$ ;  $p > 0.05$  (Fisher's exact test:  $p > 0.05$ ).

We also analysed if the girls and boys differed in the intensity of behavioural disorders. The results are shown in the Table 2.

Girls compared to boys showed a significantly higher level of anxiety/depression, internalising disorders, and other problems with behaviour. We analysed all the answers given by boys and girls. We presented the significant results or those which suggested a statistical tendency. Boys were slightly more likely to recall memories than girls:  $\chi^2(1) = 5.81$ ;  $p = 0.055$ .

In order to check if the received support played a key role in coping with the situation, additional statistical analyses were conducted. The children who declared a lack

TABLE 2. The level of behavioral disorders among girls and boys. Source: own research

	Girls		Boys		U	p
	M	SD	M	SD		
Emotional reactiveness	5.25	1.165	3.00	2.58	7.00	0.154
Anxiety/Depression	5.38	2.07	1.25	1.26	<b>0.50</b>	<b>0.004</b>
Somatic problems	2.88	2.64	1.25	.96	10.50	0.368
Withdrawal	5.88	3.48	3.76	2.50	9.50	0.283
Internalising disorders	19.38	6.26	9.25	6.39	<b>4.00</b>	<b>0.048</b>
Attention problems	6.50	3.93	4.00	4.32	11.50	0.461
Aggressive behaviours	15.13	10.27	11.25	7.89	14.00	0.808
Externalising disorders	21.63	13.26	15.25	11.64	12.00	0.570
Other problems	13.50	5.07	4.50	3.69	1.00	<b>0.008</b>
Problematic behaviours	54.50	21.57	29.00	21.24	7.00	0.154

of support were also deprived of the opportunity to say goodbye to the departed person. On the other hand, the majority of the children who received support, could say goodbye. The difference between the groups was significant on the level of statistical tendency:  $\chi^2(1) = 3.36$ ;  $p = 0.067$  (Fisher's exact test:  $p > 0.05$ ). Children who did not receive support had hard time falling asleep, whereas the majority of the children who received the support did not present such difficulties. The difference between the groups was significant on the level of statistical tendency:  $\chi^2(1) = 3.36$ ;  $p = 0.067$  (Fisher's exact test:  $p > 0.05$ ). Almost all the children who received support were willing to share their experiences, whereas the children who did not receive any support did not show such need. The difference between the two groups was statistically significant:  $\chi^2(1) = 7.20$ ;  $p < 0.01$ ; Fisher's exact test:  $p < 0.05$ ). The received support turned out to be an important factor influencing the intensity of behavioral disorders, which is shown in Table 3.

TABLE 3. The level of the behavioral disorders among children who received and did not receive support. Source: Own research.

	Support received		No support		U	p
	M	SD	M	SD		
Emotional reactiveness	4.30	2.11	5.50	0.71	6.50	0.485
Anxiety/Depression	3.80	2.94	5.00	.00	6.00	0.485
Somatic problems	2.10	2.38	3.50	2.12	4.50	0.273
Withdrawal	4.50	3.14	8.50	0.71	<b>1.50</b>	<b>0.061</b>
Internalising disorders	14.70	7.92	22.50	2.12	4.00	0.273
Attention problems	4.90	3.96	9.50	2.12	3.00	0.182
Aggressive behaviours	11.00	5.19	28.00	15.56	<b>1.00</b>	<b>0.061</b>
Externalising disorders	15.90	8.53	37.50	17.68	<b>1.00</b>	<b>0.061</b>
Other problems	8.70	5.14	19.50	2.12	<b>0.50</b>	<b>0.030</b>
Problematic behaviours	39.30	8.78	79.50	21.92	<b>0.50</b>	<b>0.030</b>

The data shown in Table 3 suggest that the children who received support presented a lower level of behavioural disorders and other problems compared to the children who did not receive any support. Also, on the level of statistical tendency, it can be deduced that receiving support can be connected with a lower level of withdrawal, aggressive behaviours, and externalising disorders.

## DISCUSSION

The current study tried to examine how the children described their experienced an irreversible loss and mourning. It is interesting to ask, whether the way of talking about the loss influences the coping processes and, as a consequence – regaining the psychological balance. A thorough analysis of the obtained results allowed to see how the narrative structures and gives meaning to the experience and also what specific factors help the child to cope with a traumatic event of someone's death. The research question we asked, was based on the assumptions of the psychological theory of coping with the loss, the division of the mourning into following stages, and on the narrative as a way to give meaning and to shape personal wellbeing. Basing on the current results, it can be stated that expressing the needs by the children can be a healing factor. An ability to identify own needs is also connected with self and own actions' understanding. There was a significant relationship between expressing personal needs by the children and a feeling of fear of another person's death. Also, experiencing both positive and negative emotions helped the children to get through the process of mourning. Those who experienced mainly negative emotions, were more likely to employ non-adaptive coping strategies to deal with stress and anxiety. An opportunity to say goodbye to the departed ones influenced the adapting process. Children who did not have an opportunity to say goodbye experienced more intense emotional problems and also showed a higher level of internalising disorders. The children who received support from their close ones and also said goodbye to the departed were capable of building a coherent narrative about their experience of loss.

As suggested before, our research sample was not very big and therefore a part of the results are on the level of statistical tendency only. However, the analysis allowed to ask further research questions. The mourning, more than any other life experience, signals a breakthrough in the development of every person. The mourning as a result of somebody's death means that the history of life is divided into two periods: "before" and "after". That is because nothing remains the same after the moment of somebody's passing away. Everyone's world, especially child's, is shaken by an event which requires us to face ourselves and to adapt to the new situation. In the light of the current results, it can be stated with certainty that talking with children about difficult events and letting them process them has an ordering effect on life, so that a "scar", which joins what was "before" and "after" can be created. Connecting fragmentary memories into a full and coherent narrative allows structuring of the experiences and transforming them into a difficult, yet not that painful memory.

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*Transl. Ewa Butowska*