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BERYL PEACEY  
SUE FOSTER  

Bereavement and the teacher

Introduction  
In the course of preparing this issue, two documents have been consulted. These are Good Grief, a CNAA 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 questioned 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

(Please turn to page 103)

Within the pilot studies developing a curriculum-planning method for primary and middle schools, reported in Education and Health, September 1983, the views of parents, pupils, and teachers were sought on the value of including a number of health topics in the curriculum. The list of topics examined is shown below, and it will be seen that Death and bereavement is included. Respondents were asked to consider each topic in turn, and the adult groups were asked to judge how appropriate each one was for inclusion in the curriculum, against the following scale:
(a) Should be included;
(b) Useful but not essential;
(c) Not appropriate.

Currently, the enquiry method is undergoing further development and refinement in the light of research findings to date. It has been found that there is more than one reason for respondents choosing category (b), and at the next stage this will be split into two more precise statements. However, at this stage the categories (a) and (c) are regarded as clear statements of a respondent's view, and for two Exeter schools, with a combined response rate from parents of over 90%, the outcome for the parental response was as shown in Table I.

When compared with the response to the other 42 topics, Death and bereavement is one of the least favoured. Only four topics have a less positive response for inclusion in the primary-school curriculum (i.e., <28% for School A, and <24% for School B). These are shown in Table II, which also indicates those topics having more negative “not appropriate” responses (i.e., <32% for School A, and <27% for School B).

Conceptually, Table II displays similar or related feelings towards topics, namely the “least positive” and “most negative”

<table>
<thead>
<tr>
<th>The checklist of 43 topics</th>
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<tbody>
<tr>
<td>How my body works</td>
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<td>Human reproduction</td>
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<tr>
<td>Immunisation</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Difference in growth and development</td>
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<tr>
<td>Getting on with boys and girls</td>
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<tr>
<td>The same age as yourself</td>
</tr>
<tr>
<td>Feelings (love, hate, anger, jealousy)</td>
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<tr>
<td>Bereavement</td>
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<tr>
<td>Separation from your parents</td>
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<tr>
<td>Caring for pets</td>
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<tr>
<td>Vandalism</td>
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<tr>
<td>Traffic Safety</td>
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<td>Safety at home</td>
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<td>Pollution</td>
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<tr>
<td>Making decisions</td>
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<tr>
<td>Sex roles</td>
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<tr>
<td>Physical fitness</td>
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<tr>
<td>Eating habits / nutrition</td>
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<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Relationships at home</td>
</tr>
<tr>
<td>Talking with adults (GP, nurse, dentist)</td>
</tr>
<tr>
<td>Building self-confidence</td>
</tr>
</tbody>
</table>
(Continued from page 94)

This project is funded for three years from January 1983. Its broad aim is to develop an integrated approach to teaching Lifeskills and health education and to make this available to teachers in secondary schools. The project officer is Jan Anderson. The objectives are as follows:

1. To produce an integrated guide to past and new resource materials in the areas of Lifeskills teaching and health education.
2. To identify six pilot schools that are prepared to introduce an integrated approach into their curriculum; to work with the teachers involved in the development of the course and support them during the first year of the course.
3. To complement the resources guide by producing a handbook for teachers interested in an integrated approach.

Stage 1 — (January — September 1983)
Research and analysis of materials; preparation of the integrated model and guide to resources. Initial contact with education services and schools.

Stage 2 — (September 1983 — July 1984)
Staff and curriculum development in six pilot schools. Resources guide updated.

Stage 3 — (September 1984 — July 1985)
Integrated Lifeskills and health education courses introduced into schools; courses to be monitored and evaluated.

Stage 4 — (July — December 1985) Handbook for teachers and final resources guide prepared for publication.

References
5. Unemployment — a killer disease (National Council of Social Service Worksheet No. 7).

November 1983

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 personality disturbance. Freud described 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 clearly cut. One stage may merge with another.

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.

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 protector, 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 cases of 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 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 as insidious in shielding them from the impact of death.”

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 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 and 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 “eyes to eyes” contact, can quickly dispel the pretense 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 talk 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 him from 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 during 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’ (8). 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

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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 as ludicrous in shielding them from the impact of death (8). Children should be encouraged to talk freely of being born and about dying and death. They need to express their fears and fantasies to someone who can listen.

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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.

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