# CHAPTER THREE

# GHOSTS IN THE PLAYGROUND: SMALL TALK OF DEATH IN EVERYDAY CHILDHOODS

JULIE SPRAY

## Introduction

Sitting at our desks three weeks into the school year, I work quietly correcting spelling while listening to the chatter of the boys and girls around me. I had just begun a year of fieldwork at Tūrama School[1] in South Auckland, Aotearoa New Zealand, and my days were spent in participant observation alongside children aged 8–12 years, doing maths and handwriting, playing soccer and helping on field trips. In general I found children's conversation hard to capture; frenetic and stuttering, multiple threads tangling across each other, and individuals, catching words from the breeze, abandoning one line of conversation to chase another, mouths fighting to describe a connection only their mind has made. As such, the chatter of children can sound like an incoherent layering of disparate ideas, interrupting and mumbling, a hubbub that is disregarded until it intrudes on adult conversation. I found that I easily "tuned out" children's talk in such situations, since it required a special effort to listen to and often lost me along the way.

On this day, the conversation clarified for a few moments around a particular topic that captured everyone's attention: what are you scared of? The answers fought to impress: aliens, crocodiles, snakes. I noticed with interest that the things named were not things that the children had any real experience with. "I'm not scared of anything," came one boast. "You'd be scared if your mum died," came the retort. There was general agreement; a parent dying was a scary thought.

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[1] All names, including the name of the school, are pseudonyms.

Childhoods in Aotearoa New Zealand are not homogenous and the degree to which death appears in childhood, both in fantasy and in reality, will likely vary alongside children's conceptions of death. This research focusses on the particular context of childhoods at the most disadvantaged end of the deprivation scale; 120-odd pupils in a school which straddles two suburbs characterised by families with low median income, low frequency of educational qualifications and high levels of government assistance benefits. Often, two or three families occupy the same household.

For many children at Tūrama School encounters with death are common. Over 70% of the pupils are Māori, and wide whānau (extended family) connections mean that journeys to the marae (meeting place[2] for tangihanga / funerals) are frequent, often extending to three or four days at a time and, for many children, experienced like a holiday (Jacob 2011). For another 20% of pupils who are Pasifika, the death of relatives may mean a trip to the Pacific Islands, for instance to Tonga, where funerals are a preeminent social occasion and key locus for enculturation of the young (Kaeppler 1978), or to Samoa, where the dead stay alongside the living in front yard graves (Havea 2013). In Auckland, too, Māori family homes may be converted into "little marae" (Gagné 2013) and Pasifika lives celebrated with ritual even more traditional than in the home islands (Havea 2013).

Many children at Tūrama School experienced the death of a close relative, including five within my research cohort (two of them brothers) who lost a parent during my study period. Often these children would quietly disappear from school as they were rehomed with whānau in another part of the city, leaving behind classmates who named what had happened with wide eyes and reverent voices. These children are socially marked, spoken of with hushed voices and respectful distance. They have experienced the far edge of child vulnerability, that place spoken of in fear across the classroom desks. That vulnerability is found in not just the daunting grief of the loss of a parent, but the social upheaval that follows for the child.

Child death frequently appears in ethnography, where childhood mortality often forms the backdrop to poverty-stricken or war-torn communities, the "unnaturalness" of child death emphasising the direness of conditions

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[2] A central gathering place for Māori, technically meaning the courtyard in front of the whare nui (main meeting house) but often referring to the key buildings of the complex. Although variable in size, composition and location, each marae holds significant cultural, spiritual and social importance for Māori.

through statistics or vignettes. Scheper-Hughes' (1996) ethnography of shantytown Brazil, for example, paints a community so saturated with child death as to cleave the most primal bonds of mother and infant. However, only a small library of anthropological works represents children's perspectives on death. Significant ethnographies by Bluebond-Langner (1978, 2000) have focussed on chronically or terminally ill children in a North American context, demonstrating how children acquire knowledge of their prognosis or come to understand that their sibling will die. Based on research in Dehli, Das (1989, 2015) reflects on the experience and expression of children who have witnessed violent deaths or coped with the loss of a parent. Parsons (2012) combines psychotherapeutic and anthropological perspectives to explore the ambivalent liminality of HIV-positive children enduring poverty in "the waiting room of death" in Zimbabwe. From three corners of the world, these scholars trace the way that death shapes the social world that children live in, and the accounts are patterned by adult notions of how children's encounters with death should be managed. Yet for the most part, death in this literature is portrayed as an anomaly, undermining normal, carefree childhoods, leaving children to embroider its extraordinary tragedy in repetitive symbolic or embodied expressions. With the exception of Das' (2015) portrait of a child renegotiating changes to the family structure as a result of illness and death, these are represented as transgressive deaths, not deaths that touch childhood in the everyday.

The limited anthropological explorations of death in everyday childhood perhaps reflect what scholars have claimed to be a denial or general suppression of death in contemporary Western culture (Becker 1973; Ariès 1981), where despite near saturation of death imagery in the media, personal experiences of death are kept hidden or "invisible" and marked as taboo. This death, Green (2012) adds, is seen as particularly inappropriate for children, whose lives are meant to be innocent and happy, free from adult burdens. Once commonplace, over the last century death has become an anomaly in children's everyday experience in the recent West (Kastenbaum and Fox 2008), and when it does appear in childhoods, it poses a threat to the social order (Bluebond-Langner 1978). This is well illustrated by the "mutual pretence" of Bluebond-Langner's (1978) dying children and their parents: planning Christmases that would never arrive, continuing with school, and maintaining the socialisation of the child for an adulthood they all knew would not come. Discussions of death and childhood therefore often begin with the Western premise that death *ought not* to be part of children's lives, analysing the way adults and children alike make sense of this anomaly.

However, this is not to deny that death is part of children's lifeworlds, though their personal experiences of death can be limited. From children's films, where death is seen two and a half times as often as adult films (Colman et al. 2014), to religious stories, to violent toys and video games, to classroom discussions, death is already central to children's cultural systems, structuring everyday meaning and practices and enacted through play. Pioneering studies by Nagy (1948) and Anthony (1972) in early psychology showed that death-related phenomena often appear in children's thinking within their everyday lives, and children had their own questions and theories. In conversations with young people in Suffolk (United Kingdom), Coombs (2014) demonstrates the extent to which young people absorb and incorporate these cultural scripts into their constructions of death: the romantic death, the heroic death, the violent death. What role then does death play, and what meanings do children construct from death in the everyday?

## Small Talk of Death

In conducting this research about children's experiences of health and illness, with particular focus on rheumatic fever, I did not set out to learn about children's perspectives on death. I did not raise death as a question in the interviews I held after school with children, parents, or teachers, and I did not explore children's experiences of tangihanga. However, I found that references to death pervaded my field notes, interviews, and even children's drawings—unsurprising, given the proximity of death in these children's lives, and revealing of the salience and relevance of death to childhood in contemporary Aotearoa New Zealand. I cannot offer here a child ontology of death, or comment on their understandings and knowledges of death—a topic that has been considerably discussed within psychology and counselling fields (e.g. Nagy 1948; Anthony 1972; Cuddy-Casey and Orvaschel 1997; Silverman 2000). Instead, this is an analysis of the way that death is woven into the discourses and practices of everyday life *outside* of death events and rituals, the mark death makes in life's little conversations, and what this can tell us about childhoods lived in the classroom; at the kitchen table; on the playground.

The social meanings these children construct around death and how they are shaped by broader political economic and social forces can be found in children's "small talk of death". I argue that the meanings of death for children are shaped by their social position *as children,* a process of apprehending this intriguing idea that existences will end, coupled with a

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structural vulnerability which imbues interpretations of those unknowable deaths with threat of social displacement. However, concepts of death are also coloured by the particularities of children’s social circumstances, and so for the children at Tūrama School, their death talk also reflects plural cultural frames and social inequities which mediate their experience of death. Children’s understandings of death are shaped by their experience of life, and so children’s death talk can also function as a window for understanding *childhood*.

In my engagement with children’s own expressions here, I follow the constructivist turn in childhood studies which positions children as social actors, with agency, and whose perspectives are essential to understanding both their lives and the full dynamics of society more broadly (James and Prout 1990). As co-constructors of their own cultures, but also embedded within adult worlds, the way children appropriate and reproduce their own versions of death can be usefully conceptualised through Corsaro’s (1992) model of interpretive reproduction, where children spin their own webs of meaning over the scaffolding of adult institutions. In this, Corsaro breaks away from theories of socialisation which position the child as individually and privately acquiring the skills, knowledge, and culture of adults, instead viewing childhood socialisation as a collective, social process, occurring within peer cultures as much as with adults, and in being reproductive rather than linear. My analysis, therefore, begins in children’s peer talk, where snippets of experience are collectively patch-worked. However, I also emphasise the societal structures underlying children’s experience, to show how children’s particular social conditions shape the reinterpretation of adult concepts in their own ways.

## Death in Cultural and Structural Context

Eleven-year-old Arya was eager to be interviewed. As soon as I turn on the recorder she begins talking and doesn’t stop, one thought tumbling into another, punctuated with bright-eyed laughter and the rising inflection common of Kiwi cadence[3]. She begins by telling me about her family’s history of gang violence, but her stream of consciousness leads into a cataloguing of deaths in her family, a theme she keeps returning to annotate.

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[3] Children’s interview dialogue has been lightly edited for clarity; spelling in context.

> "And then my cousin, he wanted to give the Crips gang a hiding, but they told him that they should just leave us alone? We had like, bad people in our family. That got rushed—my cousin got beaten last week? And my papa died the year before, like 2012? And our papa died? Well my other papa died on my dad's side, ages ago, I think it was 2010? And it was heart-breaking because he was a good cooker and—and—we loved him and we gave him everything, like he wanted?"
>
> Disorientated by the shift in topic, I ask, "Did he die because of the gangs?"
>
> "Oh, no, he died because he had a back injury. Oh, sore back."
>
> "He died from a sore back?"
>
> "And he was sick," she adds, and continues, "that's the same as my little sister. She's like, eight now, and she passed away in 2007. And my cousin, oh, we had a big-as tangi and funeral? Because everyone liked her, and my auntie, that was her godmother? And that's the one that—she loves me, now? And my family was so sad. And that was my little sister, she's—she turned eight, in… April. On the 23rd."
>
> "Do you guys do anything for her birthday?"
>
> "Yes, we went to go clean her grave and put flowers and stuff. And… we sing—sometimes sing a song to her. When we go past."

Later in the interview Arya returns to her topic, adding further infant deaths that occurred before she was born and the death of another Papa in 2014. The way children like Arya talked about the deaths of their relatives—cataloguing, memorialising, configuring relationships—reflects universal fascination with the nature of existence and its cessation, and continuing bonds with the dead, as well as some specific features of childhood. However, children's death talk is also shaded with the particularities of their circumstances which add the nuance of experience. For children at Tūrama School, these particularities include social inequities that burden whānau with earlier and more frequent death. In addition, these are children of plural and syncretic cultures, who incorporate multiple frames of death into their own understanding. Aotearoa New Zealand remains primarily administrated under a colonial version of British culture, and so children experience, for example, the way that Western medicalised frames of death shape everyday childhood into a series of risk preventions (McIntosh 2001), from road-crossing patrols at school, to legislation mandating "child resistant closures" on medications and chemicals. Likewise, Pākehā (Aotearoa New Zealand

European) medical institutions invoke death in the management of illness, which Tūrama School children absorb through health promotion warnings about the deadly threat of rheumatic fever. Meanwhile, being predominantly of Māori and Pasifika descent, many of these children have grown up in cultures where death is not out of place in children's lives, where dying is not cordoned off into hospitals nor old age. Instead, death is axial to life, the boundaries between living and dead blurred, and children themselves may be considered intermediaries to the spirit world (Counts and Counts 1985; Metge 1967; Gagné 2013).

Yet while culture makes meaning of the dead, encounters with death are also mediated by the structural. Living at the extreme end of socio-economic disadvantage, Tūrama School children's experience of death is again amplified. To understand how death articulates with context here, I use the related concepts of structural violence and structural vulnerability. Commonly attributed to Johan Galtung (1969), structural violence refers to the way that sets of historical and economic conditions, when protected as the status quo, result in physical or spiritual harm, disease, oppression, and premature death (Farmer 2003, 2004). Children, because of their perceived vulnerability, incompetence and low status, are also rendered structurally vulnerable (Quesada, Hart, and Bourgois 2011) through society's adult-centric organisation, often encoded in legislation, which separates them from the adult world, constraining their political power and limiting their voice (Frankenberg, Robinson, and Delahooke 2000).

The appearance and forms of death in the cultural milieu of Tūrama School can be seen as both a reflection of a structural violence that mediates the degree of children's experience with death, and a structural vulnerability that produces a particular experience of childhood. Māori and Pasifika peoples are disproportionately represented in statistics for almost every major indicator of health and wellbeing, from mortality to hospitalisation rates (Reid, Taylor-Moore, and Varona 2014; Baker et al. 2012; Statistics New Zealand and Ministry of Pacific Island Affairs 2011). As health declines, death visits early. Māori death rates tend to be higher than those for non-Māori at all ages, though the gap is narrowing, and life expectancy at birth for Māori is about seven years lower than for non-Māori in Aotearoa New Zealand (Statistics New Zealand 2015). Pasifika peoples in Aotearoa New Zealand have slightly higher life expectancy than Māori, but are still also well below non-Māori or non-Pasifika people. Both Māori and Pasifika infant mortality rates and Māori suicide rates are significantly higher than non-Māori (Statistics New Zealand 2016).

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These statistics are reflected in the experiences of the children living in the community surrounding Tūrama School, where the death of a close relative was not uncommon. Aside from the passing of many grandparents during the study period, five children in my cohort lost parents to illness-related deaths. The deaths of each of these parents affected not only their children, but also their nephews, nieces and cousins attending the school.

As well as the structural position of Māori and Pasifika which brings death earlier, the structural vulnerability of *children* in society gives these deaths special meaning. As in many Western countries, children in Aotearoa New Zealand are one of the most legally and socially restricted groups in society, with limited mobility, political power, or earning ability. Although children's smaller body-size leaves them more vulnerable than adults, their dependency in these contexts is largely created by adults who are concerned with their care and protection. In other societies, even very young children can move independently through their community, access material resources, and care for each other, rather than rely exclusively on adults. In some circumstances street children, for example, can obtain better nutrition than children who live at home (Gross, Landfried, and Herman 1996). Children's dependence on adults in Aotearoa New Zealand, therefore, is less about an innate vulnerability, and more the product of their structural vulnerability in an adult-centric society which often marginalises children.

Children's structural vulnerability has two implications relevant to this discussion of death. Firstly, in rendering children so dependent on adults, the threat of death, particularly of a caregiver, represents a significant risk to the social life of the child. When parents fall ill or die, dependent children must be placed elsewhere in the whānau, a dislocation of relationships, home and often school that can be a disorientating addendum to grief, even though children's belonging tends to be more fluid in Pacific kinship than for Pākehā (Metge 1967).

Secondly, the adult-centric distribution of power in society often means that children's perspectives are invisible in culture and policy. Although scholars have noted an elevation of children within neoliberal policy, this focus on children has been largely with the purpose of targeting "vulnerable" children for intervention within a social-investment paradigm concerned with reducing future costs to the state (Elizabeth and Larner 2009; Keddell 2017; O'Brien 2016). The rheumatic fever prevention programme which targets Tūrama School children is a classic example of this, along with recent changes to child protection policy which channels resources into identifying and policing families deemed “at risk” rather than providing support or addressing chronic entrenched poverty, material deprivation and mental health issues (Cleland 2016; Keddell 2017). Yet “child-focused” policy is rarely child-*centred*, in that the agenda is often designed for the benefit of the taxpayer rather than the child; legislation that punishes families for poverty is not particularly helpful for children, and the impact on children is perhaps not considered from children’s perspectives. Subsequently, children may be exploited for adult agendas, with little regard for what this means for children. This can particularly be seen in health promotion messaging which links children and medicalised Pākehā frames of death in order to motivate parents, but inadvertently influences children’s conceptions of their vulnerability to death. The experience of structural violence and structural vulnerability for the children of Tūrama School can both be observed through analysis of both how children express death, and how they *use* death to express ideas in everyday life.

## Expressing Death

At morning tea one day, I sit with two ten-year-old girls, Ruby and Soraya, our backs against the classroom wall at the edge of the playground. As we watch a group of girls and boys kicking a soccer ball around on the field, I tune in to their talk, which has taken on a sombre tone.

> “My nephew died,” says Soraya, gap toothed and with a smile that curls up at the edges. “My little four year old nephew, you know? Because he wasn’t eating anything.”
>
> “My cousin died,” says Ruby, her eyes big.
>
> “Everything he ate, he threw up,” Soraya continues. “Vegetables… meat…”
>
> “My cousin was sixteen,” adds Ruby.
>
> “…lollies… everything, he threw up.” A stray ball flees towards us, and Soraya intercepts it with the edge of her foot, and boots it back towards the field.
>
> “Did you know he was going to die?” Ruby asks.
>
> “No,” Soraya answers. “We didn’t know he was sick until we took him to hospital. And then they sent him home, but then he died.”

> "My cousin hung herself," says Ruby.
>
> "That's really sad," I respond.
>
> "Oh my god!" Soraya interjects. "That's the same—not the *same*, but that's the same thing as my little nephew. But he died in hospital. 'Cause he was getting fed the right things but he couldn't breathe when he ate it. Like every time he ate something, he would just stop breathing."

This "small talk of death" is woven through children's desktop chatter, in the sharing of global and personal news on the classroom mat, and in playground banter. These small conversations are where children engage in a process of collective bricolage, pooling their experiences of death, seemingly to make sense of its place in their world. Ruby and Soraya "name" the whānau members who have died, an intensive cataloguing of deaths which is usually accompanied by the manner of death, if known. Children often included dates in their catalogues, and the age the sibling would be; Arya refers to her sister as "eight now". This is a sharing and comparing of experiences in order to apprehend death, but children also register who knows what by indexing who was affected ("Liam's mother died. And she was Trystan's auntie"). While I contribute a comment on the sadness of the death, as teachers tend to do, Ruby and Soraya do not talk about what feelings or meanings they associate with the death. Instead, they add to their catalogue, a practice which takes on a tone of rivalry, using experience of death to compete and impress, and drawing comparisons; Ruby's cousin's death by hanging was "the same" as Soraya's nephew who couldn't eat. Claiming a close experience with death could thus function as a form of one-upmanship, impressing others with the reminder of their vulnerability and the knowledge of that which all children will experience at some point, but which some have not yet faced.

In an interview with two nine-year-old boys, I hear the following snippet of conversation:

> "None of my family has ever died yet. Only my nan. My mum's mum," says Whetu.
>
> Jackson replies, "My nan died two years ago."
>
> "My nan died four years ago."

Rehearsing cultural scripts for talking about death through sombre tones, in this talk children situate themselves in wider networks of relationships which continue after death. The comparisons and repeated indexing of death also marks these deaths as a salient part of children's experience.

Children's expressions of death therefore express their experience of *life*, one where the deaths of family members echo with threats about those who *could* die.

> "Whose mums and dads died in this group?" one boy asks a group of classmates during a brainstorm of what it means to be a child. "If you're young, and your mum and dad die, who would you live with?"
>
> "Your grandparents," another child replies.
>
> "Yeah, your grandparents."
>
> "Or your brother and sister if you have them. If they're older."

What it means to be a child, then, is to be dependent on networks of care for social survival.

* * *

On the first day back from the spring holidays, after the usual Monday assembly, Mrs Stevens' class settles on to the mat to start the day. As is their routine, Mrs Stevens asks, "What news do we have today?" The children scramble to name the local and global headlines they had picked up over the holidays. Aotearoa New Zealand has made the quarter-finals of the Rugby World Cup, and evidence has been found of water on Mars.

> "Lots of murders," one child calls out.
>
> "Yeah, that boy got murdered!"
>
> "Yes I think his funeral is today," Mrs Stevens acknowledges. The disappearance and subsequent discovery of a ten-year-old's body in the South Island had captured the nation's attention for the past week.
>
> "That boy was murdered, Julie," a girl tells me.
>
> "A lady died while she was feeding her baby and her baby died too!" another child adds, and Mrs Stevens opens her laptop and finds the story from earlier that week.
>
> "How did she die, miss?" children ask, and Mrs Stevens reads from the article.

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> "She collapsed and died of bronchitis."
>
> "What's bronchitis?"
>
> Mrs Stevens explains about infections in the bronchial tubes; this is how much of the learning happens in this class, through informal dialogue on the mat.
>
> "My auntie died, miss! Aye, miss! Aye, my auntie died!" Eleven-year old Trystan, who was lying on the ground, leaps to his feet.
>
> "Oh yes, she did," Mrs Stevens realises, meeting my eye.
>
> "She died of new—pnew—pneumonia," Trystan wraps his tongue around the word. "She didn't go to the doctor."
>
> "And she was Liam's mum!" another child adds.
>
> "What?" I hadn't noticed Liam's absence until that moment. Quiet and small, Liam had joined the class only a few months ago.
>
> "Yeah, Liam's moved to Ferndale," Mrs Stevens tells the class. Turning to me, she adds, "It's a shame he's not here so we could support him with his mum dying. He didn't want to leave Tūrama."

Death, then, is a regular presence in the classroom, not only for these children who are directly affected by loss, but also for those around them who bear witness to and imagine as their own the experiences of their classmates and the boy in the newspaper. After rugby news, children tended to share the death stories, a cataloguing of global deaths to mirror the real ones they encountered. But their structural vulnerability is brought into relief on this day, where the death of Liam's mother was followed by his abrupt disappearance from the class he liked and the teacher who cared for him.

Trystan was clearly impacted by the death of his aunt, which he brought up with me on several other occasions. However, the expressions of children who had lost a parent tended to be quieter; Teuila tells me that her dad is—present tense—an artist who taught her to draw, and sits silently as her teacher reads to the class newspaper articles about his premature death. In my interview with ten-year-old Cassidee, I invited her to draw for me a picture illustrating either something she enjoyed doing at school, or a time when she found things tough. She would not let me see her drawing in the interview, frantically covering it with her arms, and asking that I only look at it after she left. When I did remember to pull out the drawing a few days later, I found a depiction of her father's death (see Fig. 3.1)[4].

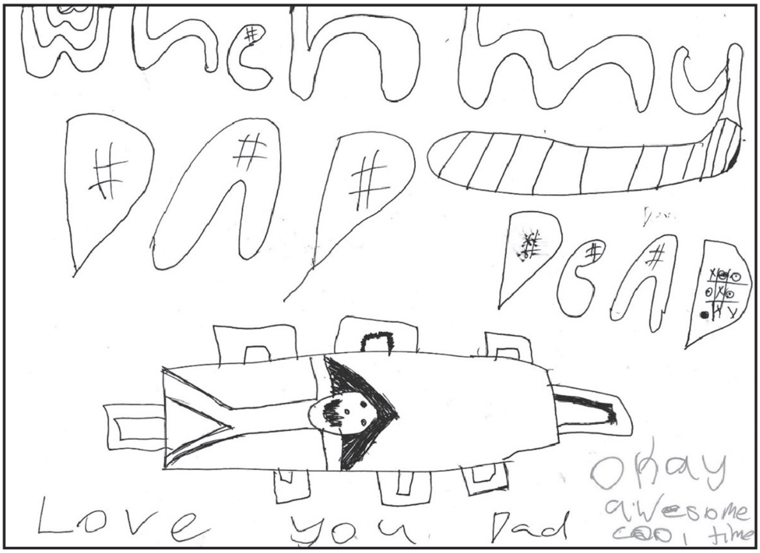

Fig. 3.1. 'When My Dad Died' by Cassidee, age 10. The grey writing is presumably referring to the experience of being interviewed.

## Expressions of Death; Death as Expression

The way that the children of Tūrama School talk of death is consistent with how death is expressed by children in many other contexts in academic literature, where ethnographic vignettes show children engaging directly and expressively with death encounters. In unpacking Tūrama School children's references to death, it is apparent that children are not only expressing knowledge of death or fear or sadness, nor just engaging in a collective bricolage to make sense of this death concept. The children also spoke of death not in reference to death itself, but in order to invoke the connotations of death to express *other* experiences. Death was not only expressed, but is used *to* express. So when Ruby and Soraya tell me that some people who are cyberbullied "get to like, dying", they are telling me about the seriousness of cyberbullying, as well as the seriousness of death.

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[4] Because of the personal nature of her drawing, I later confirmed with Cassidee that I had her permission to include it in my publications.

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When eleven-year-old Navahn tells me about the gang his family are involved in, he tells me “they have heaps of fights, they die” to convey the degree of violence. And when nine-year-old Hinemaia says strep throat “could stop you from breathing, and that could kill you too”, she uses death to explain the threat of a sore throat. Children’s talk of death, therefore, is important for what it says about life.

## Expressing Illness with Death

Children’s appropriation of death terminology to communicate ideas about other things can be most clearly seen in their expression of illness. The bundling of death with illness is in part because death in this community is often caused by illness, though death could also be used to convey ideas about bullying and violence, as above. However, to speak about illness also requires a specific lexicon, one that children are still acquiring. By contrast, when parents speak of illness, the language employed is quite different from that of children. Anna, in telling me of her son Anton’s illness history, draws from an extensive and nuanced language of sickness, acquired through her years of parenting experience. When Anton was born he was “meconium”, “stressed because he was overdue”, and “he wasn’t breathing”. She describes the efforts of the doctors, the effects on his throat and lungs, how his temperature of 40 could lead to a seizure, and the work she did to steam his excess mucus. This is not a language that Anton shares. When he tells me about “one of my bad sickness” (a spider bite), he tells me that his mum took him to the doctor, and describes what the doctor said: “Your son got poisoned, but I don’t think he’s gonna like die or something, it’s just like, you know, he’s gonna be sick.” He adds, “and my greatest fear was like, dying.” After telling me about how the spider bite “restarted my memories” and ignited a new interest in soccer, Anton returns to the theme of death:

> “I was in hospital just for the great white tail spider, but, lucky… he didn’t said, ‘You got a poisoning and you’re gonna die’. Lucky he didn’t said that. But he says he got a cure, and that. And then, he—he like had a needle put in my like, I think like right here?”
>
> “Oh, he put a needle in your side?”
>
> “Yeah. And then right before, he said, ‘You’re not going to die’.”

Lacking the vocabulary of symptoms and treatment, Anton emphasises his experience in terms of proximity to death—Anton feared he might die, but luckily the doctor said he wasn't going to die, such was the seriousness of his sickness. When I ask him how come he was thinking about dying, he grapples for the words to express the experience of his body in that moment:

> "It kind of felt like, I kinda feel like my heart—my heart beating was like, like, slowing down… Wait, I was actually—I was actually ill, but—a little ill, so—it was still—it was like going slooooww… and then going faster and then going slow and then going faster. It's kind of...it's kind of scared. And like, and I was like um… was my heart going to explode or something."

The language of death, therefore, can function for children as an effective shortcut to communicate the seriousness of an illness experience, a way that children can express and be understood by other children unfamiliar with the vocabulary of arrhythmia or anti-venom injections.

Similarly, death is the focus of the story of Te Rerenga's birth, as narrated by her and her sister Nga-Atawhainga in the middle of a discussion about illness experiences at their kitchen table. After asking her mother whether she had been sick as a baby, nine-year-old Nga announces:

> "My sister nearly died when I was a baby."
>
> "Yes no, she had a struggle to life, Rere did," her mother Tūmanako agrees.
>
> "She nearly died when she come out. Mum told us."
>
> "How does that feel?" I ask eight-year-old Rere, whose face is ringed with chocolate from the biscuits I brought.
>
> "Like, the same," Rere answers, I think meaning she feels the same as she always does, that how she feels is not the important thing. She continues. "My mum nearly died when she got—"
>
> "—Mum got a fever when I was having her," Tūmanako interjects, switching narrative perspective halfway through her sentence. While Rere attempts to continue, Tūmanako narrates a parallel story, this one told through symptoms and treatments and their effects.
>
> "And then because we had an inexperienced person trying—"
>
> "—I was sick when I was four or five—"
>
> "—to give me an epidural, they nearly paralysed me—"

> "—when I was little you took me to the hospital—"
>
> "—because you were too big to come out I had to have a caesarean section. I tried to tell them that, 'cause I'd been in labour for five hours, I was like, look, last time it only took me an hour for the whole thing, I'm telling you I can't do this, please listen, you're going to kill me," Tūmanako finishes, laughing. "She didn't have a good start to life, Rere."

Interestingly, as her daughters, lacking the language of labour and caesareans refer repeatedly to death to convey to me the gravity of the event, Tūmanako's only reference to death is also deployed in another moment of misunderstanding, and where she felt her life might literally be in danger. "You're going to kill me," she laughs now, but at the time communicated what Tūmanako's body knew, but couldn't express in any other way to the "inexperienced" doctor.

With less experience of verbal communication, particularly the vocabulary associated with exceptional illness events, children therefore draw on their own categories of concepts to signify the most serious, the most frightening of events. Along with death, Anton and Rere both make reference to the hospital, another signifier of a serious medical condition. For the children at Tūrama School, the hospital is an important symbol of sickness, differentiating notable sickness from the everyday. In one lunchtime conversation, children discussed hospital visits, asking me how many times I'd been to hospital and calculating the times they went to hospital and cataloguing their injuries.

The use of death language in their everyday talk therefore also speaks to what death means for children. Adults, with longer experience, may have more of a sense of life's rhythms than children, who are still calibrating their sense of death's relative frequency. Adults can suffer greatly in bereavement and face social disruption, but with their greater agency and autonomy are less socially threatened by the death of relatives than children are by the loss of caregivers. For children, death means the deepest and most insecure grief, as they are tossed into the waves of a social upheaval, with little control over where and with whom they may land.

## Death Management in Health Promotion

Children's talk of death in this context reflects their own structural vulnerability, the structural violence that makes death a common occurrence in this community, and indigenous culture that draws meaning

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from those deaths. However, their conceptions of death are also shaped by Pākehā medicalisations of death, and how, as McIntosh (2001) describes, under the rise of modern technologies and medicines, mortality is deconstructed into a series of discrete problems, manageable through "taking control" of the body, adopting healthy practices and abstaining from the unhealthy. When death comes to be seen as solvable, then life becomes a series of risk preventions, as McIntosh puts it, "an attempt to write death small" (ibid. 247) which paradoxically leaves death imprinted over life in the banality of seatbelts and alarms and expiry dates. Public health campaigns fixate on death as the enemy, even when, as is the case with rheumatic fever, death is the least likely outcome[5]. The effect of this is to semiotically link illness to death, and as a consequence healthcare, even for children, becomes constructed in terms of death management.

> "And what about cancer, what do you know about that?" I ask nine-year-old Bella, after she includes cancer in her list of illnesses.
>
> "That it could actually kill you," she replies; her nana died of cancer.

While we are looking at the crosses that have been put out by the school playground to commemorate the soldiers who died in World War One, eleven-year-old Franziska tells me about her auntie who died, who had been very sick because she had a colostomy bag. Ten-year-old Chloe tells me how her church played videos of children in Pakistan who are "really sick and if one of the boys there gets one more drink of dirty water he'll die." Cancer is memorable because it is deadly, the fates of soldiers in war are linked to a colostomy bag, and children in Pakistan must be close to dying if they are sick. In this way, sickness and death are, for Tūrama School children, entangled, as each constitutes the other.

This coupling of death and illness likely comes in part from those parents and grandparents whose death was attributed to illness, like Trystan's auntie who apparently died of pneumonia. A great weapon of structural violence is the way deaths become naturalised, ascribed to their proximate causes rather than the systemic inequalities that left those bodies vulnerable to illness in the first place. However, recent media campaigns in Aotearoa New Zealand inadvertently target children with powerful, frightening messages that are meant for their parents, and consequently contribute to the meaning of death for children as well. The "One Heart Many Lives" campaign, which aims to "inspire Māori and Pacific Island

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[5] Death from acute rheumatic fever would be highly unusual, although the subsequent chronic rheumatic heart disease can lead to early mortality in later life.

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men to get a heart check" (PHARMAC 2017)[6], includes an advertisement aired on Māori Television showing a young girl speaking to her father about how important he is to her and to the protection of Māori tikanga (customs) and taonga (treasures). "But I'm too young to visit you in the cemetery, Dad," the girl says, sitting in tears outside the whare nui (marae meeting house). "See a doctor and get your heart checked. I love you, Dad." This advertisement uses the tears of a grieving child to motivate fathers to have their heart checked, but also likely impacts children who identify with the young girl and fear the loss of their fathers. Aired on the national Māori television channel, this campaign also speaks specifically to Māori children. Similarly, the rheumatic fever campaign, which is intended to target *parents* of Māori and Pacific children, in fact speaks directly to children. Many of the television and poster advertisements feature children, telling their stories with explicit links to death. "Last year, I almost died," a young boy tells the camera over a solemn piano motif and ambulance sirens. Death, as it is portrayed in these advertisements, is not the gentle, spiritual crossing over to te Ao Wairua (the spiritual world) that children hear narrated at tangihanga, but one of panicked lights and sirens, alienating surgical theatres and thick scars that witness the ripping open of a body, a close evasion of a terrible fate. This death is used to connote the most extreme feelings of fear or anxiety, and in doing so constitutes a terrifying new version of death. Importantly, although this is a Pākehā framing of illness in terms of death, these advertisements feature Māori and Tongan children, and as such, directly target not only children, but specifically Māori and Pasifika children.

If death represents a powerful tool of expression for children, then portrayals of child death in the media have a particular, unrecognised potency. While children's marginalised social position and presumed passive role in health care often renders them invisible in policy and planning, paradoxically, calls to "think about the children" are often used for the purpose of mobilising adult action, without regard for children's interpretation of this messaging itself. The invisibility of children in society means that the Health Promotion Agency, who oversee the content and delivery of a large proportion of the health advertising in Aotearoa New Zealand, did not consider how children would view these advertisements (personal communication). However, the effect of the rheumatic fever campaign on the children of Tūrama School, where a clinic has been established to swab for strep throat (streptococcal sore

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[6] The campaign was led by PHARMAC (Aotearoa New Zealand's pharmaceutical management agency) from 2008-2013 and is now held within local communities.

throat, caused by *Streptococcus* bacteria), is very evident. Children would recite the campaign messages verbatim; ten-year-old Te Kapua, placing himself in the shoes of the boy, narrates: "My brother almost died. It started with a sore throat." Half a world away, Hunleth (2017) describes a similar response among Zambian children to orphan-hood discourses propagated by adults to draw attention to HIV and related illnesses.

Ten-year-old Marielle had seen the television campaign before she experienced her own two bouts of strep throat, which she misunderstood to have been rheumatic fever[7]. Getting ready for school with a sore throat one morning, she found she couldn't breathe so told her mum who took her to the doctor.

> "So what happened when you went to the doctors?" I ask.
>
> Marielle, who nearly cried from nervous excitement at the beginning of our interview, stammers as she tells me the story, her scramble for words echoing the anxiety she felt at the doctors that day when she couldn't breathe. "Well, I thought that I was gonna die because it was my first time. It was my first time that I got rheumatic fever?"
>
> I go to clarify, "You thought you were going to die—"
>
> "—Yeah, because it was my first time."
>
> "Because it was your first time. How come you thought you were going to die?" I wonder.
>
> "Oh, because I couldn't breathe properly?" Marielle explains. "And because like—like if you have rheumatic fever, like, you have to like—" She gasps, demonstrating. "Like breathe like in, and then you have to like, breathe out. It's like really weird. For the first time, but when you get your second, like, you'll know."
>
> Marielle tells me her breathing difficulties, which started after she went to the doctor, lasted for about four days, but taking the pills helped them to get better. The nurse later confirmed to me that strep throat is not associated with breathing difficulties, and Marielle's breathlessness was most likely anxious hyperventilation. Back at home, Marielle found herself processing the idea that she had rheumatic fever, "I knew, oh, like on the TV 'cause it said it. Yeah, but I never like, had it before? Like, I knew what it was? But I never like, I never knew how it felt, something? Then I

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[7] It was not uncommon for children to mistake their strep throat diagnosis for rheumatic fever, likely because strep throat is not referenced in the media campaigns, which emphasise sore throat and rheumatic fever.

> was thinking, like I was gonna be that boy? Like you know, huh, I was like—" her voice shakes, "huhhh, I've gotta take my pills!"

Marielle's retelling of her strep throat experience bristles with embodied anxiety, mirroring the gasping breaths which crept upon her as she went about her day. For Marielle, the experience was "making real" the story she'd heard on the television, and that she too would be like "that boy". When I ask her what she remembers from the television advertisement, she is vague on the details, but she remembers the death part. "It was just about how, like when he was born his heart was like, not—good? Then he got a surgery. Something. 'Cause his brother almost died."

This is where children's concepts of death *matter.* Adults may forget that an audience is wider than the intended target, that adult talk of death will reach children, and that children will make their own sense of what they see. Yet death is a powerful concept in children's worlds, and in linking childhood and death adults inadvertently speak children's language directly to them.

## Conclusion

This chapter describes one account of how death appears in children's everyday, in a context where death is culturally salient and structurally more frequent. While previous anthropological literature dealing with child perspectives on death have largely considered death as an anomalous childhood event, children in many contexts have extensive contact with death, if not through personal experience, than through the experiences of peers or representations of death in stories, media and games. Listening for death in everyday small talk attends to how children come to not only express their sense-making of death, but how they use death to make sense of life. As an expressive tool, death can therefore also function as a lens for understanding the experience of childhood.

Childhoods are contextually specific, but a precarious social position is characteristic of many children's experience. For children, death may invoke not only moments of existential disconcertion, but the social disruption that follows the loss of a parent figure. For many children in Aotearoa New Zealand, close whānau ties mean that a child who loses one or both parents will often be rehomed with other relatives, however children's dependence and lack of power leaves them structurally vulnerable to unpredictable dislocation. Death is the slipping of your feet on a ground that has suddenly given way, with no promise of where you might land.

From this structural vulnerability, children's social dependency and lack of power, death, then, carries special meaning. Children’s expressions of death, in particular a process of apprehending this unknowable threat though a social cataloguing of death events and causes, can reflect their experiences of vulnerability. Furthermore, the way that children *use* death language to express ideas about other things in their everyday discourse can also reveal the social meaning of death, and of those things. For children, the language of death comes to connote what death represents as well as its literal meaning, a shared signifier of the *scariest* experience, the *most* dangerous risks, or the *worst* illness. Yet the same structures which render children vulnerable also make them invisible to policymakers who invoke child death to persuade adults, but inadvertently tap into this powerful discourse of childhood.

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