



Accompaniment of grieving classes

Werner Häcker, Sonderschulkonrektor a.D., Tübingen

My probably most difficult task as the teacher in a clinic school has been the accompaniment of a pupil for whom no further therapy promising success is possible and who will in all probability die in the near future. When I encounter a sick pupil at the beginning of his or her stay in the clinic, this is in my role as teacher and therefore simultaneously as an individual representing all hopes for recovery. A relationship develops with this pupil which becomes intensified through my accompanying programme. If I additionally attach great importance to contact with the pupil's class in his home school, this signals to the pupil: the clinic teacher desires the maintaining of contact and believes that I will eventually return to this class.

Within this process of accompaniment, phases occur in which I can unconditionally share the hopes of recovery with the patient and his or her class. The open and honest attitude towards illness in the clinic frequently prompts patients themselves to communicate this openness and honesty to their class; this can also mean that the home school is confronted by the news that the chances of recovery for their sick pupil are relatively low.

If doctors are utterly convinced that all possibilities of treatment have been completely exhausted, this will be communicated to the patient and his parents in an in-depth discussion chaired by the doctor who possesses the close confidence of the patient. This patient is ensured of receiving both psychological and medical assistance for the ensuing period and is also guaranteed a low volume of pain during the final phase of his or her life and the parents are additionally provided with confidential contact partners for any questions they might have.

At a certain point, I can be confronted with the truth of the dwindling chances of recovery. I then ensure that I do not force my knowledge of this impending fate onto the sick child or his classmates, but utilise my powers of observance and consult other clinic colleagues as to the current state of the patient: whether he entertains or shuns feelings of anxiety, whether he wants to talk about the situation or not and what he would or would not like to communicate to his class.

What happens at this point with the class and its teachers? The sick pupil repeatedly encounters situations in which he is unsure how to react towards his classmates. In outpatient visits to the clinic, I discuss the subject of contact with his own class. On the one hand, he does not wish to be taken pity on, but he will normally realise that good contact with his best friends is of utmost priority at this point. I encourage the class teacher to talk to the class and allow the pupils to develop their own concepts of saying goodbye to their classmate. If we permit ourselves to be guided by the wishes and needs of the sick pupil, this can mean that some individuals are not keen to have any further contact with their classmates. Many of these



children prefer to withdraw into a smaller circle of family and very close friends. In this case, it is vital that this is made clear to the classmates and that a different approach is found to permit them to express that their thoughts remain with the sick pupil – and provide them with space for their own feelings of bereavement.

It is vital at this point to follow the path taken by the child or adolescent, find out how he or she wishes to proceed and provide support to ensure that this approach is adhered to. It is equally vital to understand that knowledge of impending death will not irrevocably lead to feelings of desperation. On the contrary, other hopes will replace or displace the hope of recovery: the hope of the current day passing well, good conversations, experiences and encounters, hope for a period with as little pain as possible, hope not to be forgotten, but to live on in people's hearts – and the hope of a better existence after death without discomfort. This recognition of the “new reality” does not totally exclude irrational hopes of continuing to live which can be harboured and expressed by these children and adolescents and sometimes we can recognise the symbolic character of such utterances...

Another question which can occupy the class or sometimes only closer friends is what type of present to give to a sick pupil who is not expected to live for very long: five girls gave a sick classmate a yellow pillow with their names written on it.

Two days after the death of their classmate, the same girls sat with their class teacher and spoke at length about the illness and all the good things they had done and experienced together with their classmate. This led to the idea of writing down these thoughts in note form. A large sun was created out of yellow cardboard, inscribed with the pupil's name and all these experiences were written along the rays of the sun. Following consultation with the parents, it was agreed that these experiences should be read out in church during the funeral and attached on the cardboard sun.

In my accompaniment of pupils whose chances of recovery are progressively waning, I undergo a personal internal development: phases of refusing to believe the facts, hoping for a miracle and finally the acceptance of the unavoidable accompanied by thoughts of what would be most appropriate for the patient and his class during this culminating phase.

I required substantial experience as a clinic teacher before I gained the courage to engage with the death of a child or adolescent. I permit myself to be guided by the needs of the pupil without however losing sight of my own feelings and state of mind. I repeatedly experience my own fears of death and dying and it has always been of great help to talk about these emotions with colleagues and friends or make these feelings of anxiety a topic in supervision meetings.



It is already a tall order to have built up an emotional relationship with a pupil and accompanied him through the final phase of his life and then additionally attend to the needs of the bereaved class and its teacher so that they also have sufficient opportunity to take leave of their classmate. To be completely honest, I sometimes felt that this ordeal was beyond me and I hoped that the teachers in the home schools of these pupils would take on this task. These teachers however were even more out of their depth in this type of accompaniment than I was and often the farewell was completely inadequate. Flowers were laid at the grave and people cried, but a supportive discussion with classmates very rarely took place.

During my many years as a clinic teacher, I did however experience accompaniments of bereaved classes and teachers which made me feel in retrospect that the process had been of great help to the pupils and teachers: I had been able to help them to display their grief and provide support in their acceptance of the loss of their classmate.

How can this type of support be structured?

An example:

Emin, a 10-year-old boy suffering from a neuroblastoma, had recently learned that he could no longer be cured. He rang me from home to say that he really wanted to visit the clinic with his class. »I want to show them ward H, the haemo lab, the workshop, the sewing room, the school room and absolutely everything!« This was on Wednesday, and he wanted the visit to take place on Friday, the last school day before the autumn holidays. Could it perhaps wait until after the holidays? »No, that's not possible!« was his lapidary reply. With the aid of telephone calls, faxes and the extraordinary commitment of the teachers in his home school, the visit was actually made possible on the last day of school. The clinic doctors examined the 24 ten-year-olds for possible infection in the clinic garden.

Hospital staff accompanied the pupils in three groups through the clinic. In the examination room, Emin demonstrated how to put on sterile gloves and how the cleaning of catheters was performed. The visit concluded with all children sitting in a circle in the schoolroom: we talked together and I read them a story written by a ten-year-old girl who had died a few years before Emin: a fantasy story of an angel which she receives as a present from a friend and had pinned on the wall of her "Life Island". She flies with him up to heaven, goes for a swim freed from her catheter and stomach tube in a "celestial" swimming pool before sliding directly down the chute back into her bed in the bone marrow transplantation ward.

I assured the class that we would meet up again and have another talk together. The pupils were aware of the gravity of the illness from two previous home school visits and guessed that Emin would die in the near future. All children sensed that the experience with Emin in the clinic was currently in the foreground and not their questions about dying and death.



When I rang up Emin in the evening at home and asked how he had enjoyed the morning in the clinic, his answer was: »Super!« I praised him for having put on the sterile gloves so expertly. »Yes« he said, »perhaps I will become a doctor when I grow up!« I sensed an inexplicable hope on the part of Emin, an image of a dream with thoroughly realistic characteristics and was able to leave him with this hope. His class later spoke about similar dreams experienced by Emin.

A week later, Emin died in Croatia to where he had always wanted to travel. I arranged a morning in the school with his class after the holidays. I showed slides from the visit, we talked about our common experiences and each child wrote a letter to Emin.

Two extracts from these letters:

Dear Emin!

I miss you very much. I told you that Timo and I would go for a picnic with you, but we can't do that now. You were my best friend and you will always stay my best friend in my heart although I can't see you now. I hope you are well. I hope you read this letter. I hope you like this letter. So, now I will draw you a picture. I hope you like it:

Emin as goalkeeper

Georg

Dear Emin!

Was it bad when you had to die? What was it like ringing up your father? Did you know then that you would die? What was it like when you were in Yugoslavia? What is it like in heaven with God (Allah)? What did you think when our class visited you in Tübingen? ... Mr Häcker was very kind and gave everyone a photo of you. I will keep this photo for ever and ever. I hope that when I have to die, we will meet up again in heaven.

Best wishes from Maria

I felt a substantial feeling of relief and was glad that this accompanying support had gone so well and that I had been able to provide help for both Emin during the final phase of his life and also for his classmates during their period of grieving. This also gives me encouragement to undertake subsequent accompaniment on such an intensive scale. After the grief and pain for Emin had subsided, I was able to make it clear to myself: it is not my death and also not my own child. Yes, I am thankful that such a substantial mutual sense of trust was possible within this close relationship. This type of accompaniment is also a gift as it enables me to learn to cope better with my own life and death and that of my friends with increased awareness.



What is important in the accompaniment of a grieving class:

The grieving class and their teacher should talk either amongst themselves or with the support of an experienced individual about the recently deceased classmate. As the subjects of dying and death are not part of “normal” life, certain aspects should be kept in mind:

Points of association exist in everyday life to demonstrate how to cope with “loss”:

A pupil has done badly in a class test or finds out that he or she will not be put up to the next class.

You have lost your purse/wallet.

You have been excluded from a group of friends.

You have received a rejection.

Your best friend is moving to another school or even to another town.

You become ill.

The successful surmounting of these types of “losses” either alone or with the help of parents and friends generates courage and increases resilience.

The death of a close relative or a friend goes beyond the “normal”.

You will not be able to overcome this alone. You need signals that your grief is visible. You need support and sympathy.

At school, there is a danger of “glossing over”, giving a “performance”, the topic not being discussed and passing into “normality”.

Pupils and teachers require the opportunity for discussion. Even if it is only to say that all words fail, that you do not for example know how to cope when you are to meet members of the family, that you are afraid to say something wrong.

The death of a family member or good friend is a profound trauma. A trauma can propel a person into a deep crisis and is accompanied by a loss of fundamental trust. Certain anxieties emerge: would my parents grieve for me if I died?

The core of the matter is to take worries seriously and encounter grief actively.

Communal grieving and the joint initiation of grieving rituals at school provide positive support for classmates and their teacher during their necessary mourning process.



It must not be forgotten that for example the image of doctors can take a knock: it is apparently not always true that you go to a doctor when you are ill and he makes you better.

Children grieve whether we notice this or not and can either react violently or carry on as though nothing was wrong.

As a class teacher, you lose a part of your professional role: raise questions and subdue your own anxieties. You are unsure and as helpless as your pupils.

There are two customary approaches to dealing with grief:

1. The tendency not to speak to those grieving as it will only make everything worse.
2. Through my impulses, I can have a positive influence on those affected.

Summary

1. Trusting relationships.

Grieving pupils need reliable and stable relationships with adults. A teacher at school must be willing and able to remain in contact.

2. Information is vital to prevent rumours and over-fantasised stories from circulating.

3. Development of communal rituals, perhaps with media support.

Take up pupils' ideas in their reaction to grief: do not force ideas on them.

Bring in photos, design and hang up a poster, procure favourite objects or music of the deceased; Eric Clapton song: "Tears in Heaven", candles and flowers, talk or write about common experiences and write letters or draw picture (either to be put into the grave or give to parents as small book).

This permits the deceased to remain "living".

4. Do not utilise avoidance tactics.

Permit difficult subjects and communicate your own feelings of guilt or other opinions and conclusions. Display your own feelings.

5. Expectations of pupils mean displaying trust in them. The trust on the part of adults is support for the pupils. An avoidance of the difficult situation would communicate that only adults know how to deal with these matters.



6. Permit the deceased pupil to remain "in the classroom". His or her chair must remain unoccupied; perhaps hang up a photo and place a book of condolence in a central location in the school in which pupils and teachers from other classes can also make entries: this book can later be presented to the parents.
7. A process of months or years - address the subject with pupils at periodical intervals. Seek and utilise arising opportunities and make this a subject for class discussion. This is far easier than setting aside a specific lesson to talk about the subject.
8. Involve the family in the relevant internal school activities.
9. The whole school is affected.
10. Provide external support for teachers.

Conclusion:

Grieving pupils need the adults within their own environment.

Our individual anxieties about the subject of death cause us to remain silent towards pupils and not discuss their situation.

Courage to approach this topic will be rewarded:

The communally experienced period of mourning encourages the involvement in and development of new perspectives for both pupils and teachers. "The first comfort we adults can give a child is: permitting it to be sad."

This workshop is based on my 25 years of employment as a hospital teacher at the clinic school in Tübingen, my own personal experiences in dealing with loss and death, manuscripts by Thomas Bäumer (Friends association for children suffering from cancer, Tübingen) and a pamphlet from the Ministry of Cultural Affairs, Youth Welfare and Sports in Baden Württemberg entitled "Dealing with grief at school."

www.atteg-bw.de



7TH HOPE CONGRESS MUNICH 2010

NOVEMBER 3 - 7, 2010

Literature:

Pfeiffer, Knab, Häcker, Klemm, Böppe: "Klinik macht Schule" Attempto -Verlag,

Schroeder, Hiller-Ketterer, Häcker, Klemm, Böppe: "Liebe Klasse, ich habe Krebs", Attempto-Verlag

Ralf Schnabel: DVD: "Schulbesuche - Brücken ins Leben"

Klemm, Hebeler, Häcker: "Tränen im Regenbogen", Attempto-Verlag

Heidi Häußer-Kost: Eines Tages... Gedichte und Texte von Simone Häußer

Werner Häcker, Tübingen and Munich, 04 November 2010

werner.haecker@gmx.de