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WHEN COQUIS SING: INTRODUCING YOUNG AUDIENCES TO DEATH AND
BEREAVEMENT THROUGH AN ORIGINAL PLAY

by

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A thesis submitted in partial fulfillment of the requirements
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ABSTRACT

This thesis documents the play development process of *When Coquis Sing*, an original play for young people that introduces the death of a parent on stage. Through the analysis of research from leading child psychologists and practical instruction from the Dougy Center, the National Center for grieving children and their families, this research defines important terms and demystifies language surrounding death to aid caregivers in having clear and concise conversations with children about death.

The purpose of this document is to counter the American cultural perception of death as a taboo topic for children. Hosting open conversations about death leads to healthier child development, which can help children cope with the loss that everyone will inevitably face in life. Theatre has been proven to work as a catalyst for conversations and create empathy for young audiences. Themes of death can be seen in all forms of storytelling for children, but this study implores the use of theatre to not only reflect experiences of grieving children on stage, but also create preemptive dialogue on the topic, so when tragedy strikes, children can have a tangible example to point back to.

The arguments in this document thwart misconceptions of using Piaget's stages of cognitive development and Kübler-Ross's five stages of grief as measurements of how all human beings should grieve. Instead of placing grieving children in stages and age groups that exclude important variables, this study focuses on the individual stories that are shared through reflective journals on the investigator's experiences and conversations as a grief facilitator, tutor, and artist in the field of Theatre for Young Audiences. The original play, *When Coquis Sing*, has been

designed to induce conversations on death through the telling of a young protagonist's story of loss, grief, and victory.

To my mother, Gladys LaBoy, my best friend, role model, support system, and muse.

To Hope, a young girl who showed me how walk in victory in the midst of tragedy.

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I want to thank my incredible husband, Pat LoRicco, for playing so many roles within this process. He was integral to every phase of my graduate career and this play development process. Pat, you make me a better person. I love you.

I thank my wonderful brothers for their ridiculous childhood antics that became a part of my research. Juni, Irving, Brandon, and Jonathan, I love you all too much, and I pray that you will always find me in the best and worst times of your life when you need someone to just listen.

I also want to thank the Core Four for being my light throughout my graduate career, and teaching me how to celebrate, collaborate, and initiate the change I want to see in this world. Maria Katsadorous, Leah Thomas, and Julie Woods-Robinson, you are the most valuable part of my graduate education, and I am so thankful that God “aligned the stars and the moon” to bring us along this journey together.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	1
CHAPTER 2: DEFINING YOUNG AUDIENCES, DEATH, AND GRIEF.....	10
CHAPTER 3: CHILD DEVELOPMENT AND CONCEPTS OF DEATH.....	18
CHAPTER 4: CHILDHOOD GREIVING AND BEREAVEMENT	30
CHAPTER 5: REFLECTIONS OF A GRIEF FACILITATOR.....	38
CHAPTER 6: THE PLAY DEVELOPMENT PROCESS.....	47
CHAPTER 7: CONCLUSION	68
LIST OF REFERENCES.....	75

CHAPTER 1: INTRODUCTION

One of the most impactful images of my childhood is a scene from Disney's *Tarzan*. During the final battle scene between Tarzan and the villainous Clayton, Clayton chases Tarzan into the vines of the African jungle and attempts to slice Tarzan with his dagger. With every slash of the blade, Clayton cuts the plants and branches that support him, and he inevitably hacks one too many and falls into a vine that wraps itself around his neck. A lightning flash reveals the silhouette of Clayton's dangling body, motionless. As a child, I knew that good conquered evil from this scene, but as an adult, this image gives me chills. Is the movie too graphic for children? Is this scene damaging young minds? As a child, how did I manage to watch this on repeat unscathed? Whether a child has suffered a loss or is simply responding to an image like the one above, death is a topic that breeds curiosity and elicits questions from people of all ages, especially children..

As a Theatre for Young Audiences teaching artist, director, and playwright, I constantly battle both the desire to create innovative work and the fear of pushing young audiences to the point of trauma through the introduction of difficult subjects such as death. I want to tell stories about children in authentic ways, which include stories of adversity as well as celebrations, but am I allowed to create art that addresses topics of sex, identity, violence, and death? Is my work marketable if it includes themes of death? Will the gatekeepers of young people see my work, or will I make the work for myself? Although one in five children will experience the death of someone close to them by the age of 18, the culture in the United States is to avoid the presenting death within children's entertainment (Thompson 172). In theatre for young audiences, death is

considered to be a taboo topic, but if one in five children is being affected by death, then why is the theatre not allowed to reflect their stories on stage?

My interest in the topic of bereavement in children began when I was a tutor for an eight-year-old girl named Hope. For a year, Hope and I worked on homework together, watched cheesy movies, and ate junk food – anything to help distract Hope from her mother’s illness. Hope’s mother, Eleasha, fought a rare form of cancer for over twenty years. Hope was born into an environment of hospital visits, chemotherapy, and seasons of healing, but she was also removed from the conversations surrounding the possibility of her mother’s death.

In the same year Hope’s parents had asked me to step in as a tutor, Eleasha took a turn for the worse and died. As much as I wanted to help Hope in this situation, I didn’t have experience working with or caring for grieving children. I never experienced a loss like Hope’s, and I felt completely ill-equipped. Things changed soon after Hope’s mother died. At first Rich, Hope’s father, asked me to spend more time with Hope while he went to GriefCare, a ministry set up by the church for which I was working at the time. I expected my time with Hope to be somber and tense after her mother died, but it was virtually unchanged. She never talked about her mother’s death, and she never asked me the questions that I was terrified to answer. Questions like, “why is my mother dead?” “Did she feel any pain?” “What happens after we die?” “Will I die too?” Questions that were all the more difficult to answer in my role as an employee of a nondenominational church, where members of the church came from an array of differing belief systems, particularly beliefs of the afterlife. She would, however, talk about her in the present tense.

One day, Hope picked up a butterfly puppet, one that we used for children's services, and she looked at it for a while. Then, she looked at me with a huge, toothless grin and explained that the color of the butterfly is her mother's favorite color. It was impactful to see a first-grade girl hold on to her mom, but not in the emotional way that I expected of her. I did my best not to pry or ask questions. I listened. A few weeks later, Rich decided to move closer to his wife's family, so that they could help with Hope, which meant that they would no longer need my services. I understood. I found myself in the middle of transitioning into graduate school, so Hope and I slowly faded out of each other's lives.

The fast-paced nature of graduate school made it hard to keep up with the relationships I cultivated in my time at the church. I had a massive amount of course work to occupy my mind, but after reading *The Yellow Boat* by David Saar in our Dramatic Literature for Children class my thoughts immediately came back to Hope. I read *The Yellow Boat* without reading the playwright's note or biography beforehand. I was stunned. I reached the point where Ben, the main character of the book who is diagnosed with hemophilia, contracts a viral strand of HIV during his routine blood transfusion. I stopped reading. My heart was broken. This figurative heartbreak felt so real that I could not catch my breath. This play meant for children gave me an emotional, mental, and physical reaction. I thought my emotions were safe. Plays tailored for adults never gave me a visceral experience like this, so how could I expect a play for children to affect me so deeply? I completely underestimated the power of storytelling in this moment. I knew, from that moment on, that I wanted to create theatre that impacted the human experience in every possible way. The significance of this play was enhanced by my research of the playwright, David Saar. The main character was based off of Benjamin Saar, David's son, who

died from AIDS after an infected blood transfusion. This play told the true-life experience of a child, and I couldn't help but think that there were children out there seeing Benjamin's story come to life onstage. I want to tell stories about children: stories that capture their adventures, tragedies, and memories through spectacle, language, music, dance, and technology; stories that share a child's authentic, emotional journey of being a human. Most of all, I want to share this type of storytelling with Hope.

I began thinking about how theatre could aid the conversation about death between adults and young people. As my curiosity grew, my insecurities followed suit. I was inadequate for this mission I had assigned to myself. On top of all of my insecurities surrounding this topic, I was also managing my graduate course load, so I chose to explore the topic of death within my assigned projects within my classes. For example, in my Dramatic Literature for Children class, I chose to study death in children's dramatic literature for my term paper. I researched and discovered The Dougy Center - the national center for grieving children and their families. The Dougy Center provides a space for children to engage in play therapy, as their guardians meet for group therapy. I looked for a partnering organization in Orlando and found New Hope for Kids in Maitland, Florida. I applied and began the interview process to be a Grief Facilitator.

When I met Hope, I worked as an Education Coordinator, so taking on the role of a facilitator felt like a natural start into understanding populations of young people who grieve. Through my training, one truth became abundantly clear: *children are resilient*. I see resilience in children all the time. I grew up with four younger brothers. I remember my brothers wrestling one another, banging their heads on anything they hid under, and jumping off of everything they could climb. Being the eldest child and the only girl positioned me to nurture and protect my careless and

clumsy little brothers. As hard as I would try, they would slip from my grip, practice an off-the-ropes wrestling move off of our set of bunk beds to body slam onto one another. I remember my youngest brother at the time, Brandon, falling off the top bunk and landing on the floor with a belly flop. I thought for sure there would be blood, but after a couple of wiped tears, he got up and proceeded to try to put my other brother in a sleeper hold.

My brothers were resilient emotionally as well, but thinking back, they were also pretty naive in thinking that I held all of the answers to their questions about sex, divorce, and all of the things that we were too scared to ask adults about. I was only a couple of years older, yet I was established as the wise one of the bunch, the one who had all of life's answers. Wanting to keep my "know-it-all" crown, I would relay things that I heard from friends and older cousins or elaborate on folk tales from the streets of the Bronx. Thinking back, I can't help but wonder: to whom do children go for their tough questions? Who are their reliable sources? According to Charles Corr and Donna Corr, "Peers provide a different and important context for children to learn social skills," which is where children can find answers that are lacking from their adult-child relationships (Corr and Corr 169). Chances are, most children are getting their information about these tough topics from their friends on the kickball field. There is a delicate balance between the adult and peer support. Children need specific types of emotional support. A child's capacity to understand complex concepts is dependent on many variables, and there are many contrasting views on exactly what a child needs to hear in the midst of a tragedy, but adult input is absolutely necessary (Corr and Corr 111). When parents create an environment where children do not have their needs met, children look to their peers to fill in the gaps of their knowledge.

Children are resilient, but they need emotional support, especially in the midst of a tragedy. How can guardians start creating space for the needs of a grieving child?

At New Hope for Kids, I saw the staff and volunteers construct literal spaces for grieving families. Soon after my Grief Facilitation training, the organization was moving into a new location that was renovated to suit the needs of the families who would attend weekly for group and play therapy. Families were separated during their sessions at New Hope for Kids. Children were given the opportunity to connect and talk with their peers who suffered from a death of a loved one, while parents met in a group of other grieving caregivers and a psychologist. The children were given crafts to help facilitate discussion of their grief and the death of their loved one, while parents were given the resources they needed to grieve and mourn alongside their young ones. I grew exponentially in my understanding of young people and the capacity they had to handle mortality.

New Hope for Kids revealed the freedom in discussing death with children, which up until this point was a topic I was afraid of. I was baffled by the idea of mortality, and all the more intimidated by the prospect of discussing death with young people. I noticed that in all of my interactions with children as an educator or theatre artist, the need to talk about death came after a child experienced a death-related event. Even with Hope's mother's twenty-year battle with Cancer, Hope's parents did not explain what was to happen to Eleasha. Instead, they kept Hope away; they sent her to me. "It is far healthier to share the joint quest for wisdom with children". Adams means that the adults involved in these conversations do not have to be experts on the topic: it is ok to admit to children that we do not have all of the answers. It is ok to share in the emotional release and admit: "I can cry too" (Adams and Deveau 12). Caregivers do not have to

worry about causing fear in children when it comes to the subject of death; they simply need to figure out a clear way to direct the child's curiosity. In many of the families that I encountered at New Hope for Kids, the parents and guardians battled their own grief as well. Like Rich, they expressed the pressure to put on a tough face, which in some cases made it all the more painful or challenging to begin answering the overflow of questions from their curious, young one. Looking back, Hope had no idea how much I mourned for and with her. I wonder if sharing those emotions with her and being honest about my thoughts on the situation might have been a way to help her grieve.

Having an open conversation about difficult life questions like "what is death?" gives family members strategies and solutions to which they can refer when misfortune falls (Adams and Deveau 11). The problem is that death is unpredictable. Events in the human lifespan fall into two categories: normative and nonnormative life events. "A normative life event," according to the *Handbook of Childhood Death and Bereavement*, "is one that is expected to occur at a certain time, in a certain relationship to other life events, with predictability, and to most if not all of the members of a development group or cohort" (Corr and Corr 5). For example, most children at the age of six start school, or most children experience puberty between the ages of 9-14. Death falls into the second category, a nonnormative life event, because it is unforeseen and does not follow a familiar pattern or standard of development. It is situational but not rare. Death is inevitable, but this does not have to be a sobering realization for families. Having open conversations is a healthy way to ensure that children, especially when faced with a crisis, will go to a parent and guardian before turning to uninformed individuals who may skew the child's perception of death long-term.

Since learning about Hope's loss, I have studied and cultivated information from the experts in child psychology, sociology, and child development. This information partnered with my training in theatre arts has initiated an intention of mine to use theatre for both post- and pre-cautionary conversations to discuss the inevitability of death with young ones. In Jeanne Klein's article, "From Children's Perspective: A Model of Aesthetic Processing in Theatre," she states that "Powerful stories contain universal themes about the human condition through characters' conflicting actions [...] The most successful dramas are those that allow spectators to enter into a protagonist's psychological consciousness or 'inner' vision in order to empathize with her 'outer' reality" (41). Theatre creates wonderful opportunities to empathize with characters, specifically chances to identify with the protagonists. If children encounter a protagonist who is experiencing grief, they can build more articulate thoughts and feelings on the subject, ideas that might not have existed before. This argument inspired me to begin developing dramatic material for children who have suffered loss. The purpose of this thesis is to share my experiences and reflections as a theatre maker within the process of going through researching child development within grieving populations. My reflections from grief facilitation training with New Hope for Kids showcase my training and research in practice with the grieving populations at the center. My reflections in the play development process present the value in collaborating with artists and audiences to share life experiences surrounding grief, which allowed me to create *When Coquis Sing*, a play designed to inspire intergenerational conversation around the themes of death, grief, and victory. My desire is to share my reflections, research, and practice to inspire parents, caregivers, and artists who work with children to create space for an open exchange between curious, young people and knowledgeable adults to discuss death. This process has given me the

confidence and expertise to work with populations whose life experiences differed from my own. My evolution from intimidation to expertise came from my desire to do the things I was most afraid to do throughout this process. I hope this work gives agency to all adults who care enough to tell curious children “I don’t know, but let me find out for you.”

CHAPTER 2: DEFINING YOUNG AUDIENCES, DEATH, AND GRIEF

When I mention *young audiences*, *young people*, or *youth* within this document, unless otherwise specified, I mean *persons* who range in age from birth to the age of eighteen. Although the term childhood can be broadened – especially within the U.S. American cultural landscape – for my research, I will reference children as a human that is between the ages of 0-18. I train and work with young people who span this age range, so it seems natural to think of my research as it pertains to the various stages of childhood. In my three years, as an Education Coordinator at Christ Fellowship, I created curricula and productions for children from first grade to fifth grade. My job also entailed building a team of over eighty volunteers whose ages ranged from eleven to seventy-five, most of which were middle school and high school students. My graduate school assignments afforded me many opportunities to work with a variety of ages as well – from developing plays for babies (ages 0-4) to teaching acting classes to undergraduate students (ages 17-24). In my working experience, I never focus on solely one age group; therefore I have developed skills and strategies to manage young people within the age range of 0-18. I find it most useful to hone in on this age group because of their dependency on the adults in their lives. According to Sandra Aamodt and Sam Wang, neuroscientists and authors of the book *Welcome to Your Child's Brain*, “Compared with adults, children start with a double disadvantage in dealing with stress” (220) “They have limited power to change their environments” (220). This means that a child’s dependency on adult figures makes the lack of communication of mortality even more troubling. It cannot simply be the responsibility of a teaching artist or theatre maker to have these conversations with children. In other words, conversations about death are complex,

personal, and spiritual. All of those components make it difficult for people who work with children to begin a conversation. This document urges families to begin these conversations at home. Adults involved in a child's life, outside of his or her primary caregivers, need agency or at least a foundation to help.

The role a child plays in U.S. American society is a complex one. Not everyone agrees that children have a say or a right to be a part of any conversation. As an artist who has worked for general audiences, I have met adults who feel that children do not have the capacity to have their own thoughts and opinions. I notice a tension between theatre intended for adults versus theatre intended for children, and the thought that children deserve less than adults led me to investigate child development. In their book, Aamodt and Wang explain that there is scientific evidence, which says that most brains do not fully develop until the age of 25, but should that mean that we should treat young people as less than human? This question is not reflective of the arguments presented in Aamodt and Wang's book, but it is an argument that I have seen guardians of the children in my working experience use to put their young ones in a figurative box. This dehumanization of children is not always intended to do harm, but it does make me think: if children are not people, do they not have rights? Legally, they do. According to U.S. Code Title 1, Chapter 1:8:

- (a) In determining the meaning of any Act of Congress, or of any ruling, regulation, or interpretation of the various administrative bureaus and agencies of the United States, the words "person", "human being", "child", and "individual", shall include every infant member of the species homo sapiens who is born alive at any stage of development.

- (b) As used in this section, the term “born alive”, with respect to a member of the species homo sapiens, means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.
- (c) Nothing in this section shall be construed to affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species homo sapiens at any point prior to being “born alive” as defined in this section.

(United States)

Legally, children who are “born alive” do have rights, but do they have the right to have an opinion? This project takes as one of its underlying assumptions that children are people, and although there are complex concepts that need to be articulated to children carefully, young people are deserving of truth, thoughtful conversations, and most of all, they deserve to have their stories and opinions heard.

In my day-to-day experiences, working as an artist with the Theatre for Young Audiences field, my relationships with children come in tandem with their caregivers. Theatre for Young Audiences (TYA) is the performance for, by, and with children from ages birth to 18. TYA often has close ties with the education system, so it can include theatre integrated with other subjects. TYA often also works within the community and has an aim for social change with children

involved. As an artist who advocates for young people, the work I have been developing places young people as the protagonists of their lives. My future goals are to include children directly into this dialogue, but living in the U.S. American culture of filtering content for children, I know that this document is intended to give the guardians of children as many resources as possible. The conversation begins with the adults in the room.

There is no need to prescribe how conversations about death should take place or what the outcomes will be. My purpose is to encourage these conversations to happen and possibly create a conduit between a child and a parent through a theatre piece. From a parent's death to the sight of a dead animal on the side of the road, death-related experiences will happen to children; that is not the question. The question is whether adults will handle those experiences productively (Adams and Deveau 18).

As they develop, young people use different forms of communication. From babies crying, to toddlers making sense of their world through play, or even what genre of music a teenager decides to listen to – these all speak volumes, but not always in a way adults can understand. Younger children might not even have language for the complexity of emotion they are feeling, the abstract concept of afterlife, or the concrete fact of someone who is suddenly not there anymore, so it is important for adults to have clear definitions and thoughts of their own before beginning the conversation with their children (26). In Ariane Lewis's article "Shouldn't Dead Be Dead? The Search for a Uniform Definition of Death," her committee came up with a clear and descriptive definition of death:

The Committee identified the following clinical criteria to be consistent with a permanently non-functioning brain: (1) unreceptiveness or unresponsiveness to

any external stimulation; (2) absence of movement or breathing (defined as absence of movement in response to pain, touch, sound, or light over the course of one hour and total absence of spontaneous breathing after discontinuation of the ventilator for three minutes); and (3) absence of reflexes (fixed and dilated pupils, no blinking or movement of the eyes to head turning or irrigation of the ears with ice water, no posturing, no corneal or pharyngeal reflexes, no swallowing or yawning or vocalization, no muscle contraction in response to tapping of tendons, no plantar response). (112)

The definition of death has been open for debate, but for my purposes, the conversation of someone who is brain-dead being alive or dead would be a tough conversation regardless of whether the person is officially considered dead or alive, and this definition should be up to the discretion of the parent. I believe it is imperative for caregivers to develop their own opinions and language for the intricacies of the death debate before sharing unclear information with children that may leave both sides of the conversation confused.

In Naji Abi-Hashem's *Grief, Bereavement, and Traumatic Stress as Natural Result of Reproductive Losses*, he shares succinct definitions of death-related terms that I will use throughout this document. The following definitions are not only useful in clarifying my terminology, but these can also serve as a foundational resource for parents who are developing their personal understanding and language surrounding death. For Abi-Hashem:

Grief – is a deep sorrow, an aching of the soul and a torment of the mind. It can come in waves, and can be described as a process and an outcome at the same time.

Loss – a sense of deprivation or painful separation from the beloved – a person, object, function, place, or idea. It can be minor or major, sudden or gradual, tangible or symbolic, single or multiple, real or perceived, expected or unexpected, ambiguous or anticipatory, private or public, local or communal.

Bereavement – the state of having suffered a loss. A sad condition and a sober realization that something essential is missing, which can shatter a survivor's world.

Mourning – the outer expression of the internal experience of grief. It is a public show of affection or behavior that releases the agony of the heart and of the mind. It is socially and culturally formed as each society has its own ways and rituals for expressing sorrow and deep sadness.

Trauma – an unusual troubling event, which generates substantial anxiety, acute stress responses, sense of horror, and overwhelming helplessness. It can be mild, moderate, or severe in nature. It can be experienced in single or multiple episodes.

Tragedy – perceived as a major calamity, a dreadful accident, a strong adversity, a fatal event, a grave moral failure (as ethical downfall), a violent death, a social dilemma resulting in shame, an agonizing loss caused by violence, an enduring experience of war and destruction, or an invading painful event that fragments the reality of the survivors.

Disaster – a sudden, hazardous, or catastrophic event that brings great physical destruction and psychological damage to people and their communities. It can be natural or human-made. (Abi-Hashem 245-246)

Abi-Hashem's definitions help distinguish these words that are often associated with death and loss but often become murky and tangled in conversation. He delicately creates margins between cultural, biological, and philosophical experiences of loss, and in turn empowers me to be a more effective communicator on the subject. In preparing to discuss death with children, areas of ignorance or inexperience are opportunities for research. Charles Corr in his essay "Children and Death: Where Have We Been? Where Are We Now?" he states that "Pursuing whatever study is needed to respond appropriately to a child's needs and concerns" is half the battle (Corr 48). Language is integral to conversation, and children have no greater need than trust and truth, so adults must be clear and concise in their language, which makes clear definitions great resources (Adams and Deveau 11).

As a theatre maker and educator, communication is key for creation and collaboration. The process of gathering and analyzing definitions for terms used in my practice has allowed me to be a more effective communicator. I admit that although I feel strongly about taking a stance on my opinions of what defines a young person, what defines death, and what are the distinctions of words surrounding death for the purpose of this document, I know that these definitions will change over time. Mortality is a great mystery of life, a mystery that may never fully be defined for me, or a mystery that may shift for every season of life that I experience. The point is that this research has give me a starting point, and I encourage caregivers to give themselves even the most elementary language in defining death. As opinions and circumstances change, then

conversations surrounding death may resurface with young people. These terms create the groundwork for my practice, and as I evolve as an artist, I can rest easy knowing that a foundation is laid for any questions that may arise with the young people I encounter.

CHAPTER 3: CHILD DEVELOPMENT AND CONCEPTS OF DEATH

Raising a child is an immense responsibility. As much as I want to push people to be progressive in their treatment of children, I want to emphasize that this document does not attempt to dictate how to parent, but I can say that I share this research with the hope to deliver a little peace of mind to the people who take the responsibility of child rearing as seriously as I do. In their book, Aamodt and Wang deliver similar sentiments. “Here’s our first instruction,” they share in *Welcome to Your Child’s Brain*, “take a deep breath and relax” (Aamodt and Wang xvi). Parenting does help shape human behavior, but there are so many more factors involved in the development of the human brain. In their book, Aamodt and Wang introduce a concept that psychologists use to describe children who flourish regardless of their circumstance; these young people are called “dandelion children” (228). Aside from abuse and neglect, dandelion children are resourceful and learn from their surroundings. For example, dandelion children do not need to be taught how to see or be given vision classes: using their sight is something that they figure out on their own. Young people are adaptable and smart, but they still go through development phases as their brains grow, therefore it takes time for them to perform high-functioning tasks right away. “Genes provide the blueprints,” Aamodt and Wang state, “but the plans are certain to be modified during construction depending on many conditions” (xviii). Conditions in the world around them impact children, including influences from where they live, who they are surrounded by, and what they are exposed to, but the brain pretty much raises itself. There are many aspects of a child’s growth that are out of their caregivers’ control; however, there are

many resources that can help us understand how to give their development the support or “extra boost” that Aamodt and Wang recommend (xviii).

As I have stated earlier in this document, when I do not have the answers, I turn to research to help me understand ideas that are beyond my breadth of knowledge. In the evolution of this project for young audiences, I started with Piaget’s Stages of Development and their limitations.

In Dorothy G. Singer and Tracey A. Revenson’s book *A Piaget Primer: How a Child Thinks*, the authors introduce Jean Piaget (1896-1980), a Swiss biologist, logician, sociologist, psychologist and genetic epistemologist most famous for his discoveries in early cognitive development (Singer and Revenson 4). Singer and Revenson’s book uses literary examples from children’s literature to illustrate Piaget’s theories in child psychology and cognitive development. The theories presented by Piaget help explain child development and personality, and these theories also serve as a helpful foundation in understanding and communicating with the children in my life.

“Development is a biological term referring to physical growth overtime,” say Singer and Revenson (12). Development includes psychological growth as well, which includes advancement in logical thinking, emotional capacity, and strategies to help humans cope with their environment (12). Mental structures are genetic as children grow —their minds grow as well— but their neurosystems and sensory organs set a cap for their intellectual functionality at different ages (15). In 1936, Piaget broke down the caps of intellectual functionality into four periods: Sensorimotor, Preoperational, Concrete Operational, and Formal Operational. All of the

stages follow an unvarying sequence, and they each require complex motor skills and cognitive abilities before a child can move onto the next phase.

The first stage is the Sensory-Motor period, which typically occurs from birth until the age of two. In this phase, children are mostly reactive in behavior (19). They cannot control their reflexes, and their movements are sporadic. Children may start to show signs of a developing intelligence when they move with a purpose, like grasping for a favorite toy. Actions within this stage are repeated with no variation in the result, like a baby sucking a rattle to eat and continuing the behavior even after no food emerges from the rattle (19). At around six months, children only interpret existence within things that are in their sight. For example, a toy hidden under a blanket doesn't exist anymore at this age, but towards the end of the Sensory-Motor stage, children acquire object permanence (20). Object permanence means that a child knows that something out of sight can still exist.

When discussing Piaget's stages alongside a child's concept of death, the Sensory-Motor stage becomes more complicated, as a child notices that someone is missing. In "Development Responses to Grief," the experts from the Dougy Center share the effects grief has on child development. In the Sensory-Motor stage, babies discover the meaning of the world through their senses and physical reactions. A grieving baby may ache for the sound, smell, sight, or feel of a missing loved one ("Development Responses to Grief" 1). Other expressions of grief may include anxiety, thrashing, crying, sleeplessness, and indigestion, especially if a child is grieving his or her primary caregiver. A child in distress is not something to be alarmed by, but his or her distress is something to be aware of.

Piaget's second stage, the Preoperational stage, spans from ages two to seven. In this stage children continue to think concretely and lack logical, cognitive abilities. This phase can also be considered the "Age of Curiosity," where young ones constantly investigate and ask questions about the world around them (Singer and Revenson 22). The Preoperational stage also includes the acquisition of language, and children communicate through images and begin to perceive the meaning of symbols. Although this phase is egocentric, children are not maliciously selfish. They are merely focused on their needs and have little awareness of the emotions and desires of others. Children at this stage also believe that man has control of natural phenomena, and these young ones create explanations for anything that is unclear or confusing (21).

For grieving children, the death of a loved one is perceived as reversible. As they acquire language, grieving children may begin to examine with death by asking questions ("Development Responses to Grief" 1). Children in this phase may ask, "Did you know my daddy died? When will he be home?" (1). Children within this stage conceptualize death as abandonment, or they can also take on the guilt of the death. Coping mechanisms might include verbalization of the process of death, how and why their loved one died, repetitive questioning, distress and confusion, or no reaction at all (1). Hope was seven years old when she was in my care, so she teetered on reactions from this stage to the next. She was curious about the world around her, and her memories of her mom were shared in the present tense, but she moved into the third stage of development in my time with her.

The third stage is the Concrete Operational Stage, which spans the age range of seven to eleven years old. In this stage children begin to perform mental operations. They can add, subtract, and they understand that each number can represent an object. They can classify objects

via color, shape, and size (Singer and Revenson 21). In my experience, children at this stage are much more malleable when it comes to learning. They gain the cognitive ability of reversibility, which is the process of reversing the direction of a thought (23). They are able to debate and form their own opinions about concrete ideas. They can begin to understand more abstract concepts, but they still mostly focus on the concrete present.

The participants of the Concrete Operational Stage have the muddiest concept of death, as their desire is to see death as reversible, but their cognitive development doesn't allow it. This is the stage that they begin to understand death as final, which unfortunately, also creates fear of bodily harm ("Development Responses to Grief" 2). A death during this time of life, while self-confidence is developing, can be harmful if not supported by caregivers. The Dougy Center encourages parents to answer questions, encourage the expression of feelings in verbal and physical ways. Caregivers with grieving children in this stage are more successful when they make themselves available for their children and allow time to talk.

Piaget's final phase is the Formal Operational stage, which occurs from the age of eleven and up. In this stage, young people have the capability of thinking about abstract and hypothetical concepts, like thinking about the future, space, and time (Singer and Revenson 26). They also acquire deductive reasoning. Singer and Revenson state, "Thoughts are more flexible, rational, and systematic" (26). Members of the Formal Operational stage can look at a problem from several points of view. They also begin developing an inner value system and moral judgment (26).

A grieving child in the Formal Operational stage tends to take the "adult approach" when it comes to the death of his or her loved one ("Developmental Responses to Grief" 3). This

means that they worry about the safety of others and confuse their role in the family, like stepping into the role of the dead parent for younger siblings and other adults (4). In this phase, caregivers are encouraged to help their children verbalize their feelings, listen, and be available for their child.

Piaget's stages of cognitive development became the standard for understanding human behavior in the early phases of life. In *The Child's Discovery of Death*, first published in 1940, Sylvia Anthony analyzes a 1937 study on English children and their thoughts and emotions on death in reaction to the age in which they lived. It is important to recognize that this study was done between two World Wars and therefore, the implications of death for the children involved would be vastly different than today. In the study Sylvia uses Piaget's stages as a foundation to understanding their findings on the children who were interviewed. There are criticisms that say Piaget's stages are limited, but most scholars still use his stages of development as a framework (Singer and Revenson 26). The *Handbook of Childhood Death and Bereavement* states that there is a major difference between a child's age and cognitive development, especially after facing a nonnormative event like death (Corr and Corr 44). Death does affect a child's development, and therefore stages are not necessarily helpful when considering how to support these children effectively. For example, a child who has faced a death at the age of seven – an age that falls under the Concrete Operational Period – still must come to grips with the more abstract concepts of grief and despair, which, according to Piaget's model is more suited for ages eleven and up. This child's experience falls away from Piaget's model (Corr and Corr 44). "Cognitive development is not isomorphic to chronological age," Charles Corr states, but there are estimates for how children conceptualize death (Corr 21). Cognitive development is an influential variable.

Adults who couple a child's perception of death alongside that child's cognitive development phase may find successful strategies for helping their child cope, however, a child's developmental state is not the only factor to take into consideration. In *Beyond of Innocence of Childhood*, Adams and Deveau state that it is important to assess a child's individual maturation, social circumstances and class. Cultural context, ethnicity, and geographical location can all impact a child's sensitivity to the topic of death (Adams and Deveau 19). The societal system of discussing death in the United States is one of avoidance. This system separates children from having death in their everyday lives by keeping children out of hospital rooms or carting off loved ones to assisted living care facilities to make their conditions as comfortable as possible without disrupting a child's household routine (Adams and Deveau 20). However, with recent media attention on gun violence in March 2018, especially after the Stoneman Douglas shooting, the lives of children are being constantly disrupted by protests, media blasts, and lockdown drills in their school (Larimer). Young people are sharing their thoughts about life and death, but is our society ready to have those conversations?

The key is to stop postponing these serious conversations with young people, otherwise their perceptions of death can spin out of control and their ability to trust the adults around them will diminish. Adults must create foundational knowledge and clear, concise language around this topic. One method of study that seems to be helpful is compartmentalizing the concept of death into subcategories: *universality*, *irreversibility*, *nonfunctionality*, and *causality*. The *Handbook of Childhood Death and Bereavement* introduces a fifth, *noncorporeal continuation* (Corr and Corr 49).

Universality is the notion that every living thing at some point will die. It means that there are no living beings on Earth that are excluded from the possibility or the inevitability of death (Corr and Corr 31). Universality and *inevitability*, however, are two different concepts. Universality is the all-inclusive “who” and inevitability is about when. Aside from suicide, it is nearly impossible to predict when someone will die, but we know it will happen – that is inevitability (Corr and Corr 32). Kids aren’t always given that distinction, and younger children (around 6 and younger) exclude themselves and their loved ones from that universal group. Corr stresses the importance of differentiating those two ideas and the importance of aiding children in their ideas of their own mortality (Corr and Corr 32). Another aspect of universality is the unpredictability of when a person will die. Unpredictability, as I have mentioned above, is what makes death a nonnormative event, because we cannot see it coming.

To many, unpredictability is the most frightening aspect of death. At the age of six, one of my brothers, with absolutely no prompting, would run from his room, screaming and running into my mother’s room saying, “I don’t want to die, I don’t want to die.” I remember my mother embracing him and telling him that he has nothing to worry about. She would tell him that he is too young to worry about death, but that wasn’t true. The truth is that death is unpredictable and unrelenting on any age, and it is important that children understand that although we do not have control over death, that lack of control is not something to fear. “Healthy children will not fear life if their elders have the integrity not to fear death,” says Erik Erikson, a German-American development psychologist and psychoanalyst (qtd. Adams and Deveau 18).

The second sub-concept of death is *Irreversibility*. As Mark Speece and Sandor Brent specify, “Irreversibility refers to the understanding that once the physical body dies, it cannot be

made alive again” (qtd. Corr and Corr 34). This definition allows caregivers to be clear that a physical body, especially one undergoing decomposition, is dead, but this definition also leaves room for religious concepts like resurrection and reincarnation, which fall into the sub-category of *Noncorporeal Continuation*. This clear definition of irreversibility also helps clear up euphemisms like “your grandfather is in the deep sleep” or “your fish is taking a trip down the porcelain express.” Younger children, who are more prone to take these euphemisms seriously, will expect a dead grandfather to wake up eventually, or worse, the children themselves will develop a fear of going to sleep and never waking up (Adams and Deveau 18).

Nonfunctionality is the term used for the understanding that after a living thing dies, “all of the typical life-defining capabilities of the living physical body (e.g. walking, eating, hearing, seeing, thinking, and learning) cease” (Corr and Corr 35). This definition leaves room for noncorporeal aspects of a person, like their spirit, if a caregiver wishes to share that belief with a child, but all other functionalities cannot happen after a living thing dies. Another phrase investigators use is “cessation of bodily functions,” but nonfunctionality is a clear term that most children can understand in that it specifies that the body has lost function (Corr and Corr 35). Speece and Brent share questions that the discussion around nonfunctionality can aid in answering, for example, “Are people different after they die?” and “Is there anything a dead person can do?” which ultimately marks the major difference between a living being who is alive in comparison to something that is dead. This term of finality also helps me, as an adult, understand what it means to take someone off of life support and the difference between someone who is alive and someone who is brain dead (Corr and Corr 36).

Causality is the fourth subcategory, and it is the most abstract and complicated concept that I have introduced thus far. Causality is *how* a person has died, or the many ways in which a living being can die. In this section of the *Handbook*, Speece and Brent mention that there is not a conclusive definition for this subcategory (qtd. Corr and Corr 36). Adults have a tough time defining this term because some include only external causes of death, some include solely internal cause of death, and some include a mix. But what is clear is that adults need to specify realistic causes versus unrealistic causes. For example, specifying that it is possible to die from external causes (violence and accidents), internal causes (sickness or old age), and concrete causes (guns and poison) versus unrealistic causes like bad behavior (Corr and Corr 37).

Now, it is true that living creatures rarely drop dead from bad behavior, but this concept is still muddy because a person can be served the death penalty for committing a crime, which can be considered bad behavior. This topic can be difficult to pin down for children. However, for the sake of progress and the fact that children are building understanding from their world, I would say that allowing a child to feel comfort in the fact that they do not have to fear dying from time-out would be the best solution. This reminds me of an important and relieving fact: adults do not need to have all of the answers. It is important to talk to children about death in ways that are appropriate to their development, age, and understanding, but caregivers must first attend to their own feelings and thoughts on death (Adams and Deveau 48).

The last sub-concept is *Noncorporeal Continuation*, which can be very subjective according to a person's beliefs about afterlife. This component of the concept of death is not limited to childhood. Children who begin to form their own opinions about where living beings go after they die may shift and adjust those views even moving into maturity (Corr and Corr 38).

Noncorporeal continuation may include reincarnation of a new body, a soul's ascension into Heaven, or even the belief that nothing happens to a living thing after death (Corr and Corr 39).

These five components – *universality, irreversibility, nonfunctionality, causality, and noncorporeal continuation* – are the most common among researchers in the field of child psychology, and I find them most helpful in helping develop clear and concise language when discussing death with children. The comfort is that these definitions are foundations for a child's concept of death, but they will evolve with other explanatory variables within a child's development (Corr and Corr 43). Development in a child involves thoughts, feelings, behaviors, and values (Adams and Deveau 22).

There are no set rules for how a person should behave in any given circumstance, but I find it helpful to know the consistencies across childhood development and a child's reactions to grief. Singer and Revenson state, "Understanding children's intellectual development is necessary for teaching, working with, or just loving children" (12). Throughout my process of understanding how to help children cope with death through theatre, the discovery Piaget's stages of development and the *Handbook of Childhood Death and Bereavement* were monumental in giving me agency within this topic. Unlike previous scholars who have interpreted Piaget's stages as law, I understand that the age brackets were a way for Piaget to organize his findings. The stages are unvarying in their order of operations, but the age groups can vary tremendously, especially if a child suffers from the death of a loved one. Piaget's stages are a strong framework for cognitive development, but I also know that each person is unique and dependent on many other factors in his or her growth, including nonnormative events like death and bereavement. My death-related experiences were more removed than the death of

Hope's mother and the impact it had on Hope. I apologized for not being equipped, but in this stage of my research, I began feeling prepared to have conversations about death with young people. The understanding of child development allows caregivers to be more strategic and patient in their child rearing. As a person who works with children daily, I can interpret a child's signals and understanding more clearly, and use this information as a foundation for my artistic work to ignite the conversations about mortality between adults and the children for whom they care.

CHAPTER 4: CHILDHOOD GRIEVING AND BEREAVEMENT

“Any child old enough to love is old enough to grieve,” states Alan Wolfelt, director of the Center for Loss and Life Transition in Ft. Collins, Colorado (*Helping Children* 11). The United States has a major problem: most Americans do not know how to support young people and families in the face of a tragedy. Although there are wonderful programs like the Dougy Center and New Hope for Kids, children who are given the resources from these centers only represent a fraction of the children who grieve the death of a loved one in this country. The purpose of this document is to disseminate my research and training with caregivers, parents, and artists who are working with children who have had death-related experiences. Within this chapter, I discuss the behaviors of grieving more specifically to children, clarify Elisabeth Kübler-Ross’s stages of grief and their misconceptions, and I share three tasks that anyone working with grieving children can prioritize in their conversations about death.

Children and adults grieve differently. As stated in the section of Piaget’s Childhood Development, children’s emotional reactions are affected by many factors, cognitive development being one of them. Adults have the capacity to grieve for long periods of time, like seasons of grief. For children, grief comes in waves (*Helping Children* 5). As I have mentioned before, children under the age of eleven, before the Formal Operative stage of development, are present-minded. Their grief can be triggered by something in the moment, like Hope’s butterfly puppet. Children in this stage tend to jump in and out of grief, almost as though their emotional capacities only allow for so much sadness (“Development Responses to Grief” 2).

Unpredictable spurts of heartache and anguish can be confusing for a child and his or her caregiver. In the United States, the misconceptions of the stages of grief make the reactions of

grief even more puzzling. Elisabeth Kübler-Ross (1926-2004), a Swiss researcher in thanatology, created the famous framework surrounding grief specifically for patients and families who were suffering from terminal illnesses (Gill 2). Her book *Death and Dying* became a staple in the libraries for counselors worldwide, and her reputation for being a person whose devotion to informing people about the joys of life and death became a legacy (Kübler-Ross 11). Dying patients were interviewed by Kübler-Ross through a one-way glass, and she began compiling commonalities in their experiences through five stages: denial, anger, bargaining, depression, and acceptance. The most common misconception of grief comes from the misuse of Kübler-Ross's model. There are phases of grief, but there is no definite order or time limit for these phases (Kübler-Ross 25). The stages can come in waves or all together; they can repeat; some people even report not facing some of the stages at all.

The Dougy Center offers Six Basic Principles about Children and Grief:

1. Grief is a natural reaction to loss.
2. Each person's experience is unique.
3. There are no "right" and "wrong" ways to grieve.
4. Every death is different and will be experienced in different ways.
5. The grieving process is influenced by a multitude of issues.
6. Grief never ends. It is something you never get "over" (*Helping Children 2*).

Children overhear and understand much more than that for which we give them credit. When we speak over the heads of children, we miss what falls onto their ears. Are they receiving complete information? How are they deciphering this "adult talk"? Hushed voices do not drown out conversation, they simply drown out a clear and complete truth.

Young people gain so much information from the world around them. A child's synapses react more often and more quickly than an adult's synapses. So what in their environment is giving them the answers they are craving about their death-related experiences? Will a child associate death with his or her family coming together or falling apart? Will they associate death with silence? Will they associate death with poor eating or drinking habits? What social cues are they going to receive in this time of so much uncertainty and inconsistency, especially in the wake of losing a head of the household?

A common phrase given to anyone suffering from a loss is to "move on." If someone is moving on too quickly from grieving, there is a great chance that she will keep her emotions suppressed, which could lead to relational, physical, emotional, cognitive, and spiritual problems in the present, and lead to later difficulties in life (*Helping Children* 1). Pointing back to the six principles about children and grief, grief never ends. If children have this pressure to be "cured" of their grief, they will be set up for failure, or worse, they will begin to lie about what they are feeling in order to go through the motions of being "over it." It is the responsibility of all adults involved in a child's life to be understanding and resourceful so that a child is prepared with ways to grieve in a healthy manner. This is especially true with teens and young adults who have grown up with grief. Young children are already very dependent on the adults in their lives, so expressing grief can be easier, but teenagers and young adults are moving into more self-sufficient phases of their lives, and it is easier for these young people to become more isolated.

Humans cannot be "cured" of their grief. The most notable fact about grief is that it does not have an ending. Most people will never stop grieving. Every death is different because every relationship is different (*Helping Children* 4). There is information about grief that can

sometimes prioritize fatalities and the impact that they will have on their circle of influence, but every cause of death is different, and every relationship to that cause of death will be unique. I assumed that Hope would be as impacted by her mother's death as I would be if my mother died, but the truth is, she had been facing the inevitability of her mother's passing for years. Hope knew about her mother's condition. Even so, I could never predict what Hope's reaction would be. There were too many factors to consider.

My Grief Facilitation Training at New Hope for Kids gave me three tasks of grieving for children. No matter the circumstance, New Hope for Kids' mission is to help children do the following: understand that the person is dead, feel the feelings about the person dying, and to go on living and loving after the person has died. The three tasks give the child and caregiver active goals to reach instead of letting a stage pass over them without their control.

The first task is to understand that the person is dead. Young people want to know what has happened. No matter which stage of development they are in, honest, direct, and information about a loved one's death is critical to a child's understanding of death. Initially, a young child might have trouble grasping the abstraction of mortality, but every piece of information shared with them helps to build their *death data bank*. The death data bank is where a child mentally stores his or her concept of death. This mental storage system is filled with every death-related experience, most of the time what information children are receiving about death from television, music, and even a dead animal on the side of the road. The death data bank is built up, even for children who have not experienced the death of a loved one; they are still gathering their own perceptions of death.

This first task leads perfectly into how theatre can help grieving children and their families. New Hope for Kids encourages family talking time. Theatre is such a great forum for conversation, and experiencing a story that reflects a child's experience of death on stage, like *The Yellow Boat*, can give parents a talking point in developing a child's death data bank with adult supervision. If caregivers are giving their child space and time to discuss death, this death-related experience can be positive and intentional. As a person who hopes that other caregivers and artists will learn from my mistakes, I also advise that this prescribed time be made apart from preconceived notions of what a child should say or how they should react. Caregivers will find more success if they can place their assumptions aside and let their child freely respond to this sacred family time.

Another wonderful tip from the experts at New Hope for Kids is to include a child in the decisions surrounding death. I completely understand why a caregiver would want to separate a child from the death of a loved one in the hopes of protecting him or her, but child psychologists encourage children to be involved in the dying process. In "The Renewal of Ritualization: Funerals of the 1990s," O. Duane Weeks explains the importance of involving children in the processes and rituals of the death of their loved one. "Children of all ages should be encouraged to attend funerals. Such involvement increases their social ties to family and community, provides them with a personal sense of belonging, and validates and supports their own grief work" (Weeks 151). New Hope for Kids encourages caregivers to allow children to make choices about how much a child would like to be involved in the illness, death, viewing, and memorial service of their loved one. Simple tasks for children can be helpful in their grief, like choosing what their dead loved one should wear to the memorial service, or what should be done

with the dead person's belonging. Those decisions allow children to have a close connection to the death process, and they also allow them to have more agency in this moment of uncertainty and powerlessness.

The second task for children to work through in the grieving process is to feel the feelings about the person dying. If the first task is a thinking process, this task is a feeling process. Grief is a deep sorrow, a feeling a loss and absence (Abi-Hashem 245). Loss from a loved one's death impacts the psyche. Grief wounds us, and although there is no cure for grief, it should be tended to like a broken bone, set in a way to heal properly. As children cope with the death of a loved one, their reactions vary. Grief is physical; children may show symptoms of grief like sweating, crying, sleeplessness, over-sleeping, eating, or not eating. Depending on their stage of development, children need physical outlets for their grief, which is why New Hope for Kids and other grieving centers have a "Volcano Room," a room filled with punching bags, padded walls, and nerf balls so that they can take out their grief in a safe environment. Physical outlets can also include crying, safe yelling, walking, running, cleaning, and singing. These are a foundation, but it is important to remember that grief is personal, and reactions of grief are subject to the person's relationship with the dead loved one.

I was oblivious to how Hope had expressed her grief. I expected her to talk to me about her mother's death, but she communicated in other ways. Her temperament was the same as it was before Eleasha's death, and I had expected her to lash out as a result of her grief. Instead, she colored a lot. She also wanted to listen to music and dance with me, and looking back, I realized that her mother was a singer/songwriter. Music meant something different to Hope after her mother died, but because I had assumptions about her grief, I didn't pick up on all the

information that came from her behavior. Language is another overlooked challenge in handling children's grief. Not all children can connect meaning or emotions to words like adults can, so it is up to the responsible adults in the room to interpret their child's behavior. Children's movement and play is their language. Children's free play is filled with metaphors and symbols about their emotions.

So, what can a caregiver do to help this second task? Listen. It is important to make space for a child's needs, and in the wake of a death-related event, children need their caregivers to simply listen. My first instinct after Hope's mother died was to pry and ask questions. I am so glad I stopped myself, and did a little research before our first encounter after Eleasha's death. Hope didn't need my advice or my opinions about death to be force fed to her. She simply needed another adult in this world to give her attention: to listen to her jokes, to play the music she wanted to listen to, and to be there. Listening is enough.

The third task for grieving children is to go on living and loving after the person has died. The first task is about thinking, the second about feeling, and this one is about faith. In the development process, children under the age of eleven have trouble thinking about the future, so this task takes an immense amount of patience. There are many ways to come to terms with death, whether it be to lean on a religious perspective of after life, an attempt to fill the hole of a dead loved one with other relationships or activities, or learning to live with this death as a part of life and holding onto memories. Guilt can play a major role in the grieving process. Sometimes children blame themselves for a person's death, or a grieving person at any age may feel guilty for enjoying their lives. In this task, caregivers are encouraged to let their children know that it is okay to take a "time out" from grief. Celebrating the steps taken toward healing

can help the entire family move forward, rather than moving on. The tasks above may fluctuate, and caregivers may find themselves in a constant cycle of repetition through the grieving process, but throughout it all, it is imperative to remind young ones of the process, the tasks, and open avenues for support.

In my journey to learn more about the grieving process, I was lucky enough to find New Hope for Kids in my community, but not all caregivers, parents, and artists have the resource of a center for grieving families. I learned so much from my research and training, but with this document I can share my findings with other adults. Clarifying Kübler-Ross's stages of grief and sharing the three tasks of a grieving child helped me lay a foundation for my process, and my research and reflections of this process can give adults, working and caring for children, agency to begin conversations about mortality in their circles of influence.

CHAPTER 5: REFLECTIONS OF A GRIEF FACILITATOR

In my research on the topic of grief and children, I was lucky to find that the Dougy Center, the National Center for grieving children and their families, had a partnering organization in Orlando. New Hope for Kids' (NH4K) mission is to support children and families grieving the death of a loved one and to grant wishes to children with life-threatening illnesses in Central Florida. Following the Dougy Center as the model, NH4K uses play therapy to help the children make sense of their world (*Helping Children* 6).

At the beginning of this process, I had no idea that I would use this training and research to create a play. I had attended the American Alliance for Theatre in Education 2016 symposium held at the Arena Stage in Washington D.C., and one of the sessions was about devising theatre with young people who were coping with grief, loss, or trauma. The session was led by Education Director Ashley Forman and Stephanie Handel from the Wendt Center for Loss and Healing, and they discussed their experiences of running the Voices of Now program of devising with this grieving population. I was incredibly excited at the prospect of developing a similar style of programming with New Hope for Kids. In the following reflections, which were transposed from audio recordings, my ideas and purposes begin to evolve as I learned from the staff, volunteers, and children at New Hopes for Kids.

February 23rd, 2016

I had a wonderful interview with Gloria Capozzi, the Volunteer Manager of New Hope for Kids. We spoke about my background in Children's ministry, my graduate status, and how I found out about the organization. I was pleased to find that the model I had studied from the

Dougy Center inspired the system carried on by New Hope for Kids. We watched a testimonial video, and you could tell that families were being impacted by their organization. I loved hearing about the families who come back to volunteer, once they are done with the one-year process. Gloria loved to hear about my theatre background, and we discussed possible future projects with the organization, which may turn into an internship opportunity. I was also considering pitching a devising workshop, much like the Voices of Now project that I learned about from the Arena Stage. It was also exciting to hear that they were in the process of moving into a bigger space. It felt like this organization was open to new ideas, and their potential for growth was obvious. I felt welcomed, and I could not wait for the training process.

March 12th, 2016

My first day of training for New Hope for Kids was an interesting one. We all were very excited to jump in and find out more about how they were able to take ordinary people, who are not child psychologists, and allow them to aid grieving children. I found that although the training was organized, I was lost in the strangeness of it all. There was this emphasis on what they called *Reflection*, or as I like to call it *Repetition*. The facilitators use Reflection in communicating with the students. I thought it was strange at first, but the idea had merit. The Reflection allows the students complete control of our attention; we are not imposing anything on them, we are simply reflecting their thoughts back to them. The most concerning issue was that I felt like I couldn't be myself around these kids. It seems almost dishonest to reflect back to them what they're saying without necessarily weighing in on their ideas, thoughts or opinions. I had a hard time theorizing Reflection and thinking of the lack of connection I'd be making with a child through this idea. It seemed fake. I'm sure that after twenty years, this place has created

something that works because their families to continue to come back in and even grow up to serve in the capacity there, but with the experiences I've had with children, it feels wrong not to relate with the children. It's fun to find what you have in common with young people, but in this way of reflecting you are only listening to one side. Maybe that's the point?

March 13th, 2016

The second day of training was even worse. I had trouble with the organization and how they structured the time we spend with the children. We have less than an hour to do a craft; the children reflect on that craft, and we reflect on their responses. We can also reflect on the colors they choose for the craft and the materials they use, for it might prove to be intentional because of their grief. I don't know if it's because I have had experience in organizing volunteers, but it seem like this place is lacking warmth. It felt more like we were [more] robots than facilitators. It's a continual struggle to wrap my head around this idea of Reflection, knowing that I've had experience talking to students who have opened up to me because I was able to open up to them. Reciprocity, I guess, is the word I'm looking for here – knowing that I am making a connection with the student, and the student is making a connection to me. They made it seem like this was selfish of me to express my opinions. Maybe there is merit to just reflecting back on them and not having any kind of connection to anything else but them, but it still makes me feel little bit cold.

May 23rd, 2016

On my first day of shadowing, I walked in and felt a weird energy. The people who were coordinating the volunteers were worn, like they were burnt out. The staff were more focused on talking about their personal lives than getting to know us or creating any kind of family

atmosphere for their facilitators to make connections. It was strange. I'm not sure if my experience as a volunteer coordinator made this situation even more uncomfortable, but it was hard for me to see how they treat their volunteers. I'm not sure if I want to be a part of this. Sure volunteering is selfless, but as a coordinator, I think it is important to make a volunteer not only feel needed but valued. Maybe that is the selfish part of all of this, I came in thinking that I would make connections with people, but really what was it about? It's about the kids.

June 7th, 2016

Meeting the kids every week was the best part of this entire process. I met fun, energetic, and passionate children. There wasn't anything different about them except that they have faced this terrible loss. As volunteers, we weren't given the specifics of each case. All we knew was that these children needed attention. A lot of the volunteers were younger – probably around eighteen or younger. There were also a couple of volunteers that were more seasoned. It was interesting: there were no volunteers that overstepped boundaries. If anything they were shy, despite their many years of volunteering there. It was hard for me not to be assertive and take charge of the craft in the discussion, because it just came so naturally to me to facilitate. In the end, I was there for the children. I had to stay focused on the task at hand. And after meeting the children, I was glad I got the “Middles” age group, which was really about ages 8 to 12, or what I consider more of the preteen stage, and they were very talkative and wiggly, just like any child within that age range. They didn't seem abnormal in any way. I thought they would be, after this tragedy in their lives, but they were kids. I was excited to get into the discussion, but it didn't seem like this age is particularly interested in the craft at hand. This craft was of a duck swimming in the water, and the children had to write on the top what people see and what they

are showcasing to people, but then below the water they wrote about what really stresses them out and how are they really feeling with the death that they have face. It was a very metaphorical activity, but I think the duck picture kind of threw off the idea of the students getting the opportunity to do something that's more fitting for their age. The activities are sent from the Dougy center in Washington, so New Hope for Kids essentially copies everything they see from this Center.

I had a hard time figuring out why the staff wouldn't cultivate the talents of their own team to create their lessons there, especially because they had run into a lot of repeats of activities. But I had to keep reminding myself, I was there for the kids. I wasn't there to judge them, to critique what they've been doing for twenty years, and I think I got a little distracted by that. And maybe part of it was very selfish. I had to focus on why was there, which was to be with these children and give them the attention. I was so caught up in what I could do for this organization, or what are the things that they're doing wrong. It kind of took me a second to step back and realize what I was doing, and then I had to focus and realize that the Reflection really does make it less selfish. It's all about the children. It's a lesson in listening, which is really interesting. I was so caught up with the technicality of all of it that I didn't realize how much it really does work. The kids love it. They love that we listen and hear what they're saying, and the people who have been there for a while are very good at taking the focus off of the Reflection and making it more conversational.

So I began connecting with few children in a way that I didn't think would happen. There were these two boys who also had a younger brother in the "Littles" session – anyone younger than eight. The boys in my session were the same age, but they were uncle and nephew. The

boys had only been there once before, so this session they opened up about why they were there. The three boys were playing in the backyard with their baby sister, while their grandmother was watching them. The baby sister fell into the pool, without anyone noticing, and the three boys found her drowned in the pool. Knowing that part of the story made it difficult to connect with the children, but knowing that they wanted to move past it, or say, “I pass,” whenever they wanted made me wish they would tell us more, but I had to remember that that was not what this process is about. It was interesting how the craft eventually allowed the kids to speak up.

June 14th, 2016

The first two sessions I shadowed I wasn't able to reflect the kids. I actually got reprimanded for Reflecting and talking to the students when I was supposed to be just a fly on the wall. The third time I shadowed, I was able to reflect. They have us reflect the first three introductions, as shadowers, so the children say their name, their age, and who died. This is the only time they are not allowed to pass. I still wasn't allowed to be alone with the children, which made it a little difficult for me to try to Reflect in all of the rooms. It was a little hard to navigate through. Like any other kids, the children at New Hope for Kids love Play-doh. They love squishing it, mixing together, which is breaking rules in my head, but that's what they wanted to do and they were able to do it. I was with the “Middles” once again, and the boys that I mentioned in an earlier entry were a little strange. The older boy scared me a bit when [he] declared that he enjoyed killing frogs. The nephew said that it was gross, and that he would see his his uncle killing frogs and it was just the grossest thing ever. This concerned me. I mean I'm not really familiar with these kids enough to know if they're telling the truth or lying, but it seemed genuine, especially with honest reactions from both the children. It was something that I

would've probably overlooked had it been any other demographic of children, but because of the circumstances of these children, I told our coordinator. I didn't know if that was considered normal behavior, or if this was a sign of a sociopath, but I had to let them know in the debriefing. Other than that I actually thought that the nephew was very sensitive. It was his sister who drowned, and he was very polite and silly, and he loved being around his little brother. They were both adorable, and it was really cute to see how open and honest they were. I thought about what they're like outside of the Hope house, and whether or not this house allows them to be a little more open.

June 22nd, 2016

It was fascinating today to see a new child in the mix, who looked a little old for her age, but she was there because she this was the anniversary of her father's passing, so she was really struggling with the whole thing and was finally ready to be at a place where she could talk about this passing. She really wanted to share more about the passing and less about the craft, but we ran out of time. It made me sad about the format of our time together, but we had to move on to the playtime. I wish we had time for that. We then moved into play therapy. The different rooms include the sand room, the volcano room, the craft room, the paint room, the game room, and the playroom. I followed the boys into the game room which just seems very comfortable for me. My experience with Christ Fellowship, as the Education Coordinator, gave me an edge with my foosball skills, so I hung out there a bit, and I noticed that this place wasn't exactly the best for Reflecting. They had less opportunity to really talk to each other in this room, so it was more about keeping score. Then I got a little view into the volcano room, which is a room padded with dance mats. There was a large punching bag in the corner, punching gloves, and Nerf balls that

they can essentially use to throw. It was then that I noticed that there were far more boys at New Hope than there were girls. It was just an observation, but it made me wonder about that demographic and the parents who choose to bring their children to that place.

I also spent some time in the sand room. The kids love the tactile part of everything and feeling the sand. I noticed the only symbol of death in the entire center in this room: coffins. There are tiny coffins that the kids would use to reenact the burial of their loved one. I was just really impacted by that, but I can also see the importance of that as a tool especially while reflecting. For example, I would say, “I see you’re burying the doll,” and the child would say, “I’m burying George.” I would say, “You’re burying George,” and we would go back and forth until the child would reveal how that particular style of burial is just like what they saw at the funeral of their loved one. I felt like that room, out of all of the other ones, really offers opportunities to have the kids touch this very sensitive part of their lives without being overwhelmed. Knowing that there is someone there all the time, it gives me this impression that the kids are sharing what they want to share. They know that someone’s listening at all times and reflecting, so they know that they never go unnoticed.

Conclusion

Looking back at the process of training as a Grief Facilitator, I notice three evolutions in my thinking. First, I had a fear of being unsuited to help grieving children. My first day at New Hope for Kids, I saw how much they needed volunteers. It didn’t matter if their volunteers had had a life-altering loss: showing up meant the world to the organization and the families who seek refuge there. I mentioned in one of the entries how the staff members were burnt out. The staff members were burnt out; they had been there for decades. The staff at New Hope for Kids

worked in the trenches, listened and experienced the tragedies, and still were (and are) passionate about the work they do. No one in the center cared that my response to “Who died?” was “My bird.” They were just happy to have another person to spend one-on-one time with a child. My presence made a difference and made me think about permission. No one should feel like they cannot help because of their circumstance. I am sure that people with death-related experiences could help and make a difference in the lives of the families of New Hope for Kids, but until those people show up, New Hope for Kids is happy to take in people who just want to help. If New Hope for Kids was flooded with amazing volunteers who could relate to all the children in there, then maybe I wouldn’t feel like I have a mission to reflect the stories of the children I met, but the truth is, there aren’t enough people. So the doors are open for people who care, people who care to Reflect, people who care to listen.

The second evolution of thought came in my perception of children. I knew children were resilient, but the children I met were a beautiful balance of resilience, sensitivity, and strength. Every single assumption I had about how a grieving child would behave was wrong. They were just children, children who loved getting the attention we were giving them, children who loved to be talked to and listened to. The Reflection technique felt inauthentic at first, but I see the value in the technique, and I use it in my practice as a caregiver, educator, and artist. Reflection validates children; it empowers them. And every child should have the chance to feel validated and empowered.

Finally, it amazes me how my creative project surrounding grief evolved. It’s funny, I thought I would create a program that would allow me to hear a million stories, but instead, I went back to the story that started all of this interest in the topic. I went back to Hope’s story.

CHAPTER 6: THE PLAY DEVELOPMENT PROCESS

Up until two years ago, I wrote scenes and edited audition monologues; I even co-adapted a play from over sixty essays by students from kindergarten to twelfth grade in Central Florida, but I had never identified as a playwright. My husband and I have written screenplays for film, but when I write for film; I write in visual images. I mix text with storyboards for the shot that will tell the story exactly how I want it to be told. In film the writing and directing go hand in hand, so as images of a play began developing in my head, I knew that I had to do more research on playwriting.

My playwriting techniques originated from reading plays from great playwrights. I meditated on what impacted me, what images stirred as I read, and how the playwrights shaped those images with detail. I also began taking note of folk tales, art pieces, even quips and quotes from the people around me. For two years, I had less than a play forming in my head; it was more like a blob of musings, or what theatre and film director Peter Brook would call a “formless hunch” (qtd. Daniel 221). Soon a story began emerging, a story that needed to be told, a story that would not let me think of anything else. The fact that this seed, this inspiration, came from a child who impacted me made it hard for me to ignore. It was not until a mentor sent me a link to submit my theoretical play into a writing competition, the weekend before the deadline, that I began putting the ideas floating in my mind into writing. I wrote the first draft of *When Coquis Sing* in a weekend. Once I began writing, I couldn’t stop. The formless hunch began taking shape. It was exhilarating to finally have something toward which I could point, especially after all of that time thinking of what my contribution to this cause would be.

The first draft of *When Coquis Sing*, however inspiring, was clearly something that was written in a weekend. There were many moments that were moving, and I had a blast creating fun characters within the narrative, but the play needed more. After seeing the first draft, there were certain pieces of the script that I resolved never to change. I knew that I wanted to have a child protagonist, and that the child would have a close relationship with her mother. I predetermined that the protagonist had to take the journey of grief and come out on the other end more resourceful than when she went in. I thought about everything Hope went through, but being that I only ever interacted with her father, I never really knew the dynamic of her relationship with her mother. So I began musing on what I knew – my relationship with my mother when I was younger. From then on I knew that I had something special.

My mother and I have always had unique bond. She had me when she was twenty-one and raised me on her own, while working full-time in retail. My mother managed to instill values, manners, and drive within me, while also advancing in her career. I am thankful for the woman she is and the woman she raised me to be, and I couldn't think of a better way to honor my mother than to share her with young audiences within this play. I started thinking about my situation growing up and what would have happened if I lost my mother like Hope did. I could only see darkness and despair. The image of a cave came to mind. I was fascinated by the documentaries on the *Discovery Channel* about dangerous ecosystems to which life adapts. I thought of the metaphor of survival in darkness and how grief to me *was* darkness, and I knew the cave would be a great place for the adventure that the young protagonist would have to trek through.

The analogy of a cave made me think of my experience in the Camuy Caves of Puerto Rico. I explored the Camuy Caves when I was younger, and the gorgeous view of the wide-opening in the middle of the cave. I remembered the creatures and plants that were living off of the artificial light brought in for the tourists. I remember the echoes and the drips and the flaps of the bat wings heard within the cave system. These ideas continued blossoming, as I made creepy-crawlers, stalagmites, and a Queen Spider essential parts of the script. At the beginning of the central section of *When Coquis Sing*, Rosalina enters my magical interpretation of the Camuy Caves in Puerto Rico:

ROSALINA. I have no idea where it came from. What is this place?

IVÉ. It looks like the Camuy Caves, but different.

ROSALINA. We're in Puerto Rico?

IVÉ. I've never seen Puerto Rico like this. But we can't stay here. (LoRicco 12)

Writing became natural the minute I thought about Puerto Rico. My mother was born and raised in New York, but every summer she would get shipped off to Puerto Rico with my aunt to go visit our family in Guayama, Puerto Rico. I was raised on the many stories my mother would share with me about Spanish being her first language because of the impact those summer trips had on her childhood. She would tell me of her summer boyfriends and beach adventures on the island. Puerto Rico was her escape during the challenges of growing up in an abusive household, and fantasies of Puerto Rico became my escape anytime I visited my dad and felt homesick to see my mom again.

In the play, Rosalina and Ivé wait for Murice, a helpful bat, to return with news about the vicious Scorpion Spider Queen. Rosalina clings to her mother in the darkness and leans on her mother's stories for comfort:

ROSALINA. Tell me another story from Puerto Rico.

IVÉ. Well, the thing I miss most about Puerto Rico are the beaches. The Southside of Guayama comes right along the beach. It's known all over the world for its amazing white sand. The boys from my class would skip school to go surfing. But I never did.

ROSALINA. Tell the truth.

IVÉ. I wouldn't skip school to surf. I would skip to watch the boys.

ROSALINA. Mom!

IVÉ. What? Se veían tan bien con sus shorty shorts y su...

ROSALINA. Mom! (LoRicco 24)

These fantasies of Puerto Rico became a part of how the magic became a character in this play. In writing the opening scene, I thought Rosalina, the female protagonist, would lose her mother at the top of the show, but it seemed so strange to have them part so early. So instead, I thought of a magical cave where Rosalina's mom would find strength in the adventure and where Rosalina could let go of her mother at the end.

The magic is almost cultural for me. I have always been inspired by Gabriel García Márquez and José Cruz González, who are writers and playwrights, and who have both written about young protagonists in worlds full of *Magical Realism*. In *Rediscovering Magical Realism in the Americas*, Shannin Schroeder expands the idea of Magical Realism as a genre, but as an

amalgamation of literature, film and art that introduces mythical and mystical elements into realistic fiction. Gabriel García Márquez, said to be the master of magical realism with his work *One Hundred Years of Solitude* being the shining example of the modern magical realism movement (Schroeder 11). José Cruz González, a playwright who specializes in TYA, has written a variety of plays dealing with the complex facets of reality mixed with magical worlds and creatures (Mayo 15). Magical Realism has a rich history within Latin America's culture and literature. Schroeder says, "Magical realism's originary status as an authentic Latin American mode indebted to the splendid and splintered historical, literary, and geographical realities of Latin America" (19). My mother's first house, the first time anyone in my entire family had a mortgage, was smack dab in the middle of several Latinx households. My childhood was flooded with histories from my mini-Latin America cul-de-sac. I was raised with families Colombia, Cuba, the Dominican Republic, Nicaragua, Honduras, Mexico, and when I think of the influence Magical Realism had on my play, I think about the impact living in the neighborhood had on me. My upbringing was rooted in reality and spirituality. It was never separate. I believe in God. I believe in angels. My grandma gave me an evil eye on a necklace that I wore for years to ward off evil spirits. It was more than religion; it was spirituality. I also had a sense of what mortality meant because of my spirituality. I feared the death of a loved one, but I never feared death for myself. I knew Heaven would come after death, and my community of neighbors never hid the concept of death from me. Death, miracles, blessings, curses – these are not fiction in my community, and they are not fiction in the magical realist worlds created by Márquez and Cruz González. My family believes in magic. I think that is why it was so easy to create this magical

world that I didn't want Rosalina to wake up from. It's not a dream. It's not her twisted imagination or Lewis Carroll's trip down a rabbit hole. It's something else.

Many children facing grief have trouble distinguishing reality from illusions. There are stories I have heard of children going down the stairs for breakfast and finding their deceased mother making a bowl of cereal for them. I think this cave could be a hallucination, but it is also something physical that Rosalina encounters in her grief. It is common for children to experience physical reactions to their grief, from stomachaches to uncontrollable shaking (*Helping Children* 8). If this magical cave is an illusion, it is a full one that takes control of all of Rosalina's senses:

ROSALINA and IVÉ have almost completed the journey through the drop off.

Suddenly, twinkling lights are seen. The source of the lights come from glowworms.

ROSALINA. Mom! Do you see that? I can see stars! We are almost outside!

IVÉ. I don't think those are stars. I think this is the den of the glow worms.

ROSALINA. It's beautiful! And I can hear the coquis!

IVÉ. It really is. Even in the darkest places, there is light to help guide us.

(LoRicco 27)

This play development process taught me a lot about release. I had been circling around the topic of death and Hope's story for several years, but keeping it to myself wasn't productive. Once I was finished with the first draft, I asked several peers and mentors to read the play and give me feedback. I had a document where I could see all of their comments, questions, and arguments with one another about parts that should be rewritten or kept. This part of the process was eye-opening and affirming, but it wasn't necessarily helpful. The comments were asking to

have more interactions between the creatures in the cave and the two main characters, Rosalina and Ivé. This wasn't an easy problem to fix. I had already created the beginning, middle, and end of the narrative structure, and I didn't want to create content without reason. I kept thinking of the bigger picture and struggling with creating details out of thin air, especially without specific justification.

In the feedback, there was also talk about rearranging some of the scenes so that we could meet certain characters before we met others. This was another experiment that I needed to hear happen, along with Rosalina's character. I had based her off of some of the young girls in my life who impacted me as an artistic, educator, and friend. Rosalina had a strong voice, but she was missing a clear objective. I had all of the ingredients for a strong play, but I needed to flesh it out.

Emily Freeman, a TYA playwright, mentor, and the Community Engagement Director at the Orlando Repertory Theatre, asked if I thought about workshopping the play. Before this moment, the thought of producing a staged reading, especially without a budget, was daunting. She stressed the importance of hearing a play aloud, and she said that even if we grabbed a bunch of random people and asked them simply to read, I would get a better sense of how to move forward. I was nervous, but we managed to find great people to work with for the reading.

This project did not follow a typical rehearsal process. I asked Emily Freeman and Maria Katsadourous, a TYA artist, peer, and a person with whom I love to collaborate, to work as directors for the staged reading, so we knew we needed something that resembled a final product – something to which we could invite an audience. We found talented actors that could be responsible for the characters I had written from the first draft, and then we ran into a problem:

we each had a different actress for Rosalina in mind. We had one young actress who was very well trained. Her read for Rosalina was clear and articulate but came across as inauthentic and rehearsed at times. Another actress was a little older than what I had envisioned for Rosalina, but she had a lovely Spanish accent that made me think about reversing roles for Rosalina (instead of having Rosalina move into the Spanish culture, she could move into Anglophone culture). This is still something I am thinking about for a future draft. And finally, a third actress who was the perfect age for Rosalina but she was very inexperienced in the theatre aspect of her career. I had worked with the third actress during a summer camp two years prior, and the moment I met her, I knew she would be a part of this project. My directors were worried that the third actress would have trouble getting to where we needed her to get for the staged reading in a week, so we cast all of the girls and allowed them all to speak to the role of Rosalina.

Rosalina's character was the one part of my script that was questioned the most in the feedback I had received from peers. In the first draft of *When Coquis Sing*, Rosalina was a perfect, smart, little girl who never challenged any part of what was happening to her. In the feedback, everyone was looking for a tragic flaw in Rosalina – for some kind of internal struggle. Giving this heroic girl a flaw was *my* internal struggle. I thought of all of the children that I have met; I thought of Hope and other girls I had tutored. I did not want Rosalina to be perfect, but I also did not want to superimpose a weakness onto her. I wrote her to be bratty, and it was not working, I wrote in a vain aspect to her character, but it tainted the relationships between her and her mother. Luckily, I had a group of talented girls to whom I could look.

I looked at the three girls we cast as Rosalina, and the fourth, who we had cast as a coqui. They were all so different, but they all were also eager to please. These obliging girls were smart.

I am sure they sensed competition, knowing that only one girl would inevitably read the part of Rosalina, but they were almost too accommodating. We spent the first four rehearsals reading through the first draft, workshopping and improvising scenes. I wanted the actors to create with us, but devising was a new concept for these young actresses. Their creativity was stunted because they wanted to accommodate my desires. They kept trying to be perfect, by speaking when they were spoken to or expressing ideas that they thought we wanted to hear, instead of playing and creating with us. It was fascinating and annoying. And then it hit me! Rosalina's flaw was trying to be perfect, trying to take control of the situation. Doing what is expected of her but then feeling this cosmic failure as her mom meets her death.

In the opening scene, the audience is introduced to Rosalina and Ivé. Rosalina enters her mother's hospital room, and she desperately wants to share a new trial of treatment with her mother. After many revisions, this scene finally showcases Rosalina's powerlessness and how grief can manifest itself before a person dies:

DOCTOR. Rosalina, why don't you wait with the nurse while the grown-ups speak?

ROSALINA. I'm not a baby! I can handle it!

IVÉ. Rosalina Marie! That is not how you speak to adults!

ROSALINA. (*To DOCTOR*) I'm sorry.

IVÉ. You can tell us both. We don't keep secrets.

DOCTOR. The surgery went well; we were able to get a closer look at the astrocytoma. (*To ROSALINA*) That means...

ROSALINA. A brain tumor. I know!

IVÉ. Rosalina!

DOCTOR. That's okay. We managed to remove part of it to help prevent the headaches and seizures you were experiencing, but it's very aggressive. We found infected tissue towards the brain stem...

ROSALINA. What does that mean?

IVÉ. *(Beat)* It's spreading.

DOCTOR. It's spreading.

ROSALINA. The books didn't say anything about it spreading.

DOCTOR. They don't normally, but this type of tumor is very rare. We don't know enough about it to say for sure. Hopefully, we can find out more once the biopsy results come in, but it is moving fast.

IVÉ. *(To ROSALINA)* We were prepared for this.

ROSALINA. What can I do to...I mean...what can we do to stop it?

DOCTOR. Rosalina, you are doing a great job taking care of your mother.

ROSALINA. We could try more chemotherapy. You can fight through more surgeries, right mom?

IVÉ. That's enough for today.

ROSALINA. No, it's not! *(To DOCTOR)* Tell me, I can handle it. There must be something in these books you gave us that could help, right?

ROSALINA flips feverishly through the texts as NURSE tries to console her.

(LoRicco 10)

As much as humans try, death is not something that we can control. I think that is the scariest part of it all. A realization of the lack of control in a person's life is overwhelming. The loss of control is not limited to the loss of a person, but people who are grieving begin to lose control of their emotions, thoughts, finances, households, relationships (*Helping Children* 6). Grief seizes our control, and although young people tend to have less responsibility and independence in their lives, losing control while trying to make sense of the world can be harmful and can even create hopelessness. This idea of powerlessness strikes me. I felt powerless in my interactions with Hope – even as an adult – and I feel that powerlessness might be the flaw in the main character of Rosalina. I think in times of crisis, children are most powerless. Young people are dependent on the adults in their lives for information, instruction, and support. Rosalina is a dandelion child. As the child of a single-parent household, she has more responsibility than most children in homes with two parents. She is intuitive. Her mother shares most things with her, so when the communication stops, Rosalina knows that there is something wrong. I have also built Rosalina to be a character who thrives on information. She is a science whiz who solves equations in her gifted classes, and she thinks this medical anomaly, her mother's anaplastic astrocytoma, is an equation to be solved. Rosalina solves puzzles, but in this situation, there is nothing she can do. I think it is important for young people to see this onstage:

LA REINA ARAÑA drops in the middle of the junction. Her movements and gestures are slow and fluid, like a dance.

LA REINA ARAÑA. Sorry to interrupt, querida. Were you looking for me?

MURICE. (*Whimpering*) Oh!

ROSALINA. Where is my mom?

LA REINA ARAÑA. Oh, poor little one. You must be so afraid of the dark all by yourself.

ROSALINA. I'm not afraid. And I'm never alone. My mom is always with me.

MURICE. Rosie, let's get out of here, while we still have a chance.

ROSALINA. I'm not going anywhere without my mom!

LA REINA ARAÑA. (*Sweetly*) Aww, how sweet! I've never known a mother-daughter bond to be so strong. You must be going crazy with worry over her. You've moved me, and so I want to help you find her.

ROSALINA. What's the trick?

LA REINA ARAÑA. Clever girl! Too clever for your own good. Play along with me, querida, and you'll find your mother in no time. If you solve my riddle, you will not only find your mother, but you will both be free to leave this cave as you please.

ROSALINA. What's the catch?

LA REINA ARAÑA. If you fail to solve my riddle by the time I've wrapped your near-sighted friend here, then I will keep him and your mother as my prized possessions.

MURICE and ROSALINA. What?

ROSALINA. Please, he has nothing to do with this!

LA REINA ARAÑA. This is the price if you want to see your mother again.

ROSALINA. No!

MURICE. Rosie, it's okay. I've never been brave or strong in my life, but meeting you... meeting you has given me strength. You are my magic in this cave.

ROSALINA. (To MURICE) I promise I'll get you out of here.

LA REINA ARAÑA. How sweet! So what will it be?

ROSALINA. (*To LA REINA ARAÑA*) Fine! What is your riddle? (LoRicco 29-30).

This release of control is also something that I learned within this play development process. I kept getting hung up on providing a striking play that solves all of the problems of grieving children. I also kept putting pressure on myself to have a finalized script by the time of the staged reading, which meant I had to have a new draft in a week. This was another lesson of release, and a playwright's right to a process and not necessarily a product. This play process follows my timeline; I did not have anyone commission or pay me to complete this project, so I can work on it for the rest of my life without the pressure of completing it. Just as there are no rules in grief, no rules in human reactions, there are no rules to finalizing this play. This was a part of the process that I had a lot of trouble letting go, but once I did, I realized how much room there was for improvement.

To return to the development of the play, I remembered a piece of research surrounding the developmental age and how it varies from child to child (Adam and Deveau 19). Coming from a single-parent household myself, I know that I took on more responsibility than most eleven-year-olds do. Growing up, I had to take care of my seven-year-old brother, who was just starting school, while my mom worked overnight doing retail inventory. My bond with my

mother pushed past a mother–daughter relationship, to an adult consulting another adult. My mom told me everything, unfiltered, which labeled me as an eleven-year-old going on thirty. Rosalina’s character is already put in that position of knowing too much, and she frequently places herself in the position of caretaker for her mother through the hospital scene and into the cave. The hospital scene begins the play, and it serves as the exposition for Rosalina and Ivé’s story thus far. As a personal preference, I hate too much exposition, especially in theatre for young audiences, because it tends to be too trite and on the nose. I love subtleties, but when it comes to topics of death, clarity is imperative. I leaned on the cast a lot to help me navigate through too much and too little information to start this adventure. We performed improvisations, where the actors were given certain circumstances to drive the scene, but not given any text. They had to develop the text on their own. I first asked the four young actresses in our cast to create a monologue; the directors then specified that the monologue had to be about a moment in Rosalina’s school day that she wanted to share with Ivé. After they felt comfortable with the monologue, they were then tasked with keeping their mother awake, as if she had recently gotten out of surgery and was drowsy. All four actresses improvised the scene. I had not realized how little was actually necessary for this exchange. Their relationship showed through the actions within a scene that was mostly decided by the actors and directors. None of it needed to be included within the script. This made me think about the many productions and teams that I hope will work to create that relationship in this scene. There are moments that I will clarify through text and details that I feel should be included in all variations of this scene, but leaving space for other artists to fill in the gaps – that is the magic of theatre. This was another relieving aspect of playwriting that I had not anticipated:

The play begins as IVÉ sleeps and breathes heavily inside of a hospital bed. IVÉ has undergone several surgeries and her head is wrapped. ROSALINA enters loudly carrying a photo album in one hand, a pile of medical related texts in the other, and a book bag. She sees her mother sleeping and tiptoes around the room to drop off her things. ROSALINA gently nudges IVÉ, who stirs and makes room for her daughter. ROSALINA carefully crawls in and adjusts her legs around her mother:

IVÉ. ¡Ay! Que Bruta! Rosalina, be careful.

ROSALINA. Whoops, sorry! Are you okay?

IVÉ. *(Laughs)* I'm not made of glass, but try not to squish me. How was your last day of school?

ROSALINA. Fine. Ms. Sullivan gave me a new book as a going away present.

Wanna see it?

IVÉ. *(Pulling ROSALINA closer to her)* In a minute. You come in here like a little tormenta. I just want to sit with you for a while. What kind of book is it?

ROSALINA. It's another edition of BOKIDS, but this one is all about amphibians. It's full of all of these facts about frogs and the different ecosystems they live in. Did you know that Amphibians have 5 basic senses just like humans? But they also have the ability to detect the Earth's magnetic field and infrared light.

IVÉ. I learn something new from you every day.

ROSALINA. The book has every species of frog in the world, even the coquis that live in Puerto Rico. There's a whole chapter about them, they are called tree frogs.

IVÉ. Now that I did know! Puerto Rico is filled with those little frogs. They sing at night. It's like how crickets chirp, except coquis sing their name, "Coqui, coqui!"

ROSALINA. Did you ever see one?

IVÉ. They normally stay well hidden, but there was this one coqui who would come to my window. Let me show you! Did you bring the album?

ROSALINA. Oh, yeah! Abuela had it hidden away, but I know all of her hiding places.

IVÉ. She just didn't want anyone to see her crazy afro that outlasted the 70's.

(LoRicco 3-4)

The conclusion of the play was also challenging to rewrite. At the conclusion of the play, Rosalina saves her mother from La Reina Araña, a cunning scorpion spider, who captures Ivé. In the original draft, the spider is defeated and then escapes the cave, showing Rosalina and Ivé the exit. It then ended with a realization that Ivé cannot leave the cave, therefore leaving Rosalina to choose to leave her mother in the cave. Rosalina finds the resolution pretty quickly. She is never really alone, as she meets creatures in the cave who help her, but she never wavers in her faith that she will conquer evil. This was something that was mentioned in my initial feedback surrounding Rosalina's heroic adventure and lack of weakness. The cast also felt like something was missing. In addition to Rosalina's lack of a flaw or major misstep in her adventure to

victory, the cast also wanted to know what happens to the creatures within the cave that Rosalina and Ivé meet along the journey. We are introduced to several creatures, but most of them do not have a resolution.

In the original draft, Rosalina defeats the spider, finds her mother in the spider's den of cocoons, and then they have their final moments in the exit tunnel of the cave. In our week of workshopping the play, Emily and Maria placed the characters, who were becoming more and more detailed through our talented actors, in a variety of improvised scenes. Some of the scenes took the characters out of the context of the cave and into other environments, like a grocery store or a classroom. This activity helped develop relationships between characters who had scenes together and those who didn't. It made me think of the possible scenes that hadn't been written or needed to be written. One of which was a return scene between Rosalina and a couple of butterflies, named Mariposa and Mariposo. The first draft had the butterfly couple meeting our protagonist at the beginning of the play and sharing their wish to find magic within the cave, but in the original draft this wish was never resolved. We never saw whether or not the butterflies found their magic.

The improvisations made it clear that we needed to see what happens to these characters. It was affirming to see that I created characters that an audience could care about, but it was also overwhelming to think of creating something from scratch. So instead I elaborated on the scenes I had already created. For example, instead of forcing a scene where Rosalina falters, I enhanced a scene I had already written. There is a moment in the play when Ivé is taken by the spider queen in the dark. Rosalina is alone and does not know what has happened to her mother, and then a bat, Murice, who can hear through echolocation, tells Rosalina what he hears. There is a

split second when Rosalina is alone. I knew this moment of loneliness was what audiences needed to see from Rosalina. This was an opportunity for her to show grieving audiences what her experience is in isolation. This brought me back to my research: an aspect of people who grieve is isolation. Whether they are being removed from their social circles or they are actively secluding themselves, grief is lonely. As much as people can try to relate, every person is different and every bereavement experience is unique, which can create a disconnection between the grieving person and the world around him or her. Rosalina and Ivé experienced life as a team, and up until this moment, they had gone through hardships together, but this moment was when Rosalina would be tested. What is she going to do when her mother isn't there anymore? Expanding on this moment did so much for the story. It showed the hero fall. It made me remember that Rosalina is a child, and her reactions to this loss just needed the space within the play but not the prescription. In the latest draft, Rosalina is given little stage direction and text but freedom to expand upon this moment in whichever way the artists deem fit. This moment also became a foreshadowing for the finality that the audiences will experience at the end of the play when Rosalina and Ivé are parted indefinitely. This moment identifies my argument for this entire document. This is the moment when audiences are introduced to the idea of Ivé's death. I don't think they need this introduction, but it can act as a cushion for the final blow that happens at the end of the play. This is the preemptive moment that creates an emotional awareness of the loss that is to come. This was an addition that I don't think I could have created on my own. It was a scene that came from the conversations and feedback from the artists in the workshop.

The second scene that the cast helped me flesh out was the den of the spider queen scene. The first draft had Rosalina running into the queen's lair to look for her mother. Audiences are

told that the spider queen fogs her victims with a sleeping spray, which can become permanent. Rosalina runs into the lair to find that there are many cocoons. She finds her mother immediately but after this, she leaves many cocoons still up without examining them. The cast asked about the other cocoons. How could our hero, they wondered, leave those defenseless creatures to fall into a permanent sleep? This question offered me the opportunity to introduce other creatures within the cocoons, creatures whom we have already encountered in earlier scenes. Audiences see that La Reina Araña captured all of the creatures that Rosalina met along the way, and it is up to her to release them. In the time it takes for her to save her friends, her mother is under the sleeping spray for too long, and at first, she does not wake up. This is another moment when the creatures leave, having received their magic from Rosalina and the cave, and Rosalina is left feeling that her efforts were not enough to save her mother. Once again, she is alone. This scene allowed me to revise the ending and take out moments and exposition that were unnecessary, leaving room for action, which to me was more impactful than anything I could have ever written. The end of the play reads as follows:

The cave, critters, and coquis are all heard singing for ROSALINA. IVÉ and ROSALINA begin to dance the stages of grief. As they dance, ROSALINA's future is shown, with IVÉ always covering her, watching her, blessing her. In the final moment, IVÉ walks ROSALINA to the opening of the tunnel. ROSALINA takes one final look at her mother. The cave falls silent.

ROSALINA. ¡Somos victoriosas!

IVÉ. ¡Somos victoriosas!

We see the cave drawings illuminate as she approaches the tunnel. We hear one, singing coqui as ROSALINA exits through the tunnel. (LoRicco 40)

Despite my efforts to focus on the process, by the end of the workshop week, we had created a staged reading that left me with a draft that felt close to completion. The staged reading was received well by audiences of all ages, and it was remounted for International Women's Voices Day. Once again, my fear was silenced by research and practice. Producing a play, especially when finding talented and collaborative artists to help, is just about doing it! And by the end of this process, I completed a strong draft of my play, I took a step closer to producing it. I have not included a complete draft of the play in this thesis, because I have hopes to finalize a draft in the near future, but for the purposes of the document, I have included a synopsis of the play as it is below.

When Coquis Sing by Michelle LoRicco

Rosalina and her mother, Ivé, have a bond like no other. When Ivé's condition worsens, Rosalina is desperate to find answers in her textbooks to cure her mother. Ivé tries to distract her daughter with stories about Ivé's childhood in the recently ravaged Puerto Rico, which will always be the Island of Enchantment: a place where coquis sing and caves have magic. After drifting off to sleep, Ivé and Rosalina find themselves in the magical Camuy Caves. With the help of the cave critters they meet along the way, they try to find the strength and wisdom to defeat the cunning Reina Araña, the scorpion spider. The magic within this play revolves around strength: the strength of the bond between single parents and their children, the strength of a woman who fights a terrible disease, and the strength of a little girl who must learn to let go.

CHAPTER 7: CONCLUSION

There has been so much progression throughout this play-development process. The topic of death and bereavement impacted my life professionally and personally, and this project has truly strengthened and evolved because of the classes and experiences I had throughout my graduate career. In the hopes of fixing the problem I had about conversing with a child in my care whose mother had died, I found research and inspiration to use my talents to create a solution. In my experience as an artist, I have seen the impact theatre can have on perspectives, on conversations, and on relationships. Theatre is a reflection of the human condition, and death is part of being human. Death-related experiences are inevitable, and in the U.S. American landscape of relating to children, adults do their best to avoid the issue until there is no way around it. Theatre can help bring forth opportunities to discuss concepts of death clearly with young people before and after a loved one dies. As children develop and form opinions of their own, caregivers should be sensitive to the many variables in their child's life that formulate questions and fear surrounding the complexity of mortality. Theatre pieces developed for young audiences can work as a conduit between children and adults to discuss important themes of life, and in this case, death. My training and research on the topic of grief has developed into a play, *When Coquis Sing*, that can aid audiences of all ages to formulate language and methods of contemplation on the topic of death.

This entire process became an act of reflection, both in how the reflective process helped me develop strategies to improve my practice, but also in using the technique of Reflection from New Hope for Kids. I Reflected Hope's experience with death through theatre, and she wasn't the only one I Reflected. *When Coquis Sing* is a combination of experiences from my Latin

community and artist community. My collaborators for this play development process gave me so much of themselves, and their offerings were Reflected in this theatre piece. At first this process of Reflection was lost on me, but after a mentor of mine asked about how Reflection became a part of the process, I realized it had everything to do with how I conducted myself as a playwright, educator, and person throughout my time in developing this play. The latest draft of *When Coquis Sing* includes a more artistic and intentional interpretation of Reflection, as I have included the cave's ability to echo as a technical element of design that is Reflection. Therefore, in the moment when Rosalina is alone, after her mother has been taken by the Scorpion Spider Queen, Rosalina hears the cave Reflecting her grief back to her in the time when she needs support the most.

Throughout my research and play-development there have been challenges and great discoveries about my own perceptions of death and grieving children. Mostly, I have learned to avoid assumptions. An individual's growth is made up of many factors including cognitive development, age, maturation, ethnicity, class, geographical location, cultural and social influences, and each of these factors impact a person's perception of death. It is impossible to predict what a person's behavior or reaction to tragedy will be. Young people are unpredictable. Their behaviors are responses to the world that cannot be prescribed by anyone. My training and research taught me so much about how to care not only for grieving children, but people in general. The one assumption I can make is that all children are people who have life experiences. They do not come into my life as blank slates. I should see and treat children as individuals who are constantly making connections to the world around them based on their context. As I

continue strengthening my training, I can expand my techniques and strategies to respect all of the variables in their development, but I shouldn't expect or prescribe their behaviors.

I have also learned to combat the idea that adults should know everything. It's ok not to have all of the answers, but instead of avoiding the conversations, like I did with Hope, it's healthy to let children know that adults can be partners in learning. With that partnership comes an accountability to invest in research and develop my own language surrounding complex ideas like death and afterlife before initiating those conversations.

As I finalize this document, I realize that there is a character in my play that personifies my research and becomes a wonderful model for caregivers: Ivé. Rosalina's mother is the key to helping me create intergenerational conversations surrounding grief. In the play, I unknowingly wrote my research into this character, and at first I didn't realize it because my mother is such a prime example of how important it is to have an open communication line between a caregiver and his or her child, but now I recognize my grief facilitation training in the character development for Ivé. Ivé takes Rosalina through the three tasks for grieving children. In the hospital scene, the doctor asks if the nurse can take Rosalina out, but Ivé says, "You can tell us both. We don't keep secrets" (LoRicco 9). Ivé involves Rosalina in the dying process and allows her daughter to make the choice of how much she wants to be involved. Ivé also showcases her weakness from the surgeries and illness, while having moments of trying to put on a tough face, she also shares her grief of dying with her daughter throughout the play from asking her to bring photo albums to the hospital, to telling Rosalina that she cannot go through more chemotherapy. Throughout the first scene, the audience also sees how Ivé is helping Rosalina move through the

second task: to feel the feelings about the person dying. In a scene early in the play, Ivé consoles her daughter:

ROSALINA. Mom?

IVÉ. Yes, mi tesoro?

ROSALINA. Why does this have to happen to you? To us?

IVÉ. Listen, if I had the power, I would arrange the stars and planets so that you and I could be on this earth together forever. But sometimes things are out of our control.

ROSALINA. I don't want anything to change.

IVÉ. I know this is tough, but we Santos women never play the victim, and we will not become victims of this situation now. ¡Somos victoriosas!

ROSALINA. What does that mean?

IVÉ. We are victors! People who walk in victory! (LoRicco 6-7).

The rest of the play helps Rosalina move into the third task of grieving children: to go on living and loving after the person has died.

In the play's final scene, Ivé tries to push through the cave's exit. Rosalina learns to let Ivé go. The stage directions state:

Her spirit is fighting, but her body is failing. Her breath is strained; her words are pained. ROSALINA stops her mother. They look at each other. A moment of understanding. IVÉ steps back into the tunnel. ROSALINA crawls back through into her vibrant dress. IVÉ's breathless, but her strength returns. She is also dressed in her vibrant dress, and her hair is loose again.

ROSALINA. Our magic. All of this has been our magic, our victory...

IVÉ. Our victory, but more importantly, your victory. A victory you won on your own.

ROSALINA. What will I do without you?

IVÉ. Without me? You won't ever be without me. Every time you sing my song, every time you smell coconuts and vanilla, every time you learn a new word in Spanish, I will be with you.

ROSALINA. I miss you already. (*ROSALINA runs into her mother's arms, trying to take in every piece of her. She hears one coqui*) Mom?

IVÉ. Yes, mi tesoro?

ROSALINA. Can you tell me one more story of your adventures in Puerto Rico?

IVÉ. I can tell you something better. I can tell you about a girl named Rosalina, who had the most amazing victories. She went on many adventures, and with each one she went on, she brought her mother with her. (LoRicco 39-40)

When Coquis Sing initiates contact with a person's death data bank, a mental storage of a person's death-related experiences. This play encourages intergenerational conversations to happen between audiences of all ages who encounter the lovely depiction of a healthy relationship between a daughter and her mother, and the protagonists' experience with death and bereavement. Moving forward, I retain the responsibility that if I am going to create work for children that is challenging, counter-cultural, or possibly daunting, then I must equip my audiences with resources to digest and discuss this work in a healthy way. The next phase of my play development process is to create helpful pre- and post-show activities, guiding questions,

and tasks for families to encourage caregivers to talk to their loved ones about the themes like grief, death, sickness, and victory that are presented within *When Coquis Sing*.

Until then, this document shares the resources that helped me achieve my initial goal of using theatre to facilitate conversations surrounding death. Caregivers can use these resources to develop their own sensitive approach to interactions with their child during moments in his or her life that bewilder, confuse, or concern them. The biggest challenge is finding a common language to discuss such topics, especially since children of all ages communicate in various ways. Theatre can create a common language; it can even give young people language that they weren't able to formulate on their own. It can also reflect a child's experiences. My play is based on an experience a child had with the death of her mother, and she is not the only one. Even with death as a nonnormative event, children have death-related experiences within books, movies, peer experiences, news coverage. Seeing a child protagonist overcome a hardship can inspire children who are facing their own adversity to follow suit.

If nothing else, recording the findings and reflections in this document, shares my evolution as an artist and as a caregiver. I know there are adults, especially within the field of theatre for young audiences, that are inspired by the stories of young people within their own communities. They hesitate, like I did, because of their perceived lack of experience, or possibly the contrast between ethnicities or classes. They feel ill-equipped to fight for or tell the stories of these children; that hesitation was my burden at the beginning of all of this. I have never experienced a life-altering death; it's actually my biggest fear in life. Therefore, I thought I had no agency in dealing with the topic. But if all artists limited their work to their own personal life experience, then there are so many populations that would never get to see their stories come to

life in any art form. The important part is to invest in the resources out there, but never to assume what another person is going through. Listening is enough. Hope and the children in New Hope for Kids never asked me about the death in my life. They just wanted the attention. They wanted to be listened to. They wanted to be Reflected. And even though I had my reservations about Reflection within my grief facilitator training, I have found my own way to Reflect the children around me, and that is what I hope to do for every child I encounter through my art.

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