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Bereavement and the teacher

Introduction

In the course of preparing this issue, two documents have been consulted. These are *Good Grief*, a CNAAs diploma dissertation by Barbara Ward (1), and *Bereavement*, by Beryl Peacey and Sue Foster (2). Both of these examine the effects of death and loss on children and adolescents, as well as suggesting guidelines for school work and giving support to the teacher who has to cope with a bereaved child.

Since these documents to some extent cover the same ground, we have extracted material from both sources and assembled it here under various headings.

In another article, on page 97, we publish part of an interview with the Venerable Richard Hawkins, Archdeacon of Totnes, Devon, in which he is question-

ed on the role of the school in preparing pupils for personal loss and in dealing with bereavement in the classroom. — Ed.

What is bereavement?

Peacey and Foster: Bereavement is perhaps one of the few remaining taboo subjects. If this is not true why is the subject seldom found in the school curriculum? Teachers may believe that children need to be protected from the facts of death, but perhaps it is their own fears and attitudes which prevent them from mentioning the subject. Children like to talk. But if they are not encouraged to take part in discussion and if their questions remain unanswered, how are children to learn? The average child is very tough and resilient and can cope

amazingly well with bereavement, even with the death of a parent, as long as adequate subsequent care is provided. This includes care at school as well as at home.

Bereavement may be defined as the 'forcible loss of something that is precious' (3). This word is most often used in the context of the death of a person, but it can include the loss of an inanimate object or the ending of a relationship. Mourning is the emotional experience which follows bereavement. The distinction between the bereavement trauma and the deprivation which may follow is well worth making; for deprivation is something which *can* be remedied, but the bereavement itself *cannot*, although it can be treated sympathetically.

Children are often involved in some form of loss at an early age. The mobility within society today may mean that families move to different homes more often than in the past; thus, early friendships are lost. Children of service families frequently experience the absence ('loss') of the father. This may be of a temporary nature, but to the young child it can have the same effect as a more permanent loss.

Barbara Ward: Alfred Torrie (4) comments that no child can live very long without encountering loss. The process of growing up may be seen as a loss of accustomed forms of support and attention — going to school means temporary separation from the mother. In modern society, moves to another area mean children giving up their rooms, their homes, their

friends, and their schools, to enter an entirely new environment. Allowing a child to express his sadness, sorrow, or anger about a loss and the disruption that follows seems simple and sensible, yet many parents find it hard to accept.

How does death affect children?

Barbara Ward: When a parent dies, two things frequently happen:

- (a) Adults lie to protect themselves or spare the child;
- (b) Adults do not realise that children need time to grieve too.

For children, the conspiracy of silence can be bewildering and frightening. They can find themselves alone with a tearful, withdrawn parent whom they cannot contact or comfort, and who no longer appears to meet their needs. They need to know something about the manifestations of grief in the surviving parent, and to be told that it will gradually get better.

Peacey and Foster: In the past, it was commonplace for children to have experienced death within the context of their own homes. Today, infant mortality is low, people live longer, and the incurably sick generally die in hospital. But, because the patterns of dying have changed both qualitatively and quantitatively, it does not mean that children are affected to a lesser extent.

Television communicates death to children in a very vivid way, but has it helped them to understand what death

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really means? Mitchell (5) suggests that 'the traumatic experience of the bereaved has not altered and it may be intensified.' If this is true, perhaps children should be prepared for the possibility of bereavement before it happens. Teaching the concepts of death and bereavement to children in school could be one of the solutions to a difficult problem. However, it can be argued that few children are affected by the trauma of bereavement. This may be so, but teachers should be concerned with the needs of the *individual* child.

Patterns of bereavement

Barbara Ward: Alfred Torrie (6) gives the following four groups:

Infant or toddler. Separation anxiety is the chief symptom at this stage. The child knows only absence, not death. People appear and reappear. At this time the mother is the child's mainstay, and, although the infant may sense the mother's disturbance at the loss of her spouse, it is vital that she should be there.

The pre-school child. From 3-5 the child comprehends the fact of death as something that happens to others — an animal or a relative. It is a vague concept like sleep, or the absence of light or movement — not permanent. Life at this stage is attributed to anything that moves; death is the opposite of life, something remote and still.

The school-age child. At nine years of age children express sorrow as adults do — they may be apathetic, withdrawn, cry a great deal, or become hostile and angry. Although the adult instinct is to protect the child, the truth given in manageable doses is the wisest course.

The adolescent child. At this time, 11 and older, the death of a father has the most influence on the child. Adolescent feelings of guilt and anxiety can be particularly strong at the thought of extra responsibility. There is the additional question of how to separate from a parent who is no longer there, and develop the

dormant adult capacities within.

Peacey and Foster: Mourning in our society has become a private and solitary matter, but grief *has to be expressed*. The immediate stage between the death and the acceptance of the loss has to be worked through if the bereaved person is not to suffer from prolonged disturbance and permanent damage. Freud stressed the 'work of mourning' when a bereaved person has to experience his feelings of grief, of loss, and of guilt. However, he omitted to point out that, for a child, the *absence* of a parent may have as profound an effect upon that child as death will have upon an adult.

The stages of mourning are well documented and are as necessary to the mental health of the person as the developmental stages of early childhood.

The initial stage of loss is experienced as numbness. This is followed by a stage of anger. Searching for that which is lost may then be followed by the stage of denial. Anger, searching and denial may well alternate with each other during this period of mourning. Finally there is the stage of acceptance when the anger has gone, the searching ceases and the denial subsides. It is at this time that the bereaved person can start to think of a new pattern of living and progress towards real growth. Although these stages are easily recognisable they are seldom clear-cut. One stage may merge with another.

Nature of the loss

Barbara Ward: With the death of the mother in childhood occurring so rarely now, four-fifths of parental deaths involve the father. Alfred Torrie comments (7): "[The father] is the ultimate protection, and he must be very inadequate indeed to break his children's faith in him. Even mother going to work... rarely destroys this image. The father in prison or in trouble keeps the children's loyalty, and it is recognition of this fact that leads many social workers to say that even a poor father is better than none."

The loss of the mother will cause different problems. In many families it is

the mother who provides the emotional support, who is there to talk to at the end of a school day, who keeps in touch with the wider family network. It is, therefore, important that an alternative listener be found either in the family circle or school.

The death of a brother or sister may have profound and lasting effects, for grief and mourning may be complicated by parental attitudes and the child's understanding at the actual time of bereavement. In some cases, a dead brother or sister may continue to live with the family as a powerful ghost.

Preparation for loss: "death education"

Peacey and Foster: Death is inevitably a normal part of children's everyday life. All children witness the changing seasons, and they learn about the cycle of life and death in the natural world. Many children meet death for the first time when a family pet dies; they cannot be shielded from these events, although many children will be bewildered by them. At such times children need to be free to express their feelings and to share their thoughts. Young children have no difficulty in talking about death, perhaps because they cannot disentangle fact from fantasy.

However, for many adults in today's society death is not an easy subject. Many parents and teachers excuse themselves from teaching the facts of life and death to children because they believe that children are too young to understand. Recently however, more adults have attempted to involve children 'in the understanding of gestation and birth, yet there is a temptation to be equally assiduous in shielding them from the impact of death' (8). Children should be encouraged to talk freely about being born and about dying and death. They need to express their fears and fantasies to someone who can listen.

Barbara Ward: Our experiences of teaching loss and death education showed that the majority of teachers felt inadequately prepared to teach the subject and that background information and guidance were needed. Hence the reason for the Cruse Schools Pack, to enable the

THE HEALTH RELATED BEHAVIOUR QUESTIONNAIRE

Notice to users

The Schools Health Education Unit, Exeter University, and the Health Education Unit, Southampton University, began distributing copies of the first fully-tried and tested edition (known as Version 7) in 1980. At the beginning of 1982, some further improvements led to the issue of Version 8.

Version 7 questionnaires can still be processed, but it is hoped that any unused master copies will be replaced by the more recent version. The "Diet" enquiry has been modified, and some other minor improvements have been made.

A free copy of a Version 8 master can be obtained by writing to the address on the back cover.

subject to be introduced gradually into schools in this country, so that it can be accepted as a natural part of the curriculum, as it is in the U.S.A. Our reason for approaching the subject through loss is that this is a much easier subject to understand, since all pupils have experienced loss in one form or another. If children can learn to use their losses as opportunities for growth, they will then be in a better position to face the final loss of death, which is a much more limited experience and, therefore, less easy to comprehend.

Bereavement in the classroom

Peacey and Foster: At the first stage of the crisis, the teacher must

- Exhibit a serene attitude — give reassurance;
- Promote discussion — with positive explanation of the loss. This will help to release tensions. Fears can be discussed openly and disposed of calmly;
- Explore rituals, customs, etc.;
- Establish the right contact — make a point of being available for further discussion and reassurance as or when needed;

- Always answer questions honestly;
- Gradually encourage the child to experience new surroundings by initiating work, suggesting visits and developing new interests.

Teachers have to cope with the first phase of general sadness, and must help to prevent the child's isolation — a hand around the shoulders or a warm handshake and an expression of sympathy, even "eye to eye" contact, can quickly dispel the pretence that life is unchanged. Silence will deprive the child of the opportunity of sharing grief.

Teachers must be aware that there is *no real comfort* to be offered for the loss of a loved one. There is no real substitute, nor should there be if love is to mean anything. However, teachers can offer greatest sympathy while admitting to the child that loss is something which he has every right to express in intense and overt grief.

Barbara Ward: Here are some ways in which the school can help:

(a) Do tell the truth in a simple way. If you make suggestions such as Mummy or Daddy has "gone on holiday" or "gone to sleep", instead of died, the child may be frightened that he or she may die in similar circumstances. It is said that the surest way of destroying a child's faith is to tell him that God has taken from him the one he loves.

(b) Do reassure children, in the case of death from illness, that the doctor helped the person not to suffer, even though he was unable to stop them from dying.

(c) Stability outside the home is very important at this time. It is best for the child to return to school as soon as possible after the funeral. The staff of the school, and the children, should be informed of the circumstances, so that the child is sympathetically treated and given the opportunity to talk about the remaining parent.

(d) The desirability of involving staff and fellow pupils is highlighted in the case of a fifth form girl who was very upset dur-

ing a lecture on bereavement. It was the first time, in the two years since the death of her father, that she had been encouraged to talk about him. On her return to school after his funeral, not one of the staff or children had made any reference to her loss.

(e) Do remember that the normal child, with the proper support, should come through bereavement with no lasting ill-effects. In fact, this ability to take up the threads of normal life can often be very hurtful to the remaining parent if it is not explained that children are unable to grieve for too long.

Conclusion

Peacey and Foster: 'Death and the relief of bereavement, mourning and deprivation are at the centre of most religions of the world and the appropriate handling of these problems is an important step towards the improvement of mental health' (9). Perhaps it would be better if these subjects could find a 'resting' place within the context of Health Education. Then bereavement would be dealt with by teachers. This group of professional people are concerned with the physical, social, intellectual and emotional development of *all* children whatever their beliefs. Teachers do not just teach children — they *care* for them as well.

References

1. *Good Grief* is the title of Barbara Ward's unpublished dissertation (CNA A Diploma in Health Education).
2. Beryl Peacey & Sue Foster, *Bereavement* (available from Fareham & Gosport Teachers' Centre, 1 Spring Gardens Lane, Gosport PO12 1HY).
3. Mitchell, R., *Depression* (Penguin, 1975), p 30.
4. Torrie, A., *When Children Grieve* (Cruse, 1978; available from Cruse House, 126 Sheen Road, Richmond TW9 1UR).
5. Mitchell, M., in Varma, A. P., ed., *Stresses in Children* (University of London Press, 1973), p 57.
6. Torrie, op. cit.
7. Torrie, op. cit.
8. Oakeshott, E., *The Child Under Stress* (Priory Press, 1973), p 85.
9. Brown, F., in Gould, J., ed., *The Prevention of Damaging Stress in Children* (J. & A. Churchill, 1968), pp 35-59.