

CHILDREN'S REPRESENTATIONS OF DEATH: THE ROLE OF AGE AND ATTACHMENT STYLE

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This study investigates the influence of age and attachment (secure, anxious-ambivalent, avoidant, and disorganized) on children's representations of death. One hundred primary-school children, whose attachment patterns were assessed using Separation Anxiety Test, completed Düss' funeral fable. Top-down thematic content analysis was applied by coding the narrative data with respect to eight *ad hoc* dimensions (narrative structure, emotional content, reflective capacity, locus of control, spatial and temporal embedding, action, image of self, and image of others). Regression analyses showed age to predict aspects of narrative structure, and attachment to predict emotional contents. Analysis of variance and *t*-test results showed that secure attachment was associated with longer narratives, greater reflective capacity, affect, and positive representations of self; avoidant attachment with more detailed descriptions of context and less affectivity. Anxious attachment prompted negative emotions and references to irreversibility of death in the sense of an irreparable loss; disorganized attachment led to shorter narratives, bizarre and violent contents. Implications for clinical work and future lines of enquiry are discussed.

Key words: Attachment style; Secure attachment; Insecure attachment; Representations of death in children; Düss fables.

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Although the death of a significant other is one of life's most stressful and painful experiences, the majority of people do not suffer lasting impairment to their physical and mental health as a consequence of it (Parkes, 2011). Most succeed in adjusting to the trauma caused by the loss and continue to live full and satisfying lives (Shear et al., 2007). Research on mourning has identified two possible reactions to death: some suffer in the immediate aftermath, but then go on to successfully cope with the pain; others, in contrast, struggle to manage their grief, resulting in pathological, complicated, or prolonged grieving (Dyregrov & Dyregrov, 2013; McClatchey, Vonk, Lee, & Bride, 2014).

Why is it that, while we are all vulnerable in face of death, some are more vulnerable than others? This question is even more crucial when we focus on deaths experienced in childhood, because children who have suffered the loss of a loved one are at risk of developing externalizing (aggressive behavior, anger, irritability) and internalizing (depression, withdrawal, physical complaints) symptoms (Cimino, Monniello, & Sinesi, 2012; Melhem, Porta, Shamseddeen, Walker Payne, & Brent, 2011).

Insight into children's representations of death is needed to inform clinical understanding of their symptomatic reactions to loss, as well as child clinical intervention (in areas such as suicide prevention, work with dying children, accident prevention, or grief counseling for children), and educational intervention with parents and teachers, who regularly encounter children's spontaneous questions about death (Krepia, Krepia, & Tsilingiri, 2017). Scholars have suggested that understanding children's concepts of death, and the associated emotions, can provide us with a key to alleviating their death anxiety (Yang & Chen, 2002).

The process through which children develop their way of representing death is also of interest in developmental studies on children's thinking and identity construction (Kenyon, 2001). Most of the studies within the Piagetian framework measured changes in children's death representation in relation to their movement through general stages of cognitive development, while psychodynamic approaches described children's death concepts in order to explore their emotional responses to death (Slaugther & Griffith, 2007).

Age has been identified as a key individual factor influencing both the concept of death (Bonoti, Leondari, & Mastora, 2013; Krepia et al., 2017, Panagiotaki, Hopkins, Nobes, Ward, & Griffiths, 2018; Yang & Chen, 2002) and the ability to cope with mourning (Cernaglia, Cimino, Ballarotto, & Moniello, 2014; Dyregrov & Dyregrov, 2013). Specifically, as children grow older, gains in cognitive and emotional competence facilitate greater understanding of events and therefore greater acceptance of loss. However, it is reductive to approach death in purely individual terms, because — as many scholars have argued — to cope with it is not primarily an inner process, but rather one that is complexly social: typically, in attempting to make sense of a loss, subjects look beyond their personal and familial spheres, to the wider social and cultural context (Neimeyer, Klass, & Dennis, 2014). Approaching the topic from a constructivist perspective, Neimeyer and Sands (2011) evoked the processes by which people organize the “seamless flow of life events,” including death, into meaningful episodes embodying personally significant themes, and seek validation for these meanings in their relationships with others. From a narrative perspective, individuals construct a life story that is uniquely their own, yet inevitably informed by the social discourse of their place and time. Neimeyer (2016) suggested that following life-altering loss, the bereaved commonly find themselves compelled to search for meaning at multiple levels, from the practical (How did my loved one die?) to the relational (Who am I, now that I am no longer a spouse, or a son or a daughter?) and spiritual or existential (Why did God allow this to happen?).

In childhood, the ability to reconstruct meaning is closely related to the quality of the child's interaction with his or her caregivers. On the death of a loved one, the nature of the child's bond, both with the deceased person and with the other survivors, can affect his or her process of adaptation to the loss. Given these premises, we now review the main studies on the role of age and attachment style in the development of children's concepts of death and dying.

AGE AND DEATH

Death is a complex concept, especially for children, who face loss with different emotions and cognitions than do adults (Webb, 2011). The literature (Cernaglia et al., 2014) suggests that maladaptive outcomes associated with the loss of a caregiver are influenced by the subject's developmental stage and ability to represent and to attribute meaning to the event.

Researchers have identified a set of key subconcepts making up children's concept of death: universality/inevitability, irreversibility, finality/nonfunctionality, and causality (Panagiotaki et al., 2018; Speece & Brent, 1996). Comprehension of these principles is essential for the child to be able to represent death: universality is the concept that all living beings die and that this is an inevitable situation; irreversi-

bility implies that when someone dies they cannot come back to life, such that death is a permanent condition; non-functionality is linked to the understanding that vital functions end on death; and finally, causality concerns the explanatory mechanisms that children invoke in attempting to understand their loss. All of these concepts are acquired gradually during childhood, in line with the development of children's broader cognitive and emotional abilities.

Nunes, Carraro, Jou, and Speeb (1998) identified for example three developmental stages in the construction of the concept of death. At the first stage, which lasts up to age 5 years, children fail to grasp death as final, viewing it as a separation, a dream, or something temporary. At the second stage, between the ages of 5 and 9 years, they tend to personify death as "someone" who comes to collect people, despite having come to appreciate it as irreversible and inevitable. At the third stage, between 9 and 10 years, the child successfully internalizes all three parameters of irreversibility, cessation of bodily function, and inevitability. However, it is only during adolescence that life and death are fully conceptualized and understood. According to Blos (1989), entering adolescence brings to the fore past traumas (such as the loss of a parent), which now need to be integrated into the self.

A large body of literature has investigated the relationships between children's concepts of death and variables such as age, gender, developmental level, socioeconomic status of the family, religious beliefs, and previous experience with death (Bonoti et al, 2013; Kenyon, 2001). Many of these studies focus on the influence of cognitive maturity and age on children's comprehension of death (Mahon, Goldberg, & Washington, 1999). Experts explain this emphasis on cognition and maturity by proposing that death is a highly abstract concept which requires the ability to differentiate between animate and inanimate objects, as well as between self and non-self, and involves understanding future time (Bonoti et al., 2013). It is assumed that children's death concepts change with age, that older children have more accurate death concepts, and that the developmental progression of subcomponent acquisition reflects general aspects of children's cognitive development, with the more concrete, and clearly definable subcomponents (universality, irreversibility) being acquired before the relatively more complex and abstract subcomponents (finality and causality).

Tamm and Granqvist (1995), analyzing children's drawings about death and verbal descriptions of their productions using the phenomenographic method, identified content-specific categories: biological death, in which children represented the death of the body as a violent event, as the moment of death or as a state (i.e., funeral scene, person in a coffin, graveyard); psychological death, in which drawings depicted emotions associated with death such as sorrow, mental imageries, and emptiness; and metaphysical death, in which drawings represented religious or metaphysical themes related to death such as the tunnel phenomenon, the mystery of death, or heaven and hell. Younger children (aged 9 to 12) represented death in biological terms and more specifically concentrated on violent death and rituals of mourning, whereas older ones (aged 15 to 18) represented death in a religious and philosophical manner. In other words, they displayed a developmental progression from a biological concept of death to a metaphysical one.

Slaughter and Griffith (2007) suggested that by age 10, most children conceptualize death as a fundamentally biological event that inevitably happens to all living things and is ultimately caused by an irreversible breakdown in the functioning of the body. Young children tend to conceptualize death as an altered state of living, either in heaven, or underground in the tomb, and thus often assert that the dead still need oxygen or water, and or that the deceased can still hear, dream, and so on. At this age, children do not understand the causes of death, other than to link dying with internal or external agents such as poison, guns, or fatal illnesses.

Researchers in this tradition have concluded that children do not grasp all the subcomponents of death, and therefore lack a mature understanding of death, up to age 7 at the earliest (Speece & Brent,

1996). Numerous studies suggest that children acquire understanding of irreversibility, finality, and inevitability, between 5 and 7 years, but full understanding of all the subconcepts of death at around 10 years of age. Causality is the final subconcept to be acquired, possibly because understanding the causal mechanisms that result in the breakdown of bodily functioning leading to death, is the most complex component of the death concept (Kenyon, 2001; Slaughter & Griffiths, 2007), while metaphysical perspectives only become fully formed in late adolescence.

Other research has investigated whether personal experience of death affects how children understand it, but the findings reported are contradictory. The effect of having lost a parent or sibling has not yet been fully clarified, with some studies finding associated differences in death concepts (Kane, 1979) and others finding none (McIntire, Angle, & Struempfer, 1972). On the one hand, it has been reported that children who have direct, personal experience of death display a relatively advanced understanding of it (Hunter & Smith, 2008) and that children who undergo protracted illness or hospitalization may grasp the concepts of irreversibility and causation before they would normally be expected to do so, reflecting a relatively early understanding of the medical/biological nature of death (O'Halloran & Altmaier, 1996). In contrast, other researchers reported that children who lose a loved one display less accurate death concepts than do children who have not had such an experience (Cotton & Range, 1990). Finally, another study found that the death concept scores of 5- to 12-year-old children who had suffered the traumatic loss of a sibling did not differ from those of matched controls (Mahon et al., 1999).

According to Mahon et al. (1999), this lack of consensus about the influence of previous experience on children's acquisition of concepts about death may depend on the different methodological approaches adopted, amongst other factors. We suggest that not having taken into account the family environment and, in particular, the differing attachment styles of the children who participated in the various studies may partly explain the incongruence of their findings, as we go on to argue in the next Section.

ATTACHMENT STYLE AND DEATH

A confused understanding of the subconcepts of death results from not only children's current cognitive and perceptual stage of development, but also from external factors, such as the environment they grow up in, their parents' and teachers' opinions, attitudes, and religious views, and their broader cultural context (Krepia et al., 2017). Emotional and social variables can influence cognitive processing with respect to death-related information. Indeed, the significant impact of emotional factors on children's death concepts suggests that death is not a purely cognitive construct. For example, personal closeness and anxiety have been found to affect children's responses to death concept questions (Kenyon, 2001).

Research on the contribution of family to the development of children's concept of death has identified two types of parents: a) parents who are willing to discuss death with their child or —when the family has personally experienced death and the related bereavement — are willing to “allow” the child to participate in the mourning rituals and express his or her feelings and thoughts about the loss; b) parents who are negative about death and avoid all discussion on the topic, viewing this as a means of protecting their child from a traumatic experience. In the first case, the child is allowed to develop a mature perception of death. On the contrary, in the second case, the information provided to the child on the sensitive subject of death is vague, or even cryptic. The second group of parents keep their children away from everything that is related to death, in an attempt to protect them from the emotional pain it causes, but ultimately making them feel even more anxious and confused about death (Hunter & Smith, 2008).

While the role of family is clearly recognized in the literature, less is known about the specific

contribution of attachment style to the development of children's representation of death, although attachment relationships have been widely researched in the context of actual loss of a loved one. This is because the loss of a loved one is an event that typically activates the attachment behavioral system (Bowlby 1969; Zech & Arnold, 2011). In our own earlier works, we investigated the influence of attachment style on children's inner representational system, in terms of how they internalize family relationships (Procaccia, Veronese, & Castiglioni, 2014a) and their images of self and other, in both normative (Castiglioni, Procaccia & Veronese, 2017; Procaccia, Veronese, & Castiglioni, 2014b) and clinical samples (Procaccia, Veronese, & Castiglioni, 2014c); however, we have not previously examined how attachment might affect children's representation of death.

A pioneer in this line of enquiry, Bowlby (1969/1982, 1973, 1980) described the effects on children of both temporary separation and irrevocable loss. Specifically, he suggested that early separation/insecurity might have a damaging effect on later bereavement reactions, causing complications in the grieving process. Following the work of Bowlby, attachment style has been defined as a motivational system that induces the individual to seek and maintain affective bonds with others: it is plausible to suggest that this system may be implicated in the process of dealing with loss.

Let us examine in more detail the crucial role of children's early relations with their primary caregivers and how these may impact on their later ability to cope with the concept of irreversible loss. Attachment theory suggests that persons who have experienced dependability and consequent security in their early childhood relationships will continue to be facilitated in forming, maintaining and — most importantly here — in relinquishing relationships. It also suggests that children build implicit "working models" of relationships between the self and others, which incorporate positive versus negative images of self and other, and of how these relationships work (Bowlby, 1969/1982). These models provide basic schemas for developing future relationships and attributing meaning to the world (Stroebe, 2002).

Furthermore, empirical research has confirmed that security in attachment is linked to normal or healthy grieving, thanks to the ability to mentally recall the dead and express one's emotions to a moderate degree (more than individuals with dismissing attachment styles, but less than those displaying preoccupied patterns of attachment), prompting functional strategies for coping with loss and investing in new relationships (Shaver & Tancredy, 2001; Waskowic & Chartier, 2003). Indeed, secure individuals have been found to experience an intense period of grief (for example: searching, pining, and attempts to recover the lost object) that eventually subside as they accept the reality of the loss (Wayment & Vierthaler, 2002).

On the other hand, a number of theorists have proposed that attachment insecurities present a major risk factor for complications in the grieving process (Bonanno et al., 2002; Burke & Neimeyer, 2012; Carr et al., 2000). Specifically, it is likely that an excessively dependent, insecure child who fears parental separation will later respond to irrevocable loss by obsessively focusing on the deceased and on the personal implications of this separation, with detrimental consequences for his or her psychological adjustment. In contrast, children whose parenting experience taught them to avoid intimacy, perhaps because their bids were rejected by a parent's intolerance of closeness, will tend to inhibit their grief and delay confronting the reality of loss — with similarly negative, but very different, consequences for adjustment (Stroebe, 2002).

Several studies have shown that insecurity in attachment is related to problematic bereavement through the influence of two components: anxiety and avoidance (Shear et al., 2007). Attachment anxiety reflects a negative view of self and a positive view of others. Anxious persons are often dependent in interpersonal relationships and constantly worry that others will not be available in distressing situations. In contrast, attachment avoidance is related to a positive view of self and negative beliefs about others.

Avoidant persons tend to mistrust others' motives and goodwill, and frequently attempt to maintain emotional distance in their relationships. From a theoretical standpoint, attachment anxiety is characterized by overactivation of the attachment system, whereas avoidance represents a deactivation of attachment needs and the minimization of emotional pain (Mancini, Robinaugh, Shear, & Bonanno, 2009; Mikulincer, Shaver, & Horesh, 2006; Shaver & Fraley, 2008).

Bowlby (1980) theorized that insecure individuals would display chronic grieving patterns, with elevated levels of distress that would not abate over time. Indeed, following a loss, attachment anxiety has been associated with more intense feelings of emotional loneliness (van der Houwen et al., 2010), psychological distress (Wijngaards-de Meij et al., 2007), and posttraumatic stress symptoms (Besser & Neria, 2012).

Several instruments have been developed for detecting clinical symptoms in bereaved children — see for instance, Inventory for Complicated Grief-Revised for Children (ICG-RC; Prigerson et al., 1995) — but they do not provide information about how death and loss are mentally represented in non-referred samples. Projective techniques can help to tap into the inner world of the child. In earlier research of our own, we used projective tests to evaluate traumatic functioning in clinical samples of traumatized children (Procaccia, Miragoli, & Di Blasio, 2013; Veronese, Procaccia, Said, & Castiglioni, 2010) and children involved in conflictual parental relationships (Procaccia, Miragoli, & Di Blasio, 2018); however, we have not previously used them to investigate the representation of death and dying.

From a preventive perspective, analyzing the behavioral and affective strategies used by children in situations of temporary separation from their caregiver may thus contribute to understanding their reactions in cases of actual loss. Hence, the aims of the present study are: to assess the predictive effects of age and attachment style on the representations of death in school-age children (aged between 6 and 10 years) as accessed via a projective technique, the Düss fables; and second, to evaluate the differences between secure, insecure anxious-ambivalent, insecure avoidant, and disorganized children in terms of their concepts of death.

METHOD

Participants

Participants were 100 children, 49% male and 51% female, mean age 8.02 years ($SD = 1.26$), recruited at two primary schools in the Milan area.¹ In terms of socioeconomic status, 83% were from middle-class, and 17% from working-class backgrounds. Concerning nationality, 89% of the families were Italian, while 11% originally came from other countries. The criteria for inclusion in the sample were: fluency in Italian, and no history of losing a close relative through death (parents, siblings, grandparents, cousins).

Children's scores on the Separation Anxiety Test (SAT; see Section "Instruments") suggested that 51% of the children displayed secure attachment, 19% anxious-ambivalent insecure attachment, 24% avoidant-insecure attachment, and 6% a disorganized pattern of attachment. There were no differences in attachment styles as a function of gender ($\chi^2 = 3.36$; $df = 3$; $p = .33$), or age ($F = .011$; $p = .99$).

Instruments

The children's mental representations of attachment style were assessed using the adapted Italian version (Attili, 2001) of SAT (Klagsbrun & Bowlby, 1976). This instrument evaluates reactions to hypo-

thetical separation from parents, portrayed in a set of six digital drawings in which the protagonist is of the same gender as the respondent. Three of the depicted separations are long (“severe”), and three of short duration (“moderate”). Following presentation and description of each picture, children were asked four questions about a hypothetical child: “How do you think the child in the picture feels? Why do you think he/she feels like this? What do you think the child will do now? What will the child do when he/she sees his/her mother (or parents) again?”. By coding the children’s responses, the following attachment types may be identified: secure, anxious-ambivalent, anxious-avoidant, disorganized/confused.

The children’s representations of death and loss were evaluated using the funeral fable of Düss (1949). Düss devised a projective technique based on psychodynamic theory for investigating key aspects of the child’s developing personality. The full instrument comprises 10 brief open-ended tales that the child is asked to complete. This instrument offers a quick method of accessing the child’s inner world and may be used to supplement data collected via clinical interview. Düss worked on the assumption that if a subject is taken aback by a story, supplying a highly symbolic ending or, on the contrary, inhibited by it and therefore reluctant to finish it, this is because the situation evoked by the incomplete tale triggers associations that bring to light a deep personality conflict. In the present study, we analyzed the funeral fable, which is designed to explore hostility, representations of death, guilt, and self-punishment. The text of the incomplete story is as follows: “A funeral is going down a street and people ask, ‘Who died?’ Somebody answers, ‘It’s somebody who lived in that house?’ Who is it?”.

The resulting narratives were coded with respect to ad hoc categories drawn from the literature (Black, 1978; Bowlby, 1969/1982, 1973, 1980; Düss, 1949; Panizza, 2003; Wayment & Vierthaler, 2002; Wood, Byram, Gosling, & Stokes, 2012; Worden & Silverman, 1996). These categories covered eight areas. They were: 1) narrative structure (length of narrative); 2) negative emotions, referring to anger (anger, hostility, blood/wounds, weapons, vengeance, antagonism), jealousy (jealousy; rivalry), resignation (resignation, acceptance), sadness (sadness, disappointment, depression, melancholy, weeping, loneliness), anguish (anguish, generalized anxiety, uncontrollable anxiety, fear, anxiety linked to strange and bizarre death), guilt (remorse, guilt, accidental death caused by the protagonist), powerlessness, shame (shame, self-deprecation), disgust, confusion (confusion, disorientation, uncertainty) and positive emotions referring to happiness (happiness, joy, surprise), hope (hope, religion, fantasy characters, reparative justice), compassion (compassion, empathy); 3) reflexive abilities, that is, irreversibility of death; 4) causality, that is, internal locus of control, external locus of control, type of death (violent vs. natural death, fatalism), references to blood and wounds; 5) contextual embedding: number of words used to mark temporal (then, when, while, until, next, before, after, . . .), and spatial relations; 6) actions: active role (number of modal verbs such as “can/could” and “will,” rescue actions on the part of the protagonist, escape actions, direct dialogues) versus passive role (number of modal verbs such as “has/had to,” passive verbs); 7) representation of self: negative references to self, positive references to self; 8) representation of others: negative references to others, positive references to others.

Procedure

The sample of participating children was recruited at two state-run primary schools in the Milan area. Following a standard procedure, an introductory meeting presenting the research project was held in the schools with the teachers, while a written description of the research aims and protocol was supplied to the parents. All parents who approved their children’s participation in the study signed consent forms that

outlined the research project, clearly specified that participation was on a voluntary basis, and explained the measures that would be put in place to protect the confidentiality of the research data. Both the Separation Anxiety Test and Düss' funeral fable were individually administered at school, in an *ad hoc* area offering tranquillity and privacy, by experts in the coding and interpretation of narrative material. Students responded verbally to the prompts, and their answers were transcribed verbatim for further analysis.

Two independent coders analyzed and coded all narratives. Inter-rater reliability of coding was established by calculating the percentage of cases in which the coders agreed (84%), as well as Pearson correlation ($r = .72, p < .01$). All discrepancies between the two coders were resolved via discussions among the coders and a third experienced coder. The coding of attachment was conducted separately from the coding of the narratives, and the narrative coding was carried out by judges who were blind to participants' attachment style.

Data Analysis Strategy

In order to compare participants' scores for the different narrative categories, the raw data were transformed into percentages on the basis of the total number of words produced by each child. Quantitative analysis was then conducted using SPSS.

More precisely, in order to assess the distinct and specific influence of age and attachment style on the children's representations of death, we conducted both correlational and multiple regression analyses using macrocategories, because several subcategories were not represented at all in some of the age and attachment style subsamples. In the regression equation, the narrative macrocategory percentages were entered as criterion variables, with age as predictor in the first block, and attachment in the second (coded as a dichotomous scale: 0 = *secure*, 1 = *insecure*). Subsequently, analyses of variance (ANOVA) were carried out to test whether the incidence of the various qualitative categories (macrocategories and subcategories that reached valid values) in the children's funeral narratives differed significantly as a function of attachment style (secure, anxious-ambivalent, anxious-avoidant, disorganized/confused). Finally, to better understand the specific differences between groups we conducted *t*-test for independent sample comparing the scores obtained by one group with the other groups together for some main categories.

RESULTS

Primarily we conducted a correlational analysis (see Tables 1 and 2) in order to understand the connection between age, attachment styles, and qualitative narrative macrocategories. Subsequently, we conducted regression analyses to evaluate the joint effects of several relevant predictors (see Table 3). Results indicated that age predicts different aspects of childrens' representations of death.

We, thus, provide the narratives of two children, aged 7 and 10 years, respectively:²

Roberto, aged 7 years: "A man died . . . he was a woodcutter and when he was in the forest, a big bear killed him. He turned into an angel and flew up to heaven . . .".

Giorgio, aged 10 years:

Who died? The grandfather died. He was very, very old, the oldest person in the village. But he was very ill, so he died. Everybody was sad and cried, because they loved him so much, because

TABLE 1
 Correlational analysis (*r* of Pearson) between age, attachment, and qualitative variables of the narratives:
 Narrative structure and emotions (%), reflexive abilities (%), and causality (%)

	Number of words	Total positive emotions (%)	Total negative emotions (%)	Total emotions (%)	Total references to reflexive abilities (%)	Total references to causality (%)
Age	.29*	.26*	-.14	.28*	.46**	.27*
Attachment	.06	-.13	.28*	.21*	-.06	-.06

** $p < .01$. * $p < .05$.

TABLE 2
 Correlational analysis between age, attachment, and qualitative variables of the narratives:
 Contextual embedding (%), actions (%), and self (%)

	Total contextual embedding (%)	Total actions (%)	Total references to self (%)
Age	.21*	.27*	.27*
Attachment	-.11	.12	.20

* $p < .05$.

TABLE 3
 Multiple regression with age and attachment as predictors
 and qualitative variables of the narratives as outcomes (%)

Macrocategory	Subcategory	Predictor	Beta	<i>t</i>	R^2	<i>F</i>	<i>p</i> =
Narrative structure	Length of narrative	Age	.31*	3.27	.11	5.99	.004
		Attachment	.06	0.65			
Emotion	Positive emotions (%)	Age	.34*	3.59	.13	6.56	.003
		Attachment	-.15	-1.15			
Emotion	Negative emotions (%)	Age	-.14	-1.09	.07	2.98	.05
		Attachment	.20*	2.34			
Reflexive abilities	Total emotions (%)	Age	.42**	5.67	.17	6.89	.003
		Attachment	-.06	-0.69			
Reflexive abilities	Total reflexive abilities (%)	Age	.35**	4.02	.10	5.87	.004
		Attachment	.05	0.53			
Causality	Total references to causality (%)	Age	.35**	4.23	.11	5.76	.005
		Attachment	-.03	-0.37			
Contextual embedding	Total references to contextual embedding (%)	Age	.22*	3.34	.11	3.78	.03
		Attachment	.01	0.14			
Actions	Total references to actions (%)	Age	.19*	2.54	.08	3.02	.05
		Attachment	-.05	-0.49			
Self	Total references to self (%)	Age	.25*	2.89	.10	3.12	.04
		Attachment	.10	1.09			

** $p < .01$. * $p < .05$.

he was very, very wise. A lot of people come to salute him for the last time; they know this is the last time they will see him, he will never come back; and they are thinking about the good things he did when he was still alive . . . to feel a little less sad. He had a grandson, who is strong; he didn't cry much, because he knows that his grandfather will be in his heart forever . . .

Specifically, age predicts the length of children's narratives; the total percentage of references to emotions, especially, positive emotions; the macrocategory of reflexive abilities; the total percentage of references to causality and to contextual embedding; the total references to actions; and the total references to the self. Attachment style predicted instead the category of negative emotions, as illustrated in the following responses:

Maria, secure attachment:

An old woman died. She had many sons and daughters and also many grandsons and granddaughters. Every Sunday they came to visit her. She was so nice, and kind. She used to cook good food for everybody . . . chicken, potatoes, and chocolate cake! They will miss her very much, but they know she will be in their hearts and in their memories forever.

Laura, insecure attachment:

A child died . . . he was killed by a monster . . . with a terrible long knife . . . his father and his mother are sad, they are desperate. They can't stop crying, they can't sleep . . . or eat. They hope it is not true . . . that he was only joking, and that their beloved child will come back . . .

A series of ANOVAs identified statistically significant differences between secure, avoidant, anxious-ambivalent, and disorganized attachment styles (see Table 4).

Giuseppe, secure attachment:

The school teacher died. He was very old, with a long white beard and white hair . . . like snow. His pupils loved him very much because he was kind and patient. He liked to spend a lot of time telling them interesting stories and they used to listen attentively. They thought he was the best teacher in the world! Now, they are very sad, because they know they won't hear his voice anymore; they won't hear his amazing tales anymore. The parents are sad too, but they try to console their children, telling them that they are lucky to have had a teacher like him. They tell also them that they must not feel too sad, because their teacher has gone to heaven . . . he has become a shining star . . .

Sarah, anxious-ambivalent attachment:

The mother died. She was so pretty and kind, and her children are so sad. They think about all the times they made her angry and they are so sorry. They are afraid of being alone, because they think they are not clever enough to do things properly by themselves. Now that she is no longer with them, they are afraid of everything! They will never be happy again . . . never again . . .

Luigi, avoidant attachment:

Who died? A man died. He lived in a big house, at the top of the hill. He did not often go to town. He liked to be alone, walking in the great forest near his house. He died in a car accident, going down to the village to buy food.

Anna, disorganized attachment:

The father died. A murderer killed him, he shot him with a gun. The killer has escaped from jail and now everybody is afraid, they won't go outside their houses. But the dead man has come back . . . he's turned into a zombie! When a child is naughty, his mother tells him "Be careful . . . or the bogeyman . . . the zombie . . . will come and get you . . .!"

With regard to narrative structure secure children produced a higher number of words while the narratives provided by the children with a disorganized attachment style were the least lexically rich

Second, in relation to emotions, the disorganized attachment group obtained higher percentage scores of references to uncontrollable anxiety than the other groups. The narratives of the anxious-ambivalent group contained more references to generalized anxiety than those of either the secure or avoidant groups. Avoidant children, in contrast, produced fewer references to emotions. Finally, children presenting a secure attachment style made more overall reference to emotions, balancing negative and positive emotions. They also provide a higher percentage of references to the macrocategory of reflexive abilities. As regard to its subcategories, children with disorganized patterns of attachment made the fewest percentage references to the concept that death is irreversible, and this in turn was associated with bizarre accounts of the dead coming back to life.

As regards the concept of irreversibility of death, children with anxious-ambivalent attachment were more likely to evoke images of irreparable loss than their counterparts in the other three groups. Finally, secure children represented acceptance of the reality that death is an irreversible loss more frequently than did either avoidant and or disorganized children.

With regard to causality, secure children showed a higher percentage of references to causality than the other three groups, while disorganized children drew more frequently on hostility and revenge as explanations for the death, making more allusions to blood, wounds, and bizarre deaths. Concerning contextual embedding, avoidant children provided more descriptions of places and time than the children in any of the other groups. Finally, concerning the macrocategories of representations of self, secure children showed a higher percentage of references to the self.

Results of *t*-test for independent samples confirmed that secure children produced longer accounts than other children (M secure = 43.83, SD = 29.97; M other groups = 19.29, SD = 8.07; t = 5.99, p = .004), characterized by: a higher expression of emotions (M secure = 22.12, SD = 13.46; M other groups = 10.45, SD = 7.51; t = 3.31, p = .001); more references to causality (M secure = 56.67, SD = 12.01; M other groups = 39.32, SD = 14.50; t = 2.31, p = .02); and more references to the self (M secure = 18.56, SD = 9.56; M other groups = 7.07, SD = 3.34; t = 4.27, p = .001).

Children with avoidant attachment made less references to emotions than children from the other three groups (M avoidant = 2.14, SD = 0.01; M other groups = 17.11, SD = 4.85; t = -9.46, p = .001), and they focused more than other children on contextual details (M avoidant = 32.45, SD = 18.67; M other groups = 12.48, SD = 6.40; t = 8.56, p = .002). Finally, anxious-ambivalent children made more references to generalized anxiety than secure and avoidant children (M anxious-ambivalent = 4.24, SD = 2.56; M secure and avoidant = 0.10, SD = 0.02; t = 7.34, p = .003), and more references to irreversibility of death than children from other attachment styles (M anxious-ambivalent = 32.14, SD = 16.15; M other groups = 18.00, SD = 7.61; t = 6.12, p = .004).

DISCUSSION

Our data confirm that age and attachment style impact on children's representation of death and dying. Acquiring a complete understanding of death is challenging for children. The main reason for this difficulty is that death is not a simple concept. It encompasses social and cultural beliefs, personal and emotional issues, religious assumptions, and conceptual understandings (Slaughter, 2005). As suggested in

TABLE 4
 ANOVA: Differences in qualitative variables of the narratives (%) among secure, avoidant, anxious-ambivalent, and disorganized children

Macrocategories	Subcategories	Secure Mean (SD) %	Avoidant Mean (SD) %	Anxious-ambivalent Mean (SD) %	Disorganized Mean (SD) %	F	p
Narrative structure	Length of the narrative	43.83 (29.97)	25.00 (13.70)	29.75 (29.16)	13.58 (8.11)	2.84	.04
Emotions	Total references to emotions (%)	22.12 (13.46)	2.14 (0.01)	12.43 (6.78)	16.78 (8.13)	3.95	.02
	References to uncontrollable anxiety (%)	2.18 (1.14)	0.08 (2.17)	2.33 (10.12)	17.32 (12.82)	4.61	.005
	References to generalized anxiety (%)	0.12 (1.11)	0.09 (0.23)	4.24 (2.56)	1.57 (4.78)	5.13	.002
Reflexive abilities	Total references to reflexive abilities (%)	29.05 (18.65)	18.68 (13.98)	32.14 (16.15)	.0001 (0.01)	4.07	.03
	Irreversibility of death (%)	25.32 (13.86)	18.56 (14.83)	32.14 (16.15)	10.13 (4.41)	3.83	.01
Causality	Total references to causality (%)	56.67 (12.01)	25.84 (9.23)	37.45 (19.23)	54.67 (23.78)	5.63	.003
	References to violent deaths (%)	10.41 (6.13)	12.66 (8.76)	16.71 (12.53)	28.39 (11.40)	3.13	.02
	References to bizarre deaths (%)	3.00 (1.12)	6.06 (2.43)	6.44 (3.14)	12.92 (8.19)	6.99	.001
Contextual embedding	Total descriptions of places and time (%)	16.78 (11.12)	32.45 (18.67)	5.12 (3.18)	15.56 (12.11)	4.38	.02
Representation of self	Total references to self	18.56 (9.56)	6.78 (4.32)	10.56 (7.45)	3.89 (1.12)	4.02	.03

the literature (Cunha et al., 2016; Neimeyer et al., 2014), children build up their own personal representations of the process of life and death based on their experience. The features that they attribute to death and the emotions they express about it are shaped by their developmental stage as well as by familial and social meanings.

As we found in previous research using narrative methods, age and maturity are associated with the ability to fully express one's representations verbally (Procaccia et al., 2014b). As age increases, so does the capacity to conceptualize death and dying in an ever more complex and coherent way. Older children typically provide longer narratives, which they organize into chronological and causal sequences, showing higher abilities to understand causality. Their more advanced cognitive skills allow them to identify salient actions, but also to engage in abstract and reflexive thinking about the concept of irreversibility of death. Emotional competence also improves with age: The representations of older children feature positive emotions alongside negative emotions, showing more capacity to focus on the self. Furthermore, growing, their notion of death becomes more similar to that of adults. Previous research (Bonoti et al., 2013) suggests that adults view death as an essentially biological event and this understanding influences their overall conceptualization of it. Adults recognize that death comes to all living things, is the final stage in the life cycle, is inevitable and irreversible, and is caused by a breakdown in the functioning of the body. In keeping with this pattern, we found that age predicted greater understanding of reflexive abilities, especially the concept of irreversibility of death. Furthermore, as hypothesized by Shaver and Tancredy (2001), we found that attachment style predicted our non-clinical participants' representations of how they might deal with emotions and stressful situations connected with death, invoking more negative emotionality. Both the scientific literature and clinical practice suggest that death challenges the attachment system, posing a threat to the survival of the individual and affecting the mourning process. This is because bereaved persons are forced to reorganize their inner emotions and modify their internal representation of the deceased, a process which re-evokes previous losses and separations.

Research on bereavement has identified a "normal" response to the loss of a loved one, comprising an initial period of strong expressions of negative emotions, followed by a remission of grief. In contrast, some individuals do not appear to experience significant distress after a loss, while others experience distress immediately following a loss, and maintain high levels of distress for a significant amount of time. Still others are believed to experience significant levels of distress at a later time if they do not exhibit distress shortly after their loss (Davis, Wortman, Lehman, & Cohen Silver, 2010).

These pathways are similar to the reactions related to the different attachment styles. The current findings suggest the protective role of attachment security in coping with death, while also suggesting how anxiety and avoidance might impact on processing loss. Specifically, our data suggest that secure attachment may help children to attribute meaning to loss (Stroebe, 2002). Having observed clear linkages between attachment style and non-bereaved children's conception of death, the next research priority should be to test these presumed associations directly with bereaved children.

In addition, although the small number of children with disorganized attachment in our sample does not allow us to generalize our results, the analyses of variance and the *t*-test suggest interesting lines of enquiry for the future, in terms of continuing to explore the specific impact of the different attachment styles on representations of death.

Secure children in our sample provided stories with more frequent and richer expressions of emotion, thus displaying a more advanced ability to make sense of death in narrative terms. Clinical theory (Hooghe, Neimeyer, & Rober, 2012; Neimeyer et al., 2014) suggests that this aspect is linked to the primary role of family systems in the meaning-making process. Adopting a narrative perspective enhances our

understanding of the processes by which family members conserve or construct a sense of resilience following a shared loss. Studies show, in fact, that mourners who are able to gradually integrate the experience into their meaning systems report fewer symptoms of complicated grief over time (Holland, Currier, Coleman, & Neimeyer, 2010). Likewise, family members of patients in palliative care who report being able to make sense of their loved one's pending death show less anguished anticipatory grief in the pre-death period (Burke et al., 2015), as well as less complicated grief symptomatology in the months following the death (Burke, Neimeyer, Bottomley, & Smigelsky, 2017).

The current findings suggest that attachment security is associated with greater ability to express emotions balancing negative and positive affects. Secure children also display more advanced reflexive abilities, successfully mentalizing their loss. This converges with evidence from clinical studies indicating that secure children flexibly fluctuate between grief and reparation in the course of a positive mourning process (Shear et al., 2007). Conversely, insecurely attached individuals are likely to take longer to grieve because they are left with unresolved feelings of guilt, anger, and anxiety that they must work through before being able to adequately reorganize and resume their lives (Waskowic & Chartier, 2003). The present study suggests that avoidant children focus predominantly on context, blocking and inhibiting emotional expression. In contrast, anxious-ambivalent children display generalized anxiety in relation to death, focusing on the death itself, its irreparability, and their own negative emotions. Irreparability is not the same as irreversibility. The former concept refers to a person's sense that he or she is unable to cope with the emotions caused by loss, while irreversibility implies healthy acceptance of the reality of death. This conforms to previous findings with young adults that attachment avoidance and anxiety hinder the process of overcoming loss (Meier, Carr, Currier, & Neimeyer, 2013), and suggest that investigating this phenomenon directly with bereaved children is in order.

Finally, our data support the hypothesis that disorganized attachment is the style associated with the greatest difficulty in coping with death. The narratives of disorganized children in our sample are the poorest in quality, in terms of both form and content. These participants' accounts are short, predominantly feature uncontrollable anxiety, and images of violent and bizarre forms of death, and reflect disorganized strategies for processing the death (Field & Sundin, 2001). Again, it is likely that such disorganized responses would be associated with poorer clinical outcomes in bereaved children, a possibility that merits future research.

In sum, our data, even if collected in a nonclinical sample, provide support for some explanatory models proposed in the bereavement literature. For example, Bowlby (1980) put forward explanations for the bereavement reactions of those with anxious-ambivalent and avoidant attachment styles. Anxious-ambivalent individuals are fearful of being misunderstood and underappreciated, lack confidence, and perceive significant others as being undependable and unwilling or unable to commit to long-term, intimate relationships. Their attachment system is thus believed to be readily and strongly activated during times of distress, such that, during separation, they anxiously seek the attachment figure (Main & Goldwyn, 1984). Bowlby theorized that such individuals would display a more chronic grief pattern, with high levels of distress that do not abate over time. Other researchers have described this type of bereavement reaction as chronic or "complicated" grief, a reaction that can be distinguished from other adverse outcomes of bereavement such as depression or posttraumatic stress disorder (PTSD) (Neimeyer, 2016). On the other hand, adults classified with an avoidant attachment style often report being aloof, emotionally distant, and sceptical, and they perceive significant others as unreliable, or desiring too much intimacy. Bowlby believed that this form of attachment was associated with so-called "delayed" or "absent" forms of grief, both considered to be abnormal. More recent work suggests that avoidant individuals are able to disengage

their attachment systems and literally do not experience emotional distress (Fraley & Shaver, 1997), but avoidance is related to increased levels of somatic complaints over time (Mikulincer et al., 2006; Pennebaker & Beall, 1986), especially when the losses are highly challenging, as in cases of violent death bereavement (Meier et al., 2013).

Finally, our data may also be interpreted in light of the Terror Management Theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986), which posits that people need to psychologically manage the unsettling implications of knowing not just that death is inevitable but that it could happen at any time. They do this by identifying with cultural belief systems (or worldviews) enabling them to view themselves as valuable members (reflecting self-esteem) of a cultural reality that will persist beyond their own physical demise (Arndt & Goldenberg, 2017). Studies informed by this perspective have found that people defend themselves against their conscious and nonconscious awareness of mortality in different ways (Pyszczynski, Greenberg, & Solomon, 1999). When thoughts of mortality are conscious, people try to remove them from focal attention, and such proximal defences act to push death-related thought to the back of the mind. On the other hand, when thoughts of death are active but outside of conscious awareness, people engage more strongly in distal defences, which address the problem of death at a more abstract and symbolic level. TMT suggests that a wide range of superficially distinct forms of human behavior are driven by the pursuit of self-esteem and faith in a cultural worldview, given that these psychological structures offer protection from anxiety related to the awareness that death is inevitable in people who are instinctively programmed for self-preservation (Pyszczynski et al., 1999). Our results seem to suggest that older children are able to reflect on and discuss death without feeling threatened, thanks to their greater awareness of the concepts of causality and irreversibility, and their rootedness in a cultural context that equips them to cope with the negative emotions associated with loss thanks to a positive self-image. Similarly, TMT may explain why insecure children, characterized by low self-esteem and an unbalanced image of others (idealized in anxious-ambivalent attachment patterns, and hostile and negative in avoidant patterns), have more frequent recourse to dysfunctional defences against negative emotions elicited by the concept of death, feeling more aroused by them.

Turning to the clinical implications of the present findings, our data confirm the influence of the attachment style on conceptions of death in school-aged children, even in normative samples, emphasizing the importance of understanding the connections between the two constructs, which could in turn explain why some people cope successfully with their loss, while others experience prolonged distress, presenting behavioral and affective difficulties, and mental and physical disorders (Stroebe, 2002). Following other authors (Kosminsky & Jordan, 2016; Stroebe, Schut, & Boerner, 2010), we suggest that assessment of attachment can contribute to informing treatment in general. Above all, therapists dealing with complicated grief will increasingly find it useful to base their interventions on an understanding of early attachment patterns and adult attachment styles. If substantiated by future research, these findings should alert clinicians to the limits of avoidance strategies in mitigating grief and the importance of distinguishing between avoidance and genuine resilience in the context of bereavement (Bonanno et al., 2002).

Limitations and Future Research

Although the results of this study are promising, offering material for further theorizing and enquiry, some limitations must be acknowledged. A first limitation concerns the variable size of the insecurely attached subsamples; above all, the extremely small size of the disorganized subsample prevents us from

generalizing our findings. However, we deemed it of value to report the results of this subsample, because disorganized attachment is linked to poorer clinical outcomes, as earlier noted.

A second limitation regards the timing of our assessment of both attachment style and representation of bereaved. We analyzed a non-bereaved sample to clarify the relation of age and attachment to processing of death-related stories in a normative sample, in this way laying the groundwork for a comparison of the narrative, cognitive, and emotional processes of bereaved children in future studies. However, it is altogether possible that the death of a loved one changes a person's attachment style (Davila, Burge, & Hammen, 1997), although other research suggests that attachment style remains stable over time (Scharfe & Bartholomew, 1994). In any case, we suggest that our study should be viewed as exploratory, recommending that prospective and longitudinal studies be conducted in future, specifically with children who have suffered the loss of an important attachment figure.

A third limitation is that we only assessed intrapsychic representations of mourning via the D \ddot{u} ss fable, hence we did not include familial, social, or cultural factors in our research design. While, as mentioned earlier, many authors suggest that grief and mourning may be universal and biological, both our understanding of a significant death and our changed relationship with the deceased are personally narrated, socially shared, and expressed in compliance with or contradiction to highly variable cultural norms (Neimeyer et al., 2014).

Finally, in relation to methodology, the present attempt to provide objective and generalizable criteria for analyzing narratives generated using the D \ddot{u} ss fables, specifically the funeral fable, should be viewed as preliminary and as requiring refinement in the course of future research. While promising as an approach, it could be compared to the narratives told by bereaved children directly about their own loss experiences, to assess the degree to which the two display similar cognitive and emotional features. The strong and substantial differences in processing death in the present non-bereaved sample of children of varying attachment styles, however, suggests that a replication of the study with bereaved children is a high priority.

NOTES

1. This study was carried out in keeping with the Ethics Code of Italian Psychologists and approved by the Ethics Committee of MIUR (Italian Ministry of Education, University and Research). Informed written consent was obtained from the children's parents. The children themselves were also free to take part in the research or to withdraw from it at any time; similarly, they could decline to answer any of the questions they were asked. The data were handled in keeping with General Data Protection Regulation (GDPR), Regulation UE 2016/679.
2. In keeping with General Data Protection Regulation (GDPR), Regulation UE 2016/679, all the information identifying the authors of the narratives has been changed (names, places, etc.).

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