

EDITORIAL

This issue carries papers and reviews which will be of especial interest to teachers. Jeffrey and Lansdown's paper highlights the little-appreciated fact that the staff and pupils of special schools for the physically handicapped pupil will have to cope with death more often than mainstream schools. But what he has to say will be of value to all teachers.

The number of books on the subject of childhood bereavement

continues to increase, and we try to keep abreast of them and guide our readers to save their time. Some of the reviews published in this issue indicate that the market is becoming saturated but Rebecca Abrams has the double qualification of being a talented writer and having come through the fire of losing her father and her stepfather as a young adult, without the supports of school and home. She uses her talent as a writer to illumi-

nate for us the particular problems of bereavement in this age group. Reading her article in this issue should whet your appetite for her book, also reviewed here (p. 22).

Finally, Vance compares parental responses to different types of early death in childhood—a paper which should be of great value to those counselling sorrowing parents.

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The Role of the Special School in the Care of the Dying Child

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It is acknowledged frequently that Western society is daunted by the prospect and event of childhood death; the Warnock Report¹ on special educational needs of children in Britain ignored the topic. The usual argument put forward to explain society's attitude is that the greatly reduced death-rate among young people has deprived most of us of the experience of coping. It is rare for children to learn about death as part of the school curriculum; however, in many special schools some knowledge is inevitable because of the greater likelihood of death among the children attending them. Of 108 schools for the delicate and physically handicapped in England and Wales replying to a questionnaire in 1979, all but 12 had experienced at least one death among pupils in the previous five years².

Teaching children in special schools about such a sensitive subject as death cannot use the same methods as teaching about trade-winds, or long multiplication. Life-and-death issues will arise when teaching about health, morals and religion, and they require a more open-ended response on the part of the teacher, enabling the children to talk, to listen to one another and to discuss the issues. As with sex education, group-teaching is not always appropriate,

depending in part on the content of the session and in part on the characteristics of the pupils. A rule-of-thumb distinction is that the more powerfully emotive the topic, the less likely group work is to be useful. However, as with adults, some children gain strength from sharing deeply-felt emotions with others who have had similar experiences.

Taking advantage of events, such as the death of a grandparent or a pet, provides a more natural context for discussion than introducing the topic into an ordinary lesson. Teachers must listen for hidden questions or indirect statements from the children. A boy with cystic fibrosis is saying more than the mere statement 'Well, I've made it to my sixteenth birthday, then'. Some children will ask questions about their friends rather than themselves, or be even more transparent: 'You can die if you get ill, can't you?', or 'I hope I don't have to have a wheelchair like that one'—the latter from a boy with muscular dystrophy looking at a wheelchair designed for greatly reduced hand function.

Above all else, the special school has a duty to provide children with as satisfying a life as possible, particularly during the last few months. One approach is for the parents to take the child out of

school altogether, for a series of holidays to places he would like to see. An alternative view is to keep him in school, but with a modified curriculum, emphasising creative work and trips to places of interest³. However, replies to our questionnaire showed that the majority of head-teachers keep all children to a single curriculum, preferring as far as possible to treat dying children as though they were healthy, but making allowances for increasing impairment in performance.

The reason for this apparently insensitive approach is that all teaching has a 'hidden curriculum' of underlying, unbroken messages which are transmitted to the children. They are in a special school, and already see themselves as different. The aim within the school is to minimise this difference, hence the refusal to single out a subgroup. Furthermore, it is notoriously easy for parents to over-indulge a sick or handicapped child and to allow conduct that normally would not be tolerated, so impairing hitherto happy and mutually supportive relationships. Maintaining normal standards of behaviour, as well as normal lessons, counters this tendency. It is also possible that the more special kindness and consideration given to a child, the more worried