



Blog of the Month

Beth Taylor is a final year medical student at the University of Birmingham. During the course of her degree, she has developed an interest in Palliative Care, inspiring her to write this piece during her recent medical elective. Thank you Beth!

Have a piece of your own to submit for the APMJ Blog of the Month? Have any questions? Then Please get in touch and say hello at submissions.apmj@gmail.com

A comparison of the approaches used to portray death, dying and grief in Children's literature: a study of 3 fiction books

Author: Bethany Taylor

All individuals face death and dying,¹ although some encounter these at an earlier age through facing death themselves or that of a loved one. Children have been shown through research to have an awareness of death from early in childhood, starting around 3-6 years.^{2,3,4} Over time, children gradually increase in their understanding of 4 main concepts associated with death: universality (all living things die); irreversibility (once dead one cannot become alive again); non-functionality (the body no longer functioning after death); and causality (what has led to death).^{2,4,5} The age this understanding is attained varies depending on stage of development, intelligence, and maturity.² Communicating with children regarding death is highly important. Due to their growing yet partial understanding, children often have fears, myths or misconceptions,³ particularly as part of the 'magical thinking' stage in development.^{6,7} Subsequently, these can manifest as disruptive behaviour or diminished wellbeing.^{3,8} Pain can also be increased, as suggested by total pain theory, in which pain is not merely physical but influenced by psychological distress.^{8,9,10} Similarly, if a child is facing the death of a loved one, 'silence' can negatively impact their development and functioning later in life, increasing risk of psychiatric disorders.^{11,12}

However, many parents and healthcare professionals (HCPs) struggle to discuss these topics with children.^{13,14} The most notable barrier is the uncertainty regarding how to approach or initiate such conversations. One possible prompt to facilitate discussion is the use of children's fiction, in which the themes of death, dying and grief are commonly explored.¹⁵ Fiction has been used by counsellors and documented anecdotally to aid children facing bereavement or death.^{15,16,17} However, much of the literature dates from many years ago. With attitudes towards death, dying and grief changing over time and an increasingly multicultural society,^{18,19,20} it is important to assess the ongoing relevance of their portrayal in fiction to ensure books continue to be used appropriately and to their greatest benefit in supporting children.

Consequently, this review will explore several approaches used in children's fiction to address death, dying and grief, and their potential in encouraging conversations with children.

Charlotte's Web

Charlotte's Web²¹, written by Elwyn Brooks White in 1952²², is centred around the relationship and escapades of a spider, Charlotte, and a pig, Wilbur. Charlotte tries to save Wilbur from being killed by the farmer, but whilst she succeeds, she reveals she is dying. The reader witnesses Wilbur's grief and his life after her death.

Concepts of death

'Summer is dying, dying. The crickets felt it was their duty to warn everybody that the summertime cannot last forever. Even on the most beautiful days in the whole year, the crickets spread the rumour of sadness and change.'^{21(p.105)}

The universality of death⁴ is shown through its presence in all aspects of farm life. Even in the animals' happiest moments, death is always present and everything, both good and bad, is shown to end. Of the three books, Charlotte's Web most addresses what happens as an individual dies concerning non-functionality⁴. The reader witnesses Charlotte's deterioration in stages representative of real life, initially seen in her tiredness and lack of strength^{23(p.124)}. This progresses to both external and internal physical changes suggesting the gradual failing of heart and body,²³ *'She looked rather swollen and seemed listless'*.^{21(p.124)} Finally, towards the end-of-life Charlotte

becomes immobile, reflecting the increasingly bedbound nature of dying individuals.^{24,25}

Subsequently, for a child who is dying, the story may normalise changes they are experiencing whilst for others it could be used as a tool to explain differences in their ailing loved ones. This concept is closely linked to that of irreversibility⁴ with the finality of Charlotte's death demonstrated physically in her never returning to the farm. In *Charlotte's Web*, natural age is the main cause of death. Consequently, the book may help children facing the death of an elderly relative but risks reinforcing the misconception that only older individuals die.^{26,27}

Secret Garden

*Secret Garden*²⁸ was written by Frances Hodgson Burnett in 1911²⁹, influenced by the death of Frances' son. The novel follows Mary, a child orphaned by a cholera epidemic and sent to Yorkshire, where she discovers a secret garden, locked since the death of Mrs Craven. One night, Mary follows the sound of crying, discovering her cousin Colin who believes himself to be dying. As their friendship develops, Colin's health improves and marked changes are seen in both their character and attitudes. During this period, Mr Craven has been travelling overseas to hide from the overwhelming grief of his wife's death. On returning home, he is greeted by his son running into his arms.

A good death

Secret Garden places a significant emphasis on a holistic approach to wellbeing in life and dying, acknowledging that all physical, psychological, social, and spiritual areas of life influence wellbeing.

Few children's books address spiritual wellbeing³², however *Secret Garden* does so in a sensitive multi-faith approach. The book encourages believing in something greater than yourself, '*magic*'^{28(p.164)}, with spiritual practices suggested to bring purpose and enhance the children's wellbeing. Socially, it is shown to be important for children, at whatever degree of health, to have friends of similar ages with whom they can laugh and enjoy life, as well as share fears and questions.

The power of thoughts and mental attitudes are given particular significance, with a clear association between mental state and pain demonstrated, particularly in dying. Initially, Colin is depressed and anxious with no desire to live. As Colin's thought patterns change, his physical pain and distress

diminish, reflecting the total pain model.⁹ Burnett strongly suggests individuals, including the reader, have the power to change their attitudes and mental state, but it must be an intentional choice. However, a reader may therefore infer that an individual's illness or depression is a result of their choice of thoughts and therefore their fault, placing significant burden on a child. Additionally, Colin is shown to recover due to this change in mental state, whereas in reality, psychological care may improve wellbeing but does not necessarily restore health. Resultantly, a child may misinterpret their lack of physical improvement to their mental state and self-blame, increasing distress.

Bridge to Terabithia

Bridge to Terabithia³⁴ was written by Katherine Paterson in 1977³⁵ to meet the need for children's books representative of real life. The story follows the friendship between Jess and Leslie, who to cope with the everyday challenges of childhood create an imaginary kingdom, only accessible by rope swing. One day, the rope breaks, leaving the reader to witness Jess' turmoil of thoughts and emotions as he processes his best-friend's death. This vivid portrayal of grief was shaped by the author's own experiences of a similar tragedy.

Concepts

Universality⁴ is conveyed through Leslie's death, challenging the idea that children are untouchable by death,^{26,27} *'Leslie could not die anymore than he himself could die'*^{34(p.147)}. The accidental/traumatic nature of Leslie's death reflects the common cause of death for individuals of similar age.^{36,37} However, due to the plot's focus on grief, little is communicated regarding non-functionality.⁴

Irreversibility⁴ is powerfully communicated by placing the reader in Jess' shoes and using their emotional reaction to Leslie's death. The reader desperately hopes that because the story is fictional, Leslie will not truly have died. This hope is amplified by the reader's denial echoing that so vividly seen in Jess, '*No!...You're lying to me!*'.^{34(p.145)} However, the permanence of her death is

reinforced relentlessly with the ceaselessness of life and the increasing disparity between the reader's hope and the reality of her death.

Grief

The author's portrayal of grief is reflective of the Kubler-Ross stages.^{38,39} Initially, Jess bargains, fighting against Leslie's death. This quickly gives way to denial, expressed in his firm repetition of '*No*'^{34(p.144)} and refusal to accept the news; '*Jess was yelling now. I don't believe you. You're lying to me!*'^{34(p.144)}. Physically, he attempts to distance himself from reality, running aimlessly from the situation. The dissociation and detachment from his surroundings and ongoing life further reveal Jess' struggle to accept that life has changed, imagining conversations with Leslie, '*He would go to see her first thing in the morning and explain everything*'^{34(p.149)}. As Leslie's death sinks in, anger becomes Jess' primary emotion; primarily directed at Leslie for having left him alone to face life. Jess' grief also blinds him to others' pain, instead making him angry at their expressions of emotion.

Contrary to Kubler Ross' suggestion of a defined stage of depression,^{38,39} this appears to be interspersed throughout Jess' grieving process, alluded to in the '*numbness flooding through him*'^{34(p.147)} and the '*mood of dread*'.^{34(p.146)} These are further associated with guilt as is suggested by literature,^{40,41} with children often blaming themselves as part of trying to understand death, which can be damaging to their development and wellbeing if not addressed^{40,41}. Finally, the '*tiny peace*'^{34(p.167)} winging '*through the chaos inside his body*'^{34(p.167)} reflects his growing acceptance of death, Kubler-Ross' last stage of grief.^{38,39} Where previously there was anger, he now appreciates her impact in his life and chooses to go forwards '*for the both of them*'.^{34(p.175)}

Patterson's use of the Kubler-Ross model^{38,39} helps the reader to familiarise themselves with emotions a grieving individual may encounter and their influence on behaviour. This normalises these for a grieving child and helps them to understand their own thoughts, feelings, and actions, revealing that they are not alone, nor are they a bad person for such reactions. For those not grieving, it encourages empathy.

Discussion

Demystifying and destigmatising death is common to all the books, in which direct language is used and openness regarding emotions, fears and questions encouraged. The messages communicated across all the books reflect evidence-based literature, with the key concepts of death being addressed⁴ and prominent models, such as Kubler-Ross,^{38,39} informing the depictions of dying and grieving. Their portrayals are representative of real life, with each book reflecting a different form or perspective. Where *Charlotte's Web*²¹ and *Secret Garden*²⁸ use a more gentle and integrated approach, *Bridge to Terabithia*³⁴ implements a sudden traumatic style that is more emotionally challenging for the reader but provides a closer and more personal experience of grief.

*Charlotte's Web*²¹ has particular potential to aid children currently facing death or grief. Multiple opportunities are provided to discuss death with a child, giving them time to process the information and their emotions, respond and ask questions. This allows for multiple aspects of death and grief to be addressed as they arise in the child's life, offering opportunities to discuss and apply strategies to maintain wellbeing. However, it is important to recognise limitations of the book. Firstly, the story has many layers and subtleties, which may be missed by children of younger ages or maturity.

Additionally, not all children will be able to apply what they learn to their own lives, emphasising the need for co-existing individualised support.

Secret Garden's²⁸ strengths as a tool lie primarily with its holistic view on wellbeing in life, death, and grief, reflecting current approaches in Palliative Care.⁴² For a child not currently experiencing death, the application of these lessons may prepare them for future challenges by beginning to develop skills to cope in a healthy way. For children currently facing death or grief, the book

provides practical ideas they can implement to improve their wellbeing. However, the significant emphasis placed on self-improvement and individual responsibility for wellbeing may over-burden a child. Additionally, Secret Garden contains outdated perspectives and racism, being less appropriate for a range of cultures and ethnicities.⁴³

Bridge to Terabithia³⁴ has most value for a child currently unaffected by grief. By placing the reader in Jess' position, the book may aid children to develop empathy and understand the impact of their actions on grieving individuals. This suggestion is supported by Paterson, who considered the book "emotional practice"⁴⁴ for children to prepare for future loss.⁴⁴ Nonetheless, the book may be unsuitable for some given its emotionally challenging nature. For children facing death themselves or that of a loved one, normalising the turmoil of emotions and thoughts and showing they are not alone may provide comfort. However, the realistic portrayal may be too close to the individual's ongoing experience, amplifying their pain and feelings of being overwhelmed. Therefore, adults or HCPs should judge the suitability of this book on an individual basis in accordance with their age, maturity, and emotional sensitivity.

Overall, reading is an integral part of childhood, already present in many children's lives. This approach therefore uses a safe experience within which more challenging and distressing issues can be explored. However, reading is a challenge for some children, while for others, parents may not have or give the time to read with their child. For such individuals, alternative tools, or media such as film may be more appropriate. Furthermore, coexisting issues, such as obstacles to parents in discussing death, must be addressed with support provided to help develop their confidence and skills to continue and facilitate such discussions.³

Recommendations and Limitations

To facilitate the implementation of these books, a co-existing tool could be developed to support adults in recognising prompts, facilitating discussions, and aiding children to apply the ideas to their

own lives. This review has also highlighted the need for more books representative of a wider range of cultures and their attitudes to death.

However, this review has its own limitations to consider. Firstly, the review is from the perspective of an adult who themselves has not experienced death, dying or grief as a child. Subsequently, the interpretations of the books may not be truly reflective of a child's understanding. Furthermore, only

a small number of books and approaches have been sampled, all of which are written from only one cultural perspective.

Conclusion

The three books reviewed employ a range of approaches which could offer children the opportunity to engage in discussions of death, dying and grief. Consequently, these books could play an important role in reducing the 'silence' surrounding death, with the aim of improving a child's wellbeing in both the short and long term.

References

1. Papadatou D. Training Health Professionals in caring for dying children and grieving families. *Death Stud* [internet]. 1997 [cited 2021 January 9]; 21(6): 575-600. Available from: <https://www.tandfonline.com/doi/abs/10.1080/074811897201787>
2. Bates AT, Kearney JA. Understanding death with limited experience in life: dying children's and adolescents' understanding of their own terminal illness and death. *Curr Opin Support Palliat Care* [internet]. 2015 March [cited 2021 January 9]; 9(1): 40-45. Available from : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5066590/>
3. Beale EA, Baile WF, Aaron J. Silence is not golden: Communicating with children dying from cancer. *J Clin Oncol* [internet]. 2005 May 20 [cited 2021 January 9]; 23(15): 3629-3631. Available from: <https://ascopubs.org/doi/10.1200/JCO.2005.11.015>
4. Speece MW, Brent SB. Children's understanding of death: A review of three components of a death concept. *Child Development* [internet]. 1984 October [cited 2021 January 9]; 55(5): 1671-

1686. Available from:

https://www.jstor.org/stable/1129915?seq=14#metadata_info_tab_contents

5. Longbottom S, Slaughter V. Sources of children's knowledge about death and dying. *Philos Trans R Soc Lond B Biol Sci* [internet]. 2018 September 5 [cited 2021 January 9]; 373(1754). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6053990/>
6. Linebarger JS, Sahler OJZ, Egan KA. Coping with death. *Pediatr Rev* [internet]. 2009 September 2 [cited 2021 January 9]; 30(9): 350-356. Available from : <https://pedsinreview.aappublications.org/content/30/9/350?hwoasp=authn%3A1610197323%3A5195497%3A1354781378%3A0%3A0%3ACa2eRf4DN%2Fr9MgSAXEZ0Ag%3D%3D>
7. Heiney SP. Sibling grief: A case report. *Arch Psychiatr Nurs* [internet]. 1991 June 1 [cited 2021 January 9]; 5(3): 121-127. Available from: [https://www.psychiatricnursing.org/article/0883-9417\(91\)90012-T/pdf](https://www.psychiatricnursing.org/article/0883-9417(91)90012-T/pdf)
8. Pravin RR, Enrica TEK, Moy TA. The portrait of a dying child. *Indian J Palliat Care* [internet]. 2019 March [cited 2021 January 9]; 25(1): 156-160. Available from : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6388603>
9. Gobel JR, Doering LV, Lorenz KA, Maliski SL, Nyamathi AM, Evangelista LS. Caring for special populations: Total pain theory in advanced heart failure: Applications to research and practice. *Nurs Forum* [internet]. 2009 September [cited 2021 January 9]; 44(3): 175-185. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2905139/#:~:text=Go%20to%3A-.Theory%20of%20Total%20Pain,illness%20\(Clark%2C%201999\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2905139/#:~:text=Go%20to%3A-.Theory%20of%20Total%20Pain,illness%20(Clark%2C%201999).)
10. Phenwan T. Relieving total pain in an adolescent: a case report. *BMC Res Notes* [internet]. 2018 May 2 [cited 2021 January 9]; 11(1): 265, Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930844/>
11. Kirwin KM, Hamrin V. Decreasing the risk of complicated bereavement and future psychiatric disorders in children. *J Child Adolesc Psychiatr Nurs* [internet]. 2005 June 20 [cited 2021

January 9]; 18(2): 62-78. Available from:

https://onlinelibrary.wiley.com/doi/full/10.1111/j.1744-6171.2005.00002.x?saml_referrer

12. Melhem NM, Brent D. Editorial: Grief in children: Phenomenology and beyond. *J Am Acad Child Adolesc Psychiatry* [internet]. 2019 March 12 [cited 2021 January 9]; 58(10): 943-944. Available from: <https://pubmed.ncbi.nlm.nih.gov/30877044/>
13. Kreicbergs u, Valdimarsdottir U, Onelov E, Henter JI. Talking about death with children who have severe malignant disease. *N Engl J Med* [internet]. 2004 September 16 [cited 2021 January 9]; 351: 1175-1186. Available from: https://www.nejm.org/doi/10.1056/NEJMoa040366?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0www.ncbi.nlm.nih.gov
14. Van der Geest IMM, van der Heuvel-Eibrink MM, Van Vliet L, Pluijm SMF, Streng IC, Michiels EMC, Pieters R, Darlington ASE. Talking about death with children with incurable cancer: Perspectives from parents. *J Pediatr* [internet]. 2015 December [cited 2021 January 9]; 167(6): 1179-1182. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0022347615009993>
15. Poling DA, Hupp JM. Death sentences: A content analysis of children's death literature. *J Genet Psychol* [internet]. 2008 [cited 2021 January 9]; 169(2): 165-176. Available from: <https://www.tandfonline.com/doi/pdf/10.3200/GNTP.169.2.165-176?needAccess=true>
16. Arrunda-Colli MNF, Weaver MS, Weiner L. Communication about dying, death and bereavement: A systematic review of children's literature. *J Palliat Med* [internet]. 2017 May 1 [cited 2021 January 9]; 20(5): 548-559. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704745/>
17. Walker ME, Jones J. When children die: death in current children's literature and its use in a library. *Bull Med Libr Assoc* [internet]. 1986 January [cited 2021 January 9]; 74(1): 16-18. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC227762/?page=3>

18. Shucksmith J, Carlebach S, Whittaker V. Dying: Discussing and planning for end of life. [research report]. [cited 2021 January 9]. Available from:
https://www.bsa.natcen.ac.uk/media/38850/bsa_30_dying.pdf
19. Filippo DS. Historical perspectives on attitudes concerning death and dying. [internet] Faculty Publications. 2006 January [cited 2021 January 9]. Available from:
https://digitalcommons.nl.edu/cgi/viewcontent.cgi?article=1028&context=faculty_publications
20. Gire J. How death imitates life: Cultural influences on conceptions of death and dying. Online Readings in Psychology and Culture [internet]. 2014 January 12 [cited 2021 January 9]; 6(2): 1-22. Available from:
<https://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1120&context=orpc>
21. White EB. Charlotte's Web. London: Penguin Random House; 2003.
22. Encyclopaedia of World Biography. E.B.White Biography. [internet] 2008 [cited 2021 August 23]. Available from: <https://www.notablebiographies.com/We-Z/White-E-B.html>
23. Stanford School of Medicine. Signs of Impending Death. [internet] [cited 2021 August 23]. Available from: <https://palliative.stanford.edu/transition-to-death/signs-of-impending-death/>
24. West Midlands Palliative Care Physicians. Guidelines for the use of drugs in symptom control. [internet] 2020 [cited 2021 August 23]. Available from:
<http://www.wmcares.org.uk/wmpcp/guide/>
25. Marie Curie. Signs that someone is in their last days or hours of life. [internet] 2021 March 26 [cited 2021 August 23]. Available from: <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/final-days/recognising-deterioration-dying-phase>
26. Stanford Children's Health. A Child's Concept of Death. [internet] 2021 [cited 2021 August 23]. Available from: <https://www.stanfordchildrens.org/en/topic/default?id=a-childs-concept-of-death-90-P03044>
27. Hughes V. When Do Kids Understand Death? [internet] 2013 July 26 [cited 2021 August 23]. Available from: <https://www.nationalgeographic.com/science/article/when-do-kids-understand-death>

28. Burnett FH. Secret Garden. Hertfordshire: Wordsworth Editions Limited; 2018.
29. Wikipedia: the free encyclopaedia [internet]. Frances Hodgson Burnett; [modified 2021 August 23; cited 2021 August 23]. Available from:
https://en.wikipedia.org/wiki/Frances_Hodgson_Burnett
30. Hilden JM, Watterson J, Chrastek J, Anderson PM. Tell the children. J. Clin. Oncol [internet]. 2016 September 21 [cited 2021 August 23]; 18 (17): 3193-3195. Available from:
<https://ascopubs.org/doi/abs/10.1200/JCO.2000.18.17.3193>
31. Corr CA. Spirituality in Death-Related Literature for Children. OMEGA [internet]. 2004 June 1 [cited 2021 August 23]; 48(4): 365-381. Available from:
<https://journals.sagepub.com/doi/pdf/10.2190/KFD0-7ERT-4MWG-174Q>
32. Nakajima A. Complicated grief: recent developments in diagnostic criteria and treatment. Phil. Trans. R. Soc [internet]. 2018 July 16 [cited 2021 August 23]; 373(1754): 20170273. Available from: <https://royalsocietypublishing.org/doi/10.1098/rstb.2017.0273>
33. The Centre for Complicated Grief. Prolonged Grief. [internet] 2017 [cited 2021 August 23]. Available from: <https://complicatedgrief.columbia.edu/professionals/complicated-grief-professionals/overview/>
34. Paterson K. Bridge to Terabithia. London: Penguin Random House; 2015.
35. Linsay E. Bridge to Terabithia Teacher's Guide [internet]. Harper Trophy ; 2003 [cited 2021 August 23]. Available from: <http://645e533e2058e72657e9-f9758a43fb7c33cc8adda0fd36101899.r45.cf2.rackcdn.com/teaching-guides/TG-9780061253706.pdf>
36. Cunningham RM, Walton MA, Carter PM. The Major Causes of Death in Children and Adolescents in the United States. N Engl J Med [internet]. 2018 December 20 [cited 2021 August 23]; 379: 2468-2475. Available from:
<https://www.nejm.org/doi/full/10.1056/nejmsr1804754>

37. The Royal College of Paediatrics and Child Health. Why children die – research and recommendations. [internet] 2014 [cited 2021 August 23]. Available from:
<https://www.rcpch.ac.uk/resources/why-children-die-research-recommendations>
38. Kubler-Ross E, Kessler D. On grief and grieving. [internet] [cited 2021 August 23]. Available from: <https://grief.com/images/pdf/5%20Stages%20of%20Grief.pdf>
39. https://www.psicoterapia-palermo.it/PDFS/On%20Death%20and%20Dying_Kubler%20Ross%20Elizabeth.pdf
40. St Pauls Academy. Talking to Children about Death. [internet] [cited 2021 August 23]. Available from:
https://www.stpaulsacademy.org.uk/images/Talking_To_Children_About_Death.pdf
41. Osterweis M, Solomon F, Green M. Bereavement: Reactions, Consequences, and Care [internet]. National Academies Press (US); 1984 [cited 2021 August 23]. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK217849/>
42. Doyle D. Principles of Palliative Care. [internet] 2021 [cited 2021 August 23]. Available from:
<https://hospicecare.com/what-we-do/publications/getting-started/principles-of-palliative-care/>
43. Rosenblatt PC. Grief across cultures: A reviews and research agenda [internet]. Washington: American Psychological Association; 2008 [cited 2021 August 23]. Available from:
<https://psycnet.apa.org/record/2008-09330-010>
44. Bazelon E. Sudden Death. [internet] 2007 February 22 [cited 2021 August 23]. Available from:
<https://www.ranker.com/list/true-story-behind-bridge-to-terabithia/ryan-sargent>