IMPACT OF STUDENT DEATH
ON TEACHERS OF THE
SEVERELY DISABLED

by

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Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

DOCTOR IN EDUCATION

in

Educational Administration

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October, 1992

Blacksburg, Virginia
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(ABSTRACT)

The purpose of this research was to investigate the effects of grief on teachers of the severely disabled. Specifically, four areas of inquiry were pursued: the pattern of grief reactions of teachers following the death of a student, the need for bereavement support services, the need for pre-service and/or in-service training, and the effect of student death on the professional and personal lives of the teachers.

Research was conducted on one student death immediately after it occurred. Four retrospective cases were also completed in order to gain information on the long range effects of death on teachers. Data were collected through review of the extant literature, informal direct observations, open ended interviews and review of the written documents.

Data revealed that there is a consistent pattern of grief reactions exhibited by teachers. All teachers interviewed expressed a need for improved bereavement support as well as a need for additional pre-service and/or in-service training in issues of death and dying. The degree to which student death constituted a stress factor in
the teachers professional and personal lives appears to be dependent upon the amount of time and the type of activities which the teachers had shared with the deceased student.

Data analysis provided information for making recommendations to school systems, teacher training institutions and teachers for improving the quantity and quality of bereavement support.
ACKNOWLEDGEMENTS

The author wishes to extend his thanks to the following persons for their interest in and assistance with this study:

Dr. Philip Jones: For his personal and professional support during all my years at Virginia Tech.

Dr. Marvin Cline: Whose expertise in qualitative research was the guide for a major portion of this study.

Dr. Ron McKeen, Dr. Wayne Worner and Dr. Dana Cable, for their patience, suggestions, and editorial assistance.

A very special thanks to the staff, students, and parents at Rock Creek school for their time, encouragement, and for sharing their emotions.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I.</strong> INTRODUCTION ..................................</td>
<td>1</td>
</tr>
<tr>
<td>The Problem Statement ..........................</td>
<td>5</td>
</tr>
<tr>
<td>The Structure of the Study ..................</td>
<td>6</td>
</tr>
<tr>
<td>The Unit of Study ...............................</td>
<td>6</td>
</tr>
<tr>
<td>The Need for This Study and the Value of the Data ..........................</td>
<td>6</td>
</tr>
<tr>
<td>The Research Questions .........................</td>
<td>7</td>
</tr>
<tr>
<td>Definitions ...........................................</td>
<td>7</td>
</tr>
<tr>
<td><strong>II.</strong> REVIEW OF THE LITERATURE .............</td>
<td>10</td>
</tr>
<tr>
<td>American Attitudes on Death and Dying ..................</td>
<td>10</td>
</tr>
<tr>
<td>Positive Aspects of Denial .....................</td>
<td>15</td>
</tr>
<tr>
<td>Changing American Attitudes ....................</td>
<td>16</td>
</tr>
<tr>
<td>The Death of a Child .............................</td>
<td>18</td>
</tr>
<tr>
<td>Caregivers and Grief .............................</td>
<td>19</td>
</tr>
<tr>
<td>Stages of Death and Dying ......................</td>
<td>20</td>
</tr>
<tr>
<td>Loss Theory .........................................</td>
<td>24</td>
</tr>
<tr>
<td>Teacher Reaction to Student Death ..............</td>
<td>25</td>
</tr>
<tr>
<td><strong>III.</strong> METHODOLOGY ...............................</td>
<td>30</td>
</tr>
<tr>
<td>Pilot Studies .......................................</td>
<td>30</td>
</tr>
<tr>
<td>Data Collection ....................................</td>
<td>33</td>
</tr>
<tr>
<td>Data Management and Analysis ..................</td>
<td>36</td>
</tr>
<tr>
<td>Test of Rigor .......................................</td>
<td>38</td>
</tr>
<tr>
<td><strong>IV.</strong> THE SETTING .................................</td>
<td>42</td>
</tr>
<tr>
<td>The Historical Setting .........................</td>
<td>42</td>
</tr>
<tr>
<td>The Physical Setting .............................</td>
<td>46</td>
</tr>
<tr>
<td>The Emotional Setting ............................</td>
<td>47</td>
</tr>
<tr>
<td>The Daily Routine ..................................</td>
<td>50</td>
</tr>
<tr>
<td><strong>V.</strong> THE CASE STUDIES ...........................</td>
<td>54</td>
</tr>
<tr>
<td>The Case of Kurt .................................</td>
<td>55</td>
</tr>
<tr>
<td>Kurt the Student ....................................</td>
<td>56</td>
</tr>
<tr>
<td>Kurt's Last Day at School .......................</td>
<td>57</td>
</tr>
<tr>
<td>The Reaction to Kurt's Death: The School System ..........................</td>
<td>60</td>
</tr>
</tbody>
</table>
The Reaction of the Classroom
   Teacher .................................. 61
A Former Teacher's Reaction ........ 64
The Reaction of the Instructional
   Aide .................................. 65
The Sign Language Interpreter ...... 66
Reaction of the Speech Therapist ... 68
The Reaction of the Principal ...... 69
Reaction of the Parents .............. 70
The Case of Mary ....................... 73
The Case of Phillip .................... 74
The Case of James ..................... 75
The Case of George .................... 76

VI. DATA ANALYSIS .......................... 78

The Method of Analysis ............... 78
The Units of Analysis .................. 78
Conclusions in Terms of Research
   Questions ............................ 79
Question One .......................... 80
   Surprise/Shock ....................... 81
   Denial ................................ 82
   Anger ................................ 84
   Guilt ................................ 85
   Loss .................................. 87
Question Two .......................... 88
Question Three ......................... 89
Question Four .......................... 92
Summary of Findings Related to the
   Research Questions .................. 95
Factors which Influence the Grief
   Process ............................. 97
   Activities which are Helpful for
   Easing Grief ......................... 100
   Teachers ............................ 100
   Parents ............................. 101
   Administrators ..................... 102
Grief Reactions Reported by
   Teachers ............................ 102
Data Analysis in Terms of Grounded
   Theory .............................. 103
Recommendations for School
   Administrators ..................... 106
Recommendations for Teacher Training
   Institutions ........................ 107
Recommendations for Future Research .. 109
References ............................ 110
Chapter I

INTRODUCTION

Student Death: An Emerging Issue for Special Education

During the last two decades several factors have led to a sharp increase in the number of students with life threatening illnesses and/or severe disabilities who attend public school programs. These factors include:

Public Law 94-142, which required that all handicapped students, regardless of the severity of their disability, be placed in free, appropriate, public education programs, in the least restrictive setting (U.S. Department of Education, 1984). Public Law 99-457, (1986) which amended P.L. 94-142 to require that special education services be provided for all children with disabilities beginning at age three, rather than age five. This legislation, which will become fully effective in 1993, also provides for new state grants to serve children from birth through age two who are handicapped, or who have a high probability of being handicapped (U.S. Department of Education, 1986).

A national thrust for deinstitutionalization that has resulted in large numbers of formerly institutionalized disabled students' being returned to schools in their home communities. In addition, deinstitutionalization
has resulted in the closing of many state hospitals for the disabled, with the result that severely disabled children are no longer being considered for initial placement outside their community.

"Baby Doe" court cases and subsequent federal regulations which mandated medical treatment for severely disabled infants. In October 1983, the parents of a newborn infant (Baby Doe) with spina bifida, esophageal atresia, and other medical complications, refused to give consent for life-prolonging surgery to be performed on their daughter. The federal government intervened, claiming that the infant was being denied her civil rights and ordered the hospital to perform life-sustaining surgery. The baby died before a final judgment could be completed, and her case became representative of other medically fragile infants about whom there is a disagreement as to whether life-prolonging surgery should be performed. Prior to 1983, the decision to withhold medical treatment from a newborn with severe disabilities was left up to the parents and their physician. As a result of this and other similar cases, Congress passed the U.S. Child Abuse and Treatment Act of 1984. This act required that the medical treatment of newborn infants can be terminated only if it merely prolongs
the dying process, or if the treatment itself can be shown to be "inhumane." Considerations such as the future quality of life of the child, the financial or emotional burden on the family, or the desire of the parents to stop treatment because the child is in pain can no longer be used as a rationale for withholding treatment (Lowenthal, 1990). One result of this change is that many profoundly impaired infants who would have previously been allowed to die are surviving infancy.

The combined effect of the above factors is that special education programs are now serving a growing number of students with extreme medical and educational needs. A few decades ago these students would have either not survived beyond infancy or would have been sent to residential facilities for their care and education.

The group of educators most acutely affected by all of the above circumstances are special education teachers who work in programs specifically designed for these students. Logic would dictate that those who work exclusively with students who are at a high risk of dying are, themselves, at a higher risk of exposure to the consequences of student death. The extent of the problem is more clear when one considers the characteristics of educational programs in schools for the severely handicapped.
Children with severe disabilities are often assigned to the same teacher for the majority of the school day. In addition to academic instruction, the teacher may be responsible for instructing, or assisting with instruction, in nonacademic subjects such as art, music, and physical education. Likewise, related services such as physical, occupational, and speech therapy are sometimes given in the classroom with the assistance of the teacher. In some schools, teachers eat lunch with their students in order to assist with students who cannot feed themselves.

Children with severe disabilities are often reassigned to the same teacher year after year. Because the instructional and social levels of these students change slowly, they are typically reassigned to the teacher who has had experience dealing with their unique service needs, such as special diets, medications, and therapy routines.

Severely disabled children require an educational program that leads to close emotional attachment between teacher and student. The teacher may be responsible for toilet training, feeding, teaching of language, and administering medications. With medically fragile students, these responsibilities may even extend to catheterization, administration of oxygen, and suctioning of fluids from the lungs. These care-giving interactions involve extensive touching, holding, and nurturing, factors that lead to close
bonds between the teacher and the student (Bowlby, 1985). According to Glaser and Strauss (1964) the degree to which a caregiver suffers as the result of a death is in part due to the amount of time spent together and the extent to which the caregiver became involved with the details of the life of the deceased.

Teachers of the severely disabled are a vital link in the chain of services necessary for the child to survive. Information about medications, eating problems, restlessness, and other health issues is shared daily with parents, therapists, nurses, and other caregivers. In many ways the role of teacher of the severely handicapped is very similar to that of a pediatric nurse (Lazzari, 1984; Ward, 1988). However, unlike nurses, teachers receive little or no training in how to respond to death.

The Problem Statement

The problem addressed by this study was the lack of information about the emotional impact of student death on teachers of children with severe disabilities, as it relates to personal issues and work performance. In order to describe this problem fully it was placed within the context of the dynamics of loss, American views of death and bereavement, the educational environment of medically fragile children, and the values and beliefs of teachers as they relate to death and bereavement.
The Structure of the Study

The present research is a multiple case study focusing on the dynamics of the death of five severely disabled students. Although five cases are examined, the most recent death, which occurred in March, 1992 is central to the study. The four retrospective cases are included because they enhance the insights provided by the initial case, and they provide valuable information concerning the long term-effects of teacher grief.

The Unit of Study

For this research the teachers of the severely disabled who have experienced the death of a student are the primary unit of study. Additional persons of interest are parents, students, and other school personnel such as classroom aides, therapists, and administrators.

The Need for This Study and Value of the Data

To date there is a paucity of empirical information dealing with the effects of student death on teachers (Kleinberg, 1982; Ward, 1988). The primary need for research, therefore, was to contribute to the empirical database. This information will be useful in a number of ways. First, it will provide teachers with information that will assist them in understanding their emotional and physical reactions to student death. Second, the information will assist schools in establishing routines
that foster a rational and caring atmosphere in which grief issues can be discussed and resolved. Third, the information will be useful in developing positive and effective bereavement counseling programs for dealing with student death. Finally, information from this study will be useful for improving communication on death and dying within the school system and between school personnel and parents.

The Research Questions

The following research questions represented this researcher's best judgment of what constitutes the core of vital inquiries that must be answered in order to achieve justifiable research results.

1. Do teachers of the severely disabled exhibit a predictable pattern of grief following the death of a student?

2. Do teachers perceive a need for pre-service or in-service training on issues of death and dying?

3. What type of support services best meet the psychological needs of teachers following the death of a student?

4. Do teachers of children with severe disabilities believe that grief is a major source of stress in their professional and/or personal lives?

Definitions

This study contains several terms related to the fields
of special education and thanatology. The following terms are defined in order to provide a common vocabulary within the context of this study.

**Medically Fragile.** Students who require specialized technological health care procedures for life support and/or health support during the school day (The Council for Exceptional Children, 1988).

**Self-Contained Class.** A service arrangement in which students with disabilities are grouped together for all or the majority of their instruction. Students may leave the class for part of the day to take part in mainstreaming activities.

**Special School/Special Center.** A separate building or wing of a building that is used primarily to educate handicapped students.

**Regular School.** The school the child would attend if he/she were less severely disabled or not disabled.

**Severely Disabled.** Individuals for whom the severity and/or multiplicity of their handicap(s) pose major challenges to them, their families, and society in general, in nearly all aspects of growth, development, and functioning (Pumpian, 1988).

**Bereavement.** The state of having suffered a loss (Rando, 1986).
Grief. The process of psychological, social, and somatic reactions to the perception of loss (Rando, 1986).
Chapter II

REVIEW OF THE LITERATURE

The purpose of this study was to investigate the effects of grief on teachers of children with severe disabilities. The following chapter was structured to provide a review of the literature related to topics that are central to understanding how teachers respond to the death of a student. These topics include: American attitude(s) on death and dying, the traumatic effect of a child's death, grief of caregivers, stage theories of grief, loss theory, and teacher reactions to student death.

American Attitudes on Death and Dying.

Although there is no uniquely American response to death, certain attitudes and practices surrounding death characterize American society generally (Dumont & Foss, 1972). Teachers come to school with society's beliefs, values, and attitudes about death and bereavement already learned from their parents and other persons in their lives, and apply these attitudes as each new situation arises (Cox 1976). Each teacher's reaction to a student's death is influenced by such factors as religious background (Margolis et al, 1985), the teacher's sex and age (Dumont & Foss 1972), previous experiences with death, and the circumstances of the death itself (Kubler-Ross, 1969).
A number of writers refer to America as a death-denying society (Braga & Braga, 1975; Cable, 1983; Dumont & Foss, 1977; Kubler-Ross, 1969; Margolis, et al., 1985; Oaks & Bibeau, 1987; Weizman, 1985). What is meant by the denial of death is not the denial of the existence of death as a historical fact, but the denial of the implications of the death for that person, at that time (Irion, 1985). Reasons given by the above writers for this phenomenon include: (a) from childhood we are taught to associate death with evil and feelings of guilt (Kubler-Ross, 1969), (b) death is alien to a progress oriented society that worships health and youth (Braga & Braga, 1975), (c) rapid advances in medical technology, such as organ transplants and bypass surgery, give the illusion that death can be forestalled (Cable, 1983). These factors combine in such a way that the fact of our own death or the death of a loved one often seems unexpected. "The penalty we pay for believing that death comes only to other people is that it takes us by surprise. Ill prepared, we then face impending extinction with bewilderment, anguish and whatever denial we can muster" (Weizman, 1985, p. 13).

The denial of death takes many forms. One means of denial is the avoidance of objects, places, and people who remind us of death (Kubler-Ross, 1969; Dumont & Foss, 1972). Another form of denial is the use of euphemisms when
speaking about death: "We talk about slumber rooms and eternal sleep rather than death; we pass away or expire, but don't die. We buy caskets with one hundred year guarantees" (Cable, 1983 p. 2). Depersonalization is another way of avoiding the thought of death (Renshaw, 1988). For example, we depersonalize death when we view it in terms of statistics on infant mortality rates, rather than the suffering and loss that those statistics represent. Kubler-Ross (1969) speaks of a similar tactic of denial, "displacement":

> Is our concentration on equipment, on blood pressure, a desperate attempt to deny impending death which is so frightening to and discomforting to us that we displace all our knowledge into machines, since they are less close to us than the suffering face of another human being which would remind us once more of our lack of omnipotence, our own limits and failures, and last, but not least perhaps our own mortality (p. 9).

Another way in which society denies death is by continuing to treat it as a taboo (Kubler-Ross, 1969, 1975; Feifel, 1963; Dumont & Foss, 1972; Weizman, 1985; Cutter, 1974). Discussion of death and things associated with it, such as funeral homes, cemeteries and caskets, is often discouraged because it is thought of as morbid or in bad taste. The taboo against talking about death also extends
to thoughts and fears about death (Feifel, 1963). Cutter (1974) refers to the taboo associated with talking about death as the "conspiracy of silence," and goes on to state:

Death is a forbidden subject of ordinary conversation. While there are no explicit penalties for violating conventional taboos, each person feels an awkward sense of nervous discomfort when such a topic is raised. Most people avoid the subject of death, most of the time" (p. 123). "When faced with a dying person or someone who is bereaved we become acutely embarrassed, 'mortified,' and cannot talk death without feeling guilt and anxiety (Weizman, 1985, p. 16).

Teachers and administrators may unwittingly carry on the conspiracy of silence by reinforcing the idea that it is more professional to "keep a stiff upper lip" rather than show grief when a student or staff person dies. This is sometimes done in the belief that anything that is said will upset the students or other staff members. However, it is important for bereaved persons to discuss their feelings concerning a death, as a way letting go of the attachment and reconciling the loss (Weizman, 1985).

Research in nursing suggests that a lack of social support following the death of a patient is a major contributor to stress and professional burnout (Hare, 1987). A teacher who believes that intense feelings of grief are
not normal may hesitate to seek counseling or other forms of support. Frears and Schneider (1981) state that "unless the loss aspect is recognized and acknowledged, and unless support is received, any significant change will become and probably remain a source of stress" (p. 341).

While acknowledging the tendency of Americans to deny death, many writers advocate a more accepting attitude, as in Cable, (1983): "All of us will die someday. All of us will face the death of loved ones. It is time that we all learned to open the door to death and to look death in the face" (p. 5). Dumont & Foss (1972), see the acceptance of death as necessary to living a normal and adaptive life.

Death, the absolute limit of our existence, should be recognized as such by the mature adult. In fact, the way we live our lives implies and even necessitates this maturity. Otherwise...the everyday risks of living, e.g., driving down town, taking an airplane trip, losing one's guard in sleeping, become exaggerated folly. Life is not genuinely our own until we renounce it (p. 59).

From a school system perspective, maintaining the taboo results in the failure to provide training and other support services needed for teachers of high-risk students. Although training in death education is becoming more available, few teachers are prepared in college or through
in-service training to respond constructively to their own reaction to death or to respond effectively to a student who has experienced the death of a family member or friend (Oaks & Bibeau, 1987).

Positive Aspects of Denial

Denial of death can have either a positive or a negative effect, depending on the purpose it serves for the individual. For example, Kubler-Ross (1969) states that denial can act as a buffer to allow a person time to mobilize his or her forces against the news of death or cause a patient to continue to seek a more positive medical opinion. Denial is seen as negative when it is used to avoid or distort reality, but positive when it is used to postpone reality until it can be faced more rationally or comfortably. Cable (1983) points out how denial can serve a useful purpose:

Perhaps denial is a healthy process. We do not want to create a world of individuals who constantly contemplate their deaths, who think always about the end of life rather than the life they are living now. However the positive aspects of denial, we clearly want and need to promote a society which recognizes the inevitability of death and deals with it accordingly (p. 3).
Denial can also serve a positive function when it is used as a defense mechanism by a person experiencing a mental crisis. Kubler-Ross (1969) states that denial is a healthy way of initially dealing with the painful situation of facing death over a long period. This could also be true for the teacher who learns that a favorite student is terminally ill. By initially denying the prognosis, the teacher buys time to adjust to the initial shock and disappointment and to develop strategies for making the remainder of the child's school experiences as productive and satisfying as possible. Rando (1984) explains how initial denial can help a grieving parent: "It functions as a buffer by allowing the parents to absorb the reality of the loss a little at a time, preventing them from being completely overwhelmed" (p. 14). Renshaw (1988) sees denial as evidence that a person still maintains hope and has not given up entirely to sorrow and despair. Cheikin (1981) describes denial as the necessary first step toward acceptance of the death of a loved one: "This numbness and denial, however, are natural reactions, a part of the psychological resistance to the event, and a preliminary to acceptance of the event in smaller, more palatable doses" (p. 340).

**Changing American Attitudes**

There is evidence that Braga & Braga's (1975) statement
that "Death is a subject that is evaded, ignored, and denied by our youth-worshipping, progress-oriented society" is less true today than it was a few decades ago. National organizations have been formed to encourage individuals to face the reality of their own death or the death of a loved one and to seek help with issues of loss and bereavement. Rando (1986) lists the following national organizations: Hospice, Compassionate Friends, SHARE, Candlelighters, Samaritans, Befrienders, and A Safe Place. Levin (1988) estimates that there are currently 5000 to 6000 classes on death and dying being taught in American schools as compared to 300 as reported by Filitatreau and Riggen, in 1976. Graduate students can specialize in death studies at Antioch University (Ohio), Brooklyn College, and the University of Florida (Chase, 1989). Numerous school systems have developed crisis intervention teams that are available to provide counseling for students when a death or other tragedy occurs. School administrators are learning how to deal with grief in workshops and seminars (Stevenson, 1986). "Today, publications dealing with topics such as bereavement, violence, mourning, fatal illness, panic states, and life-death crises have become so abundant that even a specialist cannot read them all" (Weizman, 1985, p. 2). He then continues:
In what observers call the 'Gloom boom,' more books on the subject—ranging from controversial manuals on how to commit suicide to studies of near death experiences—have been written in the last decade or so than in the entire last century. Millions of people have taken out living wills, directing the sort of medical treatment they should receive in their last days. Others are shopping in advance for funeral arrangements to save their families the trouble of making costly decisions during a time of grief. It adds up to a more honest confrontation with an issue that most individuals would like to sweep under the carpet (p. 2).

The Death of a Child

According to Glaser and Strauss (1964) the single most important characteristic on which the social loss of a dying person is based is age:

Americans put a high value on having a full life. Dying children are being cheated of life itself, a life full of potential contributions to family, and occupation, and society. They are a loss to the coming generation. By contrast, aged people have had their share of life... Their loss, while felt, will be less than if they were younger (p. 119).

"The Death of a child is always a tragedy" (Weizman, 1985, p. 144). Rando states that "In a society that values
youth and productivity, the death of a child, who embodies these attributes, is particularly repugnant. In such a situation the normal difficulties encountered with social expectations about grief and mourning are exacerbated" (p. 39). The death of a child adds intensity to the psychological and physical symptoms that are normal in all losses (Weizman, 1985).

Caregivers and Grief

Allen and Miller (1988) conducted a national survey to determine the impact of client death on rehabilitation counselors. The results indicated that the death of a client affects the vocational, interpersonal, and personal lives of counselors. The majority of the counselors report that they would like additional training in issues of death and bereavement. The counselors also report that they did not normally receive support from their administrators when a client died, and that this lack of support caused a decrease in job efficiency. Some counselors reported that the client's death had a positive effect on their interpersonal skills and their appreciation for life. (Also see Allen and Jaet, 1982; Allen and Sawyer, 1983).

Barbara Kuntz, (1984) a bereavement coordinator and nurse, states that even though nurses come to expect death as part of their job, it can hit unexpectedly hard when the patient is of the same age as the nurse or a member of the
nurse's family, or when a member of the nurse's family has a similar illness. Teachers of the severely disabled routinely provide many of the services traditionally associated with medical caregivers and parents. Examples include administration of oxygen; suctioning of fluids from the lungs; insertion of feeding tubes; and periodic monitoring for changes in breathing rate, skin color, and mood. Like nurses and other caregivers of the critically ill, some special education teachers work with small groups for extended periods, in isolated settings. However, these teachers are much less likely to have had training in issues of death and dying than other caregivers such as doctors, nurses or medical technicians (Hare, 1987; Pratt, Hare & Wright, 1987).

Stages of Death and Dying

Much of the literature on death and dying indicates that people experience predictable and progressive stages as they prepare psychologically for their own death, or as they recover psychologically from the death of a loved one (Kubler-Ross, 1969; Parkes, 1972). Kubler-Ross describes five psychological stages which a terminally ill person experiences prior to death. They are paraphrased below:

Denial. The person refuses to believe the evidence or judgment that he or she is dying.
Anger. The person feels bitter, usually over the fact that he or she has been singled out for death.

Bargaining. In an attempt to postpone death, the dying person may try to make a contract with God. If allowed to live, he promises to do something, such as change his ways or accept death at a later date.

Depression. The person realizes that death is inevitable and grows depressed.

Acceptance. Although a small percentage of people never reach this stage, most terminally ill patients finally accept their death and may feel a sense of relief or even joy.

Although she states that the five stages are experienced somewhat differently by each person, Kubler-Ross maintains that the process is sufficiently uniform and predictable to be considered a viable theory of death and dying. Kubler-Ross states that these stages can be used as a working model for caregivers who wish to assist a dying person in reaching the final stage, acceptance. Kubler-Ross does not refer to the five stages as developmental; however the implication is that once the process has begun, there is a progression from one stage to the next ending with acceptance before death.

In addition to describing the process of bereavement, stage theory based on Kubler-Ross has also been used to
describe an individual's reaction to a wide range of stress producing events. These events include being fired from a job (Winegardner, 1984); being incarcerated (Pledger 1985); being terminated from a job (Finlay and Lee 1981); loss of identity in the military (Litwack and Foster, 1981); and being divorced (Surdam & Fetsch, 1981).

If there is a predictable pattern to the process by which people die and grieve, knowledge of the process could help those who experience grief and those who work with the grief stricken exert more control over events (Averett and Averett, 1985). Kastenbaum (1984) credits Kubler-Ross' books, lectures, and workshops on death and dying with being largely responsible for widespread interest the subject of death has received from health care professionals in the last few decades.

Although Kubler-Ross' stage theory is widely accepted by both professionals and laymen, it has also generated considerable criticism in the literature. Mwalimu Imara (1975), writes that the five stages as described by Kubler-Ross are no more than descriptions of the psychological process everyone goes through when dealing with any significant life change. Kastenbaum (1989) in an article generally critical of Kubler-Ross, lists both positive and negative aspects of the Kubler-Ross theory. The positive aspects include:
1. It describes a variety of mental, emotional, and behavioral responses to dying that can in fact, be seen in a number of people.

2. It conveys the realization that people may have a number of different thoughts and feelings throughout the course of a fatal illness.

3. It offers an alternative to the assumption that it is somehow "abnormal" to have strong reactions during the dying process.

4. It focuses on the human (as distinguished from the biological) side of dying and can encourage the sensitive and receptive person to become a better listener, companion, and helper.

The negative aspects of the theory, as described by Kastenbaum, include:

1. It is unconfirmed by subsequent research.

2. The information is suitable for the general readership, but not scientific evaluation.

3. The theory does not allow for factors related to the specific illness from which the person is suffering.

4. It does not consider the effects of the treatment process.

5. It neglects individual differences in patients.

6. It neglects ethnic and religious factors.
7. It neglects environmental factors, such as poor treatment, which may be causing the person to show anger rather than because the person is in stage two.

8. It attempts to force dying people to move from one stage to the next as though the theory is prescriptive rather than descriptive.

9. The concept is used by caregivers as a shield against examining their own feelings, and to protect themselves against intimate encounters with terminally ill individuals (p. 221).

This writer does not take a position on the validity of stage theory as an explanation of the process of dying or of bereavement. Stage theory was important to this study because of its historical importance and because participants used it as a framework for explaining their reaction to death.

**Loss Theory**

Another approach to understanding the reaction of teachers to student death is to view it in within the context of loss theory. This theory holds that every attachment has a built-in potential for loss, and each loss results in a period of recognition, grief, adjustment, resolution and recovery (Banuelos & LoGiudice, 1985). Loss is defined as "being deprived of a valued object or person."
What is valued varies widely and is highly individualistic" (Rambo, 1984, p. 281). Cheikin (1981) states that grief also results from the loss of intangibles such as love, friendship, identity, and ideals. The range of emotions one can experience with loss include denial, guilt, anger, a sense of abandonment, loss of control over one's life, fear, and loneliness (Headington, 1981). These emotions need not persist indefinitely. Those who have suffered a major loss can be helped to turn the loss into a source of personal growth (Heikkinen, 1981).

When a student dies, teachers suffer not only the loss of the child as a student, but also the loss of whatever hopes and dreams the teacher may have held for that student (Tait and Ward, 1987). The teacher also loses the mutually supportive relationship which may have taken years to develop with the child's family. In the pilot study referenced below, teachers reported the loss of friendship with the families of deceased students as major source of frustration. Teachers also reported a sense of helplessness at not being able to stop the suffering and death of terminally ill students. This feeling of helplessness can lead to a loss of ideals for those teachers who entered the field believing that they could help all children.

**Teacher Reaction to Student Death**

There is very little literature on the subject of the
effects of student death on teachers (Bryant, 1978; Dodge, 1977 Filiatreau & Riggen, 1977; Keith & Ellis, 1978; Nelson, 1977; Scott, 1980; Tate & Ward, 1987; Ward, 1988). Most references that combine the terms "death" and "teacher" deal with curriculum in death education or suggestions for teachers to use to assist surviving classmates after the death of a classmate or family member. Books in special education that deal with teaching severely handicapped students emphasize teaching techniques and physical management of the students. However, these books fail to address the effect of student death on the teacher. Hare and Cunningham (1988) found that teachers have little awareness of available resources for information about death and dying, although they show an interest in learning more about the subject. Nelson (1977) reports success in building self awareness about death among school teachers and counselors through the use of unstructured encounter groups and reading groups within the school.

Keith and Ellis (1984) recommend that teachers give students opportunities to grieve and use the occurrence of a student death as an opportunity to teach about dying. However, they do not address the question of whether the teacher may also need opportunities to grieve and come to grips with the loss.
In "Teacher in Crisis: A Classmate Is Dying," Bryant (1978) gives suggestions to teachers on what to say, and what not to say, to the deceased student's classmates and parents. Bryant does not address the emotional needs of the teacher.

"When a Student Dies," by Frances Scott, (1980) offers suggestions for teachers for dealing with grief-stricken students following the death of a classmate. Scott also refers to the lack of teacher training in bereavement as a factor that leads to problems for both the teacher and the students during a time of crisis:

Standing in the driveway, I wondered how I would manage my feelings that day at school. The tragedy of the loss of a child's life is great. Doctors are prepared in their training for the loss of a patient; clergy are instructed on how to deal with death. But at no time in a teacher's training is a student's death considered (p. 67).

In "Dying and Death of Children: Implications for Special Education," Filiatreau and Riggen (1976) note that special educators are likely to have the experience of being assigned a terminally ill student. Their article contains recommendations for helping the terminally ill student academically and emotionally. The authors also caution teachers to examine their own feelings about death before
trying to help others. The authors do not speak to the implications of teacher reaction to the death of children.

Lubetsky (1984), a special education teacher, describes how she subconsciously denied the fact of a terminally ill student's impending death, in spite of consciously trying to confront the situation:

From my knowledge of the five stages of death and dying as described by Kubler-Ross, I knew that denial would be my first reaction to this tragic news. I was therefore determined to face the facts realistically. It wasn't until much later that I became aware of the ways in which I did, in fact, deny Mary's impending death. I concentrated only on the disease itself, rather than the inevitable consequences. Even when talking with the family, I never permitted any of their foreshadowing to penetrate the barrier (p. 58). Only after working with the class to develop a memorial plaque and collecting money for the leukemia society was Lubetsky able to emotionally resolve the student's death.

Tait and Ward (1987) write specifically about the psychological impact on the teacher who has lost a student to death:

Professionally the teacher may feel ineffective and find little meaning in work. There may be a profound sense of loss of control and helplessness. The teacher
may draw away from the other students and work in a mechanical manner, unwilling to make other emotional commitments. Reports may be late or inaccurate. There may be a lack of enthusiasm in teaching, a sense of "nothing will make a difference anyway." Or there may be a period of frenzied activity that has little direction but may help the teacher feel alive or avoid facing the loss (p. 154).

Tait and Ward also offer a number of suggestions for teachers and administrators for reducing the feelings of depression and isolation of fellow staff members who have experienced the loss of a student. These suggestions include offering expressions of sympathy, encouraging the grieving person to express emotion, and offering to help in some meaningful way.

In her study of the responses of teachers in a pre-kindergarten program to the death of handicapped children, Ward (1988) addresses a wide range of issues. Although her respondents did not report experiencing stages of grief, they did express deep feelings of sadness at the death of students. Some of the ways the pre-kindergarten staff coped were by providing comfort to the deceased child's parents, taking part in the funeral rituals, and comforting one another.
Chapter III

METHODOLOGY

The purpose of this chapter is to present information about the following: the pilot studies, data collection, the context in which the data were gathered, methods of data treatment and analysis, and methods for achieving reliability and validity.

Pilot Studies

Two pilot studies were conducted in the process of gathering initial data and determining the most appropriate method of data collection for the current research. Both of these studies were part of course work requirements in research at Virginia Polytechnic Institute. The first pilot was a quantitative study, designed to elicit data on the following: the amount of training teachers had received in issues of death and dying, the extent to which teachers felt that grief was a job-related stress factor, and the number of times teachers had experienced the death of a student. The respondents were also asked to comment about the emotional consequences related to student death. A questionnaire was developed and field tested on a small number of special education teachers in Montgomery County, Virginia. Analysis of the questionnaire data and comments made by participants during the follow-up interviews indicated respondent dissatisfaction with various aspects of
the survey instrument. Some respondents stated that the survey did not allow them to fully express their feelings on the subject. Others reported being uncomfortable with completing a questionnaire on the subject of the death of a student.

While completing the review of the literature, it was learned that other researchers, who have used questionnaires to gather data on death and dying, have met with participant resistance. Allen and Miller (1988) obtained only a forty-two percent return rate on a survey of rehabilitation counselors’ reaction to client death. "Some respondents stated very firmly that they did not want to be questioned. Others noted that they did not wish to respond to the survey because of their own personal experience with death and dying" (p. 66). Katz (1983) reported that respondents are reluctant to disclose personal information on a survey instrument. Ward (1988, p. 23) reported "attitude problems" on the part of persons asked to fill out forms dealing with sensitive issues.

Analysis of data from the initial pilot study indicated that design modifications were needed to adjust for two factors. The first was that a student death has an impact much more complex than its status as a stress factor. The second was that informant resistance to the completion of questionnaires on death and dying needed to be overcome.
Through discussions with faculty members at Virginia Polytechnic Institute, it was determined that case study methodology offered a viable approach to meaningful data collection and reporting on complex, sensitive issues.

A second pilot, a single case study, was conducted, focusing on teacher reactions to the death of a ten-year-old student at Rock Creek School in Frederick, Maryland. Informants, including the child's teacher, teacher's aide, school principal and the child's parents, were interviewed. The personal contact inherent in the interview method facilitated rapport and provided a format for asking follow-up questions when additional information or clarification was needed. This more personal data collection method proved helpful for documenting the emotional factors reported by the participants.

Both pilot studies yielded insights on teacher reactions to the student death. After analysis of the information from both studies, this writer concluded that the case study method provides advantages for data collection that were not available through the use of a questionnaire.

According to Bogden and Taylor (1975) qualitative research methods hold the most promise for documenting a wide range of individual emotions:
The method by which we study people, of necessity, affects how we view them. When we reduce people to statistical aggregates, we lose sight of the subjective nature of human behavior. Qualitative methods allow us to know people personally and to see them as they are developing their own definitions of the world. We experience what they experience in their daily struggles with society.... Qualitative methods enable us to explore concepts whose essence is lost in other research approaches. Such concepts as beauty, pain, faith, suffering, frustration, hope, and love can be studied as they are experienced and defined by real people in their everyday lives (p. 4).

According to Yin (1989, p. 13) case study is the preferred method of research in the social sciences "when 'how' or 'why' questions are being posed, when the investigator has little control over events, and when the focus of is on a contemporary phenomenon within some real-life context."

Data Collection

The qualitative research techniques used for the present study included informal direct observation, open-ended interviews, archival data collection, artifact collection, and respondent critique.
Informal direct observation occurred at the school site during initial field visits and continued throughout the study. The purpose of these observations was to gain an understanding of the setting in which the majority of the data were collected and to learn to know the informants better. Of particular interest was the emotional atmosphere of the school, the daily routines, and the modes of interaction among the staff, and between the staff and students.

This study collected data primarily by means of open-ended personal interviews. That technique was well suited to this study because it permitted the interviewer to ask for opinions and elaborations, as well as facts, from the participants (Yin, 1989). The interviews focused on the four research questions noted earlier. As the interviews proceeded, the interviewer branched off to explore subjects and relationships that were not encompassed in the prepared questions (Isaac & Michael, 1979). The interviews typically consisted of three parts. The initial part was composed of "small talk" meant to set a comfortable tone and put the participant(s) at ease. The second part of the interview consisted of an explanation of the purpose of the research and a description as to how the information would be kept confidential. The third part was the question and answer portion. Interview techniques recommended by Ericsson and
Simon (1980) were used to encourage participants to furnish details. These techniques included using prompts such as "tell me more" or "is there anything else you can think of about that day," rephrasing questions, and asking participants to comment on their feelings about events.

Interviews were recorded through the taking of notes. Immediately following the interview these notes were rewritten so that a nearly verbatim account was recorded. During follow-up interviews respondents were given opportunities to review the data they had contributed, to give them the opportunity to add information and to make suggestions on how the information should be interpreted. Drawing the informants back into the research process provided insight into their emotional reactions over time.

Field notes were used to document observations, interviews, and the analysis of artifact and archival data. In addition, field notes were used to record unscheduled contacts, such as a chance conversation with an informant at the funeral home or any other meeting at which the research is discussed.

Archival data (Yin, 1989) were included in this study. Examples of pertinent archival information include student medical records, newspaper articles, and Board of Education documents. These records were used in conjunction with, and in support of, the other information in the study.
Artifacts associated with the death of the student were also collected. Examples included a yearbook dedicated to a deceased student, poems or posters created in memory of a student, and teacher memorabilia of a deceased student. Some artifacts could not be collected, such as a tree planted in honor of a student or a gift given to the parents in memory of the student. In these cases a photograph or other written document was placed into the artifact file. Also included as artifacts are what Bodgan and Taylor (1975) refer to as "personal documents" (p. 96). That is, "an individual's descriptive, first person account of the whole or a part of his or her life or an individual's reflection on a specific event or topic." Examples of personal documents used in this research include a diary or journal entry, a sympathy card, or any other written information participants wished to share. Personal documents are different from artifact or archival material in that they were not originally meant for publication, and were used only if offered by participants.

An informed consent form was given to all participants explaining the purposes of the research, the steps taken to protect confidentiality, and the use of pseudonyms throughout the study (see Appendix A).

Data Management and Analysis

Data were managed manually and with the use of the
microcomputer. Notes and other written information were hand coded to highlight such concepts as denial, anger, training, and loss, and inscribed to show the concept's location within a larger document. Color, numerical and alphabet codes were used for these purposes. Three word-processing functions were used to manage the data once it was typed into the computer. Appleworks Word Processor housed the narrative information such as the site description and interviews. Appleworks database housed information that could be grouped into critical fields such as bereavement, anger, and loss. Appleworks Clipboard was used to move and sort data between programs.

The ability of the computer to store large amounts of information and provide rapid movement through that information permitted use of the constant comparative method of data analysis recommended by Glaser and Strauss (1967). This method includes data collection, coding, memoing, and theory development. It is similar to the "continuous, iterative" process recommended by Miles and Huberman, (1990). The current study draws on both these approaches for its method of data analysis: As soon as possible after field data were collected they were coded, and notes were made as to their utility. Once data were coded and patterns became evident, the information was grouped and preliminary inferences were formulated. As additional data were
gathered and coded, they were brought to bear on existing data so that new or modified inferences could be drawn. Final analysis, in the form of conclusions and/or theories, was made only after the data were compared and reworked.

Test of Rigor

It is important to be able to convince the reader of the credibility of the data and of the inductive inferences contained in the study. Yin (1989) lists four tests of rigor that can be used to judge the creditability of social science research designs: construct validity, internal validity, external validity, and reliability.

According to Yin, the subjective nature of case study research makes it difficult to achieve construct validity. However, Yin does list three tactics available to overcome construct limitations. Yin's first tactic is to use multiple sources of evidence. As mentioned above, this research drew from many sources of evidence, including direct observation, interviews, archival records, personal documents, and artifacts.

Yin's second suggestion is to establish a chain of evidence during data collection and analysis that makes it possible for the reader to "move from one portion of the study to another, with clear cross-referencing to methodological procedures and to the resulting evidence" (p. 103). Care was taken in this study to show a logical
relationship among major sections. For example, the introduction establishes that the current structure of special education for severely disabled students creates a potential for excessive exposure of teachers to death and dying; the research questions were designed to elicit information bearing directly on the teacher reactions to the effects of student death. The interview questions are directly related to the research questions. Each piece of data was coded to show when and where it was collected, and cross referenced to the applicable section(s) of the study.

Yin's third suggestion for maintaining credibility is to have a draft of the study reviewed by key informants. Through interview follow-ups and participant critique, key informants were asked to check information for accuracy, and completeness.

Internal validity is usually concerned only with causal or explanatory studies. However, in case study research this test of rigor can be extended to the making of inferences (Yin, 1989). Because this study involved making inferences about events that cannot be experimentally controlled and are often impossible to observe, threats to internal validity are a factor. The principal analytic method used to achieve internal validity in this study was pattern matching (Yin, 1989). The patterns to be matched were the predicted pattern of grief behavior of teachers,
based on the pilot studies and review of the literature, and the empirically documented pattern of grief behavior. For this study the predicted pattern of behavior was that following the death of a student, teachers would experience a series of grief reactions that would affect their personal and professional lives.

According to Issac & Michael (1979, p. 31), external validity asks the question, "To what populations, settings, treatment variables, and measurement variables can this effect be generalized"? The design of this study stipulated that multiple sources of data were used to fully describe the unit(s) of study within context. Therefore, generalization were possible to personnel who work in group homes, and persons employed at day-care centers for the handicapped.

Reliability has to do with the degree of consistency between a series of measurements. A good guideline for obtaining reliability in case study research is to conduct the study in such a way that another person following the same procedures would arrive at the same results (Yin, 1988). In this study all interview data and other notes were maintained in separate files so that two documents made up the complete case study record. The first was the formal dissertation. The second was a bound case study report that contained original field notes and other documents, each
coded to show its relationship to the research questions. All data were carefully maintained and the manner of data analysis documented.
Chapter IV

THE SETTING

In this chapter the setting is described from several perspectives. A brief history of the school is included in order to show that the forces which operate on the educators, students, and parents today are directly related to the earliest endeavors to educate the severely disabled students in the community, and carry with them a tradition and lineage dating back at least fifty years. The physical and emotional settings are described because each is a part of the educational milieu in which the participants carry out their duties. A description of the daily routine of the school is included for those who may not be familiar with how educational programs within a special center are conducted.

Information for this section was obtained from newspaper records, miscellaneous articles found in the school’s scrapbooks and through interviews with persons who have personal knowledge of the events. Printed information that is not dated and cannot be traced to the original has been photocopied and included in the appendix.

The Historical Setting

The first class for disabled students in Frederick, Maryland, was begun in 1950, and was operated jointly by the Board of Education and the Cerebral Palsy Association. The
class met for two hours each day, three days a week in a basement room of the Federated Charities Building in downtown Frederick. Because the state compulsory attendance laws, which required that all children attend school until they reached the age of sixteen, were not strictly enforced for mentally and physically disabled students, most of the children who took part in the first class had never attended any formal educational program. The newly developed program was known as The Frederick Cerebral Palsy School, and was recognized as a model for educating disabled children in rural counties in Maryland. The Board of Education provided a part-time teacher and teaching supplies. Vehicles for the transportation of students to and from class were provided by the Red Cross Motor Corps and were driven by volunteers from various service organizations in the Frederick area ("Cerebral Palsy," 1950).

The school was originally intended to serve only students with cerebral palsy and other physical disabilities, such as muscular dystrophy and spina bifida. Soon after the program began, however, parents of mentally retarded children successfully lobbied the Board of Education to have their youngsters included. With the addition of the retarded children to the program, the enrollment of the Cerebral Palsy School became too large for
the downtown location, and the program was moved to the Odd Fellows Home on North Market street ("New location," 1951).

In 1958, the Board of Education assumed full responsibility for the operation of the school and relocated it to a large three-story farmhouse on a tract of land known as Harmony Grove. The school was renamed the Harmony Grove School ("Special school opens," 1959).

Although the teachers who worked at Harmony Grove School have many fond memories of the students and activities there, the building was not well suited for educating disabled children. The rooms were very small, and the top two floors were almost impossible to reach by students who wore braces or who were in wheelchairs.

As the population of Frederick County grew during the 1960's, and the belief that education was valuable for all children, including the disabled, gained in popularity, it became evident that the facilities at Harmony Grove were inadequate. According to Mrs. Ramsberg, who was principal of Harmony Grove, she and other persons from the community, including members of the Board of Education and the County Commissioners, began planning for the construction of a comprehensive special education facility.

In 1972, construction of Rock Creek Center was completed. This new facility included Rock Creek School,
Rock Creek Diagnostic Center, and the Scott Key Developmental Center for the Profoundly Retarded ("New center," 1972).

Following the passage of P.L. 94-142 in 1975, Rock Creek School assumed responsibility for the education of the profoundly mentally retarded students who had until then been served through Scott Key Center. The Scott Key Center moved to another location within the county and now provides services for profoundly retarded adults only. The Diagnostic Center, at this writing, is in the process of moving its facilities to a newly constructed County Health Department. It will continue to provide diagnostic and therapeutic services to the school on a contractual basis. The space left vacant by the departure of the Scott Key and Diagnostic centers is currently being used for kindergarten classes from a regular elementary school, which is located across the street from Rock Creek.

Although many changes have occurred at the Rock Creek School during the last twenty years, many other things have remained constant. Mrs. Ramsberg continues to serve as principal of the school, and Mr. Albert Pansa, who was a teacher when the program was at Harmony Grove, is now the vice principal. Many of the teachers and aides who began teaching at Harmony Grove continued to work at Rock Creek School until they retired, most of them within the last few
years. Likewise many of the students who made up the first class at the Cerebral Palsy School continued at Harmony Grove School and graduated from Rock Creek School when they became twenty-one. It has not been unusual for a child to enter the Rock Creek program as a preschool student and remain there until graduation. This continuity of administration, teaching staff, and student body has helped foster a strong sense of loyalty to the school and to the philosophy that severely disabled students can best be served in a separate facility.

The Physical Setting

Rock Creek is a modern, single-story school building, designed to allow easy access to persons who use wheelchairs and other orthopedic equipment. Educational programs are provided for students from birth through twenty-one with a wide range of intellectual, emotional, and physical disorders. Computers and other equipment for teaching disabled students are available in every instructional area. In addition to academic classrooms, there is an industrial arts shop, a home economics suite, a music room, an art room, a gymnasium, a swimming pool designed to accommodate wheelchairs, a stage, a cafeteria, a teachers' lounge, conference rooms, therapy rooms, and an administrative suite. Facilities for occupational therapy, physical therapy, speech therapy, vocational education, adaptive
physical education, dental care, and medical evaluations are also available.

The Emotional Setting

The teachers at Rock Creek display pride and enthusiasm in working with students whom much of society has traditionally shunned. Although this pride is a great source of strength, it can also be a source of stress as they evaluate the many changes that are taking place within the structure of the school and within the field of special education.

Teachers at Rock Creek encounter a great deal of stress. Some of this stress is due to the nature of teaching severely disabled students, such as the stress of needing to be constantly prepared to treat seizures, clogged breathing tubes, and others types of emergencies. As one teacher described it, "You are expected to deal with medical emergencies, but you are not a doctor. You are expected to help with occupational and physical therapy, but you are not a therapist. If one of your students dies or becomes very ill in your class, you constantly wonder if you did everything you should have." Another teacher mentioned that working with medically fragile students results in continually having to say good-bye to students who are entering the hospital for serious medical interventions or
who must be kept home because they are too sick to attend school.

During the last five years the student population at Rock Creek has decreased from 305 to 220. The main reason for the decrease in enrollment is that students are leaving the school to be educated in their neighborhood elementary, middle, and high schools. In special education, the practice of educating disabled students with their non-disabled peers is known as mainstreaming, or serving the students in the least restrictive environment. Although many of the teachers at Rock Creek agree philosophically with the idea of placing disabled students in regular school and regular classes, it is often very difficult for them to adjust emotionally to the loss of students with whom they have worked so closely over the years. The feelings of anxiety and loss are greatly increased in those cases in which the teachers are not convinced that the student is physically, emotionally or intellectually ready to make the adjustment to a neighborhood school. A common source of anxiety is the fear that the students will become isolated within the larger population of non-disabled students or, worse yet, that they will be teased and/or made fun of by the other students. Teachers also fear that health concerns will not be dealt with as efficiently as they are in the special center. One teacher expressed her opinion very
bluntly by saying that when the child isn't ready, mainstreaming is like death. Although teachers are part of the multidisciplinary team that must recommend mainstreaming, they feel that if they argue too forcefully against placing a child in a regular school they will be perceived as being overly protective or uncooperative.

Mainstreaming can also cause the loss of relationships with parents. When a child dies, contact with the child's family is often greatly decreased or stops completely. In many cases the relationship between the teacher and the family is both warm and friendly and has taken years to develop.

The decreasing enrollment at the Rock Creek School due to mainstreaming has also caused stress for teachers who fear that their services will not be needed in the future. Although mainstreaming increases the need for special education teachers within the school system as a whole, some teachers feel more comfortable working in an environment designed exclusively for disabled children. As the need for staff has decreased at the school, some teachers have been transferred to positions in other schools, and others who have retired have not been replaced. For the teachers who remain at the center, mainstreaming exacts a triple toll in terms of lost relationships: the loss of students, the loss
of friendship and support from parents, and the loss of colleagues.

One way in which the staff at Rock Creek School adjusts to stress in their environment is by supporting one another professionally and emotionally. Teachers have developed a system of helping each other with routines such as fire drills, playground duty, and assemblies, when additional staff are needed on a temporary basis. Because this sharing of responsibilities occurs on a regular basis, teachers feel a closeness to and a responsibility for all the students at the school. During a crisis, such as the death of a student, or the death or illness of a staff member, everyone shares a sense of loss to some degree. This sharing of loss is especially evident within the various teams that make up the faculty, such as the severely and profoundly handicapped (S.P.H.) team, the vocational team, and the related services team.

In summary, the emotional setting at Rock Creek might be described as one in which friendly cooperation prevails in spite of a high degree of stress. This stress is occasioned by factors originating within and outside the school.

The Daily Routine

By 7:55 a.m. each school day, a group of about twelve instructional aides waits at various locations in the school
and outside the entrance for the arrival of the students. As the buses pull up to the curb, the aides move to the front and rear doors to help students off the buses and into the school. The pushing, shoving, and loud talking usually associated with student arrivals and departures is absent. Instead, the students sit quietly in their seats until the bus aide takes them to either the front door of the bus to be assisted to the sidewalk, or to the back door to be lowered to the pavement on the wheelchair ramp. The aides know each student's classroom assignment and the amount of assistance that is required to ensure that each child gets to class safely and on time. Even those students who walk independently are watched closely to ensure that they do not go to the wrong room or wander back into the street.

Assisting students from the buses in the morning and onto the buses in the afternoon is known as "bus duty." This responsibility is taken very seriously by the aides, who are proud of the fact that in the twenty years since the school opened, no student has ever been injured while being helped on or off the bus. Safety is not the only thing that is stressed during this time. The aides are also aware that they are the first people from the school that the students see each day. With this in mind, the aides are careful to greet each child in a friendly, warm manner.
As the students arrive in the classroom, teachers and aides help them out of their coats, read notes from parents, and assist each student to an assigned area. In classes for the most severely disabled, students may be placed on bean bag chairs, seated in wheelchairs, or positioned on mats. As soon as everyone is accounted for, medications are noted and other miscellaneous duties are completed. Students who are toilet trained are taken to the bathroom while others have their diapers changed.

Opening exercises begin immediately after the children are settled into the classroom. These exercises include pledging the flag, discussing the weather, show-and-tell, and other activities designed to organize the class in preparation for instruction. With some modifications, this routine is followed in each class regardless of the academic and social level of the students. Students who cannot say the words of the pledge are encouraged to look at the flag or are positioned so that the flag is within their line of vision. In some classes the teacher must be the one who does the show-and-tell.

Classroom instruction varies greatly, depending on the intellectual and physical ability of the students. In classes for the profoundly disabled much of the teaching consists of moving from child to child and taking care of physical and emotional needs. Arms and legs are moved by
the teacher, aide, or occupational therapist. Children are spoken to and read to constantly, even though some do not respond in any way. The prevailing philosophy is that the students understand much more than they are able to show; therefore, they need to be exposed to as many ideas as possible. Throughout the day medications are administered by the school nurse, who also physically checks the students to identify any medical problems that might escape the teacher's notice.

In summary, the history, physical setting, emotional setting, and daily routine of the school have been presented as objectively as possible. This description provides a context for the case study of the death of a student, which is the subject of the next chapter.
Chapter V
THE CASE STUDIES

This chapter describes the events surrounding the death of Kurt, a severely mentally retarded 12-year-old student with multiple physical disabilities who died Saturday, March 28, 1992. Also included is information about the deaths of four other students at the school who died during the past six years.

Several sources of information were used to compile the data in this chapter. Following Kurt's death, observations were conducted at the school and at the funeral home. Interviews were held with the two classroom teachers to whom Kurt had been assigned over the last five years, the teacher's aide, the sign language instructor, the music teacher, the speech therapist, the school social worker, the principal, and the vice principal. Interviews were also held with Kurt's parents and sister, and the Assistant to the Superintendent. In addition to the interviews, informal conversations were held with school personnel at the funeral home and during chance encounters at the school. School records and family records were also reviewed.

Information for the four retrospective case studies was obtained through interviewing the classroom teachers and administrators who were responsible for the students' educational program at the time of their deaths and by
reviewing each student's school records. This information was used to help document various concepts about student death that emerged during the course of the study and to provide data from which inferences could be drawn concerning the long-term effects of student death.

The Case of Kurt. Public notice of Kurt's death appeared in the following obituary:

Master Kurt Edward Shawler, Jr., 12, son of Kurt Edward and Susan Eleanor Matjasko Shawler, of 20 Key Parkway, Frederick, died Saturday, March 28, at Children's National Hospital Center, Washington, DC. He was born February 28, 1980 in Clinton, MD.

He was a student at Rock Creek School on Waverley Drive, Frederick. Kurt was a member of the Association for Retarded Citizens, United Cerebral Palsy and Spina Bifida.

Surviving in addition to his parents are one sister, Alyssia M. Shawler, at home; maternal grandfather, Louis J. Matjasko of Natoria Heights, PA; seven aunts and uncles; and several cousins. Kurt was preceded in death by a maternal grandmother, Ruth L. Fowler Matjasko, and paternal grandparents, Charles E. and Evra T. Widmeyer Shawler.

The family will receive friends 3-5 and 7-9 p.m. Tuesday, March 31, at the Keeney and Basford Funeral
Home, 106 E. Church Street, Frederick. Funeral services will be at 11:30 a.m. Wednesday, April 1, in St. John the Evangelist Roman Catholic Church, where the funeral mass will be celebrated by Rev. Wayne E. Funk, pastor. Internment will be in Resthaven Memorial Gardens, Frederick.

A Christian Wake service will be held at 7:30 p.m. Tuesday, March 31, at the funeral home (Obituary, 1992).

Kurt the Student. Kurt first attended Rock Creek School when he was four years old as a student in the preschool program for the severely disabled. In addition to being severely mentally retarded, Kurt also had spina bifida, club feet and a cleft palate. In spite of these disabilities, and the fact that he was confined to a wheelchair, Kurt appeared very healthy and happy. At his first annual meeting to review his school program, his classroom teacher, physical education teacher, occupational therapist, music teacher, and water therapist, all reported that Kurt was a happy child who seemed to enjoy the school routine. These remarks are consistent with the information given during the interviews with the school staff following Kurt's death.

Those who worked with Kurt at the school at the time of his death describe him as a fun-loving student who tried very hard to communicate with the other students and adults.
around him. Although he could not speak he would make eye contact and would reach out his hand when he came close to someone he knew. More than one person remarked that Kurt gave the impression that he understood much more than he was able to communicate. He often sat in his wheelchair by the cafeteria door and "greeted" the people who would enter or walk by. Because he was fed through a stomach tube before his class went to the cafeteria each day, he had extra time during the lunch period to socialize. Kurt was very fond of music and would stop by the music room to sit by the door and listen or would go into the room and try to join the group. He was a favorite of the music teacher, so this behavior was not discouraged.

Kurt's records from his early years at Rock Creek and the testimony of his recent teachers clearly indicate that his pleasant disposition and willingness to take part in school activities, despite his limitations, earned him the respect and admiration of those who worked closely with him at the school.

*Kurt's Last Day at School.* Wednesday, March 25, 1992, was Kurt's last day at school. That morning his mother noticed that he was choking and moving around in his wheelchair more than usual. Since he did not seem to be in pain and had no fever, she decided not to keep him at home because he enjoyed going to school so much. When he arrived at school,
the choking had gotten worse and the school bus driver alerted the teacher to the problem.

At first the teacher and aide tried to comfort him but were unsuccessful. Because of Kurt's inability to communicate, he could not describe the location or extent of his discomfort. Another complicating factor was that Kurt's spina bifida left him without feeling from the waist down. It is possible that even he did not know that there was a problem because he could not feel pain in the affected area.

When a teacher realized that his condition was more serious than usual, she called for the school nurse, who examined Kurt and recommended that his mother be alerted, and that an ambulance be called to take him to the hospital. Kurt's mother came to the school and rode to the hospital in the ambulance with Kurt and his teacher. At the hospital, Kurt was examined by the doctor, who diagnosed his problems as acute indigestion. Kurt was given an X-ray and blood tests and released to the care of his parents. Kurt's mother was not satisfied that enough had been done. She decided to have him examined at a pediatric hospital in Washington, DC, where he would be seen by a specialist who was more familiar with his case. She and her daughter took Kurt to Children's Hospital in Washington, DC. There Kurt's symptoms were diagnosed as constipation and he was again released with instructions for his mother to give him enemas.
to break up the blockage. Kurt had a history of constipation and other digestive problems, therefore the diagnosis and recommendations did not seem unusual.

On Thursday Kurt continued to exhibit the same signs of discomfort, in spite of the administration of enemas. Kurt's father sensed that the situation might become critical and stayed home from work to care for him. During the morning Kurt's condition worsened and that afternoon he went into cardiac and respiratory arrest. His father attempted to perform C.P.R. but could not restore him to normal breathing. An ambulance was called and Kurt was again taken to the pediatric hospital in Washington, where he was placed in intensive care.

On Friday when Kurt did not return to school, his teacher called his home to check on his condition. She was told by Kurt's mother that his intestines had ruptured and that he was in critical condition. Kurt's mother also told the teacher that the doctor had said that Kurt might not survive the weekend. With the news of Kurt's worsening condition, the grief process began for those who knew him at the school. The classroom teacher, the teacher's aide, and the sign language interpreter, began what is known as anticipatory grief (Schonenburg, et al, 1974). That is, they began grieving for Kurt before his death. Indications of their grief were crying, sadness, and seeking reassurance
and support from one another. One teacher reported that it was difficult to concentrate on teaching the other children because she was distracted by thoughts of Kurt in the intensive care unit.

Following emergency surgery on Saturday morning, Kurt died.

Reaction of the School System. Kurt's death started a chain reaction of notifications and responses within the school system. Kurt's mother phoned the classroom teacher on Saturday evening to let her know that Kurt had not survived the surgery. Kurt's teacher called the school principal who notified the Supervisor of Transportation, who would in turn notify the bus driver, so that the bus would not stop at Kurt's house on Monday morning. The principal also notified the Assistant to the Superintendent for Public Relations, who coordinates the Crisis Intervention Team. The coordinator asked the principal what assistance would be needed at the school to deal with the situation. The principal did not request that the counselors visit the school to meet with students or staff members. The principal did ask that substitutes be provided on the day of the funeral so that teachers and aides wishing to attend could do so. The Assistant to the Superintendent then notified the Superintendent of Schools that a student had died, so that he could send a sympathy card to the parents.
(see Appendix B). She then completed a form summarizing the information about the death and sent a copy to each member of the Board of Education. On Monday, the Assistant to the Superintendent began calling central office staff to find the substitutes requested by the principal. She also notified members of the intervention team so that they could make arrangements to attend the funeral. As soon as she arrived at school on Monday, the principal notified the school secretary so that Kurt's name would not appear on the absentee list that day.

**Reaction of the Classroom Teacher.** Ellen, Kurt's classroom teacher, had never experienced the death of a student in her class. She had taught two students who died shortly after moving to another class. During the interview she expressed a variety of emotions: anger, guilt, surprise, shock, and denial. Much of her anger was directed at the doctors who allowed Kurt to be released from the hospital without doing more extensive testing, and who had not paid close attention when she tried to tell them about Kurt's behavior at school. She described her frustration as follows:

> I told the doctor and the nurses at the hospital that he was having problems breathing and that he was choking, but they didn't seem too concerned. They just wanted to take X-rays because of the choking. Their attitude seemed to be that if he is coughing you do a
chest X-ray, nothing else. They didn't pay any attention to me. It was like I wasn't even there.

Some of her anger was also directed at the school system, because she felt that Kurt's death had not received the same amount of attention from the administration as the deaths of some other students. The fact that counselors did not come to the school was seen as a slight to Kurt, as though his death was not so important as the deaths of other students at the school. She also resented the assumption that neither she nor the other teachers would want to speak to a counselor. Another factor that suggested to her that Kurt was not valued as highly as other students by the administration was that the faculty was not called together and told of the death, as had occurred in other cases. Below, she speaks to the issue of equity in death as well as life:

... It should be equal. All kids should be treated equally. But its different, depending on who the kid is. Sometimes it is announced on the loudspeaker, sometimes in the bulletin, and sometimes you have to read it in the newspaper.

The feelings of guilt that Kurt's teacher expressed were based on two assumptions: First, she should have anticipated the fact that, given Kurt's physical and mental limitations, a situation might arise in which he would have
critical health problems and not be aware of it or be able to communicate it to others. Second, she should have done more to become aware of Kurt's non-verbal cues indicating that he was in pain. The teacher felt guilty because she believed that she may have directly influenced Kurt's death by not making the parents more aware of the problems she and the aide were having while trying to feed him while he was in a sitting position:

Kurt could not say anything to us when he was in pain. It makes you wonder if you did the right things. We had been having trouble getting him to eat sitting up and so we fed him lying down. Maybe if we would have pushed more instead of just feeding him lying down, we would have been more aware that an intestinal problem existed. Or maybe if I had taught him to show pain better, or to communicate to us better that he was in pain, then we could have stopped it ....

In spite of the fact that she had accompanied Kurt and his mother to the hospital in the ambulance the day before, Kurt's teacher was surprised to learn that his problems had become critical. Throughout the interview she continually made references to how unexpected the death was. It appears that her failure to reconcile her mental picture of Kurt as a healthy person with the suddenness of his death made the reality of his death harder to accept, as indicated below:
I could see he was sick, but it was a routine trip to the hospital. When I found out on Friday morning that he might die I was surprised. I never expected him to die. He has always had a lot of stomach and choking problems. He doesn't have an esophagus and he uses a tube in his throat to help him breathe ....

On Tuesday he was fine. Kids get sick but you expect them to come back. We did have Friday to prepare though ....

I was surprised and saddened because it was so quick .... (see Appendix C).

Reaction of a Former Teacher. Anne taught Kurt for four years before his transfer to Ellen's class. She had been very close to Kurt and his family and had maintained that relationship even after she was no longer his teacher. She had visited Kurt's home on a number of occasions over the past five years. When Kurt was in the hospital last year, she took her infant daughter with her to visit him because she knew Kurt loved children. On another occasion she took her daughter to Kurt's home, because she wanted him to have the experience of holding her on his lap. Anne expressed satisfaction with having helped make Kurt's life as happy and productive as possible during the years she had him as a student. However, she seemed unable to accept the fact that Kurt had died so suddenly. She had spent four years
teaching him the skills he would need as an adult and
thought that of all her students Kurt had the best chance of
living to adulthood. Anne's mixed emotions are evident in
the following:

I feel I was a great part of his life. There is
something to be said for that. I really thought that
he was going to live, to go on and have a vocation.
Teachers have plans just like parents do. You want to
see them go on. Sometimes I think we spend more time
with some of these children than the families do. When
I first started working with Kurt, he had to have his
catheter changed three times a day, and he was always
soiling himself and I had to keep changing him. I
think I spent seventy percent of my time with him and
thirty percent with the other students (see Appendix
D).

Reaction of the Instructional Aide. The instructional aide,
Lori, who worked in the classroom with Kurt had never
experienced the death of a student. She had seen the effect
of student death on other aides and teachers in the school
and hoped that she would never have the experience. She
also was surprised that Kurt died so suddenly and discussed
his death in terms of its affect on her emotionally:

Kurt was the first student I have ever had who died. I
have always been afraid it would happen. I always said
that I never wanted to be in a class when this happened. I guess I have just been lucky. We talk about it all the time. Every year someone dies. Sometimes more than one. I never wanted to be working in the classroom where that happened. Oh man!

Yes, in a way I was surprised. I didn't think it was going to happen. I cried and cried. Like when we played music today. Kurt liked music and we said 'Kurt would have enjoyed that.' I just broke down and cried again.

Today we all talked about him, and I felt sad again. I tried to talk about it with my family but they get mad. I also had a hard time getting to sleep at night from thinking about him (see Appendix E).

**Reaction of the Sign Language Interpreter.** Nancy, the interpreter, has worked at the school for less than a year. She is responsible for interpreting for a deaf/severely disabled student in Kurt's class. Of all the teachers who met with Kurt regularly, she seemed to be the most relaxed during the interview. She mentioned that she had not yet begun to grieve for Kurt, but knew that the grief would begin at some later time. Nancy's expectations for Kurt were not so high as that of the others who were interviewed. As shown below, she seemed to have accepted Kurt's death more philosophically in light of his physical condition:
It is my Christian belief that he is in heaven. That helps.... A positive thing I see from this is that it is a relief for Kurt. Kurt had given a lot of people pleasure and now he was beginning to feel real pain. Life was getting harder and harder. His feet were starting to become so turned in that he would soon lose some quality of life from not being able to walk, along with the other problems he had and the pain he was in. It was also a relief for the family.

Nancy also believes that there are some positive lessons that can be learned from Kurt's death and that steps can be taken to lessen the effects of death on students.

There was no counseling offered this time. With the high incidence of death at this school you are constantly placed in a position of needing a counselor.... Kids should not be left to think that a kid has disappeared. The families could tell us how they want it handled. I think there should be an area for the kids who have died. Then we could take the kids there and explain. A place here at school. It could also be for any kid who went away. We told Stacey he went to heaven. Somebody should have asked Stacey's parents how they wanted it handled with her (see Appendix F).
Reaction of the Speech Therapist. Joyce had previously known Kurt as a student when she worked as a substitute teacher for four months while Kurt's regular teacher was on maternity leave. During that time she had become very fond of Kurt and his family. Because Kurt could not speak, she was attempting to teach him to communicate using a board with pictures on it. In her fifteen years as a speech therapist with the severely disabled she has experienced the death of nine students. Joyce's experience with death did not lessen the effect of Kurt's death. She reported that the multiple exposure to student death had caused her to become very anxious about maximizing each of her students' ability to communicate as early in their lives as possible. The fact that Kurt may have been in pain and unable to communicate it, made his death all the more tragic for Joyce. These excerpts from the interview show that she experienced feelings of shock and guilt which were similar to those of the people who worked with Kurt in the classroom.

When he died I had a lot of guilt because I kept asking myself if there was anything else I could have done to teach him how to show pain ... One of the things that makes it so hard for me was that the best day I ever had with him was the last day he was here. He showed me that he really could use the
communication board. We were laughing together because he had done so well. Sunday was a bad night. I couldn't get to sleep and all that day I had been upset. My family didn't understand because they didn't know him (see Appendix G).

Reaction of the Principal. When a student dies the principal must be prepared to deal with many issues and make decisions based upon how the death may affect the whole school. When the principal called the Assistant to the Superintendent to let her know that one of the students at Rock Creek had died over the weekend, she already knew what services she wanted the central office to perform. She requested coverage so that the teachers could attend the funeral.

The principal decided not to request the services of the school psychologists to provide counseling to the students and staff for several reasons. First, she felt that the students in Kurt's class would be uncomfortable if people they did not know came into the room to speak to them about Kurt's death. Second, the principal also felt that the school social worker could assist any teachers who wanted to discuss Kurt's death. The third reason the principal chose not to involve the team was that Kurt was not a student who was well known to the entire staff and she felt that his death would not cause a major emotional
disruption. In some other cases she had requested the counseling because the student who died was well known to the entire staff and the students and the grief more widespread.

Three of the five persons interviewed after Kurt's death felt that by not requesting that counselors visit the school, and by not announcing Kurt's death at a faculty meeting, the impression had been given that Kurt was not so important as other students for whom these things had been done. One teacher's statement that "It's not fair, every child should be treated the same," implies that it was Kurt who was denied the service, not the teachers. They also expressed dissatisfaction with being denied counseling and the informal support network that would have been available had the entire school been involved with the grief process.

Reaction of the Parents. The parents appeared to still be grieving very strongly when I interviewed them in their home one month after their son's death. During our discussion they both had to stop occasionally to choke back tears or wipe their eyes. Kurt's parents, his sister, and I sat at the dining room table and talked about Kurt's program at the school, their appreciation for the support they received from the school while Kurt was a student and after his death, and difficulties the family had faced raising a disabled child.
According to his parents and sister, the only places where Kurt was not treated as an outcast were at home and at school. Although Kurt was accepted by his immediate family, his disabilities were a source of tension with the extended family. His parents complained bitterly that the other family members, including Kurt's grandparents, had ignored them since he was born. The fact that Kurt was never accepted by his grandparents or the majority of his other relatives was a source of great frustration to the parents. "The only reason any of the family came to the funeral was because they were ashamed not to," his mother commented.

Kurt was also rejected by the general public. His parents reported that when they took him to the shopping mall or to a restaurant, people would stare at him or make unthoughtful comments about his appearance. "People are so ignorant; don't they realize that handicapped people have feelings too?" Kurt's father complained, while relating incidents in which people had reacted negatively or rudely in Kurt's presence.

"School was the only place where Kurt wasn't treated like he was different," his mother said. Kurt's father summarized his son's social situation, saying "He was a child who always gave much more to the world than he got in return." In the context of the interview he meant that Kurt had suffered because of the insensitivity of others, while
those who took the time to get to know him benefited from the experience.

Kurt's parents voiced strong support for the school and the support they received from the teachers following Kurt's death. On the Saturday that Kurt died, his mother made many phone calls to school personnel. She called Kurt's teacher, two of his former teachers, the speech therapist, and the principal. She called them not only to let them know of Kurt's death but to ask that they support the family by attending the viewing and funeral. Over the weekend before Kurt's funeral, people from the school took food to the home. The school gave pictures of Kurt taken at various school activities to the parents. The parents placed these pictures in the casket for the viewing and buried them with him. The school also sent flowers to the family.

The priest who conducted the wake and funeral service was a friend of a teacher at the school who had known Kurt briefly when she substituted in his class the previous year. Kurt's mother had confided to the teacher that she felt uncomfortable about asking for a priest because she had not attended church regularly. A few days after the funeral Kurt's teacher gave the family an arrangement of pictures of Kurt and his classmates as a memento from the school. Kurt's father remarked that almost everyone who came to the viewing and to the funeral was from the school. Kurt was
not dressed in a suit for the burial, but instead, his parents had him dressed in the clothes he wore to school. The parents did this because they wanted him to look as normal as possible to any students from the school who came to the viewing.

A few weeks after the funeral Kurt's mother went to the school and spoke to the social worker about how much she missed Kurt and the people at the school. She said that she thought it was nice that the social worker gave her a hug. To show their appreciation for the support they received, Kurt's parents donated his wheelchair and clothes to the school (see Appendix H).

The Case of Mary.

Mary was born 6/4/64, and died 5/6/85. Mary was a multiply disabled student. Her medical diagnosis was Cockaynes Syndrome, which is characterized by dwarfism and profound mental retardation. In addition, Mary was also diagnosed as nearly totally blind and deaf.

Mary's teacher reported that during her last two years at school, Mary's physical health deteriorated steadily. Although she was able to walk when she was young, during her last year she had to be carried everywhere. Mary needed constant supervision from either her teacher or the school nurse. She often choked and had trouble breathing. At those times the nurse was called to administer oxygen and
oversee other procedures. The teacher often worried that one day help would not arrive in time.

Mary's teacher noted that Mary's quality of life had become very poor. She seemed to be in constant pain and the only thing she seemed to enjoy was being held in the teacher's arms. In spite of Mary's poor health, her teacher hoped that she would graduate with her class at the end of the year. However, on May 6, one month before graduation, Mary began to choke after lunch and her breathing stopped. Her teacher tried to revive her, but Mary died in her arms (See Appendix I).

The Case of Phillip.

Phillip was born 8/6/75, and died 9/13/89. Phillip was a multiply disabled student. He was born with severe spastic cerebral palsy which affected all of his limbs. He was also diagnosed as hard of hearing and blind, although it was difficult to accurately measure these sensory losses, since Phillip could not speak or move his body consistently in a meaningful way. He was confined to a wheelchair for movement about the school. In the classroom he was usually placed on a soft mat or on a soft chair. Phillip's educational program consisted mainly of making him aware of the sights and sounds in his environment and providing him with therapy to keep his muscles from deteriorating. Since he had no control of his arms or legs, he needed to be
repositioned frequently for his comfort and to maintain good circulation.

Phillip's teacher realized that Phillip was critically ill and expected him to die at any time. He was surprised Phillip lived as long as he did.

Phillip's teacher stated that in spite of his poor health, Phillip enjoyed coming to school and being with the other students. He remembered that Phillip would smile and relax slightly when he was being taken from the bus in the morning (See Appendix J).

The Case of James.

James was born 7/26/69, and died 2/16/89. James was born with cerebral palsy, which affected his fine and gross motor skills but which was not so severe as to require that he use a wheelchair. In addition to the cerebral palsy, James was also hearing impaired, hyperactive, and speech impaired. He suffered from convulsions, which were controlled through medication. In 1975, when James was six years old, he was described as aggressive. As measured by the Peabody Picture Vocabulary test at age six, James's IQ was eighty-five. This low average score is consistent with the assessment of his teacher at the time of his death. She related that he functioned higher than the other students in her class. She also described him as friendly and as having a highly developed sense of humor and concern for her and
the other students. James's teacher had every reason to believe that he would eventually graduate and find employment in the community.

For reasons that are unknown, James became trapped under the cover of the swimming pool at his home and drowned. His teacher thinks that he may have thought that he could walk on the thin sheet of ice that had formed on the pool (see Appendix K).

The Case of George.

George was born 4/16/75, and died 2/21/89. George was born with cerebral palsy, which caused him to be paralyzed from the waist down. The cerebral palsy did not affect George's intelligence to a large degree. He scored in the low average range.

George came to Rock Creek from a regular school where he had not been successful, according to the school social worker. George had been teased by the other students because of his disability which caused him not to be able to control his bowels and bladder consistently. Before attending Rock Creek, George had been labeled as an unhappy student who had not learned to accept his disability. The social worker was asked to work with George on learning to accept his disability and to help him learn to make friends.

At Rock Creek, George became very popular. His physical disability did not affect his speech, and he
enjoyed talking with the staff and the other students. George was active in sports and encouraged others to do their best. George's mother was also very active at the school. She helped organize activities for the students and volunteered her time to see that the activities were carried out. Following George's death, his mother has donated a trophy each year at the athletic banquet, to the student who is voted the most outstanding athlete (See Appendix I).

The case of Kurt is pivotal to this study. This chapter focused on Kurt, his death, and the reactions of others to his death. The four retrospective cases were examined to provide additional data concerning patterns of bereavement over time, which would have been impossible to identify had the death of Kurt been studied in isolation. In the following chapter this information is synthesized and used to draw conclusions and make recommendations for reducing the negative consequences of teacher grief.
Chapter VI

DATA ANALYSIS

The data in this chapter were obtained from personal interviews with teachers, parents, and administrators. Additional data were obtained through on-site observations, document review, and artifact collection.

The Method of Analysis

The principal means of data analysis was the constant comparative method recommended by Glaser and Strauss (1967). Individual units of information include interview notes, observation notes, and documents that were coded at each step of the data gathering process. These information units were examined to discern their theoretical properties. They were then compared to each other in order to identify additional patterns from which inferences could be drawn across groups. In addition to noting consistent patterns, inconsistencies in the data were also noted and became part of the overall analysis. Final analysis was presented in the form of conclusions and theories.

The Units of Analysis

The principal units of analysis were the primary teachers of the deceased children, that is, the teachers who were primarily responsible for the child's educational, pre-vocational, and self-help skills program. These teachers normally served as the point of contact between the parents
and the school. For the larger case study portion of this research, Kurt Shawler's teacher at the time of his death and the teacher who had taught him for the past four years were included as units of analysis. Additional persons, including Kurt's parents, were interviewed in order to obtain a clearer understanding of the circumstances surrounding his death. The research setting and the written documents completed the units of analysis for the case of Kurt.

In addition, four teachers of children who died between 1985 and 1989 while enrolled at the research site were interviewed in order to gain better insight into the long-term effects of student death. These five teachers completed the analytic group.

Conclusions in Terms of Research Questions

The research questions for this study were developed in order to gather data in four areas of inquiry: (a) the pattern of behavior exhibited by teachers of the severely disabled following the death of a student, (b) the need for training for teachers in subjects related to death and dying, (c) identification of beneficial support services for teachers, and (d) the impact of grief as a job related stress factor.
Question One: Do teachers of the severely disabled exhibit a predictable pattern of grief following the death of a student?

Parkes (1972) observed the stages of bereavement in persons who had experienced the death of a family member or a close friend. The stages found by Parkes were similar to those reported by Kubler-Ross in chapter two. Parkes described an initial period of surprise or shock at the news of the death. He found that this reaction is closely followed by a period of denial during which the bereaved person finds it difficult to believe that such a terrible thing could have happened. Parkes also described feelings of anger directed either at the deceased person or at others involved with the circumstances of the death. Finally, Parkes described feelings of guilt which the survivor may experience if they believe that they had not done enough for the deceased person prior to the death or for not having been able to prevent the death in some way.

The emotional reactions of teachers participating in this study are described below using Parkes's terminology because it accurately reflects the descriptions supplied by the teachers during the interviews. At least one example of each is taken from the case study of Kurt Shawler's death, and additional examples from other cases are given.
**Surprise/Shock.** The teachers who worked with Kurt did not expect him to die when he was taken from school in the ambulance. Their belief that Kurt was healthy was at odds with the medical information in his school records, which documented numerous physical problems that placed him at a high risk for an early death. These problems included seizures and gastro-intestinal disorders. However, compared to the other students in the class for the profoundly disabled, Kurt was considered a relatively healthy and responsive youngster. This expectation of a normal life span, based on the outward appearance of health, may have caused those who worked with Kurt to set unrealistic goals for his future. Therefore, in the context of Kurt's educational environment, his death surprised and shocked those who had developed high expectations for his survival.

Surprise was reported in all the cases of student death, although two of the students in this study were known to be terminally ill. For example, Theresa said that she was surprised when one of her students, Mary, a twenty-year-old profoundly retarded, deaf, blind, student died after months of not being able to eat anything except baby food. Theresa related that at the time of her death Mary weighed only thirty five pounds. Theresa stated: "I couldn't bring myself to believe that it would happen, even though intellectually, I knew she couldn't go on like that.
for very long." Joseph, Phillip's teacher, expected Phillip to die. He stated that he was surprised that Phillip lived as long as he did, and that another student in the class, who was more medically fragile, had not died sooner than Phillip.

The fact that most teachers set high expectations for their students and view themselves as problem solvers may make them more inclined to resist thinking about the child's death until it happens.

In addition to surprise, all of the teachers reported symptoms of physical and psychological shock. These symptoms included crying, irritability, distractibility, loneliness, despair, forgetfulness, sleep problems, and mood swings. When Mary died in the classroom in spite of Theresa's efforts to keep her alive until the emergency medical team arrived, Theresa became physically ill and ran out of the room as soon as she knew that Mary was receiving medical attention. She related: "I just completely lost it. I thought I was going to faint. The aide grabbed me in the hall to keep me from falling. She grabbed me so hard that it injured my ribs."

Denial. Analysis of the teachers' statements indicate that they did not deny the historical fact of their student's death, but rather, they denied the implications of the deaths. Ellen, Kurt's teacher, stated that she couldn't
believe he was dead because he had looked so healthy just a few days before. This statement can be interpreted to mean that Ellen was having difficulty coming to grips with the idea that, given the suddenness of Kurt's death, any of her students might die at any time. Anne, Kurt's former teacher, stated that she had a hard time believing that Kurt was dead because she had worked so hard to teach him the things he would need after he left the school. Again, the implication that her efforts were in vain, proved difficult for her to accept.

Another form of denial occurred in a case in which the death was expected because the child was in the final stages of a terminal illness. Even though the teacher, Joseph, knew Phillip was likely to die in the near future, he neglected to make plans for the death, or to prepare himself emotionally. Joseph met with Phillip's parents many times while Phillip was terminally ill. However, in the interview, Joseph mentioned that he regretted that he had never discussed how the parents would like the death explained to the other students or if they wished to have a memorial service held at the school. When the death occurred, Joseph did not appear to be any better prepared emotionally in terms of initial shock than if the death had been totally unexpected.
The fact that all five teachers expressed shock and/or surprise at the deaths of their students seems to indicate that teachers, as a professional group, tend to subconsciously deny the impending death of their students.

Anger. According to Rando, (1986), grief related anger is a natural consequence of being deprived of something valued and is often displaced onto other people, sometimes without the griever's conscious knowledge. Ellen's anger at the doctors for not listening to her at the hospital and the anger she and other teachers felt toward the administration for not asking that counselors visit the school after Kurt's death appear to contain elements of both displaced and direct anger. This displaced anger may be caused by the knowledge that someone they loved would never be returning to school, and the direct anger may be related to perceived administrative oversight. Regardless of the cause, the anger was very strong and was expressed in words, body language, and tone of voice during the interviews.

One teacher expressed anger toward some parents for continuing to send the children to school when they were critically ill. This teacher expressed the belief that parents sometimes take advantage of the teacher's responsibility to care for the child once the child arrives at school. "They send them to us to die," she said. Another teacher expressed anger at the school administration
for not doing more to encourage parents to keep their ill children at home. Other explanations for why the parents send their very ill children to school might be that parents are not trained to accurately assess their children's health needs or that a certain percentage of medically fragile students will die unexpectedly, regardless of what reasonable precautions are taken.

Guilt. Teachers of the severely disabled provide a combination of instruction and care that is very similar to that of a parent. The teachers sometimes speak of themselves as "second moms," and report that parents have referred to them as such. Like the parents they replace during the day, teachers who have experienced the death of a student are at a high risk of experiencing guilt because they believe that they have failed to completely fulfill their responsibilities as a caregiver and protector.

The tendency to feel personal guilt for a child's death in spite of evidence to the contrary is well documented in the literature dealing with parental grief. The guilt feelings are related to the bereaved parent's sense of responsibility for the well-being of the deceased person, the degree to which the parent felt helpless to prevent the death, and other individual circumstances such as whether or not the death was expected (Miles, 1979, 1980. 1983; Rando 1986).
Although Ellen and Anne's feelings of guilt for not having done more to teach Kurt to communicate his pain seem unfounded, they were the source of much grief. These feelings may have stemmed from the teachers' belief that they failed in their responsibility to protect Kurt from harm.

In another case of what appears to be unfounded guilt, Sarah, who taught James, the student who drowned when he crawled under the swimming pool cover at his home, felt guilty because she had not taught her students anything about the hazards of playing around the pool. Sarah also felt guilt because, on the last day she had seen James, she had become angry with him and had reprimanded him. After his death, she kept thinking that his last memory of her had not been a pleasant one, and she wished she had a chance to explain to him that he was not bad.

Theresa reported that just before Mary died, she heard her choke. Theresa believed that something she had fed Mary may have caused the choking, even though Mary had eaten only food which had been prepared in the blender. At the hospital Theresa was questioned by doctors and the police. "I was very nervous and upset," she said, "I felt really guilty because I thought that she had choked on something I fed her." Later she learned from the school nurse that the
hospital had found no solid food in Mary's stomach or throat, and that what she had heard was the "death rattle."

Stephanie reported that she thought about the events surrounding the death of her student, George, even though there was no question about why he died. She worried that there was something she had neglected to do that might have prevented his death. This self-examination continued for at least six months. "You always wonder if you did everything you should have done to help them," she said.

Joseph did not report any feelings of guilt or anger in reference to the death of Phillip, who died following a long illness. Although he recalled feelings of shock and sorrow, he spoke in positive terms about Phillip's death. Joseph stated that he and others at the school had done everything possible to make Phillip's life enjoyable, and that the parents had been very grateful to the staff at the school for the care their child received. The anticipation of Phillip's death allowed Joseph time to prepare emotionally so that guilt and anger were reduced. It did not, however, completely eliminate the denial and shock Joseph experienced.

**Loss.** In addition to the psychological reactions listed by Parkes, student death causes the teachers to feel a sense of loss. According to Rambo (1984), loss occurs when a person is deprived of a loved one or a valuable
object. The case of Kurt offers a good illustration of how the sense of loss can affect a number of people within the school. All of his teachers experienced the loss of an enjoyable and mutually reinforcing relationship. Kurt's death also meant the loss of the hopes and dreams the teachers had for him. Anne, Kurt's former teacher, had invested four years in pursuing her hope that Kurt would become a self-sufficient adult. Karen, Kurt's speech therapist, was just beginning to realize her dream that Kurt would learn to communicate his wants and needs to those around him. Those who worked in the classroom with Kurt lost part of something even less intangible: the "class" itself, that delicate balance of personalities, relationships, and activities that defines a group of students and teachers as a functioning unit. When Ellen, Kurt's teacher, described how much Kurt loved music and how sad it made her to realize that he would no longer be there to hear it, she seemed to be implying that the class would never be the same again without him.

**Question Two:** Do teachers perceive a need for pre-service and/or in-service training on issues of death and dying?

All of the teachers stated that they believed that some form of training is necessary to help teachers of medically fragile students. They agreed that teaching severely disabled students involves a unique set of activities that
makes training in bereavement issues more necessary than it would be for regular classroom teachers.

Only one teacher who took part in this study had received any training in death and dying. Theresa had taken a three-credit course on death in college. She reported that the course did not lessen the severity of her initial grief. However, she stated that the course helped her to realize that she was not recovering from her grief as quickly as she should have. She then sought counseling through the Hospice Association. Only after her therapy group reassured her that she had done everything that could reasonably be expected of a teacher to prevent the death was Theresa able to recover from the depression she was experiencing.

Topics for training which were suggested include: helping teachers understand their personal attitudes toward death, counseling terminally ill students and their parents, supporting colleagues and parents who are grieving, and developing a school-based grief counseling team.

Question Three: What types of support services best meet the psychological needs of teachers following the death of a student?

All teachers interviewed said they felt that the most helpful service provided by the school system was the provision of substitute instructors to allow them to attend
the child's funeral. Two teachers said that a teacher should be given the option of either returning to school or going home after the funeral. As Ellen stated: "You get the day off if your aunt dies. Why don't you get some time to recover from the death of a student who may mean more to you than some of your relatives?" Other teachers said that it is more beneficial to return to school immediately after the funeral and to begin working with the other students and receiving support from the staff.

Another service that some of the teachers identified as beneficial is counseling at the school for teachers who are grieving. Comments on this issue were mixed. One teacher felt strongly that the administrator should be very selective about who is sent to the school to act as a counselor. This teacher felt that someone who is not familiar with the type of students at the school and the type of program provided could do more harm than good. The teacher related that two counselors came to her room following the death of a student and that none of the deceased student's classmates had any idea of how to act or what to say. Another teacher, who was upset that the central office was not asked to send counselors to the school following Kurt's death, also stated that only someone who is very familiar with the school can understand how the teachers feel when a child dies.
There was general agreement that the informal support that comes from colleagues at the school is an important factor in grief management, but that this support is inconsistent and sometimes almost non-existent. Informal support groups are usually made up of the other teachers who were directly involved with educating the student who died and/or former teachers of the deceased student. In every case but one, teachers reported that they received at least some help from the other staff members. In the case which is the exception, an administrator had asked the other staff members not to mention the death to the teacher because it would upset her. The teacher could not understand why the other teachers seemed to be avoiding talking to her about the death. She finally learned the reason from some of her friends. That teacher said that she feels that the lack of peer support was a major reason she took two years to complete the grieving process.

Ellen, Kurt's classroom teacher, reported that she could not recall anyone, except the other personnel who worked in the classroom, expressing words of sympathy. She felt that the fact that Kurt had died over the weekend and that there had been no announcement of his death to the staff, discouraged other teachers from approaching her. Kurt's former teacher, Anne, also said that fellow staff members, in general, were not very supportive. She felt
that the other teachers did not realize that, as a former teacher, she was also going through bereavement and needed support. She complained that Kurt's death did not seem to matter to anyone except those who worked directly with him. She was worried that, because so little discussion of Kurt's death had occurred, the higher-functioning students would be confused or frightened when they heard about his death, or when they realized that he had not returned to the school after being taken to the hospital.

**Question Four: Do teachers of children with severe disabilities believe that grief is a major source of stress in their professional and personal lives?**

All but one of the teachers who participated in the study rated grief as a moderate or major source of stress in their professional and personal lives. Ellen said that grief was only a minor cause of job-related stress when interviewed a week after Kurt's death. During a follow-up interview three weeks later, she stated that she felt she had underestimated the extent of the stress, and asked that her response be changed from mild to moderate. When asked what led her to change her mind, she responded that the full impact of Kurt's death had not affected her before the first interview. On the day of the follow-up interview she had just spoken to Kurt's mother, who had come to the school to donate his wheelchair and clothes.
Anne said that although grief was a moderate stress factor, it would never cause her to stop teaching severely disabled students. When asked why she stated her answer in these terms, she said that she believed that teaching medically fragile students is so stressful, whether or not a student dies, that if she were to leave the school to teach less disabled students, it would probably be for other reasons. "Watching students not die, who I thought were going to, was also a stressful thing." In the context of the interview, Anne may be implying that student death is just one of many stressors associated with teaching severely disabled students.

All four teachers involved in the retrospective cases have transferred from the special school. All four reported that student death was a moderate or major stress factor, but only two stated that it directly influenced their decision to change teaching positions.

The participants did not view stress related to student death as an isolated factor. When telling of their reaction to the death of a student, the teachers often related it to the death of another student or the death of someone in their family. Before George's death, Stephanie had just recovered from a miscarriage. Shortly after George's death, another former student died. Stephanie related that the combination of the three deaths resulted in cumulative
stress that threatened her physical health, and was instrumental in her decision to transfer to a teaching position with less disabled students.

Sarah, James's teacher, told of experiencing the deaths of three students in a fourteen-month period. Only one, James, was assigned to her at the time of his death. The others were former students who were assigned to another teacher at the school. Sarah, too, said that the stress of multiple student deaths was instrumental in her decision to seek a teaching position in a regular school.

Theresa reported that Mary's death had a major effect on her personal life. "After four years, I can still remember it perfectly. It changed my whole life," she said. She related that she was depressed for a long time after Mary's death. For the remainder of the school year she was not able to concentrate on her job. Her goal became simply getting through the year. She later requested a transfer to a regular school. She still occasionally dreams of Mary and another student who died while she worked at the school. In her dreams Mary talks to her, even though she could not speak while she was alive. In Theresa's dreams Mary not only speaks, but also seems to be very happy. Theresa stated that "seeing" Mary happy makes her feel better about the long illness Mary endured.

94
Two other teachers reported experiencing long-lasting effects of grief stress. They partially attribute their chronic grief to the fact that they received very little administrative or peer support, other than being excused from teaching to attend the funeral. Chronic grief is evidenced in the following ways for these teachers. They become sad on the anniversary of the child's death or about the same time of the year. Other deaths remind them of the death of their student. They find it difficult to discuss the former student without crying or becoming sad.

**Summary of Findings Related to Research Questions**

Teachers of the severely disabled, who participated in this study, follow similar patterns of grief after the death of a student. Their reactions included shock, denial, anger, guilt, and a sense of loss. These teachers experience these reactions to varying degrees and for varying lengths of time, depending on the circumstances of the death and the teacher's capacity for dealing with grief (see Appendix M).

Evidence from this research suggests that many teachers would benefit from training in a number of areas related to student death. These include assessing their own values and beliefs about death, the role of the teacher as a helping professional, understanding unfounded guilt feelings, and
being supportive to parents and other professionals who are grieving.

Teachers who experience the death of a student, need emotional support from other staff members and persons trained in bereavement counseling. Providing teachers with an opportunity to attend the funeral is a very important service that the school system can provide. Another function that the school system can provide is guidance for establishing grief support teams at the school level.

Stress associated with student death is a significant factor for teachers of the severely disabled. It can lead to job burn out, which sometimes results in the teacher's requesting a transfer to a position with less severely disabled students. Teacher bereavement can also have a negative affect on their personal lives, although this was not reported as being a major problem in most cases.

It is important that teachers be given an opportunity to attend the deceased child's funeral. The funeral confirms the loss and gives meaning to the teacher's grief experience. It also provides the teacher with a chance to formally say good-bye. Another important function of the funeral is that it gives the teacher an opportunity to provide support to the parents and to receive support in return.
Factors That Influence the Grief Process for Teachers

This study identified two primary factors that influenced how teachers reacted to student death and the amount of bereavement support they received from their colleagues. These factors are the social status of the student and the role which the child played in the classroom.

"When George died the whole school nearly shut down, but when Kurt died there wasn't even an announcement on the intercom. It was like he just disappeared." That is how one teacher contrasted the reaction of the school in two deaths.

The current data indicate that the extent of bereavement activities that the school engages in is related to the student's status within the school. This in turn affects the amount of peer support the teacher receives. These findings are similar to those of Glaser and Strauss, (1965) who proposed that the quality of care received by terminally ill patients in hospitals is affected by the patient's perceived social status and the degree to which the death is believed to be a loss to the community. The current study does not address care, but rather grief activities. Also, social status within the school is not the same as that referred to by Glaser and Strauss, in that it is unrelated to wealth or influence in the larger
community. As used here social status is a subjective assessment of the child by the school community. It includes the students' popularity with other students and staff, the students' achievements in such things as Special Olympics, school sports programs, and the length of time the student was enrolled in the school.

The child's parents are also a factor in determining the student's social status. If the child's parents are supportive of school programs and maintain a friendly relationship with the staff, the students' status is likely to be higher.

Another factor which the participants reported as helpful in raising the status of students was physical appearance. When expressing positive feelings about students who had died, teachers often spoke in terms of the child being cute, smiling frequently, and being alert.

Finally, verbal ability was also mentioned as a status factor. A number of participants remarked that students who exchange greetings or engage in friendly conversation are more likely to be popular and enjoy a high social status.

George is an example of a high-status student. He was physically disabled but he moved about the building using his canes or crutches. George functioned more highly than most of the other students academically and offered to help the other students who were less capable. George was well
liked by both the students and the staff. George's mother was very active in school functions and assisted with planning activities for the students.

When George died the whole school mourned. A special meeting was called to announce the death to the staff and a special collection was taken up to buy flowers for the parents, in addition to those flowers normally sent to bereaved parents. A team of psychologists was requested to go to the school to do grief counseling with students and staff members.

Almost the entire faculty, including the instructional aides, attended the funeral. George's high status and the degree to which the administration and faculty perceived his death as a loss to the school resulted in many bereavement activities taking place. These activities provided George's teachers with many opportunities to express their grief and to receive sympathy from their peers. They also set a standard in the minds of some teachers for what should occur when a student dies.

In contrast, Kurt was not nearly as well known among the students and staff. His parents were not active in school affairs, and his physical disabilities and low intellectual functioning precluded him from making many friends with the students or teachers, other than those in his classroom. The school was represented at the funeral,
but by fewer people than had been the case with George. A faculty meeting was not called to announce his death, and no counselors were asked to the school to provide grief counseling. Because of the lack of bereavement activities, Kurt's teachers received very little peer support and felt angry that they, and Kurt, had been treated unfairly.

The case of James illustrates how the child's role in the class influences teacher grief. James was a moderately retarded student with Down's Syndrome who was in good health. He was more capable than the other students and had a sense of humor that Sarah enjoyed. Sarah knew she could depend on him to take the lunch count to the office or deliver a message to another classroom. There were only three children assigned to the class and they were often absent due to illness. James was occasionally her only student. Sarah came to depend on him for companionship and had great hopes for his future. When James died, Sarah lost a star pupil and a close friend. During the interview, which took place five years after James's death, Sarah still could not tell her story without crying.

Activities That Are Helpful for Easing Grief

Teachers reported the following activities as helpful in dealing with grief:

1. Receiving hand written sympathy notes from fellow staff members
2. Seeing the child's school and teacher listed in the obituary
3. Receiving words of sympathy such as "I miss seeing James too. I know it must be hard for you."
4. Helping the deceased child's former classmates make something to give to the parents
5. Having a trained counselor to speak with, if needed

Parents reported the following activities as helpful in dealing with grief:

1. Having representatives from the school present at the funeral
2. Receiving gifts of food and offers of help from school personnel
3. Receiving a sympathy card from the Superintendent of Schools
4. Having someone at the school available to help with gathering up books and personal belongings of the deceased student
5. Hearing about how their child was as a student
6. Knowing that the school memorialized the child in some way, such as planting a tree, dedicating a yearbook, or putting the child's name on a memorial plaque
School administrators reported the following activities as helpful in dealing with grief:

1. Flying the school flag at half-mast
2. Honoring the student by planting a tree
3. Dedicating the yearbook or placing the deceased child's name on a memorial plaque
4. Asking the parents back to the school for various functions such as graduation, open house, and the sports banquet
5. Sending a sympathy card to the parents
6. Inviting the parents to return to the school to work as volunteers

Grief Reactions Reported by Teachers

The following are negative grief reactions reported by teachers:

1. Depression and loss of energy
2. A sense of failure
3. Anger
4. Guilt
5. Denial
6. Heightened concern for other children in class
7. Heightened concern for their own children
8. Irritability
9. Disorganization
10. Forgetfulness
11. Just wanting to get through the rest of the year
12. Inability to fall asleep
13. Nightmares
14. Feeling of powerlessness
15. Crying
16. Unplanned weight loss or gain

The following are positive grief reactions reported by teachers:

1. Satisfaction of having faced a crisis and come through it better prepared for the future
2. Satisfaction for having helped the parents during a time of need
3. Relief that a child, who has been in pain, is no longer suffering
4. A greater appreciation of life
5. Satisfaction for having helped make the child's life happy
6. A greater appreciation of the difficulties faced by parents of disabled children
7. Relief that the child's parents will no longer be burdened with a profoundly disabled child

Data Analysis in Terms of Grounded Theory

Teachers of the severely disabled display a pattern of bereavement often marked by denial, sadness, depression,
anger, guilt, and bitterness. It involves mourning the loss of the child and also the loss of the hopes, dreams, and future expectations the teacher had for that child. The character, intensity, and duration of teacher reactions leads this researcher to theorize that the grief experiences of teachers of severely disabled students are qualitatively and quantitatively similar to that of parents.

Teachers of the severely disabled are at a high risk for suffering intense grief. It is important that there is consistency at the school level in how the deaths of students are handled administratively. Data from the current research leads this writer to theorize that uneven grief responses based on the social status of the student, may deny the teachers of low-status students the support they need to recover from their grief in a timely manner.

There is a factor of social distance, which helps determine the extent of the grief reaction school personnel will experience when a child dies. That is, those who had worked most closely with the deceased child and the family are likely to suffer the greatest grief. The classroom teachers in this study very clearly disclosed the emotions of shock, anger, denial, and guilt following the death of Kurt. Kurt's speech therapist, who worked with him twice a week, related feelings of shock and guilt, but did not experience anger and denial. Kurt's music teacher, who met
with Kurt weekly, expressed sadness at Kurt's death but did not relate having experienced any of the other emotions. He began the interview by stating that there really wasn't much he could say about Kurt, except that Kurt liked music, and that he admired Kurt for trying so hard in spite of his disabilities. The principal spoke of Kurt's death in terms of her desire to help the teachers and Kurt's parents. She did not mention any of the emotional responses that the teachers expressed so emphatically.

There are, of course, other explanations for why staff members experience grief differently. Experience with death in the past could be a factor. The principal, for example, has worked with disabled students for thirty-six years. She has seen many students die. In order to be able to function effectively in an administrative capacity she may have developed some defense mechanisms that allow her to experience repeated deaths without being overcome by the cumulative effects of grief. Another factor that could explain the variation in grief reactions is that individuals differ in their response to death.

Despite these alternative explanations, social distance seems to be the most important factor in this study. This assessment is based not only on what was said in the interviews but also on observations of the respondent's behavior. Crying, sadness of expression, and a sense of
loss pervaded the interviews with the teachers and became less evident as the social distance from the child and family increased. Although more research is needed in this area, social distance was found to be a key determinant of the extent of the grief reaction among school personnel.

**Recommendations for School Administrators**

Based on the data from this research it is recommended that administrators at the central office and at schools for the severely disabled do the following:

1. Develop system-wide guidelines regarding death and bereavement. This policy should outline the actions to be taken in the event of the death of a student or staff member and assign responsibility for the completion of those actions. This plan could be part of comprehensive system-wide procedures to be followed in all types of emergencies.

2. Provide guidance and funding to individual schools that wish to establish school-based bereavement committees.

3. Provide funding so that substitutes can be hired to replace teachers who wish to attend the funeral of a deceased student.
4. Provide counseling for teachers who have a terminally ill student assigned to their class, or who have recently had a student die.

5. Work with teachers to organize a school-based bereavement committee made up of persons who are interested in helping with grief related issues.

6. Establish a school-level plan of action to be followed when a student or staff member dies. This plan should include information such as the manner in which the staff will be informed of the student's death, the circumstances under which counselors will be called to the school, and the process by which flowers and sympathy cards sent in the school's name will be handled.

7. Provide for the in-service training of all teachers in issues related to death and dying.

8. Provide training for teachers on how to work with terminally ill students.

9. Provide a forum for teachers to discuss student death.

10. Refer teachers who seem to have a difficult time adjusting to the student's death to a professional counselor.

**Recommendations for Teacher Training Institutions**

Evidence from this research indicates that many
teachers are not adequately prepared for the emotional trauma associated with student death. Therefore it is recommended that teacher training institutions offer one or more courses on issues of death and dying. The topics listed below grew out of the comments of teachers who participated in this research and could be included as part of a larger course for special education teachers or as separate in-service or pre-service training modules:

1. Death issues of teachers who work with terminally ill students
2. How to organize a grief management team within a school
3. Explaining death to disabled students
4. The role of the social status of the deceased as a factor in bereavement
5. The effects of bonding on grief
6. How to express sympathy to others who are grieving
7. Ways to assess one's feelings and beliefs about death and dying
8. The role of the teacher as a helping professional following a student's death
9. The effects of student social status on bereavement issues
10. How the factor of social distance is likely to affect the level of grief among school personnel
11. Understanding one's own feelings about death and dying

Recommendations for Future Research

The results of this study suggest that further research is needed. Specific recommendations for future inquiry are:

1. Conduct a longitudinal study of the adjustment process of teachers to the death of a student.

2. Conduct a study of the relationships among time spent with the child, type of program provided, and the intensity of the teacher's grief when the student dies.

3. Conduct a study of the effects of the death of severely disabled students on their teachers in mainstream classes.

4. Conduct a study on the effect that knowing a student is going to die of a terminal illness has on the grief process.
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APPENDICES

Note: Appendices C through L present the context of
STATEMENTS made by parents and staff members in reference to
the death of students. Complete field notes, copies of
archival data, artifact data, and personal documents have
been bound separately and are available from the author upon
request.
APPENDIX A

STATEMENTS OF INFORMED CONSENT
STATEMENT OF INFORMED CONSENT

As a participant in the study entitled "The Impact of Student Death on Teachers of the Severely Handicapped," I understand that my participation is voluntary. I further understand that the information I give will be handled confidentially and will not be discussed with anyone other than is absolutely necessary for the research to be carried forward. I understand that any information I give will be removed from the study at my request. Finally, I agree that the purpose of the research and research methods have been fully explained to me, including the fact that my name and the names of any students I discuss will be changed in the final document to further insure confidentiality.

Signature
STATEMENT OF PARENTAL INFORMED CONSENT

I understand that the circumstances of my child's death will be part of the information used in the study entitled, "The Impact of Student Death on Teachers of the Severely Handicapped." I have been made aware of the purpose of this research and the methods to be used. I understand that all information will be handled in a confidential manner and will not be disclosed to anyone except as necessary for the research to be conducted. Finally, I am aware that my child's name will not be used in the final research report. My signature indicates agreement that my child's case may be used in this study.

Signature
APPENDIX B

SAMPLE OF SUPERINTENDENT'S SYMPATHY CARD
My sympathy is extended to you and your family at this
time of bereavement.
APPENDIX C

CONTEXT OF ELLEN'S STATEMENTS ABOUT KURT
Interview with Ellen

Interviewer: Is this the first student who has died while in your class?

Ellen: I have never had a child die during the year I was working with him. This is my first. I have worked with other students and they died the following year, or right after they left my class, two or three all together. I was still very close to them.

Interviewer: Tell me about the circumstances of Kurt's death.

Ellen: Kurt was gagging and choking on Wednesday morning. I called the nurse and she contacted the mother and suggested that Kurt go to the hospital. I told the doctor and the nurses at the hospital that he was having problems breathing and that he was choking, but they didn't seem too concerned. They just wanted to take X-rays because of the choking. Their attitude seemed to be that if he is coughing you do a chest X-ray, nothing else. They didn't pay any attention to me. It was like I wasn't even there. On Thursday afternoon he had cardiac and respiratory arrest. His mother took him to Children's Hospital. On Friday morning I called his mother and learned that his intestines had ruptured. All day Friday he was critical. They attempted to do some emergency surgery...
on Saturday but there was so much poison in his system that he died at the hospital. I called his mother again on Saturday and learned that he had died... (Discussion of various phone calls).
I was surprised and saddened because it was so quick. On Tuesday he was O.K. Kids get sick but you expect them to come back. He didn't come back though. I went to the hospital with Kurt and his mother on Thursday, and a substitute came into the class. We did have Friday to prepare though. With these kids things can get very severe very fast and you just have to learn and be prepared for it in the future. Especially when the kids are nonverbal. He couldn't say anything to us. Couldn't tell anyone if he was in pain. It makes you wonder if you did the right things. We had trouble feeding him sitting up and he kept going for these tests. It was a test a month. Maybe if we would have pushed more instead of just feeding him lying down, or taught him to show pain... (Discussion of feeling powerless at the hospital). Kurt had shunts, a cleft palate, spina bifida, club feet, and many other problems besides being nonverbal. But he looked healthy. I didn't expect him to die. He was supposed to get his measles shot and I wanted to watch because I wanted to see if he reacted to the pain. Did he always
live with a low grade pain and didn't know the
difference? But when his intestines were so fouled he
had to be in pain.

**Interviewer:** Have you had any training in death and dying?

**Ellen:** No, but I think we should get some kind of training
here at this school.

**Interviewer:** What type of training would be helpful?

**Ellen:** Well, like I said there really isn't too much anyone
else can do for you. It would be good if we had some
training in helping each other, supporting one another.
It is harder with these kids. I am not sure they
understand what happened. We could share ideas on how
to explain to the kids that someone has died. I am not
sure that is possible in this class... (Discussion of
things which can be done with disabled students when a
classmate dies).

**Interviewer:** Are there any positive outcomes you can
think of, related to student death?

**Ellen:** It gives you a greater appreciation for life.
I have thought about that when other students have
died. If they are suffering it can be a relief. I
mean when you think about what these kids have to live
for. They will always be like that, very dependent.
We don't know how much Kurt suffered. You just don't
know.

129
Interviewer: Is there anything that the Board of Education could do to make the bereavement easier?

Ellen: Except for sending in substitutes so teachers can go to the funeral, there is nothing else much that they can do. We need more consistency. Other times the crisis team came. It would be helpful if the psychologist would call the teacher and ask if they wanted to talk with them. It would keep you from feeling so alone, so isolated. What is done depends on the kids.

Interviewer: Do you mean that if the child is more popular it effects how much support the bereaved teacher receives from the staff?

Ellen: Yes, when a popular student dies you get more support. Also the involvement of the family has to do with the degree of support. It would help if we had a little time off after the funeral. In some cases a whole day of bereavement leave. After all, you get the day off if your aunt dies. Why don't you get some time to recover from the death of a student who may mean more to you than some of your relatives? If your aunt dies you get leave. Why not for one of your students? It helps if someone just checks in and says "How are you doing?" I did not see anyone. It should be equal. All kids should be treated equally. But it's
different. Sometimes it is announced on the
loudspeaker, sometimes in the attendance bulletin, and
sometimes like this, you have to read it in the
newspaper.

Interviewer: How would you rate student death as a stress
factor?

Ellen: One stress factor of working with these children is
the number of medical decisions you are faced with.
What if I wouldn't have called the nurse? And you have
so many situations like that. How do you always know
you are making the right decision and sometimes when
you do offer advice it is ignored, like we don't count
because we are only teachers. Can you give me an
example of what you mean by stress factors.

Interviewer: For example, we say that this is a high
stress job. To the extent that that is true, how would
you rate student death as a cause of burnout?

Ellen: Mild to moderate. What are you calling other stress
factors?

Interviewer: For example, mainstreaming is a stress factor
for some people.

Ellen: Mainstreaming is a stress factor. It depends on the
type of student and type of program they are going to.
If it is as good or better than what we provided it
wouldn't be comparable to death. But when the other is

131
true then mainstreaming is like death. It is also like
death when they are very sick. Mainstreaming is like
death when there are bad feelings. When there are good
feelings, well then life goes on, and children
progress.

Interviewer: Is there anything else you would like to
add?

Ellen: I think that about covers it.
APPENDIX D

CONTEXT OF ANNE'S STATEMENTS ABOUT KURT
Interview with Anne

Interviewer: Have you ever experienced the death of a student, prior to Kurt?

Anne: Yes, Kurt is the third, if you count the students I have worked with and who died later. None of them were in my class at the time they died. Kurt is the closest. I had him last year and I have kept in contact with his mother.

Interviewer: Would you just review the events of Kurt's death as you remember them?

Anne: Kurt's mother called on Saturday evening, very soon after it happened. I had taught Kurt for four years prior to his joining Ellen's class this year. Ellen had told me Kurt was sick so that it was not a surprise. I mean it was not a surprise after I learned that he was in intensive care. I was surprised when I heard that it was as serious as it was. I kept in close contact with Kurt's Mother all year so I knew what was going on health-wise. My feelings when I heard were shock and sadness. His mother seemed confused when she called and didn't give a lot of details. She kept saying that it was his time to die. I didn't agree but I didn't say anything. I didn't feel it was his time. His mother did not give
a lot of details. I could tell she was taking it real hard.

**Interviewer:** Have you ever had any training in death and dying?

**Anne:** No, I haven't had any training. I suppose it would be good because it would have helped me talk to his mother. I did not know what to say, I had to keep my mouth shut. She just kept saying that this is what God wanted. If I had training I would know what to say, right?

**Interviewer:** Tell me about the support you received here at school after Kurt died.

**Anne:** One person came by and said she was sorry to hear about Kurt. I don't remember who it was now. I think that was thoughtful. Some of the teachers from here went to the viewing and funeral. I didn't go to the viewing because I didn't want to see him like that. I am not good in that situation. I went to his home and took some food. I wanted to do something. I am glad I did because I got to see his dad. I had never seen his father. The mother and I talked all the time. We were very close. She kept good contact with the school, but I had never met the father. He seemed quiet. Kurt's mother was glad to see me... (Discussion of relationship with family). I didn't expect him to die.

135
I really didn't. I thought he would live a normal life span, become an adult. I worked toward that time. The things we did in class were to prepare him to be an adult. One thing I didn't think about when I had him was that he must have been in a lot of pain. But he couldn't express it. Maybe he was in pain all his life and just didn't know any difference. Maybe I could have taught him to express pain better - how to communicate when he was in pain. Then I thought about it some more and remembered that when he had pneumonia he let me know... (Discussion of Kurt's program in Anne's class)

... A lot of how you feel depends on the relationship you have had with the parents and how well they interacted with the teachers. Also how well the student was liked in the school: how many friends he had, if he was ambulatory and a lot of other things like that. I mean look at George. The school practically shut down when he died. The crisis team came in. The crisis team didn't come in for Kurt. I don't know why. I mean other times there was an announcement that the team is in the building. I didn't hear any announcement this time. Maybe someone was here but the other teachers didn't see them either. Why was that? It was nice that they got substitutes
but it should be the same no matter who dies. One kid is no more important than another. When George died the teachers got all kinds of support.

Interviewer: Are you saying that importance, or the believed importance of a student may have some effect on how the grief process works at the school?

Anne: Yes. When George died the whole school went to the funeral. This time the principal didn't even go. Al (the vice principal) and Ed (the social worker) went but it made me feel bad. I don't think it is fair. What they do for one student they should do for everyone. I didn't want counseling but others may have needed it, like the higher functioning kids who ride the bus with Kurt. It shouldn't be just like he disappeared.

Interviewer: Are there any others who might need support or time off?

Anne: Yes, the school bus driver. They should let the bus drivers off. They have known these kids for years.

Interviewer: Are there other things you feel the school system should do to help teachers?

Anne: Covering classes is good. And the other times there was a faculty meeting to tell all the faculty at once so that the people who worked directly with the child were told privately by the Principal. Telling them
separately is good. But this time there was no meeting. It was just on the bulletin. Maybe that was because it happened over the weekend and people could read it in the paper. The best thing is just for people to say something like "I am sorry." Don't just act like nothing happened. (Discussion of positive consequences of student death for teachers)

**Interviewer:** Has the death of Kurt caused any stress on your personal or professional life?

**Anne:** I would say it has caused mild to moderate stress. It would not be the reason I quit. I actually have more stress about it at home thinking about my own son. Watching students not die, who I thought were going to, was also a stressful thing.

**Interviewer:** I don't understand what you mean.

**Anne:** I mean there are a lot of stresses working in a job like this. If I ever leave, it won't be just because someone died.
APPENDIX E

CONTEXT OF QUOTE BY INSTRUCTIONAL AIDE
Interview with Lori

Interviewer: How many students have died while you were an aide in the class?

Lori: Kurt was the first student I have ever had who died. I have always been afraid it would happen. I always said that I never wanted to be in a class where this happened. I guess I have just been lucky. We talk about it all the time. Every year someone dies. Sometimes more than one. I never wanted to be working in a classroom where that happened. Oh man!

Interviewer: Tell me about Kurt's death from your point of view.

Lori: Do you mean my emotions and all? Yes, in a way I was surprised. I didn't think it was going to happen. I cried and cried. I just kept thinking of him. Like when we played music just today. Kurt liked music and we said "Kurt would have enjoyed that." I just broke down and cried again.

Interviewer: You said you broke down. What did you mean? Only that you cried? Did it affect your work?

Lori: No, I just meant I felt sorry.... I went to the viewing but I didn't go to the funeral. My leg was hurt and I couldn't make it. When I went to the viewing his mother rushed up and hugged me. I got to talk with her about the things that were in the casket
and all. I also talked with the father. He didn't say much though, kind of quiet. Today we all talked about him and I felt sad again. I tried to talk about it with my family but they get mad. I also had a hard time getting to sleep at night from thinking about him. (Discussion of Kurt, his likes and dislikes, and his program at the school)
APPENDIX F

CONTEXT OF QUOTE BY SIGN LANGUAGE INTERPRETER
Interview with Nancy

Interviewer: Tell me a little about your role in this classroom. What does an interpreter do with students who don't have any language skills?

Nancy: Most of what I do is with Clara. She has severe cerebral palsy and we don't really know how much she knows or understands. She is a very smart girl, but I help with all the children.

Interviewer: Tell me about Kurt's death and its effects on you.

Nancy: This is the first child's death in school I have experienced. Kurt was removed from class on Wednesday. Ellen got the nurse and they took him out. I thought he would be back. On Friday we learned that it was critical ... (Discussion of events which were described by others).

Interviewer: Can you think of any positive consequences of student death?

Nancy: It is my Christian belief that he is in heaven. That helps.... A positive thing I see from this is that it is a relief for Kurt. Kurt had given a lot of people pleasure and now he was beginning to feel real pain. Life was getting harder and harder. His feet were starting to become so turned in that he would soon lose some quality of life from not being able to walk,
along with the other problems he had and the pain he was in. It was also a relief for the family.... There was no counseling offered this time. With the high incidence of death at this school, you are constantly placed in a position of needing a counselor.... kids should not be left to think that a kid has disappeared. The families could tell us how they want it handled. I think there should be an area for the kids who have died. Then we could take the kids there and explain. A place here at school. It could also be for any kid who went away. We told Clara he went to heaven. Someone should have asked Clara's parents how they wanted it handled with her.
APPENDIX G

CONTEXT OF QUOTE BY SPEECH THERAPIST
Interview with Joyce

Interviewer: Can you go over the events of Kurt's death?
Joyce: I found out at school that he was critical and asked the classroom teacher to call me over the weekend to let me know how he was doing. He died on Saturday and I got the call on Sunday. Friday was a hard day, an emotional time. It always goes through our minds because someone dies every year. When he died, I had a lot of guilt because I kept asking myself if there was anything else I could have done to teach him how to show pain.... One of the things that makes it so hard for me was that the best day I ever had with him was the last day he was here. He showed me that he really could use the communication board. We were laughing together because he had done so well. Sunday was a bad night. I couldn't get to sleep and all that day I had been upset. My family didn't understand because they didn't know him. I felt like I couldn't just go and have a good cry because it's harder when you have other people around who don't understand. When you have kids at home it is harder to have emotion. (Discussion of her interactions with the family after Kurt's death, and the family's need to hear about Kurt as a student)
APPENDIX H

CONTEXT OF QUOTES BY KURT'S FAMILY
Interview with Kurt's Family

Interviewer: Would you tell me about the events surrounding Kurt's death.

Mother: I noticed that on Wednesday, the last day Kurt went to school that he was acting strange. He was coughing and was slumped over in his wheelchair. The bus driver said he was coughing all the way to school and that she told the teacher as soon as they arrived. Later they called me from the school and said that I had better come right away. The nurse had already called an ambulance so that when I arrived at school everything was ready for us to go to the hospital. I am not quite sure what they did for him at the Frederick Hospital and I decided to take him to Children's Hospital in Washington where there were doctors who knew him and that I know from visits before. I think they did some blood tests and X-rays at Frederick. Like I said, I am not too sure. I asked my daughter to go with us to Children's Hospital. She is a student at Frederick High School. At the hospital (Children's Hospital) the doctors thought that Kurt was badly constipated and instructed me to take him home and give him an enema.

Father: We trusted them. What else can you do. When a doctor tells you something, you believe it.
Mother: I trusted them. I had no reason not to. They were the medical people and Kurt has been constipated a lot. We are used to that. He got a lot of enemas.

Father: Yes, I hate to say it but we used to call them shit parties. I mean shit was everywhere. The place would smell. But that was Kurt. He couldn't help it and we didn't mind.

Mother: (She seemed embarrassed at what the father said but relaxed when we all laughed together). On Friday Kurt's father stayed home from work to take care of him.

Father: I knew something was wrong. He kept getting worse and the enemas didn't seem to be doing any good. He really looked bad. He was turning an odd color. I left the room for a minute and when I came back he wasn't breathing and his heart had stopped. I did C.P.R. and tried to call for help. Then I saw Alyssia (Kurt's sister) coming and I told her to stay with Kurt and I ran to use the phone but as luck would have it the phone was out of order, so I had to go to a neighbors home and call 911. We took him to Children's Hospital again and they tried to save him but he died on Saturday.

Mother: They couldn't save him because his intestines ruptured.
Father: The school was the whole link with the outside world. Most people don't want to deal with handicapped people. You can't blame them. They don't understand. We have had -- are still having problems with my family. They never accepted Kurt and we haven't been close ever since he was born. They came to the funeral because they thought they should. Otherwise they have ignored Kurt.

Mother: They felt guilty when they came to the funeral.

Father: I'll tell you some others. Take the vendors that sell you the equipment. They charge you $3,000 for something that shouldn't cost anything like that. A couple hundred maybe. If you say anything they say it is because it is a low production item. We got a bill for $34,000 for one day in intensive care. I can show it to you (showed this writer a bill from the hospital for $34,000 for services and medications in the intensive care unit).

Mother: What could they have done that would cost $34,000? (Here there was a discussion of doctor's fees and hospital costs which the parents felt were excessive).

Father: How is a middle class person supposed to pay something like this? (Discussion of how father intends to draw out the payments as much as possible.)
It affected Alyssia. How many friends did you have that would come to the house?

**Sister:** Just one. She liked Kurt. She would come and stay overnight. She would be nice to Kurt. We would do things with him.

**Father:** Of all the people at the viewing and funeral 90 percent were from the school. Maybe not 90 percent, 80 percent, 70 percent. I have been giving it some thought. I would like to do something for the school or for other families. (Father discusses how he could help other parents with young disabled children cope with their problems).

**Interviewer:** Is there anything you think the Board of Education can do to help parents or teachers of students who die?

**Father:** Well yes, you know, here we have a $3,000 wheelchair and you would think they would send someone to pick it up. I mean why do we have to pack it into the car and take it to school. I am also surprised that no one from the system called to say "How is your daughter doing? Again, it was like Kurt didn't count.

**Interviewer:** (To sister) Did anyone at your school say anything about Kurt's death?

**Sister:** No.
Mother: I went back to school the other day. I saw the school bus and I just wanted to say "hello." It was really nice. Mr. Adelsberger gave me a big hug. I have a lot more time to get out now.

Father: Yes, we went to bingo the other night and we went to Busch Gardens two weekends ago. We have a lot of time now.

Mother: Yes this is the first time. I could get a job now. There were so many years when we didn't go out.

Sister: Once a year we would take Kurt to Potomac Center for two weeks.

Mother: We didn't like to do that because the other people there were more handicapped.

Father: It is hard to have any friends when you have a handicapped child. I always thought that being a father meant playing baseball and doing other things together. I would hear the guys at work talk about the little league. I never said anything. They didn't even know I had a handicapped child. But I can honestly say that Kurt gave us more than we gave him. I mean in terms of laughter. I would come home from work and be upset and there he would be with a smile on his face. I mean he would laugh and that would make me feel better. He was a child who always gave more to the world than he got in return. The happiness he gave
us completely outweighed any problems.
Rock Creek and Potomac Center were all he ever knew.
Words can't express how good we feel about the school.

Mother: Will Kurt's name be used in your report?

Interviewer: I promised to change the names but I have been giving that some thought. Would you object to my using Kurt's name?

Mother: No. That would be fine.
APPENDIX I

CONTEXT OF THERESA'S STATEMENTS ABOUT MARY
Interview with Theresa

Interviewer: I know it has been a long time, but could you tell me about Mary's death and how it effected you.

Theresa: It has been a long time, let me see, I have been here two years. It was in 1986, and after four years I still remember it perfectly. It changed my life and I have thought about it quite a lot. Mary had an aging disease and she was deteriorating. She wasn't eating and she weighed 30 pounds. She was blind and deaf and just seemed very uncomfortable. She was always cold. She had given up trying to interact and just wanted to be held and comforted. That was about all I could do for her. She had to be fed pablum and she was losing so much weight that we thought that she was starving to death, so we would try to feed her. She was twenty years old and only weighed thirty pounds. If you got three teaspoons of food in her you were doing well. That caused a lot of guilt, I have got to tell you. When she died we thought that she had choked to death on something we fed her. That maybe we had given her too much or shouldn't have fed her then. But the nurse said that wasn't true. There was no food in her throat when they examined her. I know that guilt is very common when these children die. She started to cough and gag and I did what we always do, put her over my
knee and began to pound her. Her body was limp and
that was strange because she was usually very rigid. I
called the nurse who came flying and began to do mouth
to mouth then she started C.P.R. and said to call an
ambulance. (Discussion of the details of the medical
emergency team intervention)
At the hospital I had to answer a lot of questions and
I was nervous. I couldn't remember everything and I
had to talk to the police and that made me more
nervous. Doris gave me the rest of the day off but
that might not have been a good idea. I went home and
I was by myself. I didn't pick up my kids from the
sitter. I just sat at home alone. I really just
curled up in a ball and cried. When I got to school
the next day I found out that Doris had called a
faculty meeting and told everyone they weren't to make
a big thing out of it, not to pester me with questions
because she thought I just needed to forget it. That
was the worst thing. No one said anything to me. I
needed for people to come up and ask what had happened.
A couple people on the team talked about it. You need
to be bothered. That is why I didn't work through it
for three years and why it had such an effect on me.
APPENDIX J

CONTEXT OF JOSEPH'S STATEMENTS ABOUT PHILLIP
Interview with Joseph

Interviewer: Could you just review your reaction to Phillip's death?

Joseph: I was surprised when Phillip died because I thought that if anyone died it would be (name of another student). They both were in and out of school a lot for medical reasons. You can't predict it. You try to make their lives as meaningful as possible.

(Discussion of how death ends the relationship with the families of disabled students)

Interviewer: How would you rate the death of students as a stress factor.

Joseph: Teachers at Rock Creek are under a great deal of stress. One issue is total responsibility. At times you are the only person with a student who could die at any time. You are responsible but you might not be an expert in all areas. You are expected to deal with medical emergencies but you are not a doctor. You are expected to help with occupational and physical therapy but you are not a therapist. If one of your students dies or becomes very ill in your class, you constantly wonder if you did everything you should have. That was what caused most of the stress for me when I worked with S.P.H. (Severely and Profoundly Handicapped).

There is also an issue of empowerment. In some ways,
teachers need to be given more responsibility. There is not much freedom to plan your day or to have a hand in who should be in your class. I am not sure what you mean by rating the stress, it is part of the whole package.

**Interviewer:** But if you can separate that one factor out, if not that's fine. Some people thought in terms of a scale from one to ten. Others in terms of mild, moderate or severe.

**Joseph:** Moderate. For me it was a moderate stress factor. But my students were critical for a long time, so dying was just part of the stress.
APPENDIX K

CONTEXT OF SARAH'S REMARKS
Interview with Sarah

Interviewer: Tell me about the circumstances of James's death.

Sarah: We had experienced a severe snowstorm which virtually closed everything down, including the schools. Enjoying the snow day and the respite from it all, I had decided to take a walk. The snow had just tapered off in the early evening dusk. As I was walking into my house, the telephone began to ring. My principal was on the other end. She told me there had been an accident at James's home and she believed that James was involved somehow. She told me that she would get additional information not provided on the police monitor and told me to call her back. I think I stopped breathing for 30 seconds and told her that he couldn't be dead, that she was wrong, after all I had too much left to do with him. I had taught him to sign his name in cursive - a task that took forever to achieve and how we celebrated it. I must have babbled on and finally she said, Sarah, James is dead." I could not and would not believe her. I hung up the phone and waited for her to call me back. I tried for two hours before I finally reached her. She had gone to the hospital to confirm the information so she drove over almost impassable roads to the hospital to confirm
what she knew. James did indeed drown in his parent's backyard swimming pool. After I hung up with my principal, I sat there for several hours crying. I called my therapist, my friends, my family, indeed to talk to anyone who would listen to me.
APPENDIX L

CONTEXT OF STEPHANIE'S STATEMENTS ABOUT GEORGE
Interview with Stephanie

Interviewer: Tell me about George's death and how it affected you.

Stephanie: The thing that makes George's death so hard was it was so unexpected. He was perfectly O.K. when he left on Friday and something happened over the weekend. He became critically ill and we were told he might not survive. He was put on life support on Monday. The parents had to make some tough decisions. He lived until, I think, it was Wednesday. George was pretty self-sufficient. I mean it wasn't like I could have given him the wrong medication or something. I knew that his dying wasn't my fault but I kept thinking about it over and over, trying to think if there was anything I could have done differently, anything I should have noticed.

Interviewer: You had the chance to think about his death over the weekend and part of the next week. Do you think that made it any easier?

Stephanie: With me it was just the opposite. I grieved more for a longer period. Those three days were terrible. For one thing it made me think about my own death. You know I had serious medical problems and just kept thinking "If this can happen to a child who appears healthy, what about me?"
Interviewer: Tell me about the support you had and some of the effects of the death on you, personally.

Stephanie: When George died the whole school was in shock. A lot was done because he was so popular.

Interviewer: This has become a theme. It seems, from the other interviews that there is a lot more done in the way of help for the teachers, when some kids die and not as much for some others.

Stephanie: Yes, that's right. I know some people wonder about that. It is a form of favoritism. I don't mean that it is wrong. Some kids are just more popular. But if you are not careful, you can make too much of a death. You know what I mean?

Interviewer: If there is a lot done, do you think that it helps the teacher deal with his or her grief?

Stephanie: Yes, I think so. You get lots of support. But the thing that helped me was going right back to school and working with the other kids....
APPENDIX M

SUMMARY OF TEACHER RESPONSE TO RESEARCH QUESTIONS
<table>
<thead>
<tr>
<th>Teacher/Student</th>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patterns of Grief</td>
<td>Training</td>
<td>Support Needed</td>
<td>Stress Factors</td>
</tr>
<tr>
<td>Ellen/Kurt</td>
<td>Shock</td>
<td>Giving Peer Support</td>
<td>Attend funeral</td>
<td>Moderate affect on professional life</td>
</tr>
<tr>
<td></td>
<td>Denial</td>
<td>Explaining death to students</td>
<td>Support from peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Guilt</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Sense of Futility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anne/Kurt</td>
<td>Shock</td>
<td>What is normal grief?</td>
<td>Attend funeral</td>
<td>Major affect on professional and personal life</td>
</tr>
<tr>
<td></td>
<td>Denial</td>
<td>Supporting other teachers</td>
<td>Counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td></td>
<td>Support from peers</td>
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<tr>
<td></td>
<td>Guilt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theresa/Mary</td>
<td>Shock</td>
<td>All areas of death and dying</td>
<td>Attend funeral</td>
<td>Major affect on professional and personal life</td>
</tr>
<tr>
<td></td>
<td>Denial</td>
<td>Recognizing abnormal grief</td>
<td>Counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td></td>
<td>Support from administrators</td>
<td></td>
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<tr>
<td></td>
<td>Guilt</td>
<td></td>
<td>Support from peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarah/James</td>
<td>Shock</td>
<td>How to support teachers and parents</td>
<td>Attend funeral</td>
<td>Moderate affect on professional life</td>
</tr>
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<td></td>
<td>Denial</td>
<td>Learning just where teacher fits in as a professional</td>
<td>Counseling</td>
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<td></td>
<td>Anger</td>
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<td>Guilt</td>
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<td></td>
<td>Sense of loss</td>
<td></td>
<td></td>
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<tr>
<td>Joseph/Phillip</td>
<td>Surprise</td>
<td>How to communicate with parents of terminally ill students</td>
<td>Attend funeral</td>
<td>Moderate affect on professional life</td>
</tr>
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<td></td>
<td>Denial</td>
<td>Death and dying</td>
<td>Support from administrators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relief for child and parents</td>
<td>Starting a Grief</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Satisfaction of being able to help</td>
<td>Support Team</td>
<td></td>
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</tr>
<tr>
<td>Stephany/George</td>
<td>Shock</td>
<td>All areas of death and dying</td>
<td>Attend funeral</td>
<td>Moderate affect on professional life</td>
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<td>Counseling</td>
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<td></td>
<td>Guilt</td>
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<td></td>
<td>Relief that child was no longer in pain</td>
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VITA

Mr. Michael F. Small was born in Cumberland, Maryland, in March, 1939. He graduated from La Salle High School in 1958. Following graduation he enlisted in the United States Army and was stationed in Aschaffenburg, Germany, until his discharge in 1961. He graduated from Frostburg State University in 1968, receiving a Bachelor of Science degree in Secondary Education. In 1972, he was awarded a Master of Education degree in Special Education from Western Maryland College.

His professional career has included two years experience as an English teacher, two years experience as a special education teacher, twelve years experience as a supervisor of special education, four years experience as a school vice principal, and four years experience as a coordinator of special education.

He is a member of the Council for Exceptional Children and has served as a chapter president and a state representative to two national conventions. He has presented papers at two international conferences on the subject of medically fragile children and teacher bereavement. He has served on the board of directors of the Scott Key Center for the Profoundly Retarded for twelve years and has also served on the board of directors of the Multiple Sclerosis Society of Maryland.
He entered the doctoral program at Virginia Polytechnic Institute and State University in 1985.

Michael F. Small