

What is Death?

If you never get born you never have to die, but you miss a lot.
(Alison in Marshall 2003, p.86)



A child's experience

Stephanie, a three-year-old, lived in a rural village. She and her mother came across a dead pheasant while walking across a field. Stephanie was rather surprised that it did not seem to move. Her mother explained that it was dead. 'If I breathe on it, will it come alive?' she asked. Later Stephanie asked her mother, 'Will you die, Mummy?' 'One day,' her mother replied, 'but when you are much older.'

Reflection on experience

We each have a need to make meaning from our experiences of life. Children have a drive to make sense of the world in which they live and Stephanie was doing just that. She knew that living things like pheasants move and breathe; if she breathed on the pheasant, it might live. Early humans noted the importance of the breath. The breath was the life, the spirit of a person. When the breath ceased, so did life and death resulted. Children need their questions answered honestly. Her question, 'Will you die, mummy?' needed the truthful answer, 'One day' and the reassuring words, 'but when you are much older' that her mother would be present for her now and for years to come.

An adolescent's experience

The major event of 11 September 2001 shook the world. Many people can recall where they were when the attack on the twin towers of the World Trade Center in New York City happened. Regular television and radio programmes were suddenly interrupted, and American TV took over. We watched in horror. Was this a film or reality? On a clear Tuesday morning an American Airlines Boeing 767 with passengers on board was hijacked and crashed in the North Tower leaving a gaping, burning hole near the 89th floor of the 110-storey skyscraper, instantly killing hundreds and trapping hundreds more in upper floors.

Eighteen minutes later a second Boeing 767 United Airlines Flight 175 turned sharply and sliced into the south tower near the 60th floor. Debris was showered over surrounding buildings. Fifteen minutes later the South Tower collapsed, followed later by the North Tower. Three thousand died in the World Trade Center and its vicinity, including 343 firefighters and paramedics, 23 police and 37 Port Authority police. The event dominated the news for several days. A year later a group of secondary school pupils in the UK were asked to recall the event. Natalie, aged 15, said:

It was like something you saw in a film, but this was real, and that shook me up inside...I kept asking myself, how can any human being treat another with no care at all? No care about whether they live or die, no care about how many families they destroy. (Natalie, quoted in Duffy 2008, p.46)

Reflection on experience

We live in a world where communication can be almost instantaneous. Acts of terrorism continue, fear of further threats of death lie at the door. We are all involved. It may seem as Natalie said, at first like 'a film', but death is a reality, its presence and immanence unknown to us.

Linking adult, child and adolescent experience

In the UK, there is a taboo among adults about talking of death, but this is beginning to change. Groups like the Dying Matters Coalition are beginning to develop, and there are 'Death Cafes': the first in Britain took place in September 2011, organised by Jon Underwood, 'to create an environment where talking about death is natural and comfortable...death is a catalyst to think about important things in life' (Battersby 2012). Underwood mentions that we 'out-source' death to hospitals, behind closed doors, but gradually death is being brought out of the shadows (Battersby 2012). There are websites to be found on the internet through which you can find death cafes near you. Funeral festivals are advertised in national newspapers. They are organised by funeral directors concerned that people should know the choices of prepayment funeral plans, wills and advanced directives. In the USA, 'Death over Dinner' is encouraged as a way to talk in an informal way over a meal with friends and strangers about personal experiences with life and death. One hostess, a former hospice volunteer, said:

We want to talk in an informal way about personal experiences with death. How do people want to die? Have you shared that with anyone? What deaths have you experienced? We don't want to be distasteful, or uncomfortable, but an uplifting atmosphere. (Hafiz 2013)

There are published accounts of dying such as those of *The Guardian* columnist John Diamond (Diamond 1998), Philip Gould (Gould 2012) and Christopher Hitchens (Hitchens 2012). There are guides to dying well, for example that by Rabbi Julia Neuberger (Neuberger 1999) and other factual and fiction books about death (Albom 2003; De Hennezel 1997; Levine 1986; Reoch 1997; Schwartz 1998). An online search will find 'training and life coaching classes' and one of the tasks on such a course is to write your obituary. This is a reality check to ask the questions 'why am I here?' and 'what do I want to be

able to say about my life at the end?’ In the USA, Legacy.com publishes self-written obituaries each month; the UK equivalent is ObitKit.com.

There have been reality type films such as the documentary *Life Before Death* (2002) about pain relief for dying patients, *Shadowlands* (1993) the story of C.S. Lewis’s wife’s dying, *Dying Young* (1991) about a nurse working with a dying young man, *I Didn’t Want That* (2012), *The Bucket List – Time to Start Living* (2007) where two terminally ill men fulfil dreams before death and *The Fault in Our Stars* (2014), which tells the story of two teenage cancer patients beginning a life affirming journey. There have also been fantasy films such as *Death Becomes Her* (1992) where an immortality treatment replaces death, *Sixth Sense* (1999) in which a young man communes with spirits of the dead and *Lonely Bones* (2009), in which a murdered girl comes to visit her family. In the UK, the Wellcome Institute had a display from autumn 2012 to spring 2013: ‘Death: A Self-Portrait, the Richard Harris Collection’. A newspaper stated:

Death in a secular and medicalized world has been made into something to be put off. All credit to the Wellcome Foundation for holding a show that reminds us that death has been an intrinsic part of life through most of human history. (Hamilton 2012)

In contrast to an adult obsession, young children in particular are fascinated by death and talk about it naturally, though their concept development is different from that of adults. The American psychologist J.A. Graham believes that children’s comprehension of death depends on both experience and developmental level:

Children’s experiences with death (i.e. actual experience and what they have been told about death) are critical to their understanding, they also do not have enough life experience to realize that death is inevitable for all living things. Children may not understand that death is permanent and that it cannot be ‘fixed’ or reversed. (Graham 2013)

Death is a loss – the ultimate loss – and is experienced by children and adolescents. In 2012 in the UK over 3000 babies died before their first birthday – for reasons ranging from preterm underweight birth, poor prenatal care, poverty, social inequality and abuse – and over 2000 children and young people died between the ages of one and nineteen. One in five deaths is of those between 15 and 19 years as a

result of road accidents, risk-taking behaviour, poisoning and cancer (Wolfe *et al.* 2014).

Every day more than a hundred children in the UK are bereaved of a parent, 24,000 every year; 6 per cent of 5–16-year-olds – 537,450 in the UK – have experienced the death of a close friend of the family; and the incidence of memories of childhood bereavement undealt with in youth offenders can be up to ten times higher – 41 per cent – than the national average of 4 per cent. These facts and figures come from the charity Winston’s Wish which is the major provider of care for the bereaved child in the UK.

Children and adolescents, in common with everyone, experience loss across a wide range of experience. Physical losses may be the security of the womb at birth, health through infections, a tooth, the hormonal change of puberty or an illness resulting in a loss of freedom which may be temporary or permanent. The ultimate loss is the death of a person – a grandparent, parent, sibling or peer-group friend – or a terminal illness of the child or adolescent himself. Social loss might include moving house and school through changed family circumstances with the ensuing break of friendship groups. Emotional loss is felt with the separation or divorce of parents, parents changing partners, the ending of a peer friendship and the breaking down of a relationship. A loss of self-esteem may result from poor marks in school, failing an important exam or parents’ divorce. Loss can be spiritual loss, a feeling of being alone; a lack of self-worth; feeling unloved; or feeling life has no purpose. Loss can be vicarious through television dramas, ‘soaps’ and from adverts and computer games.

Sociological, psychological and historical insights

What is death? How is death historically defined? In 77–79 CE, the Roman author Pliny the Elder wrote in his *Historia Naturalis*, ‘so uncertain is men’s judgment that they cannot determine even death itself’. In 1768, the first edition of the *Encyclopaedia Britannica* defined death as, ‘the separation of the soul and the body’, reflecting the context of a predominantly religious society. In 1974, in the fifteenth edition of the *Encyclopaedia*, the definition was 30 times longer and solely from a biological standpoint. One reason for this is that medical advances make it more difficult to determine if a person is dead. The

nearest definition is, 'the final cessation of activity in the central nervous system noted especially by a flat electroencephalogram for a predetermined length of time'. But is this satisfactory? Death can be 'reversed' with an electric shock, cardiopulmonary resuscitation (CPR). Breathing and heartbeat can sometimes be restarted. Without a functioning heart or lungs, life can be sustained with a combination of life support devices, organ transplants and artificial pacemakers.

The social historian Philippe Ariès notes changes in perceptions of death (Ariès 1974, p.28). He begins with 'tamed death', anticipated through natural signs and a dying person's premonition, typical of the Early Middle Ages. It needed preparation by the dying person: being at peace within one's self, making peace with others and God, so that the dying person could rest, knowing their immortality was assured. The Middle Ages emphasised humanity's collective judgement at the end of time, but by the fifteenth century the focus was on individual judgement after death, which called for preparation during life, and a manual emerged, *Ars Moriendi (Art of Dying)*, to educate priests in ministry to the dying.

Today attitudes are very different. Ariès states that society denies death. It has become 'excluded, invisible, wild, untamed by ritual or community' (1981, p.585). Ariès believes this is related to the dominant model of western health care – the medical model – a sociological term which indicates that, from the mid-twentieth century, illnesses of body and mind have an underlying cause which can usually be diagnosed, removed, reversed or replaced in treatment. The patient is cured and can return to the status quo existing before the illness, thus death is denied. The success of medicine and public health can be seen in the figures of life expectancy in the UK, which rose from 44 years for males and 47 years for females in 1990 to 78.2 years for males and 82.3 years for females in 2012. However, if adults recognise and admit their mortality the prospect would become less fearful and adults might learn to enjoy the present moment.

A child or adolescent's knowledge of death

Knowledge of death today is extensive from seeing a dead bird or hedgehog in the road or garden, the death of a pet, a family member with a terminal illness (this might include the child or adolescent him or herself), witnessing a road accident, death reported in the media, films and game-stations. These death-related experiences in children

are more common than adults realise. Understanding death is an important issue for children and begins at an early age.

The systematic study of children's understanding of death began in 1934 (Schilder and Wechsler 1934), and by 1995 there were over a hundred such studies in the English language. However, progress is slow and the results considered confusing (Speece 1995). Speece and Brent list reasons for the lack of progress and confusion; two of the most important appear to be first confusion over the names for, definitions of and operationalisations of the various aspects of the concept of death, and second, the lack of reliable and valid standardised measures for these aspects (Speece and Brent 1996). To help children we need to know how they think and how they process information; this is clarified by the research.

The categories below are guidelines only and should not be considered prescriptive for the child being helped. Children and adolescents mature at different rates and their understanding will depend on their life experience as much as their chronological age. It is important to remember that parents know their own child best. Children's and adolescents' concepts develop in stages from literal and concrete to abstract; this includes their concept of death which, since the 1970s, has been considered to be composed of several relatively distinct sub-concepts, referred to in the literature as 'components'. For most research four are cited: universality, irreversibility, non-functionality and causality.

Universality

This refers to the understanding that all living things must inevitably die. The younger the child, the more likely they are to say that death is not universal; some studies suggest children think that if you are clever, or lucky, death is avoidable; also that it happens to others, such as the old or the handicapped, but not to them (e.g. Speece 1995). It takes time before a young child extends death to himself.

Irreversibility

Once the physical body dies, it cannot be made alive again. Younger children are more likely to view death as temporary and reversible, similar to sleep from which a person wakes or a holiday from which there is a return. They may think reversal is possible as a result of wishful thinking, praying or medical intervention. The latter reflects

advances in medical technology, but the success of cardiopulmonary resuscitation will depend on the availability of appropriate resources and the time factor of the nearness of medical help underlined by the changing definition of what constitutes 'alive' and 'dead'. In the research children also respond with non-corporeal responses. Common in young children is reference to 'heaven' although the issue of irreversibility is in reference to the physical body. Children, in common with many adults, often understand some form of personal continuation after the death of the physical body, a continuing of the soul or spirit without the body, or for others reincarnation in a new body.

Non-functionality

This refers to the understanding that at death all the life-determining capabilities of the physical – walking, eating, breathing, sensing – cease to function. Younger children are likely to think that the dead continue to be able to perform certain functions but not others. One researcher found that children are more likely to realise that concrete, observable functions such as eating and speaking cease with death, than recognise that internal functions such as thinking, dreaming and knowing cease.

Causality

There is no consensus on the definition of causality. Much research agrees that it involves an abstract and realistic understanding of the external and internal events that might possibly cause an individual's death, for example Speece (1995). 'Abstract' means that the given causes are not restricted to particular individuals or events but are classes of causes applicable to living things in general. 'Realistic' refers to the fact that the causes stated are generally accepted by mature adults as valid causes of death. Younger children may provide unrealistic causes related to themselves, such as bad behaviour, or specific concrete causes such as guns or accidents rather than more 'abstract' causes such as illness or old age. Young children lack understanding that death is finally a failure of internal body organs or functions.

Developmental stages and understanding of death

Younger children are likely to be more concrete in their thinking and understanding of death while the older child and adolescent are more realistic and abstract. The age at which children achieve an adult understanding of the four key components varies between four and twelve years. The majority of research suggests that at about seven years old most children have understood each of the four key bio-scientific components introduced above. Children are likely to 'revisit' any experience of death as they move through their developmental stages. I will return to how the conceptual stages influence behaviour and the care that needs to be taken with grieving children and bereaved adolescents in Chapter 2.

Babies do not understand that a parent, sibling or a close relative has died but sense the disappearance, particularly of someone who daily responded to their physical and emotional needs, and the feeling of sadness and the atmosphere of the home.

A toddler might show a basic understanding of death when he sees a dead bird or insect in the garden but does not usually understand the implications of this, for instance that the dead bird cannot feel anything or won't ever get up again. Toddlers continue to sense the emotional feelings of sadness or anxiety in the home when a significant person is missing and other relatives new to the child come into the house. Games like 'peek-a-boo' are loved by toddlers; in such games significant adults can disappear and reappear again and it is through these games that the child may slowly begin to understand the concept of 'gone for good'.

Three- to five-year-old preschool children are egocentric. Many consider that children of this age do not understand that death is final. Some psychologists disagree, believing that children can comprehend the permanence of death and can acquire a concept of heaven, albeit concrete, since they are literal thinkers – heaven is therefore somewhere with green fields, flowers, sunshine – whereas abstract concepts like 'forever' and the fact that death is permanent are difficult to grasp. They do not grasp that the functions of life have ceased – their questions reflect their concern about the physical wellbeing of the dead person. Children tend to think of death as like sleep or a journey: people wake up and Gran returns from holiday. Adults should not use the word 'sleep' or other euphemisms but the word death itself (see Chapter 4, 'What Should We Tell Children and Adolescents?'). A child may well

ask about a dead mother, 'When will Mum be home?' Children use the word 'dead' without understanding its full meaning – Susie, a three-year-old, whose mother had died at home, was doing her jigsaw, but there was a piece missing. Susie said the piece was 'dead'. This age group is very matter of fact and ask questions which the adults may find difficult. They repeatedly want to know and be told the 'story' again. They are prone to magical thinking, experiencing themselves as the centre of life; they may believe that their thoughts or actions can cause things to happen to themselves and to others. The far-reaching consequences of a death are not yet apparent to them. Children of this age certainly express sadness and vividly describe their feelings, many describing this as physical pain.

Five- to nine-year-old children are concrete thinkers. At this stage children begin to develop an understanding that death is permanent and irreversible, with all life functions ended and final. They may be fascinated with the physical aspects of death or the rituals surrounding it. This derives from a developing imagination and 'magical thinking' and assumes a dead person can see and hear the living. It is an age of fear and fantasy. Children may personalise death as a skeleton, a monster or a ghost and may become curious about the rituals of death and functions of dead bodies, often asking if dead people need food or clothing, which reinforces the belief that their thoughts or actions caused the death and can lead them to fill in the gaps in their knowledge. A child may see death as a person who might 'come to get you' or 'catch you' if you are unlucky. This growing understanding can lead to a fear of going to sleep or of the dark. Children will need reassurance and comfort as they begin to realise their own mortality; something like a night light may be helpful.

By the age of seven, children seem to be able to appreciate that death is unavoidable and will happen to everyone, and that there is a concrete cause of death, such as old age or accident. At this age, generally, death means no longer being able to eat, sleep, laugh, cry or feel pain. All life functions have ended. They are reluctant to see death for themselves. Seven-year-old Amy's terminally ill mother died at home. Amy believed her mum died because the nurse was late in coming to care for her mum, not realising the death was due to the spread of her cancer. As they get older, children begin to have a more mature understanding of death, realising its 'external' causes – accidents – and 'internal, natural' causes such as disease and old

age and that it is final, permanent, universal and an unavoidable part of life. Children can become fearful as a result of their deepening realisation of the possibility of their own future death.

Nine- to eleven-year-old children are generally very matter of fact, and the acceptance of death as a fact of life is evident. Death is accepted as finality for all living things. It is inevitable and irreversible. Their understanding of death is influenced by their own past experiences of death and dying and the explanations that were given to them at that time. There is a greater ability to think abstractly, with thinking about fairness and fate, justice and injustice in relation to life and death. These young people are aware that death will happen to them but do not wish to dwell on it, but get on with living. Some might continue to struggle with the finality of death possibly because of certain religious beliefs, states Graham (2013), a clinical psychologist in the USA. However, this may suggest a more mature understanding of death rather than a less mature one. Children with immature, binary concepts of death see people as either alive or dead, and do not consider the idea that there may be any other options based on religious values and ideas about an afterlife.

Adolescent understanding is influenced by the hormonal changes of the age group. This is a period when there is a search for identity and meaning in life and maturing cognitive ability. There is a gradual ability to comprehend the finality and enduring consequences of a loss coupled with the capacity to use abstract ideas and project the impact of a death of someone known to them, family or friend, to the future. Adolescents increasingly develop their own beliefs and strongly held views, and may challenge the beliefs and explanations offered by others. They sometimes find it hard to ask for support at a significant loss, trying to show the world they are independent. Adolescents may talk at length about the death, but seldom to those closest to them in the family. Their peer group are very significant at this time as a 'sounding board' distinct from the emotions of the family. The awareness of their own mortality may however show itself through risk-taking behaviour – 'dicing with death' – such as drug taking or racing at speed on a motorbike or in cars. Other characteristics are mood swings and a refusal to cooperate at home. There is interesting evidence relating to risk taking in adolescence. In some ways, this can be thought of as natural for adolescents who are kicking over the traces and establishing their own identities as distinct from that

of their family and upbringing. Nevertheless, each activity involves high risks and may lead to death. However, the youngsters who had encountered the death of a close relative at a young age were less likely to 'play' with life through their teenage years. This suggests that the sooner children learn about death in a natural way, as part of life, the better.

Terminally ill children and adolescents

Interesting material is produced by the University of Rochester Online Medical Encyclopedia on the concept of death in terminally ill children. It indicates that for a terminally ill child, past experience of death of a family member or pet, as well as age and emotional development, are what most influence a child's own concept of death. Interestingly, the article also notes that an adult's misconception and fears of death are often transferred to his children. A terminally ill infant has no real concept of death but will react to separation from known care-givers, painful procedures and an alteration in routine. Similarly, for a toddler the concept of death has little meaning, but he may pick up the emotions of the adults, of sadness, depression or anger, and then become upset or fearful.

The preschool child may begin to understand that death is feared by adults. The child may ask questions such as: why? and how? about their own condition, and feel guilt and shame that he has caused the adults' sadness. School-age children are developing a more realistic understanding, that death is permanent, universal and inevitable. Death may be personified as an angel, skeleton or ghost but the child fears because of uncertainty of what happens at death. Death is unknown, control is feared. There is separation from family and friends. The result for the terminally ill child is anxiety. An adolescent is beginning to establish his identity, independence from family and significance of the peer group. Adolescents may want their religious or cultural rituals observed. A characteristic of adolescence is feelings of immortality or being exempt from death. A terminally ill adolescent feels threatened facing death and changes in appearance brought about by treatment often result in feelings of aloneness or anger. It is important for parents and care-givers to realise that each child or adolescent is unique and needs a listener.

Believers' experiences – world faiths

Traditionally, for centuries religions have given meaning to life and death and hope of a life beyond death, but this has changed with the decline in the adherence to institutional Christianity and the increasing interest in spiritualities outside established and organised religion. The statistics of the 2011 Census of the population of England and Wales showed that within a population of 56.1 million, Christianity was the largest religious group at 33.2 million, a decline of more than four million since the census of 2001, contrasting with a rise of 1.2 million in Islam. Around one in four stated that they had no faith. The British Humanist Association said that the statistics on Christianity showed a significant cultural shift in a society where 'religious practice, identity, belonging and belief are all in decline...and non-religious identities are on the rise' (Battersby 2012). The UK is multicultural and its values diverse. It is also considered secular; that is, religious thinking, practice and institutions have lost their social significance.

In 2013, an independent Commission on Religion and Belief in British Public Life, convened by the Woolf Institute in Cambridge with the Rt. Hon. Baroness Elizabeth Butler-Sloss as its chair, was set up. It had 20 commissioners representing the major world faiths, academics, industrialists and politicians from across Great Britain and Northern Ireland and during its two-year project had local public hearings in Belfast, Birmingham, Cardiff, Glasgow, Leeds, Leicester and London. The final report was published on 7 December 2015 (Commission on Religion and Belief in British Public Life 2015). The Commission's purpose was 'to consider the place of religion and belief in contemporary Britain; to consider emerging trends and identities and to make recommendations for public life and policy'. The report noted dramatic changes in Britain's landscape in terms of religion and belief in the last half a century (p.9):

- The first is the increase in the number of people with non-religious beliefs and identities. Almost a half of the population today describes itself as non-religious, as compared with an eighth in England and a third in Scotland in 2001.
- The second is the general decline in Christian affiliation, belief and practice. Thirty years ago, two-thirds of the population would have identified as Christians. Today, that figure is four in ten, and at the same time there has been a shift away from

mainstream denominations and a growth in evangelical and Pentecostal churches.

- The third is the increased diversity amongst people who have a religious faith. Fifty years ago Judaism – at one in 150 – was the largest non-Christian tradition in the UK. Now it is the fourth largest behind Islam, Hinduism and Sikhism. Although still comprising less than one in ten of the population, faith traditions other than Christian have younger age profiles and are therefore growing faster.

The report suggests that ‘intra- and inter-faith disputes’ linked with today’s geopolitical crises across the Middle East and in parts of Africa and Asia reflect back on UK society creating or furthering tensions between communities. Ethno-religious issues and identities in the UK and globally are reshaping society in inconceivable ways and ‘how we respond to such changes will have a profound impact on public life’ (p.6).

In Section 6, ‘Dialogue’, the report recognises constructive dialogue between ‘people holding different beliefs and worldviews, and belonging to different traditions and backgrounds’ having ‘vital roles to play in the tasks of building and maintaining relationships of mutual understandings and trust, and of strengthening the bonds of community’ (p.49). The London Society of Jews and Christians was founded in 1927; the World Congress of Faiths in 1936 and the Council of Christians and Jews in 1942. ‘Formal interreligious dialogue may be bilateral, trilateral or multilateral. Multilateral engagement is important in a shared society but is valuably supplemented by dialogue between two or three traditions, this can make it possible to go more deeply into painful shared histories which affect contemporary perceptions and experiences’ (p.50). The report relates that the number of local interfaith organisations increased from 30 to over 230 between 1987 and 2015. For historic and numerical reasons these are between the Abrahamic faiths: ‘there is scope for more bilateral dialogue between Abrahamic and Dharmic traditions’ (p.52).

Section 4, ‘Education’, has significant reflections on Faith Schools – organisation, adherence policy, Collective Worship and Religious Education. It made recommendations concerning these topics. These will be returned to in Chapter 5, ‘Schools Coping with Bereavement and Death’, in the section on world faiths.

The twenty-first century began with incidents of global terrorism arising from deeply distorted religious ideologies and political, often racial, differences with bombings in New York in 2001 and London in 2005. At the beginning of the chapter reactions of adolescents to the atrocities were discussed. This century has heard voices expressing concerns on climate change becoming more strident with the fifth *Intergovernmental Panel on Climate Change – The Physical Science Basis* (27 October 2013), stating the threat to the existence of the cosmos. The sixth panel was in Paris in 2015. There was the fear of nuclear proliferation. Another concern was the world's sustainability for fresh water and food with a rise in world population projected from six and a half billion to nine billion by 2050. The global community has, through increased communications, become aware of the injustices and inequalities of the planet. The economic crisis of the developed countries resulted in the UK privatising sections of the NHS and freezing wages for many, leaving a socially divided, aimless and fragmented society. Yet institutional religion continued to be in the spotlight, its leaders making statements about political policy and its economic effects particularly on the poorest, raising media comments such as 'keep religion out of politics'.

Faith questions were raised in response to the loss of 3000 lives in the destruction of the World Trade Center (11 September 2001). In response, in the US, Sam Harris – author, neuroscientist and philosopher – blamed Islam, while directly criticising Christianity and Judaism. In the UK, it was Richard Dawkins's book *The God Delusion* (2006) that had impact. These writers are the new atheists: reductive materialists, who frequently criticise religion without understanding it, quoting biblical texts without contexts and confusing folk religion with reflective theology. In the context of the twenty-first century, a medicalised approach to death dominates; there is less conventional religious certainty, which results in doubts relating to a life after death, while there is a growth in spirituality.

Stephen Cave comments that death:

is the point at which the profane and sacred collide – an event completely natural and yet surrounded by mystery; steeped in the physical realities of bodily processes, yet enwreathed with existential hopes and fears...many in the secular west and beyond, who have

been unmoored from the spiritual certainties of the past, seem to have concluded that it is best not to think about it at all. (2015, p.6)

The major belief systems of the world have wrestled with the mystery of death. We live in a multicultural society. Many children and adolescents attend schools in urban and suburban areas with a diversity of ethnic groups. Each group will have distinct rites and practices associated with death, some religious, others not. A useful resource for understanding death and bereavement across cultures is Parkes, Laungani and Young (1997).

The Abrahamic faiths of Judaism, Christianity and Islam have a common origin, but within each faith there are different expressions, for example Conservative and Liberal, Protestant and Catholic, Shia and Sunni Muslims. The Eastern faiths of Hinduism, Buddhism and Sikhism emerged from very different cultures, some of which have been moderated by Western culture, though each believes in an afterlife.

Judaism

In Judaism, life is valued above all else. Death is not a tragedy, even when it occurs early in life; it is a natural process. Our deaths, like our lives, have meaning and are all part of God's plan. The book of Genesis reflects life through stories, rather than abstract ideas. Jews believe that humans are created in the 'image' and 'likeness' of God (Genesis 1.27). Hebrew faith is down to earth. The Jews did not begin by worshipping the one God, the Creator. God in the Exodus delivered them from slavery and brought them into existence from nothing, establishing a Covenant relationship. This led them to believe that this must be the God who created the world. Genesis 1–11 is an ancient and composite text dealing with the universal themes of our human experience: good and evil; setting out why we need to be saved, from what and for what; and why God is doing it the way God is. There are four different pictures of creation (Genesis 1.1–2.4; 2.4b–3.24; Psalms 74.12–17 and 89.5–18; Proverbs 8.22–31), each emerging from a different experience and raising questions about life, faith and the world. Humanity is a paradox, created in the image and likeness of God (Genesis 1.26), 'a little lower than God' (Psalms 8.5–8), 'given dominion over the works of God's hands' (Genesis 1.26), yet people are self-centred, living in broken relationships with others and with God (Genesis 3).

The stories of the Creation, scholars believe, are influenced by other stories in the Ancient Near East (ANE) and brought back from the Jewish exile in Babylon. Genesis 1.1–2.4 is a poem in which order is created from chaos, separating light from dark, ending with the creation of humans and the Sabbath. The climax is not humanity but the Sabbath, a day for God's blessing and worship of the Creator. It is possibly a hymn explaining the significance of the Sabbath. Underlying the story are theological insights. God is a loving Creator and Sustainer. There is delight in the material world. The personification of 'Wisdom', present at creation, 'rejoices in the world and delights in the human race' (Proverbs 8.27–31 and Psalms 104). Christian history has often not taken the material world seriously, seeing it as either infected by sin or despising it because it is inferior to the spiritual, but our bodies are 'material'; the alienation of body dividing it from spirit is not Hebraic but the influence of Greek philosophy. The story witnesses to the interdependence of life, plant and animal. 'Then God said, "Let us make humankind in our image according to our likeness"' (Genesis 1.26): humans are unique in their relationship with the Creator. In the ANE, kings were held to be in 'the image of God', that is they were God's representatives. In Genesis, humans represent God in caring for creation (1.26), but what of likeness? Origen (184–253) distinguished between 'man', 'receiving the honour of God's image in his first creation, whereas the perfection of God's likeness was reserved for him at the consummation' (the end of time). Irenaeus explained this as Adam and Eve being like innocent children who needed to grow in self-consciousness to become morally aware adults.

The second Creation story (Genesis 2.4b–3.24) is from a human perspective, here the 'Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life and the man became a living being' (Genesis 2.7). The Hebrew word *ruach* means 'breath' and is physical and spiritual. Spirit is embodied in the world; if God withdraws *ruach* everything disintegrates into dust (Psalms 104.29) The breath of God's life, 'fills the world and holds together all things' (Wisdom 1.7). When the breath of a man leaves him, he expires and dies. The Hebrew word *nephesh* is translated as 'life/soul/spirit/self/flesh'. Humanity is both physical and spiritual, holistic. We use the expression 'embodied'. The idea is reinforced by a wordplay on the name Adam (human/earthling) and the Hebrew word *adamah*

meaning earth. Central to the Creation stories is the uniqueness of humans as created to reflect and be in communion with their Creator: humans may be, as the cosmologists today tell us, ‘the debris of exploding stars’, but within us is ‘the breath of God’.

Genesis 3 is a story illustrating the difference between the goodness of God’s creation and humanity’s disobedience and death. It begins in a garden paradise of harmony between man and woman, humanity and God. There is one condition: God commands the humans not to eat the fruit of a particular tree. A serpent questions Eve, casting doubt about God’s intentions. Eve saw the fruit, ate and gave it to her husband. They became aware of their nakedness and were ashamed, covering their genitals and hiding from God. Questioned by God, they blamed each other, then the serpent. They were punished – expelled from the garden – since humanity had become like God, for in knowing good and evil, they might, ‘Take from the Tree of Life and live for ever’. The story suggests the entry of death into the world as punishment for the sin of disobedience; immortality is lost and humans become mortal. This is also suggested in the Wisdom Literature (538 BCE), ‘for God created us for in-corruption and made us in the image of his own eternity but through the devil’s envy death entered into the world’ (Wisdom 2.23–24). The serpent becomes the devil. This is an anachronism of later Persian influence since in the ANE the snake was often associated with wisdom and the human potential for discernment. In the Rabbinic tradition, the Torah is identified with Wisdom and is the Tree of Life through which God, ‘Planted eternal life within us’ (Proverbs 3.13–18; 11.30; 13.12; 15.4).

Judaism considers Genesis 1–3 as a parable of the human condition, not history. Adam’s responsibility for the sins of humanity, the entry of death into the world and the doctrine of inherited sin is not found in mainstream Judaism, which teaches that humans are born sin-free and later choose to sin and bring suffering on themselves. Inherited sin is considered a Greek, Pauline Christian interpretation and not a Hebrew concept (Barr 1992; Berger and Wyschogrod 1996; Magonet 2004). For Jews, Genesis 1–3 is life-affirming; though aware of sin, blessing dictates the agenda.

Gradually, in Judaism there developed hints of a shadowy life after death joining the departed in the underworld; ‘*Sheol*’ is Hebrew for ‘the land of forgetfulness’, or *Hades* in the Greek of the Septuagint (LXX). There are 65 biblical references to the descent to *Sheol*. For

Jews, the idea of existence after death without a body was unthinkable; a human is embodied. Centuries later the concept of resurrection developed. Resurrection would involve a body, in a world created and renewed. It is likely that this belief was due to Jewish apocalyptic thinking, arising from the experience of the Maccabean Revolt (168/7–164 BCE) against the Greek overlord Antiochus Epiphanes. Justice was demanded. God was just and must reward the faithful violated martyrs of the Maccabean family. This crisis of faith led to the answer of a double, this-worldly, resurrection: to life for those loyal to God under persecution and condemnation for the disloyal (Daniel 12.1–4). Scholars suggest reasons for the rise of thinking of a soul: the influence of Zoroastrianism, the religion of the Medes and Persians conquerors of the Jews (539–333 BCE); or the Greek conquest and Greek philosophy experienced by Jews of the Dispersion (333–160 BCE, cf. Wisdom 3 and 5 and 4 Maccabees). From the second century BCE, the rise of mystery religions such as the Mithraism faith of the Roman soldiers, known to have been brought to the UK from remains of a temple found in the City of London, helped ideas of a soul and its afterlife to develop further.

During the years that followed, there was hope for a better life for God's people. Yet God's promises for life, blessing and hope seemed to end in failure. Disillusioned, the writers concluded that if their belief was not fulfilled by human activity, it would be in a final Judgement led by a Messiah. Apocalyptic literature expressed the hope that God would defeat the powers of sin and death and establish a kingdom in this world. It is likely that this thinking emerged in the first century CE, when Jews were persecuted. For some, God's righting of injustice would be in a new world, a Garden of Eden. The central belief was that, 'at the end of history, God will resurrect the dead and restore them to full bodily existence' (Levenson 2006, p.ix). In the Gospels, there is a clear difference between Jewish groups: the Sadducees who did not accept resurrection and the Pharisees who did. Some Jews found a belief in God's goodness no longer possible; the only immortality was living on in the mind of God.

In Judaism, there is little development of a theology of an afterlife since it is unknown; what Jews know is the present, which they live to the full, in just lives, worshipping and honouring God.

Christianity

Christianity is rooted in Judaism and inherited the Hebrew Scriptures. It has a great deal to say about eternal life: a gift of God, evidenced in a quality of life not interrupted by death (John 3.16, 36; 4.14). The defeat of death was affirmed by the resurrection of Jesus, though his body is described as different from the one before the crucifixion. We are embodied and need a body to be human, yet we know that at death our physical body disintegrates. Paul (in 1 Corinthians 15.50–3) wrestles with this thinking: ‘Flesh and blood cannot inherit the kingdom of God nor the perishable inherit the imperishable. Listen I will tell you a mystery. We will not all die but we will all be changed.’ Paul uses the metaphor of the seed sown which must die to be transformed into new life (1 Corinthians 15.35–8). There is also teaching by Jesus of judgement during life and at death based not on belief but on actions of care for the sick, homeless and dispossessed (Matthew 25).

Paul, in his letter to the Romans 5.12f., has some of Christianity’s most challenging, controversial and distinctive doctrine that sin ‘came into the world through one man, and death came through sin...all have sinned’. Paul suggests that Adam’s sin and guilt were inherited by later generations, but ‘so one man’s act of righteousness leads to justification and life for all’, Christ as a second Adam, righting Adam’s sin and death and bringing eternal life (Romans 5.21). However, the idea of inherited sin is not present in Genesis 3 and is denied by the Hebrew prophets (Jeremiah 31.29–31 and Ezekiel 18.2–4).

The doctrine of Original Sin was developed by Augustine (354–430 CE), influential in the Western Church’s theology and interpretation of Genesis 3. He taught that Adam and Eve’s act of disobedience led to feelings of shame evidenced in an uncontrollable stirring of the genitals, so that they covered themselves. He used the word concupiscence (desire) for the act of procreation through which sin, he believed, was transferred to successive generations. The Greek fathers such as Irenaeus and the Orthodox Church emphasise the cosmic dimension of the Fall; because of Adam, humans are born into a fallen world, but though fallen, are not deprived of free will. It is not a ‘fall’ but a failure to develop into the fullness of being human. Today, the Roman Catholic Church teaches that humans are made in the image of God, and within are urges of good and evil. Because of the effects of Original Sin humans inherit a fallen nature. Humans do

not bear 'original guilt' from Adam and Eve's disobedience, though 'the devil' has acquired a certain hold on humans. Anglicanism follows Luther in teaching that humans inherit Adam's guilt and are in a state of sin from their conception. This is reflected in the baptism of children to cleanse them from the 'Original Sin' inherited through birth. Douglas Davies notes that Christianity may be defined as both positive and negative in attitudes to death. The positive is that death, the outcome of sin, is overcome through the love of Christ, the comfort of the Spirit and God's ultimate faithfulness; this is Good News. Negative is that death is 'the central moral pivot around which God works with the cross as its symbol' (Davies 2008, p.8). It is death conquered by life, but 'there remains a certain Christian romantic commitment to death as evil that can be adjudged as less than valuable' (Davies 2008, pp.8–9). Western Christianity has tended to emphasise guilt and sin, which is prominent in the Roman Catholic theology of the Mass. In the Protestant theology the emphasis is on Christ's Cross and in a literalist interpretation of Genesis 3. In the Eastern Orthodox tradition there is an emphasis on God's glory and love. This emphasis can be seen dramatically in the difference in interior architecture between Orthodox and Catholic churches.

Islam

Islam has roots in both Judaism and Christianity; for Mohammed, this world was transitory, though Muslims give credence to it because it is what they experience. The true life is after death, and this belief is an act of faith: the Qur'an states, 'Who will give life to bones while they are disintegrating?... He will give them life who produced them the first time; and He is, of all creation, Knowing' (Qur'an 36.78–80). The Muslim is accountable for the way he lives, because behaviour shapes future character. Life after death is necessary – a response to God's attributes. God's justice and mercy have no meaning if there is no life after death. It is characterised by a day of judgement, the fires of hell or the garden paradise of heaven. In Islam, the word Jahannam derives from Gehenna; the Qur'an contains 77 references to it.

Hinduism and Buddhism

Within these faiths, this life is the first of many lives. The way of life now, particularly the believer's concern for the marginalised, affects life beyond this one. This belief is expressed in the law of Karma, the

essence of which is that our past determines who we are and will be. This doctrine is a reincarnation of a life until the final goal of being one with the ultimate, the Supreme Being, is reached – *moksha* – or entering the deathless state of Nirvana. The Hope of Nirvana is the fusion of the soul with the body but the body is of no importance – it is the soul that matters.

For Hindus, all created life is sacred. The law of Karma has a more subtle and complex character. John Hick comments that it is not the present conscious self that is reborn. Rather, ‘In each incarnation there is a new empirical self, which comes into existence at conception and ceases at death’ (Hick 1983, p.491). Underlying the series of selves is an eternal spiritual reality, the *jiva*. This is manifest in various expressions, including the physical body, which perishes at death and the ‘subtle body’, *linga sharira*, which lives beyond death and ‘is later re-embodied by attaching itself to a developing embryo’ (p.491). The subtle body bears the individual Karma, and selects the appropriate kind of birth. Memories of previous lives exist only in the *jiva*. In the last earthly life, the individual has transcended self-centredness, and is ‘consciously one with the universal atman, or self, which is ultimately identical with Brahman, the eternal absolute Reality’ (p.491).

Buddhism believes in the brotherhood of all creation. Sickness and death are accepted as natural to life with a continuous cycle of birth and rebirth through the diverse forms of animal life until perfected. It is similar to Hinduism, ‘except that which is successively reborn is not a continuing entity, the Karma-bearing “subtle body”, but the stream of karma itself’ (Hick 1989, p.491). The Advaita Hindu and the Theravada Buddhist practise meditation and mindfulness and consciously avoid the domination of human desires and passions in their spiritual quest of identification with the divine.

Drawing together experience and cultural context leading to practical implications

As adults, we try to protect our children and shield them from harm. However, if we try to protect them from the reality of death, or try to manipulate the reality of death for them by ignoring their questions, refusing to let them talk of the deceased or using euphemisms of the dead, we are likely to cause them more harm and distress in the long run. Depression in adults is often associated with unresolved grief.

Young children have a healthier approach to death and dying than adults. The very young have enquiring minds and ask many questions. They are fascinated by death in animals, for instance that of wild birds and pets. It is not morbid to allow children to talk about death since it is part of their inquisitive nature and desire to make sense of the world and their own experience of it. This fascination is noted in the quotation at the heading of each chapter. It may seem macabre, for example, but Diane loves going to clean her grandfather's grave with her grandmother. Diane is ten years old. In contrast, there is still a taboo in the adult world about talking of death, though in recent years this has been challenged. Death becomes the butt of jokes: Woody Allen said, 'It's not that I'm afraid of dying. I just don't want to be there when it happens.' In contrast, the German theologian Jürgen Moltmann stated that 'to live as if there were no death is to live an illusion. Death acts as a catalyst to plunge us into more authentic life modes and it enhances our pleasure in the living of life' (Moltmann 1996, p.50). An excellent illustration of Moltmann's words is the life of Etty Hillesum, a Dutch Jewish woman who died in Auschwitz in 1943. It is described in a book by Patrick Woodhouse (2009).

Michael Morpurgo, at one time Children's Literature Laureate of the UK, wrote, 'My role in life: to teach them (his grandchildren) about death' (Morpurgo 2006, p.5). This role emerged from an experience in his childhood. The news of his grandfather's death was given to him at boarding school. It was not grieved so left Morpurgo with many questions and with fears of death. Years later, his grandmother died. On this occasion, he saw his grandmother's body and came to an understanding of death as simply an end. 'We need intimations of mortality – for my grandchildren it may well be the last useful thing I can do for them' (p.5).

As adults, we need to engage with our own deaths in order that we can be alongside, help and learn from children. Children's concepts of death, as all their concepts, develop in stages. We need to recognise these stages and respond in appropriate ways.

The world faiths have responded to questions of death and its origins through stories called myths: a literary device to explore a deep insight in a concrete, pictorial way, to explore truth concerning the significance of death. These stories are universal and are ones that children can explore. I return to the use of literature with children in helping them understand death in Chapter 5. Death is a reality

but more importantly a catalyst in order that we might recognise its finality and enjoy our living.

ACTIVITIES TO ELICIT THE READER'S EXPERIENCE

Thoughts on Death and Dying

Answer these questions quietly and on your own. Notice your emotions as you do it – jot them down.

1. When as a child, and how, did you first learn about death (e.g. pet/ grandad)?
2. What were your feelings?
3. What thoughts/feelings have you inherited from this childhood experience about death?
4. How often now do you think about your own death?
Daily Occasionally Never
5. At what age would you like to die?
6. Is there anything you want to resolve/ ask forgiveness for/be thankful for before you die?
7. Where would you like to die? (Include the sounds/sights/smells around you.)
8. Who would you like to be with you?
9. What are they saying to you?
10. What would you want to say to them?
11. What concerns you most about dying?
12. Will faith help you when you die?
13. What does 'death' mean to you?
14. What do you believe about the afterlife? Where does this belief come from?
15. Have you ever talked about dying and death with any one? Give examples.