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ABSTRACT

The authors rewiew the literature on the current state of training for health professionals to cope with death and dying. They also comment on recent changes in cultural attitudes toward death. Representatives of the helping professions (counselors, teachers, nurses, doctors, clergy, social workers) should be better prepared to help people deal with fears and grief. A questionnaire study (Newfcundland) indicates that young trainees in nursing are more acceptant of death than older members of other helping professions. (SBP)

Death Concern and the Helping Professional

by

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Before we go right into the topic, I would like to talk a little bit about why I chose to look at attitudes towards death as my thesis topic in counsellor education.

I did my practicum experience in a Catholic school, grades 7-12, on the Southern Shore of Newfoundland. One day when we arrived at the school, Marie (another student) and I found a number of children in tears in our office. Their cousin, a grade 7 student, who had been hit by a car a few days earlier was in critical condition in the hospital. Our attempt to comfort them was interrupted by an announcement over the p.a. that prayers that morning would be for David who was dying. We didn't know how each teacher dealt with this in the classroom. Worse was to come. We were scheduled to do some guidance activities in the second period in a grade 7 classroom. Unknown to us, this was David's homeroom. Before our arrival the priest had been in as part of the religion class - owing to the crisis he had held a mass for David with the students. When we arrived we were faced with thirty crying twelve year olds. It was an unnerving experience as we were totally at a loss as to what to do. We didn't know the students, we hadn't known David. We just let them talk to each other and we moved about and talked with them. The tears flowed. After a long and harrowing forty minutes, their teacher walked in, clapped her hands and ordered everyone to stop this nonsense and get out their spellers. With relief we left the room as the children got out their books.

The episode made me very aware of my lack of experience in dealing with death and dying. I felt that as a counsellor I should be prepared to help a child deal with his feelings about death. Obviously I would have to work through my own attitudes towards death before I could help someone else - so the idea of the thesis was born.

Most of the material for this paper has been drawn from my soon to be completed thesis. First we shall deal with a brief historical overview of society's attitudes towards death and how they are changing. Then look more closely at the role of helping professionals in helping people come to terms with death as well as dealing with their own attitudes. Finally, we shall briefly discuss some of the results from the present study on Death Concern.

Just as sex was a taboo topic to the Victorians, death has been a taboo topic in the twentieth century. Through the use of euphemisms and elaborate rituals society has tried to protect itself from the reality and inevitability of death. Looking back through history we can see how this taboo has developed

In ancient Greece, Sophocles claimed that the one thing in man's universe which has defeated him is death. Today, twenty-four centuries later, man is still in the same predicament; only the gods and amoeba are immortal, all other living creatures must die. However of all these mortal creatures, only man has to deal with his awareness of his inevitable death.

Throughout the ages, men have attempted to find different ways to reconcile themselves to their deaths. The Hedonists choose the attitude of eat, drink and be merry for tomorrow we die. Others, like Sophocles, felt death was a happy escape from the burden of life. Cultures which have this attitude towards death accept suicide as a basic human right. This is particularly evident, for example, when one looks at the kamikaze pilots of Japan who

crashed their planes directly into the target. It was a great honour. As one young pilot wrote "I have been given a splendid opportunity to die." (Hinton, 1972, 47).

However, most attempts to achieve a reconciliation with death are connected with some form of immortality. The ancient Egyptians attempted to circumvent death through physical countermeasures. The pharoh had his entire household buried with him and through embalming hoped to prevent physical decay.

Fame has always been popular as a means of immortality. Heroes had their deeds commemorated in verse or sculptures built in their honor. Ironically it is the poet or sculpturer who is remembered. Today endowment funds for colleges, scholarships and so on, serve as a means of preserving one's name for posterity.

Many hope to achieve immortality by producing future generations. Hence the emphasis on bearing sons to carry on the family name. Heirlooms are passed on through generations as a form of memorial.

Many cultures believe in the immortality of the soul. Although the body decays while the psyche lives on, usually to be assigned to some form of heaven or hell. No one has ever been able to satisfactorily describe this psyche.

Some cultures, notably Christianity have linked this belief in the immortality of the soul with a belief in the resurrection of the body. This raises all sorts of questions as to what form the body will take. For some people then death is only a temporary separation from loved ones.

Every form of religion has attempted to deal with the question of death to provide some measure of comfort for their followers. But as the world advances technologically and man's knowledge steadily increases, greater fear seems to surround the issue of death. It appears that this fear is more prevalent in the western world where technological advances have been greatest.

In most of North America, Christianity has declined. It appears to the writer that religion today is a social convention not a source of comfort. Few people believe that they can look forward to a better life after death. With this loss of faith, the fear of death has grown.

Through the advancements of science man's life expectancy has increased by thirty years since the beginning of the century. The fatal epidemics of diptheria and smallpox, and the scourge of tuberculosis have been almost totally eliminated. Science seems to have gained some measure of control over death. But people still die - from old age, fatal diseases and by accident. Science cannot eliminate death.

But rather than come to terms with the inevitability of death, society has tried to pretend that it does not exist. As Toynbee (1968) says "death is un-American" (and we should add un-Canadian). To admit the reality of death is to imply that North America is not an earthly paradise. North Americans have gone to great lengths to hide this reality.

Most people die in institutions or hospitals, not at home. Old people are almost treated as superfluous in North America today. They are placed in special homes where they have little chance to feel needed in the world.

And they stay there until they die. Patients with fatal illnesses usually spend their last days in hospitals cut off from family and friends. Visiting restrictions often prevent children from ever coming to see them. People can easily reach adulthood without any direct contact with the dying and the dead.

Today's funeral practices epitomize the extremes society has reached in this effort to hide the reality of death. People speak of "passing on", "slipping away" - even "buying a farm." Using new scientific devices and cosmetics, morticians work to make the body look more than life-like. A whole clothing industry has developed to provide clothes to make the corpse beautiful. Nowadays the dead can leave tape recorded messages and films for the edification of those who visit their resting place.

Some people do not even die. They subscribe to the freeze now, live later plan. Their frozen bodies are kept in a mausoleum. Presumably when science produces a cure for their particular disease, they will be defrosted, healed and rejoin the human race.

This denial of death has been particularly evident within the medical world. When Dr. Kubler-Ross (1969) made plans for her first seminar with a dying person she found that, according to the staff, none of the patients in the 600-bed hospital were dying. And those who were "seriously ill" were considered too weak to take part. But once she got past this opposition she discovered that there were dying patients who were eager to talk about their condition. They resented being told that they would soon be better when they knew that was not the case.

Certainly hospital staff are not prepared for dealing with death in their training. Doctors and nurses are taught to preserve life, consequently, the death of a patient seems to indicate failure on the part of the staff. Most doctors can give many reasons for not telling a patient that he is terminally ill. Yet Feifel (1959) found that ninety per cent of the patients whom he talked with wanted to know the truth. Many terminally-ill patients suspect their real condition but they are not given an opportunity to prepare themselves for death.

From an early age children learn that death is a taboo topic. Their natural curiosity about dead insects or animals is curbed by phrases like "that's not nice to talk about." Furman (1974) cites a number of studies involving children who had lost one parent which found that most children had been told fairy tales which the teller did not believe. This denial of reality on the part of adults causes children to have many fears and fantasies which they rarely have an opportunity to discuss. (See the Journal of Clinical Child Psychology Vol. III No. 2, 1974).

Ironically, through television, children are constantly exposed to death - in cartoons, in weekly serials and in the news. But it has an air of unreality, particularly as the cartoon characters and the actors come back to life in the next show. Children have little direct contact with death since it generally takes place in the hospital. And they are rarely seen at funerals.

Fortunately, there are signs that this attitude of denying the reality of death is changing. The taboo is slowly lifting. Part of this change is the result of a whole new attitude toward life. There seems to be a general trend away from the materialism of our society today. People are looking

for their own answers as to the meaning of life. Inevitably any search for the meaning of life must include an understanding of the meaning of death.

People have become more aware of the nearness of death. The development of nuclear weapons means that the threat of total annihilation is always with us. Bomb-shelters in the backyard are less common - death seems inevitable - even preferable after a nuclear holocaust.

Technological advances have led to the need for a new definition of death. People are regularly revived after they have "died" of heart failure. All bodily functions can be carried on effectively by machinery. The recent case about Karen Quinlan has raised the question of turning off this life-sustaining machinery. Is this murder or allowing nature to take its course? (See the Humanist Jan.-Feb., 1976).

Linked with this issue is the question of the transplantation of organs. The organs to be transplanted are kept functioning by machinery - by removing them from the donor is the doctor in effect killing that person? Medical personnel and government legislators are currently attempting to redefine the meaning of death.

The increased use of life-sustaining machinery in hospitals has led to the development of the right-to-die movement. Thousands of people have signed documents requesting that their life not be prolonged by artificial means in the event of incurable disease or irreversible injuries. Many people have also decided to leave parts of their bodies for medical and scientific research. To come to these decisions people have begun to look more closely at their feelings about death.

There seems to be a growing reaction against the elaborate preparation involved in past funeral rituals. Memorial societies are booming in many areas; they provide their members with simple and inexpensive funerals. By making this arrangement in advance the family is spared having to make funeral decisions during a period of emotional turmoil.

Within the medical world there is a changing attitude towards the treatment of the dying. Dr. Kubler-Ross is the pioneer in the field of death education for medical personnel. Her interviews with dying people show the need for the dying to express their feelings - and how much the listeners can benefit from these exchanges. A growing number of hospitals are setting up palliative care units which are solely for the treatment of the dying. The staff are trained to meet both the emotional and the physical needs of the patients. The emphasis is on helping the patients and their families to accept death. Some other hospitals provide programs for the families of children who are dying. Doctors, nurses, social workers, clergymen and psychologists all work together to provide support for the family.

Within medical and nursing schools seminars on the topic of death are taking place - often on the insistence of the students. But death education programs are not solely restricted to these professional schools. Courses in death education for students in all disciplines are becoming extremely popular at the college level.

Courses are also being suggested for children at all ages in the school system. Within the elementary school, the emphasis is on the teacher taking

advantage of the opportune moment; for instance when a child mentions a pet who has died. Various studies (Nagy, 1948; Wolff, 1968; Zeligs, 1967) show that before the age of five most children confuse death with separation. From five to ten years they begin to understand death in terms of sleep. Often they think the body still functions although it is buried. After age ten most children have a more realistic concept of death. Within the classroom children should be given the chance to express their curiosity and fears about death. For junior and high school students the death education program should be more formalized dealing with all aspects of death - physical, financial, religious and so on. (Berg, 1973). The topic has the three basic requisites for inclusion in the curriculum - universality, inherent interest and lack of knowledge.

The question of death education in schools raises similar reactions as the question of sex education. Some people would argue that such a program is intruding upon the rights of parents, yet many parents are very uncomfortable talking with their children about death. There is also the issue of who should teach these courses. Unless the teacher has come to terms with death, he/she is not in a position to help others to do so. Perhaps death education should be considered as part of the family life program.

An overall indication of the changing attitudes towards death is the tremendous outpouring of books and articles on the topic for both the lay and the professional person. Many popular magazines have articles on this topic. Kubler-Ross's book On Death and Dying is a best-seller. Many professional journals have articles on the topic; for instance, the Journal of Clinical Child Psychology devoted its entire June 1974 issue to "Children and Death." The taboo of death is lifting.

It is only within the past twenty years that scientists from a variety of disciplines have begun a systematic study of death and dying. They have been concerned with ascertaining individual and group reactions, developing tools for measurement, and formulating theories from the empirical data. Since the field is so new, the research has resulted in many contradictory hypotheses and inconclusive findings. With time and continued study, these growing pains should be overcome.

Obviously it is impossible here to go through the many studies that have been done. We shall just deal with the work done which relates to people in the helping professions.

Authors, such as Feifel (1959) and Kulder-Ross (1969), stress that unless a person has come to terms with death himself he (or she) is unable to help others to deal with the issue. In order to listen and empathize with somebody else's fears about death, the helping person must first feel secure within themselves. Moreover it is very important that people be given the opportunity to work through their feelings about death, particularly if they are bereaved. Psychiatrists (Hinton, 1972; Furman, 1974) report that many patients' problems stem from incomplete mourning. Usually we praise people who keep a stiff upper lip, giving them little opportunity to let out their anger, pain and fear after losing a loved one.

People in the helping professions should be prepared to help people deal with their grief. By "helping professions" here we are thinking mainly of counsellors, teachers, nurses, doctors, clergy and social workers.

Anyone working with people is bound to be faced with this concern during their careers.

Obviously the clergy, doctors and nurses will have a closer, more frequent contact with the dying and the bereaved. This will almost inevitably be a part of their job - it should certainly be a part of their training.

Within the schools, counsellors and teachers can play a very important role in helping children come to terms with grief. Certainly in our experience in schools we have had to deal with children discussing their views of death; with children mourning a dead parent, and with tragic incidents like we mentioned earlier.

Members of all the helping professions are in a position to help people come to terms with death - if they have been able to do so themselves - Have you?

Very few studies have been done concerning attitudes towards death held by members of the helping professions. Feifel (1959) found that medical students and doctors generally have a greater fear of death than healthy adults, the seriously-ill and the terminally-ill. He concluded that people enter medicine in order to overcome their fear of death. With this conclusion in mind, Lester (1971) studied the attitudes towards death of the staff of a suicide prevention centre. He found that these workers had an acceptance of the reality of death. Whether this was the result of their job or the reason why they chose that type of career is unclear.

Certainly much more research should be done in this area. We need to determine if members of these helping professions are prepared to help others come to terms with the reality of death and, if they are not, to devise methods of preparing them to deal with this issue.

In the present study we looked at the attitudes towards death held by a sample of clergy, teachers, counsellors, nurses and student nurses in Newfoundland. The subjects answered the Death Concern Scale devised by Louis Dickstein (1972) as well as a general information sheet. The possible scores on this scale ranged from 30 to 120. A high score would indicate a high concern with death; a low score would indicate a low concern. A middle score, around 75, would indicate a fairly realistic acceptance and awareness of the reality of death.

The student nurse group in our sample, had participated in a one-day seminar on death and dying. A number of the other respondents had also taken part in some form of death education program. Some clergy referred to their entire training period as death education.

There was about a 70% return from the questionnaires which were mailed out to nurses, clergy and counsellors. The teachers and student nurses were a captive audience.

Some members of the clergy replied that it was impossible to answer this type of survey but on the whole most people took the time to answer and comment.

The mean group scores for the five groups were 66.89 for the clergy, 69.83 for the counsellors, 70.09 for the nurses, 71.93 for the teachers and

78.69 for the student nurses. This latter score was significantly higher than the other mean group scores at the .01 level of confidence.

Because of this difference, further analysis was then carried out. Since the student nurses were a much younger group on the whole (74 of the 76 were under thirty) it was decided to compare the mean group scores of those under thirty in each professional group.

There were no significant differences found between the mean group scores of the younger subjects. Likewise the mean group scores of those over thirty in each professional group were compared. Again there was no significant difference.

However, there were significant results when the mean group score of those under thirty in the entire sample was compared with the mean group score of those thirty and over. The younger group had a mean score of 75.65 on the Death Concern Scale while the older group obtained a score of 66.71. This difference was significant at the .01 level of confidence.

Therefore it would seem that the younger members of this sample had a greater awareness of the reality of death. The significantly lower score of the older group suggests that they have less acceptance of death.

Obviously this study is quite limited in scope, partly because the instrument is still relatively new and partly because the sample was quite restrictive. But it does indicate a need for much more research into attitudes towards death held by people in the helping professions who should be helping others deal with death and dying.

Further work also needs to be done in the field of training programs for death counselling and death education. We have briefly mentioned formalized programs within the school and college systems. Seminars can be arranged quite easily by bringing together people involved with death and dying to act as resource people in discussion groups. Can we challenge you to begin your own death education program through introspection, discussions with relatives and friends, and reading the many excellent books available on the topic? Or, of course, you could always do a thesis on the topic.

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