

Title: Is death taboo for children? Developing death ambivalence as a theoretical framework to understand children's relationship with death, dying and bereavement

Abstract

Children's voices are missing from debates related to the idea that death is a taboo subject and this limits understandings of how children encounter death. Drawing on data from focus groups with children aged 9 to 12, this paper aimed to explore if and how children experience death as a taboo, but discovered that the death-taboo thesis lacks nuance, confining and misrepresenting children's experiences. Death ambivalence is thus proposed as a conceptual tool to illuminate children's relationship with death. It identifies policy and practice implications concerned with developing death literacy and brings a new theorisation to death and childhood studies.

Key words: death, taboo, children, bereavement, ambivalence

Main Paper:

Introduction

Death is a universal reality. We live in an aging population and the number of people dying, and the number of people experiencing bereavement, is expected to rise (Clark et al 2017). It is asserted that, by the middle of the twenty-first century, death and grief will be a significant global concern: for individuals, families and communities as well as for social and health policies (Walter 2017). Children inevitably come into contact with death either directly or indirectly. In the UK, it is estimated that 78% of children have experienced the death of a relative or close friend by the age of 16 (Harrison and Harrington 2001); based on the demographic trends predicted above, this number is likely to rise. Nevertheless, it is suggested that there is a taboo around talking to children about death and this limits the extent to which children are recipients of education and support (Jackson and Cowell 2001, Panagiotaki et al 2018). This is noteworthy since the concept of death as a taboo is contested within modern Western society and there is a well-established literature base exploring this dispute (Walter 1991, 2017, Tradii and Robert 2017). Whilst it could be argued, therefore, that the death-taboo is a tired debate, both its proponents and opponents fail to include the voices of children. This situation reflects a wider problem concerned with the paucity of children's perspectives on death more broadly. The exclusion of children's views around death is significant: understanding how children experience death is essential in trying to identify how best to support related experiences. This paper set out to address this omission, yet the research revealed that children's encounters with death are contradictory and inconsistent, and that the notion of death as a taboo confines and misrepresents their experiences. The concept of death ambivalence is thus proposed as a more useful lens from which to understand and represent children's experiences of death. Death ambivalence moves beyond the death-taboo debate by identifying that children *can* (and want to) talk about death and that they have a variety of needs related to doing so which are influenced by broader cultural and social contexts. This paper thus seeks to innovate the scholarly field of research into death and childhood studies whilst also provide a platform, underpinned by children's perspectives, from which to inform death education and bereavement support.

Background: Death-taboo

The concept of death as a taboo is predominantly situated within minority affluent societies and initially emerged through the work of Gorer (1955, 1965) and, subsequently, Ariès (1974, 1981). They asserted that death was taboo, because it was: *avoided*, via modern medicine that focuses on prolonging life through professional intervention within medical institutions; *unfamiliar*, due to increasing secularisation that provides people with a diversity of approaches to managing death; and *restricted*, whereby increasing individualism has meant that death and grief are personal, rather than social, experiences. As a consequence of secularisation and individualism, Mellor and Shilling (1993) argue that death is sequestered, leaving people ‘uncertain’ and ‘socially unsupported’ when confronted with their own death (p417). These arguments, however, have been strongly challenged. Walter (1991, 2017), Kellehear (1984) and Sayer (2010) assert that the death-taboo is questionable within current Western societies and identify numerous ways in which societies have adapted to acknowledge and manage the changing face of death: the very changes that Gorer and Ariès previously asserted contributed to a death-taboo. For example, Sayer (2010) argues that death might be hidden in buildings and managed by professionals, but this shows evidence that death is acknowledged and responded to organisationally and socially. Mellor (1993) asserts that the interest in death across academia and in popular discourse provides impetus to the argument that death is not taboo. Walter (1991) therefore argues for a ‘limited taboo’ thesis whereby death might be taboo for certain groups, but not society as a whole. This paper aligns with these later arguments, taking the position that death is both present and absent in contemporary society and that thus the death-taboo thesis lacks nuance. Yet, as will be discussed below, the absence of children from these debates warrants attention, not least because they are identified as a group for whom the death-taboo thesis continues to be upheld.

Children and death

What we know about children and death is mostly concerned with how children comprehend death and their experience of death when someone important dies. It is suggested that between the ages of five and eight most children will have developed a mature understanding of death that includes grasping its irreversibility, non-functionality (i.e. the body is no longer operational), and causality (i.e. how people die) (Smith and Hunter 2008). How children master these areas of knowledge is mostly informed by developmental psychology and a vast amount of research exists in this area. Nevertheless, Christ (2000) identifies that cognitive, emotional and social aspects of development are also important in shaping a child’s response to death; a child’s understanding of death thus varies according to their experiences. Theories connected to age and stage can only offer, therefore, a limited understanding of children’s relationship with death, yet may contribute to a death-taboo by shaping practice around how adults engage with children. For example, if a six-year old wants to know how her grandmother died, developmental psychology might suggest that she is too young to understand, thus contributing to a death-taboo by prohibiting conversation about death with younger children.

Literature related to supporting bereaved children identifies the alleged importance of being open and honest in a way that responds to the child’s social world and cognitive abilities (Monroe and Kraus 2005; Silverman 2000). Smith and Hunter (2008) highlight that when adults try to protect children from death, this can foster confusion,

ignorance and a lack of trust. This literature predominately focuses on the experience of death as a 'significant biographical event' (Ribbens McCarthy 2006 p180) involving the death of a close family member; little is known about the experience of death as what both Coombs (2014 p285) and Davies (2017 p11) refer to as an 'ordinary' experience. Nevertheless, it is argued that there prevails a discomfort from adults to discuss death with children (Smith and Hunter 2008, Silverman 2000). As a result, children are commonly denied access to information and rituals relating to death, which negatively impacts on their bereavement experiences (Silverman 2000). This avoidance of the topic of death is particularly relevant to schools whereby some teachers view death as a taboo subject, which can pose a barrier to the provision of death education (Jackson and Colwell 2001) and bereavement support (Holland 2008). This is significant given that schools are seen to have an important role in normalising, educating and supporting children experiencing grief (Holland 2008; Jackson & Colwell, 2001; Rowling, 2003). Thus, despite the importance of keeping children informed and included when someone dies, it would appear that death is an uncomfortable subject to discuss with children and this can be an obstacle to meaningful bereavement support.

The above knowledge of children and death resonates with the concept of a 'limited' death-taboo (Walter 1991), discussed previously, whereby children may be viewed as a specific group where death is taboo due to their developing intellect and status as child. Yet, despite this association, children have a limited presence in debates that specifically relate to the death-taboo thesis. Literature that includes children commonly refers to their inclusion or exclusion from death-related experiences as evidence towards how the death-taboo is conceptualised. For example, according to Ariès (1974), prior to 'the eighteenth century no portrayal of a deathbed scene failed to include children' (p12), suggesting that children were commonly included in information and rituals surrounding death. Elias (1984) argued that greater exposure to death enabled children to cope better with death and that children's exclusion from death-related rituals exemplifies the taboo of death within wider society. This argument, however, suggests that children's attitudes towards death both parallel and are shaped by those in the wider society, predominately the adults that surround them. Nonetheless, Jackson and Colwell (2002) assert that the death-taboo thesis has been accepted and maintained in order to protect children by reducing their fear of death. This situation potentially contributes to a death-taboo whereby children learn from adults that these issues are not talked about. Yet, these discussions do not recognise the individual agency of children in defining and redefining their own attitudes towards death; thus, although children are (occasionally) present in the debates around the death-taboo, their voices are absent.

Death: taboo versus ambivalence

The omission of children's views from the death-taboo thesis presents a major gap in fully understanding, and responding to, the experience of death in the lives of children. This is significant because, despite being a contested concept, the death-taboo continues to permeate numerous discourses, such as cultural events that seek to challenge the death-taboo as well as in recent textbooks on the sociology of dying (Tradii and Robert 2017). It also underpins a variety of policymaking and practice initiatives around palliative care that focus on breaking the taboo (silence) of death via conversation (Walter 2017). In Scotland, recent policymaking in end-of-life care refers to the need to promote greater discourse around death with particular emphasis

given to the role of schools (Scottish Government 2010). The death-taboo can thus be seen to inform and shape interaction around death and this is problematic: experiences and understandings of death are incongruous, and the diversity of approaches and influences means that a taboo cannot be contained within a certain framework and is likely to be contested.

Conndis and McMullin (2002) assert that ambivalence has been conceptualised at two levels: psychological and sociological. The psychological definition is arguably the most dominant, referring to an individual experience that involves a ‘simultaneous attraction toward and a repulsion from’ something or someone that manifests in feelings of discomfort (Braverman 1987 p85). Conversely, sociological ambivalence has been used less frequently as a conceptual tool (Hillcoat-Nammétamby and Phillips 2011), but potentially has a lot to offer how we understand children’s experiences of death due to its emphasis on the interaction between social relations and structural influences (ibid). Sociological ambivalence specifically refers to ‘structurally created contradictions that are experienced by individuals in their interaction with others’ (Conndis and McMullin 2002 p559). It is created by what Merton (1976) claims are incompatible expectations of attitudes and beliefs that are applied to a set of social positions. As such, sociological ambivalence gives focus to the interface between social relations, structural influences and individual agency (Conndis and McMullin 2002 p565). In doing so, it offers a ‘bridging concept between social structure and individual action’ that provides the basis for action which may maintain the status quo or introduce change (ibid p559). Sociological ambivalence has been used to describe the ‘uncomfortable’ nature of enquiry relating to the sociology of childhood (Shanahan 2007 p408), relational sociology (Hillcoat-Nammétamby and Phillips 2011) and family ties (Conndis and McMullin 2002.). It does not, however, feature prominently in the sociology of death except in relation to funeral consumption and the role of social, cultural and relational issues (Szmigin and Canning 2015). This paper argues that through listening to children talk about whether or not they view death as a taboo, sociological ambivalence can be theorised alongside death to develop our understanding of children’s experiences. In doing so, a model for death ambivalence can be developed that identifies what Hillcoat-Nammétamby and Phillips (2011 p214) call ‘dynamic and transformative dimensions’. Below the paper sets out the research design, going on to discuss the research findings and how these inform the conceptualisation of death ambivalence.

Method

This paper draws on qualitative data from a PhD study that used action research to advance education and support around death and bereavement between a Scottish Hospice and two schools (Paul 2015). The foundation of this participatory methodology was recognising the rights and agency of children, whereby children are viewed as capable informants on matters relating to the world in which they live (Oswell 2013, Gillet-Swan 2017). The study was conducted by the author who, at the time of the research, was a palliative care social worker working in, and funded by, the Hospice participating in the research. The study received ethical approval from the relevant ethics committees.

Participants

The sample sought to be representative by including all children (n=226), aged nine to 12, at two schools located in the Hospice catchment area: one Roman Catholic (S1)

and one non-denominational (S2). Different denominational schools were selected as the larger study aimed to explore if faith was an important issue for practice between hospices and schools; in Scotland 14% of schools are faith-based, the majority of which are Roman Catholic. Likewise, the larger study also sought to develop theoretical and practice knowledge around working with younger children. As the research sought to avoid unnecessary harm by introducing unfamiliar concepts to the children, the age range was selected to reflect research, discussed previously, whereby children aged eight and upwards are considered to have developed a concrete understanding of death (Smith and Hunter 2008).

The recruitment process was developed in consultation with the head teachers at each school. It initially involved contacting the parents/carers of children aged nine to 12 at both schools to inform them about the research and invite them to opt their child out of participating. At S1, 13 out of 112 children were opted out. The researcher then discussed the research with the remaining children (n=99) and invited them to participate by filling in a slip-of-paper that indicated their agreement, or not. 77 children agreed to participate in the research and 21 names were randomly selected to ensure enough participants for four groups. At S2, 12 out of 114 children were opted out. 12 parents also contacted the head teacher to say that they would like their child to participate. The researcher spoke to these children, who all gave their consent to participate. As this number of children aligned with the initial numbers for recruitment, the head teacher felt that it was unnecessary for the researcher to speak to further children who were not opted out of the research. Information on why children were opted out of the research and/or chose not to participate was not collected.

Data Collection

32 children participated in the research, 21 of whom were from S1 and 12 from S2. Out of the 32 participants, 17 were female and 15 male. Due to the sensitive nature of the research, care was taken to ensure the most appropriate methods were selected. Focus groups can provide a less threatening environment for children than interviews and assist participants to develop their thoughts and ideas about the research area (Gibson 2007). This was particularly important for this research, as the children did not have any previous relationship with the researcher and might be discussing a relatively unfamiliar subject. Focus group discussions enable participants to explore and share their experiences, opinions, concerns and ideas, whilst also pursue their own priorities within the research topic (Barbour and Kitzinger 1999 p4). They place emphasis on group interaction, allowing participants to opt in and out of conversation, as they feel appropriate. Potential participants were also given an option of whether or not they would prefer to participate in an interview, rather than a focus group, to reflect research that suggests children prefer to have a choice which research methods they use (Hill 2006).

Six focus groups, with four to six children each, and one interview were conducted, using open-ended questions to explore if and how children experience death as a taboo. A guide sheet was used to focus the direction of the focus groups and interview. To account for children's varied social competencies and life experiences, Punch (2002) argues that research with children should employ a range of different techniques and methods. Several activities were therefore employed that aimed to generate discussion. This included using icebreakers and games that were developed around the focus of the research and which encouraged a mixture of verbal and

written feedback. The interviews and focus groups lasted approximately 45 minutes, in line with the school timetable. They were recorded and transcribed, with permission from participants.

Analysis

The transcripts and written feedback were analysed using the voice-centred relational method (VCRM) of narrative analysis. VCRM was chosen due to its emphasis on ensuring that the participants' experiences and perceptions are brought to the fore alongside the social and cultural frameworks that surround them (Brown and Gilligan 1992); given the absence of children's voices from debates relating to the death-taboo this was a key focus of the research. The process involves undertaking four distinct readings of the data that focus attention on stories, the self, relationships and the social and cultural context (Mauthner and Doucet, 1998). The final analysis involves integrating the content from these four readings thematically (Finch and Taylor 2013). This analysis did not explicitly intend to compare the differences between the two schools, but instead prioritise the voices of the children, listening to how they talk about themselves and their relationships with others within specific social contexts and structures (Mauthner and Doucet, 1998). In this paper, all names and identifying information have been changed for the purpose of anonymity.

Findings

The children had had varied encounters with death and this facilitated discussion related to how death was experienced. Four themes emerged that interact with the death-taboo thesis and inform the conceptualisation of death ambivalence: death as omnipresent; death as unacknowledged; death facing; and death avoiding.

Death as omnipresent

The research did not intend to gather personal bereavement experiences, yet the children frequently recounted stories about people and pets that had died. This involved the death of a parent, a sibling, grandparents, aunts, uncles, cousins, neighbours, a rabbit, a hamster and dogs, through a variety of causes including cancer, old age, heart problems, suicide, war, overdose, anorexia and miscarriage. These experiences were primarily discussed in relation to the impact on self and on family members. For example, Clark's (S1) pet rabbit died and "*it was sad because [he] saw it dying [...] on the way to the vet and it died in the back of the car*". When Susan's (S2) grandmother died, her mum and aunty "*both got upset, worse than [Susan] because [she] didn't see her a lot*". Daniel (S1) "*was really close to [his] aunt when she died and [...] kept crying and crying*". Some of these personal bereavement experiences were also community events:

Sam: "I think everyone knows my dad's dead, but I don't know they know how he died."

Claire: "Well my mum saw [him] stumbling like that and he was bleeding across ... she was at my aunty's house"

Sam: "Well she must've been one of the last people to see my dad alive" (S2)

This quotation identifies how the children knew each other's families; living in the same community meant that others witnessed the death of Sam's dad and were talking about what had happened. Similarly, Mark (S2) discussed how his friend had "*been really sad cos his Granddad died [...] and he wasn't at school because he was with*

his family". Colin (S1) discussed how his dog had died, to which the group responded "*Did he? Your dog was cute. Awww*". Bereavement experiences thus featured in the children's personal and familial histories and also in their wider relationships and community networks.

Aside from the experience of bereavement, children also discussed how death featured in other aspects of their life including: literature that they read at home and school, such as Harry Potter and The Boy in the Striped Pyjamas; the news; television documentaries; advertising, such as "*the poor people in, like Africa and lots of children die every day*" (Harry, S2); history lessons on the Titanic, Jacobite's, Egyptians, Glencoe Massacre and Romans; Religious Education during Easter; in nature, such as observing animals getting run over by cars; and in video games. For example, Daniel (S1) explained how when he plays a computer game there is a scene where "*one of the characters stays behind while you save the President and it's really sad*". Clark (S1) discussed how when people die on the news he sometimes goes to bed thinking "*that they're going to jump out at me*". Death was therefore not hidden from the children, but in their personal lives, communities, social activities and education.

Death as unacknowledged

Despite the omnipresence of death, there was a consensus across the focus groups and in the interview that death was not commonly discussed at home:

Researcher: "Do people talk about death?"

David: "No, they try and keep it a secret and then just ..."

Lucy: "When my mum tries she just ends up crying [...]"

Mark: "Nobody talks about it in my house"

Richard: "Or my house"

David: "They usually keep it a secret because they don't want you to become sad" (S2)

This consensus was in contrast, however, to some children also telling stories about where death was spoken about:

"It was on a school day that [my mum] told me my Uncle died" (Daniel, S1)

"I had someone who had died in the family last year and we talked about it" (Amelia, S2)

Nevertheless, a number of children also discussed not being told information about the person who had died until a long time after the event:

David: "I thought my Grandpa was still alive, but my Grandpa died when my brother was a week old. So I never knew that he was dead, because I was only about, I think 2".

Interviewer: "And they never told you?"

David: "Yeh, until I was about 7" [...]

“Well my dad didn’t really talk to me when my Grandad died, because I was about 2 or 3, 4 and I didn’t really get to see him for the last two or three months” (Clark, S1)

Thus, the children were aware that the information that they were given about death was censored and were cognisant of some of the factors that impacted on this process:

“Some people’s parents are overprotective and so the kids won’t know what death is” (Alex, S2)

“At our age some of our parents might think that it’s not the time to discuss about it, but maybe when we are a bit older” (Daniel, S2)

This suggests that the children understood their status as a child and acknowledged adults as the gatekeepers of knowledge about death. Whilst it was not clear if this awareness prevented them from initiating conversation with adults about death, it was apparent that the children viewed it as a barrier to these conversations.

In school, there was also an agreement that staff *“don’t talk to us about it [death] at all” (Claire, S2)*. Nonetheless, one focus group remembered death being discussed:

Researcher: “What about in school, do your teachers [talk about death]?”

Richard: “No”

Lucy: “Never”

Lilly: “Never”

David: “They never ever talk about it or anything”

Mark: “Mrs McLean talks about death as her cat only died a couple of years ago”

Connor: “Didn’t she say she’d like her dad to come back again? [...]”

Mark: “Yeh, she talks about her dad being dead”

Richard: “But she’s the only person who has ever said anything”

David: “But we don’t really go over death at all” (S2)

Likewise, Niamh (S1) said her class talked about death and this was because she noticed a classmate:

“wasn’t talking. His aunt was about to die so, and I had to talk about Nana and started talking about my Gran and then we have started talking about it”

This conversation, however, was only between friends and did not involve school staff.

Nonetheless, when someone returned to school after a bereavement there was a consensus across the focus groups and the interview that *“we don’t really mention it” (Mark, S2)*. Sam and Stuart (S2) shared how their teachers had not acknowledged that their sister and father had died. Stuart recalled:

“I was off for about two/three months. I came back on a Friday [...] and all they [the school] done was, I remember Luke coming up to me and shouting ‘where you been?’ And then a big big big big big big crowd surrounded me”

This shows that the children in his class were unaware of why he had not been at school and therefore did not know how to respond to his absence in a way that was helpful. Only, John (S2) and Colin (S1) remembered that their teachers were aware that someone had died; John explained that this was because he took time off school to go to the funeral, while Colin said that this was because he asked his teacher to say a prayer for his dead dog, “*she never did though*”. Similarly, despite the frequency with which the children said that death featured in their history lessons and literature, it was rarely addressed. Karen (S1) recalled:

“reading books [...] and it said ‘I remember the way my dad used to cuddle me, my dad, and it’s the end he’s gone’ ... or something and it’s kind of sad. Mrs Dixon didn’t let us read that, because that story was a sadder story”

The other children in the focus group also remembered this event and recalled reading the story in their own time. Only one group recalled their teacher specifically discussing death in relation to a book:

“[The teacher] said don’t worry about death, because it’s part of life” (Clark, S1)

Thus, the extent to which death was acknowledged in the schools appeared to depend on individual staff members. Consequently, death was present in schools, but frequently unacknowledged.

Death facing: desires and needs

There was unanimity from the children that adults should talk to them about death:

Richard: “My mum’s best friend’s husband, he’s dying of cancer and he is going to die in a few weeks and they said that they’ve not told the kids yet [...] I think they should tell their children”

Researcher: “Why?”

Richard: “So they don’t get upset when”

David: “When he does”

Richard: “They need to know and then they can get ready for it”

[...] his mum said he was too young and he shouldn’t learn about it, but why shouldn’t he? When is the right age? There isn’t a right age?” (S2)

“I do think that it would be better for parents if they did let us know in advance. That way we have time to think it all through, so that when it happens it’s not quite as big a shock and it’s not as upsetting and scary” (Daniel, S1)

“I think people should be more open about talking about death and I want someone to answer my questions” (Alex, S1)

The children thus recognised their desire and need for access to information and education about death and acknowledged the associated benefits. This included recognising the importance of being informed when someone is dying, but also of

death being spoken about more generally, so that “*you can prepare yourselves for when it happens to you*” (Karen, S1).

Sharing stories about people who had died and/or were dying highlighted both similarities and differences in the children’s experiences, feelings and behaviours:

Harry: “I was six when my Aunty died and I was there when my Gran died”

Mark: “I was four when my Aunty died”

Anna: “I was four when my mum ... three, when she lost [miscarried] her first baby” (S1)

This shows the children acknowledging each other’s stories, but also making connections between their experiences. Sharing stories thus created opportunities for the children to have their experiences validated and normalised, as illustrated by Stuart and Sam’s discussion about their experience of returning to S2 after a bereavement:

Stuart: “The worst thing is when somebody dies and you come back to school they all crowd around you”

Sam: “Exactly. That’s what they done when my sister died”

Both children then discussed how their classmates crowded round them asking where they had been and they wanted to:

Stuart: “Hit, kick, punch them to get them away”

Sam: “Exactly”

It was apparent that Sam and Stuart had not had the opportunity to share their stories before, yet enjoyed the process of doing so:

Sam: “I am happy [in this group], because I let it all out and we are not doing work”

Stuart: “I like this group”

Researcher: “What do you like about it?”

Stuart: “Because you got to ask questions”

Their experience was echoed in all of the focus groups:

“I thought it was a good experience, learning about what everyone else in the group thinks about death” (Liam S1)

“It would be good if like people were talking about death and dying in like a classroom [...] so it’s not them as individual, but it has happened to other people as well. That would help” (Harry, S1)

“I thought it would be quite boring, but it’s quite interesting” (Colin, S1)

Talking about death was thus appealing as it served to connect the children, provide an opportunity to feel like they were not alone and develop their knowledge about death.

Death avoiding: death illiteracy and circumventing sadness

The children identified limited opportunities to access information and education on how to understand, respond to and cope with death, personally and socially. They described how they understood their own emotional response to death and grief and the responses of others, but these perceptions were not always accurate. For example, Lucy (S1) did not want people to see her upset in case they thought that she had disliked the person who died. She thus assumed that people would not view her tears as a reflection of her love for the deceased, but of dislike. Likewise, grief was often discussed as time limited, something whereby you are *"fine after a few days"* (Mark, S2). This shows that some children had a limited understanding about grief and therefore misunderstood their own emotional response, or that of others, when someone died. Where parents and/or school staff had discussed death, children had stored and reused this information. For example, in the situation discussed previously where the teacher had commented *"don't worry about death because it's part of life"* (Clark, S1), all of the children participating in this class repeated the same phrase at different points in the focus group. Likewise, Karen (S1) explained that, *"my dad talks to me about [death], life's only like a visit, you're in and you're out"*. Nonetheless, there was limited evidence to show how the children elaborated on these concepts or built other understandings around them.

Across all of the focus groups, the children were curious about death and grief and had numerous questions that focused on: biological/medical issues (e.g. *"How long does it take to die?" "Do you still feel or see?" "How can you be dead but you can donate lungs and stuff?"*); religious and spiritual beliefs (e.g. *"Do we go to heaven? Do we come back as an animal? Is there an after-life?"*); rituals and customs (e.g. *"Why do people get cremated or buried and how?" "Why do people bury coffins in the ground?" "What happens to dead people's bodies?"*); and grief (e.g. *"How can you help other people? Why does the pain keep coming back like a swarm of bees all the time?" "I'd like to know if other people cry."*). These questions highlight gaps in the children's knowledge about death and suggest an interest in learning about these areas. The children offered multiple suggestions about when, where and how these questions could be answered, including opportunities within the science or religious education curriculums or *"keep it as a subject"* (Anna, S1). There was agreement that it was easier to talk about death when it was not personal and that this *"let's you understand what happens"* (Craig, S1). Conversely, the children also felt that death should be spoken about when it is personal as *"it will be easier to handle"* (Niamh, S1).

The notion of sadness, in both the children themselves and others, was frequently described as an inhibitor to death-related conversation and learning. In all of the focus groups and the interview, the children said that death was difficult to talk about because *"people might get emotional"* (Laura, S1) or *"really really upset"* (Mark, S2). Amy shared how her great-aunt had died and *"it wasn't very nice because [her] mum cried"* (S2). This was Amy's main recollection of the death and highlights how difficult it was for her to see her mother upset. Similarly, Mark noted that it was difficult to talk about death, *"because the adult might be very emotional and it might not help, it might make it worse"* (S2). This fear of making other people cry suggests that the children regarded sadness as something to be avoided and that they wanted to take care of their parent's emotions. The children also expressed a desire to limit their

own displays of sadness and this was perceived as a barrier to talking about death. Niamh (S1) said that talking about death was difficult, because: “*you might cry and it might make other people upset*”. Likewise, John (S1) explained that you might feel “*physically sick or you just feel so bad*”. Because of this, Lilly (S2) felt that someone with “*special qualifications*” was needed to talk to children about death. Moreover, the children were aware that these fears were reciprocated by adults, as identified by Anna (S1), who noted that adults might find talking about death “*difficult, because children might cry and they might get emotional and might not like it*”. Thus, avoiding emotional vulnerability was a mutual process between adults and children.

Discussion: conceptualising death ambivalence

This research demonstrates that children can talk about death and that they have a variety of personal, social and educational needs in relation to doing so. Nevertheless, the themes identified suggest that children’s experiences of death were contradictory and inconsistent. Most children had experienced a personal bereavement and had seen, read or heard about the impact of death on people they knew (family members, teachers, classmates and neighbours). Death was also in the literature they read, their history and science lessons, the media and social activities. This confirms research that identifies death as part of ordinary life for children (Coombs 2014; Davies 2018). Yet, despite its tangibility, death was not consistently acknowledged or recognised. Whilst this might suggest evidence of a ‘limited’ death-taboo (Walter 1991), the avoidance of death was predominantly a characteristic of the social domains the children were part of, specifically their family and school life, as well as the wider cultural norms of what it means to be a child. The extent to which the children engaged with death thus depended upon their relationships with adults, but also access to education and support and their age and status as a child. Death, therefore, was not forbidden, unmentionable or prohibited as the death-taboo thesis suggests (Walter 1991), but both present and absent across different spaces and times. As such, the death-taboo thesis lacks nuance, as it fails to recognise the position of children within a broader network of social and structural relationships. It is from this perspective that this paper argues that the concept of death ambivalence can be developed, a model for which is presented in figure one.

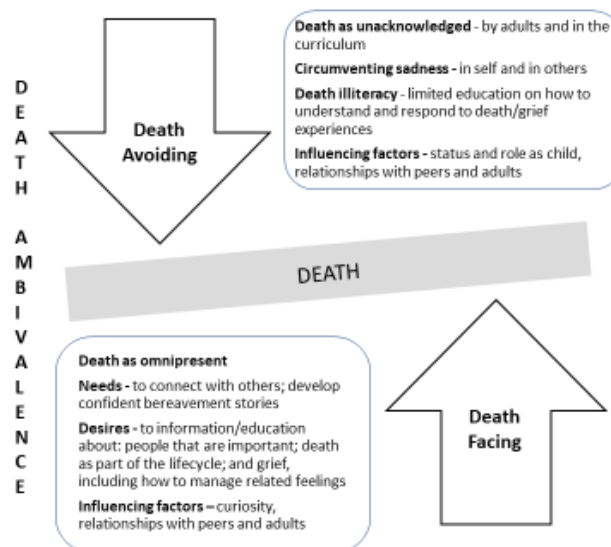


Figure 1: Death ambivalence in the lives of children

The model brings together the themes from the study to explain the different conceptualisations of how children engaged, or not, with death. It recognises the presence and absence of death in the children's lives and draws attention to these as opposing experiences influenced by wider social norms, relationships and individual needs. It draws attention to death ambivalence as an active process whereby the children fluctuated between being both attracted and averse to death. The appeal of death was concerned with the omnipresence of death alongside their desire to have access to information about their lives, their developing sense of identity, curiosity and relationship with others. Conversely, the children's averseness to death was based on death being unacknowledged (by the people they had relationships with and in their education), the desire to contain their own and others' emotions, and an awareness of their status as child. These varying and opposing factors result in a dynamic process that acknowledges the complexity of human relationships. For example, the children in this study were aware that adults limited their exposure to death because of both their age and the difficult emotions associated with bereavement. Yet, they balanced this awareness with their curiosity and recognition of their right to know about death. Likewise, the children wanted opportunities to tell their stories and it appeared that doing this with peers was enjoyable and useful. Yet, the research simultaneously revealed that the children avoided talking about death in order to contain displays of sadness in themselves and others. Whilst the children's experiences demonstrate the mutual protection that can happen in families after a bereavement (Ribbens McCarthy 2006), the avoidance of these difficult emotions was compounded by the limited opportunities within the school environment to support and foster openness around death. This suggests that the children restricted their behaviours according to their relationships with others, but also alongside socially-constructed norms, relating to the child/adult status and how/when grief should be displayed. This tension is a key feature of sociological ambivalence whereby 'individuals attempt to meet their own, their family's and societies demands' (Conndis and McMullin 2002 p565). As such, theorising death ambivalence involves acknowledging that death features in children's lives, but that these experiences are affected by the multiple social roles that children embody. It demonstrates that knowledge does not flow one way, from adult to child, but is an iterative process governed by contrasting norms about what it is to be a child, pupil, peer and so on (ibid). Thus, while a child may respond individually to death, their responses are also the result of the normative structures in which they live (Szmigin and Canning 2015).

Sociological ambivalence is not as a static concept. It suggests the possibility of taking some kind of action and this includes the action to take no action (Conndis and McMullin 2002). Hillcoat-Nammétamby and Phillips (2011) note that, because of this, ambivalence has transformative properties. Conceptualising death ambivalence draws attention to factors that are malleable and, as a consequence, might be transformative in readdressing the status quo. For example, the research suggests that learning about death and grief was predominantly a natural process rather than something that the participants were actively taught about or given guidance on. Thus, the children had limited resources to respond to death-related experiences and had a range of associated questions. Yet, the presence of death in children's lives and their death-related questions, coupled with their openness towards learning, offer clear opportunities for policy and practice relating to death education and bereavement support. The children supported these ideas, suggesting that death be taught within the

curriculum and spoken about when someone dies. This focus supports the creation of an environment where experiences of death and bereavement can be shared with peers and adults: the significance of which is recognised across a range of health and well-being issues (Backett-Millburn and Jackson 2010). Such developments might serve to address death illiteracy, which, in turn, might renegotiate ambivalence. These ideas support literature which suggests that schools have an important role to play in normalising, educating and supporting children around death and grief (Rowling 2003, Akerman and Statham 2014; Jackson and Colwell 2001). This literature suggests that, if children are educated about death (and loss) as a normal part of the life cycle, then they are better prepared to support themselves and each other when someone dies (Ribbens McCarthy 2006; Holland 2008).

Conceptualising death ambivalence is potentially relevant to children's experiences of loss more broadly, such as through divorce, becoming looked after and accommodated, and so on. Research in these areas identifies a strong desire from children to be kept informed and involved, yet this desire is not always realised (see for example Robinson et al 2003). This situation parallels the themes from this research, which highlight children's desire for information when someone is dying or has died but that this does not always happen. Death ambivalence identifies the tensions between children meeting their own needs alongside contradictory demands from their social and familial roles, yet simultaneously highlights opportunities to readdress this ambivalence. As discussed above, it offers an opportunity to develop children's death literacy (and by association emotional literacy around loss and change). Practice and policy developments in this area may serve to renegotiate death ambivalence by equipping children to better understand loss and grief, facing rather than avoiding these emotions in themselves and others. Whilst this concept is in need of further testing, such developments are likely to have a broader significance due to their relevance in developing children's resilience across a variety of loss experiences.

Conclusions

This research makes an important theoretical and practical contribution to the death-taboo debate by prioritising the voices of children who expressed their openness, curiosity and desire for death-related discussion and education. It highlights that death is simultaneously present and absent in the lives of children and that the death-taboo thesis lacks nuance. The concept of death ambivalence is developed as a conceptual tool from which to better understand and respond to children's experiences of death by drawing attention to the social, environmental, individual and relational factors that hold significance in children's lives. Death ambivalence is presented as a dynamic process that has practice and policy implications which, if addressed, may renegotiate death ambivalence in the lives of children and in understanding and coping with loss and change experiences more broadly.

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