Education and Health
Journal of the Schools Health Education Unit, Exeter University
Funded by the Health Education Council

Education and Health is published twice a term, and contains articles, letters, and notes about all aspects of health education within schools.

Its aim is to pass on the results of recent research into health behaviour, and to provide a forum for debate among teachers, health education specialists, and others concerned with the healthy development of young people.

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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 imaginary 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 means more than one reason for respondents choosing category (b), and at the next stage of 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”.

John Balding

Education on bereavement: the parental view

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 group 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

The checklist of 43 topics

How my body works
Human reproduction
Immunisation
Smoking
Diet in growth and development
Getting on with others
Feelings (love, hate, anger, jealousy)
Boredom
Separation from peers
Caring for pets
Traffic Safety
Safety at home

Water Safety
First Aid
Understanding minority groups
Leisure activities
Illness and recovery
Drug taking and glue-sniffing
Caring for handicapped people
Responsibility for own behaviour
Muggings
Bullying
Death / bereavement
Care of feet
Roseness
Conservation
Pollution

Stress and relaxation
Making decisions
Care of hair, teeth, skin
Menstruation
Sex roles
Physical fitness
Eating habits / nutrition
Alcohol
Relationships at home
Talking with adults (GP, nurse, dentist)

Swearing
Shoplifting / pilfering (theft)
Health and Social Services
Building self-confidence
Caring for old people

(Please turn to page 109)
emerged. In one school, the pattern appears to suggest that the younger children show more interest than the older ones, but in the other school only the boys' responses support this interpretation. Clearly, this is something which will have to be examined further in future development of the enquiry method.

All teachers will experience the difficulty of having a bereaved child in the classroom, and the situation can be very uncomfortable both for the child and its classmates. The following questions are among those which need to be asked:

1. Do teachers attempt to cater for the needs of the bereaved?
2. Do they attempt to help the rest of the class to relate to the bereaved class member?
3. How well able are they to cope with their own feelings towards bereavement, and their experience of it?

The answer to the third question will have great influence on the other two.

Teachers' reactions

My experience, when working with teachers, is that they are divided over the issue. One of the main problems for them is how to go about attempting work with a class on the subject. In preliminary work for this study, the teachers who were questioned did not, on the whole, feel that support materials and methods for introducing the topic in the classroom were required. However, if well-tried support methods and materials were available, I am sure that they would be in demand.

I have been present with teachers when they have reviewed film material for potential use in secondary schools. On every occasion, at least one teacher has felt strongly against the use of the film in question, while most of the others held the reverse view, and valued the film as potentially very helpful. When underlying reasons for the rejection have come to light, they have revealed that the film had reached personal experience of unresolved grief, and had renewed the pain for the teacher concerned.

Summary

My own view is that work in schools on this area of human experience could be most valuable. In holding this view, I appear to have the support of about a quarter of the parents in the reported survey, and appear to be at odds with the judgment of a slightly larger number of them. I am hopeful that the experience and ideas reported in other articles in this issue of Education and Health will give insight and support for work in schools. Having reached this point, I am facing the following questions:

1. What right have I to decide that the subject has a place in school when more than 25% of parents appear to disagree?
2. Have I implied that some teachers may be very ill-equipped to handle the subject? Teachers in social education should have the trust and respect of their fellow teachers, the pupils, and the governors; but they would also need to feel personally secure in connection with the experience of death and bereavement.

The next issue of Education and Health will include an article on computer diet analysis called

"A Micro in the Canteen"
quite a natural thing to happen”. You can take that a bit later on, but in the first phase of bereavement I think you would experience that as extremely unhelpful, because it appears to deny the reality of the feelings that you have got at the time. What you want help with, on the whole, is the ways in which you are feeling. Once you’re through that then you can begin to look more calmly, rationally, at life and death and its place and so on, but on the whole it’s not a very helpful thing to have thrust on you early on.

It may be difficult for a child to relate the death of a parent to any other sort of loss.

It’s obviously partly a question of age. In a young child it is in fact very difficult, in the early stages, to comprehend what the loss is. You can know that Mummy is not there, but it is perhaps difficult for a young child to comprehend that Mummy will not be there tomorrow, or the day after. Adults, however much they may be shocked by it, do at least comprehend what death means; they do comprehend the finality that it represents in those sort of terms. The probability is that young children don’t, and they have to keep having this explained to them over and over again, which seems heartless but which is in a sense necessary.

If a child believes that Mummy may come back tomorrow – how should a teacher or parent handle this?

On the whole, with the experience I have had, I think that I am on the side of those who say that with children you should always be honest and as explicit as you can. Indeed, it is most important not to end up giving the child false information out of the desire to ease pain or shock. It can be very difficult, because you may not always know what the child is thinking in, or what effect your words and phrases mean. But as a general principle I think I would look for explicit and honest statements about death to children, because on the whole I think that they do in fact cope, but like most people cope better with the truth than with half-truths. So I would want to convey the information to the child as explicitly and directly as I could.

One gets the impression that death education is something which schools are feeling more and more obliged to take up because the parents are failing. Do you feel that this is something for which parents are, on the whole, to blame?

Well I think I would agree that it is something which people find difficult to talk about freely, I’m not quite sure why I think that is, in part, because we are not sure whether it is death itself and the implications of death that people are afraid of, or whether it is the experience of bereavement that people are afraid of, or whether it is the experience of dying that people are afraid of; because they are all slightly different aspects of the one thing. Quite a lot of dying takes place in a clinical business, in the sense that it is hospitalised and the last stage of many dying people are now almost hidden from friends and relatives and are often made as dignified and as painless as they can be. A sort of controlled event. The experience of watching somebody die nowadays is considerably distressing, but it may, in a perfectly proper and humane sense, be a slightly blander experience than it would have been for past generation and very much an experience that takes place somewhere else than at home. You’ve had to go into the hospital and see your twenty minutes of it and then go away again, rather than quite so often have it happening at home.

That’s a very complicated area, because it’s the conflict between offering the most advanced care you can against separating it from family life and being at home and all that represents. And I think that in many other areas there is a big conflict at the moment in our society, about whether it’s better to have slightly less expert care but to have the right context, or whether you sacrifice the context at the cost of having more expert care.

It isn’t so difficult to talk about the death of someone who doesn’t specifically concern you, but it can be embarrassing to have to face someone who has been bereaved.

I would agree entirely that one of the very difficult areas that we find, generally speaking, is the business about how to cope with and speak to people who are recently bereaved. I'm sure that's absolutely right and I'm sure that it's even more powerful with children. In a way I think that it's a bit cyclical, in that one of the problems in knowing how to cope with the bereaved is that we perhaps don't know what is in fact dead and easy; and therefore when it comes to a crunch moment we don't have the facility that would help us at a difficult time. And one of the reasons which prevents us from talking about death easily is the business of speaking to bereaved people, which we find difficult.

I think that if in fact we were able to talk about the whole business of death and dying more naturally than we do, more confidently than we do, we could pick our way with bereaved people more certainly.

When you lose somebody, it is such a personal thing that you cannot expect anyone to understand your feelings; perhaps you do need to feel cut off for a time?

Yes, I feel that this is a very important area for adults and children. I think it's very unethical to make any approach to people which appears to minimise or to take away the feelings which they have got about their loss. Part of the trouble is that so many people mean well but unthinking attempts to comfort the bereaved take the form of trying to minimise what's happened, as if that would somehow help, whereas quite the contrary is true. Very often what most people want is the right kind of assurance that what they're having is an awful time, that they are feeling terrible. They don’t need somebody to go through every inch of that territory with them: just somebody who is in the right way capable of recording the fact with them, that they are having a very bad time, and is content to leave it at that. That I think is quite supportive. And I think, therefore, that perhaps in many people the establishment of that bridge is quite useful so long as you don’t attempt to bring the people across it on one direction.

So I think that it is helpful to make the approach to people and, if you genuinely can, to register that you recognise that they are having a very bad time, but not to take them in any direction from there, because most people work through grief satisfactorily and can cope. They will perhaps cope more comfortably with the right kind of support, but I'm absolutely sure that the wrong kind of thing is to minimise what's happened, or to force the pace of it, and I'm sure that must be true with children too. I think that maybe it's important for a child to feel that it could say something if it wanted to, and that what it had to say would be received, whatever it was. But not that you get a child into a corner with a can opener.

The teacher has to cope not only with the suffering child, but with the attitude of the class toward the child. Should “death education” involve the aspect of coping with others’ bereavement? The emphasis in the literature tends to be concentrated on the bereaved person.

I would guess that one of the most positive contributions a teacher could make in the school setting is not so much what is done with the child, but what he or she does with the class, to help the other children grasp a little bit of what the child may be feeling and how it may or
may not want to be approached. Certainly I would agree that both for adults and children one of the considerable strains and pressures on the bereaved is coping with other people's feelings about their bereavement. I'm sure that this is true of children who can perhaps think it through less consciously. I suppose that children probably either have an instinctive reticence with each other about it; in other words they would leave a bereaved classmate alone if they didn't know what to say, or if they did say something it would be much more likely to be direct, spontaneous, and explicit which, I suspect, the child concerned is much more likely to expect and to be able to receive. But I'm sure that a lot of that would go on quite unperceived by adults.

What adults do with children is so much coloured by this very strong drive to protect children, and I think that in this area, and perhaps in others, this drive can get out of hand. In fact we overprotect or we protect in the wrong way, and from my own experience that is particularly so in the area of disguising things for children, by using words and phrases which they take in quite a different sense from what we mean, and makes them more confused. My professional interest in that is the way that adults will often use sentimental and superficial religious expressions to interpret the facts of death, so goodness knows what impressions are in the child's mind. The expression 'Jesus has taken your Mummy away' solves all kinds of trouble for us in the future. But there are other equivalents of that sort of remark. You can see that the instinct to be helpful and not hurt the child, but I think that there are often instances where one needs to be as simple and direct with the child as possible and the child will cope.

Elsewhere in this issue we have taken extracts from some publications on bereavement and children in school. Are there any comments that you would like to make?

I think that my initial reaction would be that I would rather want to see these recommendations as perhaps things that a teacher might be alert to. It's a bit laid out like a mandatory programme for action. For instance, on page 110, Promote discussion with positive explanation of the loss. This will help to release tension. I don't think that the experience of loss is only to calm disposal by a neat programme of counselling. I don't think it's like that, I think it is something which will work through individual children, as in adults, in a variety of ways. Very often a child will work through it "naturally". There may be points at which it will be helped by the right kind of support or alertness, and I think that I would support what you suggested earlier on, that there may be children who, quite naturally and helpfully to them, do not want to talk about it, particularly at first. They are too busy sorting it out in their own minds. When they have come to terms with that, then they will want talk about it, but to have an external pressure to talk about it when they are confused themselves won't necessarily help them a bit. They may in fact feel that they are constantly being pursued to talk about it, and this is just another pressure to cope with, rather than something which is actually going to help them.

On the other hand, it is also stated on page 111 that "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".

Yes, I would support that. I also note that There is no real comfort to be offered for the loss of a loved one. I think that's a very important thing, because teachers need to recognise that they are going to feel helpless at a time when they want desperately to help. I think that, like so many of us in that situation, you must come to terms with that, otherwise you will spring in to offer inappropriate support. Such support has nothing to do with the needs of the child, it's to do with your feelings of not being able to cope with the recognition that you can't do anything about it.