

A COMPARISON OF WORKSHOP METHODS OF COUNSELLOR EDUCATION
ON THE TOPIC OF DEATH AND DYING

BY

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Abstract

Three workshop formats, namely, didactic, experiential, and a combined didactic and experiential, were compared with a control group to explore the possible differences in promoting effective counsellor responses to hypothetical death-related situations. Twenty-four participants responded in writing to twenty hypothetical death-related situations. Responses were rated using Atkinson's five-point scale. Results indicated a significant difference between treatment groups. The more effective workshops seem to be the didactic and the combined didactic and experiential workshop. As this was mainly an exploratory study, further research will be necessary to support the findings.

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CHAPTER 1

IntroductionThe Problem

At times, during the school year, counsellors are called upon to assist a student, parent, or colleague experiencing the loss of a significant other--a parent, sibling, relative, friend. Death is an event which touches all children as well as adults, in some way. Atkinson (1980) states that "mortality statistics indicate that by the age of 18, 1 child in 20 will have lost a parent by death, and in a school of 600 students 1 child can be expected to die every second or third years" (p. 150).

Rosenthal's (1978) statistics favoured one in five children losing a parent through death during the school years. Considering these statistics there appears to be little that has been done to educate counsellors or educators in the area of death education, according to the literature.

The grief reactions evidenced in clients need to be understood so that counsellors can facilitate and encourage the grieving process. Grief is an emotional process to which there is no set pattern. A counsellor cannot predetermine exactly how a client will react to the death of a significant other. What is known about grief are the varieties of emotions which can comprise the grieving process. Emotions which may be evidenced during the grieving process include shock, denial, numbness, relief, anger, disbelief, depression, guilt, emptiness, and hurt. There is no sequential order to be expected and any feeling is considered appropriate.

Grief reactions may include waves of grief, insomnia, tears, sighing, hallucinations, vivid dreams or memory flashes involving the deceased, apathy, disorganization, identification with the deceased, and a reassessment of one's goals (Gordon & Klass, 1979; Lindemann, 1944; Reeves & Knowles, 1979 & 1981; Sheskin & Wallace, 1976).

Children may react to grief in ways unrecognizable to adults as grief reactions. Some children's reactions may be misunderstood, as can be the case in reactions of indifference or nonchalance, for example. A clear understanding of "a child's needs, their developing concepts, possible grief reactions, and signs of interest or distress " (Atkinson, 1980, p. 152), need to be understood. Unless the child's reactions are understood, problems may arise which can substantially block a child's educational progress. Such problems may be manifested in the following ways: academic failure, delinquency, withdrawal, learning problems, depression, and others. School counsellors can be in a position to effectively intervene and prevent such symptoms if they are aware of what the child is attempting to communicate (Atkinson, 1980; Bebensee, 1981; Hawener, 1975).

To provide the support needed to a grieving client, counsellors need to be aware of how to recognize grief reactions and to be aware of what interventions are helpful.

One of the best interventions with a grieving client is listening to the client talk about how he or she is feeling and about how he or she feels about the deceased (Atkinson, 1980; Getson & Benshoff, 1977). The issues and emotions that such a

communication may elicit, however, can be difficult not only for the client to deal with, but also for the counsellor.

It is this difficulty that the counsellor may experience which can inhibit his or her ability to help the client. Most authors in the reviewed literature stressed the importance of counsellors examining their own fears, feelings, and attitudes towards death and dying before attempting to assist clients to deal with their grieving (Atkinson, 1980; Frears & Schneider, 1981; Headington, 1981; Reeves & Knowles, 1979 & 1981; Rosenthal, 1978). What these authors do not mention is any strong evidence to support the need for self-examination on the part of the counsellor. Without this evidence, the validity of experiential components being integral to a counsellor death education program is questionable.

Limitations and Assumptions

Certain limitations have been imposed on this study. First, the results are specific to graduate students in counselling psychology and practicing elementary and secondary school counsellors who participated in the study. The participants in the study were all asked to volunteer to take part in the activities involved in the study (i.e., filling out a questionnaire, writing responses, listening to a didactic workshop, participating in an experiential workshop, participating in a combined didactic and experiential workshop). It was anticipated that this could positively skew results as those who participate in the workshops may be actively trying to improve

their skills with the expectation of becoming more comfortable with the topic and thereby being able to help their clients more effectively.

Furthermore, certain assumptions have been made. In planning the study, it was assumed that there would be no difference between those who volunteered for the four groups: the control group; the didactic workshop; the experiential workshop; and the combined didactic and experiential workshop. That is to say, the results of the study would not be due to the sex of participants, or varying years of experience, or varying types of experience.

Importance of the Study

The topic of the present study was to investigate the effectiveness of counsellor education on death and dying. Existing research, as suggested earlier, supports the need for training counsellors in death education. This study explored the differences in participants' responses to hypothetical situations concerning death and dying issues between those who attended a workshop and those who did not. Further, this study investigated the type of workshop format which is more effective in training counsellors to respond more effectively to grieving clients--namely, didactic, experiential, or a combined didactic and experiential workshop. Research suggests the need for experiential experiences, yet there is a lack of empirical evidence to support this.

Durlak (1978-79), in his study dealing with a comparison of experiential and didactic methods of death education with a heterogeneous hospital staff, found:

That a death education program with experiential exercises to assist individuals in confronting and sharing their personal feelings about death and dying was significantly more effective in changing attitudes toward death than an educational workshop not containing such components. (Durlack, 1978-1979, p. 63)

Through the course of this study the following questions were addressed:

Do different types of workshops cause participants to respond at different levels of effectiveness to hypothetical situations when their responses are rated using the Atkinson scale?

Is one type of workshop better than another in preparing counsellors to be effective responders to grieving clients?

It should be noted that Atkinson felt that participants who responded at a high level on her scale were more effective in helping grieving clients (Atkinson, 1980, p. 162).

In an effort to explore the effectiveness of experiential components, an experiential workshop was compared with a didactic workshop, a combined didactic and experiential workshop, and with a control group. This study, therefore, focused on exploring different workshop methods in an effort to discover which method more effectively prepared counsellors to respond positively to grieving clients.

CHAPTER 2

Literature ReviewAvoidance of Death

The attitude of researchers writing on topics related to death and dying seems to be that death is still a taboo topic although society may hear of it and be exposed to it more frequently than in the past. The majority of researchers are more commonly involved with health professionals who are in daily contact with seriously ill, dying, or bereaved individuals. These professionals are in a somewhat different position from the school counsellor who may be confronted with a grieving client on an infrequent basis.

Some issues of importance to health professionals are also important to counsellors. In 1977, Feifel made reference to a number of societal factors which reinforce ambivalent reactions to death and dying. Those factors were the loss of religious and philosophic creeds which support an afterlife and immortality; the fragmentation of the family unit; the deritualization of grief; and the expulsion of death from everyday life to the confines of the institution.

Finally, death is difficult for us to look at steadily because we are lodged in a culture that comes close to worshipping youth, productivity, achievement. The prospect of no future at all and loss of identity, which death represents, becomes an abomination. Hence, dying and death solicit our hostility and repudiation. (Feifel, 1977, pp. 6-7)

Kastenbaum (1977) saw the proliferation of death education courses as a further avoidance of death's unique implications.

He did not dispute the positive strides which had been made by the death awareness movement. He did feel that "the early waves of describing and criticizing our society as 'death denying' were somewhat indiscriminant and overdone" (pp. 87-88). Feifel stated that it depended where and how one looked at society and what comparisons with other societies were made. If one wanted to see society as "death denying", evidence could be found. The opposite is true also.

The Rise of Death Education and Its Effectiveness

Death education courses have been a result of Kubler-Ross's research on how to help dying patients. Her research of the sixties led to a more humane and caring treatment of patients by health care professionals and a theory of the stages a dying person experiences. ~~To~~ Those stages were described as denial, anger, bargaining, depression, and acceptance. Out of this work grew a greater understanding of dying and a belief that those who are grieving the death of a significant other also need care and understanding.

Few courses in death education existed in 1970 at any level of the education system. By 1977 a conservative estimate of courses available in the United States was 1,100 courses existing above the high school level. The emphasis had been, prior to 1977, at the college level; however, at this time formal death education courses existed also at elementary, secondary, professional professional, and adult education levels (Leviton, 1977, p. 41).

Death education courses now appear to be gaining in popularity at all levels of instruction. The research suggests that most

courses can reduce a participant's fear of death and anxiety concerning death and dying and increase comfort with the topic (Bugen, 1980-81; Hardt, 1976; Leviton, 1977; Rosenthal, 1978; Tatum, 1978; Whelan & Warren, 1980). It should be noted that the majority of research on reduction of anxiety has been done at the college level or with health care professionals (Bugen, 1980-81; Leviton, 1977).

Courses have been initiated at the secondary school level under the assumption that the results will be similar to those for college students and professionals. The research is still contradictory in its results. Bailis and Kennedy (1977) found that death-related activities were not necessarily worthwhile endeavours for high school students as the anxieties and fears were not always reduced. In their study, fear of death and dying was shown to increase. Heron (1979), on the other hand, found that a course in death and dying offered to late adolescents (aged 16-18) could have a significant pastoral impact on the lives of those taking the course.

Authors writing on elementary and pre-school children seem to favour the informal approach to death education. Galen (1971) supports being honest with children and encouraging their gradual comprehension of the facts. Dealing with the topic as it presents itself seems to be the most common method of talking about death with children of this age (Atkinson, 1980; Berg, 1973; Clay, 1976; Galen, 1977; Hawener & Phillips, 1975). Events which may precipitate this type of discussion could be the death of a classroom pet, a television program, or a student's experience

with death, to name a few. Preventive counselling may be initiated from a discussion based on these types of events or a classroom teacher may choose a film or book which would stimulate discussion of death and dying, and would allow the children to explore their feelings and perceptions (Clay, 1976; Hawener & Phillips, 1975; Nelson, Peterson, & Sartore, 1975). The above-mentioned authors all seem to stress the fact that by ignoring a child's questions about death or by denying death's importance to a child, the child's sound mental health development can be affected. Hart (1976) believes that implementation of an effective mental health education program would include teaching acceptance of death as a part of life.

Death Education: Knowledge and/or Confrontation of Self

All death education courses reviewed in the literature contained some activities involving self-awareness of attitudes and feelings about death and dying (Bugen, 1980; Durlak, 1978-79; Gordon & Klass, 1979; Rosenthal, 1978; Whelan and Warren, 1980). Researchers specifically working with counsellors stress the importance of awareness of one's attitude toward death as this may affect a counsellor's ability to help (Bascue & Kreiger, 1974; Benoliel, 1981; Berg, 1973; Clay, 1976; Gordon & Klass, 1979; Hawener & Phillips, 1975; Nelson & Peterson, 1975; Rosenthal, 1978; Steele, 1977-78).

The primary difficulty in counseling when the central concern is death is your preparation for confronting death in your own life. You can improve your ability to confront death and thus become more ready to help others. (Getson & Benshoff, 1977, p. 311)

Getson and Benshoff (1977) describe a number of questions and activities that can help a counsellor's exploration of the issue of death. The purpose of these exercises is to facilitate the counsellor's ability to be comfortable with the topic. Jones (1977) reiterates the need for the counsellor to confront his or her feelings about death so that he or she is comfortable with the subject.

Feifel (1977) points out the importance of the health care professional looking at and trying to contend with his or her individual anxieties concerning death and dying.

Rosenthal's (1978) seminar for teachers and counsellors included both knowledge of pertinent information on the subject and confrontation of one's awareness of his or her own attitudes, beliefs, and feelings about death. A large majority of participants found the seminar useful professionally and personally.

Atkinson (1980), as mentioned in the previous chapter, advised knowledge of children's developmental concepts and a teacher's self-knowledge as necessary elements to enable a teacher to help a grieving student.

Durlak's (1978-79) results empirically supported an experiential (confrontation of self) workshop format as compared to a didactic (lecture) workshop with a heterogeneous hospital staff of a large southeastern medical center.

In summary, results indicated that the experiential workshop decreased participants' fears and concerns about death while only slightly heightening their anxieties about death. In contrast, the didactic workshop had negative effects since participants reported greater fears and anxieties about death at the end of the workshop than when they began it. Controls showed slight negative changes on these death concerns over time. (Durlak, 1978-79, pp. 62-63)

Durlak's study was the only one found which dealt specifically with the comparison of workshop formats. All other studies appeared to assume that workshops needed both knowledge of subject matter and self-knowledge.

Acceptance versus Avoidance

In Atkinson's study (1980), she found that "subjects with the most favorable attitudes towards death were more likely to recall incidents [of their students involved with death] than those with the least favorable attitudes" (p. 156). To rate the effectiveness of teacher interventions in the recalled incidents, Atkinson devised a five-category scale (see Appendix 1).

Atkinson (1980) seemed to find that "working through a difficult situation, rather than denying or avoiding it, is apt to affect one's view of another person as able to cope with the difficulty" (pp. 160-161). Avoidance of what a child is experiencing was seen as an ineffective way to respond to a child. Acceptance of the child and his or her feelings appeared to lead to the most effective response. To be effective, however, the teacher must have reached a point of accepting how he or she felt about death.

Headington (1981) viewed death as a "core experience" and as such saw coping successfully with death as a developmental task everyone faces. Acceptance of death and resolution of one's feelings about death are key tasks. As counsellors we cannot avoid the child's or adolescent's sense of loss. To do so ignores the developmental nature of the child's relationship

to loss (Headington, 1981, p. 339).

By deciding to accept or avoid one's feelings, beliefs, and attitudes toward death, the counsellor can also become aware of his or her inability to deal with clients who are attempting to deal with their death concerns. A number of authors considering this point of view suggest that a counsellor in this position needs to refer the client to another professional who feels comfortable with the topic (Atkinson, 1980; Bascue & Krieger, 1974; Jones, 1977; Nelson & Peterson, 1975).

As can be noted from the literature reviewed, no research has investigated the relationship between workshop format and effective responses to grieving clients. To explore this relationship, the research study described in the following chapter was designed. Due to the lack of previous studies, the researcher found it necessary to create a measurement instrument of hypothetical situations to which responses could be written and to use a rating scale from an earlier study which dealt with effective responses.

CHAPTER 3

Method

In an attempt to test administration of the posttest, to determine the amount of time needed to respond to posttest hypothetical situations, to choose raters, and to provide raters with an opportunity to practice with the rating scale to be used during research, a pilot study was conducted with twelve graduate students in the Counselling Psychology Department at UBC. Seven women and five men began the workshop. A brief two-hour workshop combining didactic and experiential experiences was presented. At the close of the workshop six women and five men responded to thirteen of twenty hypothetical situations.

Three raters were originally selected to participate in the pilot study as a result of their experience in the field of bereavement. From these three, two were chosen to participate in the research project together with the researcher, as raters.

An issue of importance in administering the posttest became apparent during the pilot study. This involved the researcher instructing participants to respond as though the client were in front of them and to respond verbally (in written response form) or to describe nonverbal actions. Instructions such as these seemed to clarify the manner in which participants were asked to respond.

The amount of time allowed for participants to respond to each of the hypothetical situations was one minute. Participants in the pilot study appeared agitated and rushed when writing their

responses. This was further substantiated by participants' comments after responses had been completed and collected. To allow for greater participant comfort in responding and to thereby lessen anxiety which would hopefully increase the ease in responding, response time was doubled to two minutes for the experimental study. As the purpose of the study was to compare initial responses to the hypothetical situations, more than two minutes to write a response would have increased the response length to beyond that required by the study.

In preparation for rating the responses, the researcher met with each rater, explained the scale, and the global manner in which responses were to be rated.

Individually, the raters were given all participants' responses to thirteen hypothetical situations from which participants' names had been removed. Each rater rated all responses by all participants at one sitting. Using the Atkinson scale, the raters rated each response using a global perspective—the response was read and a rating given for the total response.

The scores for each participant by each rater were tabulated and mean scores derived. To select the two raters to work with the researcher, the researcher used the Pearson correlation coefficient. Results indicated that raters X and Z, of raters X, Y, and Z, correlated most positively with the researcher ($r_{wx}=0.72$; $r_{wy}=0.68$; $r_{wz}=0.73$, where w = researcher and x, y, z = raters), and therefore they were selected to participate in the research project. Only two of the three raters were selected due to the projected amount of time that rating by three different raters would require. Two of three raters were chosen for their

high correlations in the pilot study as this was expected to provide a more reliable score for each participant in the research study.

During the rating of responses, it became evident that some hypothetical situations did not have a death issue as their initial situation. This led to responses concerned with non-death issues which in turn caused a low rating. As this appeared to set up participants to respond with low level global responses, the following hypothetical situations were changed: #4 and #19 (see Appendices 3 & 4).

It became evident also during the rating of responses, that the Atkinson scale was not completely applicable for the purpose of the study. Although this scale deals with rating responses to recalled incidents and this study was concerned with rating responses to hypothetical situations, the two did not seem to be fully compatible. Responses to hypothetical situations could tend to be less threatening than would be true of reactions to an actual situation. This could mean that responses to hypothetical situations would be based on how a person would most like to react. In actuality, however, this type of response might be impossible. For example, although someone might feel hugging a client could be most effective, in reality he or she might be a person who finds hugging uncomfortable and he or she would not normally respond in this way. The Atkinson scale does not seem equipped to handle this and it was not designed with this purpose in mind. A further missing element in the Atkinson scale was the lack of expansion on touch as being an effective

response. As no other rating scale was available at the time of the study, the Atkinson scale was retained.

Subjects

Originally the subjects were to be a randomly selected group of evenly distributed males and females forming four groups of fifteen members each. Due to only six of a possible two hundred participants responding, changes in the subject population were necessary.

As a result of the above, students in the Counselling Psychology Department at UBC were requested to volunteer for the study. Of the forty graduate students who responded, twenty-one graduate students and four counsellors from the Coquitlam School District actually participated in the study. Twenty women and five men completed the study.

Random assignment of volunteers to the four groups (didactic, experiential, combined didactic and experiential, and control), was attempted but highly unsuccessful due to the demands of course work for the graduate students and to personal commitments of volunteers for the scheduled Saturday workshops. In an effort to retain as many participants as possible, volunteers were allowed to select a workshop date which was acceptable to their schedule. The type of workshop to be given was not revealed until the volunteer had made a commitment to a date. The volunteers did not select a workshop with prior knowledge of the content and therefore, their assignment to a treatment group was as unbiased as possible.

Experimental Design

A	X		O

B	Y		O

C	X	Y	O

D			O

Where:

A = Didactic Workshop

B = Experiential Workshop

C = Combined Didactic and Experiential Workshop

D = Control Group

X = Didactic Treatment

Y = Experiential Treatment

O = Posttest

Treatment

All workshops presented were approximately four to four and a half hours in length and were presented in the same classroom at UBC. A lunch break of one and a half hours was taken during each workshop.

The Control group met at the Richmond Counsellor Training Centre at Hugh Boyd Junior Secondary School for the administration of the posttest which took approximately one hour. A like amount of time was used for administering the posttest at the close of

each of the workshops.

The order in which the workshops were given was: firstly, the didactic workshop was attempted, but as too few participants arrived, this workshop was cancelled and rescheduled for four weeks later; secondly, the experiential workshop occurred as planned; next, a week later, the combined workshop was given as planned; due to a visiting lecturer speaking to many participants, two weeks elapsed before the didactic workshop actually took place. After a lapse of five and a half weeks for the Christmas break, and as arranged with the participants at a time convenient to them, the Control group met.

At the start of each session with all four groups, a questionnaire (see Appendix 2) was presented and filled out by all participants. Upon completion of each workshop and with the Control group, the posttest was administered.

Didactic Workshop (see Appendix 5)

This workshop followed a lecture format and focused on historical aspects of death and dying, issues affecting present day grieving patterns, grief responses, children's developmental reactions to death, and some suggestions for working with the grieving client.

Six participants began the workshop. Five completed the posttest at the conclusion of the workshop.

Experiential Workshop (see Appendix 6)

This workshop provided a number of opportunities for participants to explore their feelings, beliefs, and attitudes

towards death and dying and to discuss these reactions in as supportive an atmosphere as participants could create.

Seven participants began and completed the workshop. All participants completed the posttest at the end of the workshop.

Combined Didactic and Experiential Workshop (see Appendix 7)

A combination of didactic and experiential techniques which provided participants with the basic information covered in the didactic workshop and some of the exercises from the experiential workshop, comprised this workshop. Opportunities for discussion and mutual sharing were integral components of this workshop.

Nine participants began the workshop. Eight completed the posttest at the close of the workshop.

Control Group

The control group met for the administration of the posttest. Five participants completed the posttest.

Procedure

An equivalent situation was attempted for all groups for the administration of the questionnaire. It was presented as the initial activity for each group following a brief explanation. An equivalent situation was also attempted for administration of the posttest by having the researcher give all groups the same instructions and by using the same procedure with all groups.

Instrumentation

Questionnaire (see Appendix 2): An information questionnaire was presented to all participants so that post hoc analysis

might take place. For results of the questionnaire, see Appendix 10.

Items concerning training, school counselling experience, workshop experiences on death and dying, and a death-related inventory comprised the questionnaire. The inventory was used as a method for the researcher to be alerted to participants who might have been extremely sensitized to the subject matter due to a recent death and who, therefore, might experience difficulty with experiential activities in particular.

Posttest (see Appendix 4)

The posttest was composed of twenty hypothetical situations involving a client or clients with death-related issue(s). Participants were instructed, before beginning the posttest, to respond to each situation by indicating verbal and/or nonverbal responses they would make to the client. After each situation was read aloud by the researcher in a factual manner, participants were allowed two minutes, as timed using a stopwatch, in which to respond to a situation.

The responses were rated by three raters using Atkinson's five-point scale of responses (see Appendix 1). Raters were chosen for their expertise in the field of bereavement counselling as mentioned earlier. The total score for each individual was derived by averaging the three raters' scores for each participant's response.

The hypothetical situations were created by the researcher and Denis Boyd, a practising counselling psychologist working in the area of bereavement counselling, as no existing

measurement of responses to death-related issues was found. The situations used in the posttest were the same as those used in the pilot study except for situations four and nineteen. These were changed as a result of the pilot study. New situations were obtained from the bank of thirty-four original hypothetical situations created. The resulting twenty situations were arranged in age groups, from adolescents to younger children to adults as clients, and had odd numbered situations with male clients, even numbered situations with female clients, so that an equal number of each sex was represented as clients.

Hypothesis

There is no statistically significant difference across treatment groups in mean score for responses to hypothetical situations as measured on the Atkinson scale.

Statistical Hypothesis: $H_0: \mu_1 = \mu_2 = \mu_3 = \mu_4$

$H_1: \mu_i \neq \mu_j$ for some i and j

CHAPTER 4

Results

Although not all of the empirical comparisons reached significance, some interesting trends and possibilities for future research are evident. The results suggested significance could be attributed to a didactic format. The exploratory nature of the study needs to be kept in mind when reviewing the following results.

Table I below records the sample, size, means, and standard deviations for each group.

Table I: Sample Size, Means, Standard Deviations
for Treatment Groups

Sample	Group A	Group B	Group C	Group D
Sample Size	5	7	8	5
Mean	3.66	3.37	3.65	3.08
Standard Deviation	0.18	0.42	0.37	0.42

Group A represents the didactic workshop group. Group B represents the experiential workshop group; Group C, the combined didactic and experiential workshop group; and Group D, the control group.

Three raters were used to score responses as it was assumed a combined score or an average score would lead to a closer true score for each participant. See Appendix 8 for a record of

mean score for each subject by the three raters.

Using the Pearson product moment correlation coefficient the following correlations were found: between rater X and rater Y the correlation coefficient was 0.66; between raters X and Z, the correlation coefficient was 0.66; and between raters Y and Z, the correlation coefficient was 0.74. See Appendix 9 for interrater correlation within each group.

Analysis of variance was used to compare the means of the four groups. The results (see Table II) indicate that the difference among the treatment groups was significant at the .05 level.

Table II: Analysis of Variance for Treatment Groups

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>df</u>	<u>Variance</u>	<u>F</u>
Between Groups	1.2657	21	0.4219	3.082*
Within Groups	2.8743	3	0.1369	
Total	4.1400	24		

* $p < .05$

To further test the hypothesis the Scheffé multiple pairwise comparison test was used. Results indicated that no two means are statistically different at the .05 level of significance. With this result, a decision was made to repeat the Scheffé test at a .10 level of significance (Winer, 1971, pp. 13-14). At this level of significance, a comparison between the combined

didactic and experiential group and the control group was significant. This result indicates rejection of the null hypothesis.

To clarify these findings further, the Scheffé test, using a .05 level of significance, was conducted on combined treatment groups in comparison with the control group. A comparison of groups A, B, and C with the control group, showed no significance. A significant difference was recorded when groups A and C were compared with the control group.

A positive effect was realized by attending a combined didactic and experiential workshop. Although supporting significance was not found for attending just a didactic workshop, the similarity in mean score for this group and for the mean scores of the combined group suggests a promising consideration in future research. The results of the Scheffé test conducted on combined treatment groups in comparison with the control group, suggests that the effect of a didactic workshop in comparison with a combined didactic and experiential workshop needs to be further investigated.

Some caution is warranted in generalizing these results due to the low sample size and the problems with randomization. Significant results using the Scheffé tests are promising and warrant further investigation.

CHAPTER 5

Discussion

The literature reviewed suggested the need for confrontation concerning one's own death (Getson & Benshoff, 1977), and awareness of one's attitude toward death (Bascue & Krieger, 1974; Benoliel, 1981; Berg, 1973; Clay, 1976; Gordon & Klass, 1979; Hawener & Phillips, 1975; Nelson & Peterson, 1975; Rosenthal, 1978; Steele, 1977-78), and knowledge of children's developmental concepts about death and dying and their grieving reactions (Atkinson, 1980; Knowles & Reeves, 1979 & 1981) as components in death education for counsellors and teachers. Further, Durlak's (1978-79) results empirically supported an experiential workshop format as compared to a didactic workshop.

The purpose of this study was to investigate different methods of counsellor education workshops on the subject of death and dying. The different workshop formats being compared were didactic, experiential, a combined didactic and experiential, and a control group. Although the results of the study indicate a significant difference among the different workshop formats, this significant difference appears to be borderline, and therefore, should be accepted cautiously.

The results were weakened for a number of reasons. One reason was the low sample size of twenty-five participants. The group sizes varied from a low of five participants to a high of eight participants. Variation in group size was taken into consideration in the results, but little confidence

can be given to the rejection of the null hypothesis when the result is based on a sample size of thirteen. Thirteen is the total for Groups A and C. Another problem was the unsuccessful randomization of subject selection and treatment assignment. Without randomization it is impossible to have full confidence in the results being generalizable to the population in all respects. Further, as the sample represented a specialized group, namely the majority were graduate students in the Counselling Psychology Department at UBC, generalization to a population of counsellors is not warranted. Even generalization to the population of graduate students in Counselling Psychology would be suspect due to the small sample size. As can be noted above, weaknesses exist in this study which weaken the findings.

The results did support a positive effect occurring in counsellor responses following a workshop on the topic of death and dying. This study, then, gives some credence to the beliefs of many researchers in the field of death education and in the field of counsellor/teacher education on the subject (Atkinson, 1980; Getson & Benshoff, 1977; Jones, 1977; Knowles & Reeves, 1979 & 1981; Rosenthal, 1978).

Theoretically, however, this study does not support the research reviewed which indicated a need for self-exploration on the part of the counsellor. This result may be due to the nature of the population studied, namely counsellors, who are likely to have already dealt with their own feelings and attitudes. The need for experiential work, therefore, may be more evident with a non-counsellor population. This would need

further investigation.

Support for Durlak's findings of the superiority of the experiential workshop over the didactic workshop was not found. Further research on this issue will be necessary to either confirm or refute Durlak's findings as they compare to counsellor education on the subject. It should be remembered, however, that Durlak was seeking a lessening of anxiety rather than a high level of participant response to death-related issues.

To confirm the findings of this study and to gain a more significant result, further research is necessary. More evidence is needed to support the strength of a combined didactic and experiential workshop as the best workshop format to use with this subject. The results of the Scheffé test comparing combined treatment groups A and C with the control group may suggest that the didactic component could be the controlling factor in recording a difference. Further research could substantiate this.

To create a viable rating scale for responses, further research would also be required. The Atkinson scale would need additional clarification of verbal and nonverbal responses if it were to be used again to rate counsellor responses to hypothetical situations.

Increased use and further refinement of the hypothetical situations is another consideration for future research. The focus of some of the situations could be improved by being more clearly on death-related issues rather than on an immediate nondeath-related crisis which upon deeper investigation reveals

a death-related issue.

Participants in the experiential workshop indicated feelings of inadequacy in responding to the hypothetical situations and stated a need for further knowledge of how children and adolescents react in grieving situations. This information was provided in the didactic workshop. As a result of participants' comments, experiential participants were invited to attend the didactic workshop when it took place. Only one participant from this group attended the didactic workshop and she had little contact with didactic participants as she only attended the final hour and a half of the workshop. Her attendance at the didactic workshop was not seen as a possible source of contamination of the results.

The control group, after completion of the posttest, was presented with a brief combination workshop. This provided all participants in the study with an exposure to death education.

Participants in the workshops gave positive feedback concerning their increased comfort with the topic and their increased ability to respond to a grieving person verbally and nonverbally.

Analysis of the questionnaire results was not considered relevant due to the small sample size, the small number of male participants, the lack of previous workshop exposure for the majority of participants, and the range of present and past experience in job positions. The results did not appear to be affected by any of these factors.

The most valuable section of the questionnaire was the loss inventory (see Appendix 10). Identification of recent

losses alerted the researcher to those participants who might need greater assistance in some experiential activities than other participants. Those who had experienced recent losses did appear to be actively in the process of grieving. Although some activities were painful for them, those who had had recent losses felt the activities were also growth experiences.

Perhaps the activity which sparked the most interest was Activity Four: Confronting Death (see Appendix 6). This activity provided much discussion and opened up new areas of exploration for many participants. Further use of the questions posed was suggested, with the result that many participants planned to share this activity with someone, or several people, close to them.

An important section of each of the workshops, especially the experiential and combined workshops and after the posttest with the didactic workshop, involved the sharing of experiences. Sometimes the sharing was cathartic; at other times, enlightening. This topic lends itself to sharing experiences and even seems to require this mode of communicating.

In conclusion, this research indicated that a relationship exists between the type of workshop presented and the level of effectiveness displayed in responses to hypothetical situations. In a practical sense, the results suggest a didactic workshop may be the best workshop for preparing counsellors to effectively aid grieving clients. When the concern is with self-understanding, an experiential approach may still be most effective. As this study was partially exploratory in nature, additional research is necessary to further substantiate the results.

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Appendix One: Atkinson Five Category Scale

For Evaluating Responses

The category of teacher behavior considered least helpful is 'extreme avoidance,' which indicates an unwillingness to acknowledge or do anything oneself about a death situation. The reality of death and the child's feelings are avoided....

In the category of 'postponement' the teacher shows an awareness of the death situation and indicates a willingness to think about it with the intent to act on it later.....

The category of 'acknowledgement' denotes awareness that death has occurred and that feelings are aroused, but the teacher avoids reference to death as a reality of life or to the child's feelings as a natural response....

In 'acceptance with reservation' the teacher recognizes the reality of death and some of the child's feelings, but the adult is not entirely open to what death entails, or to the child's frame of reference....

'Acceptance,' the most helpful teacher intervention, conveys in words and actions that death is a part of life, and the child's reactions and feelings are embraced as they are. The teachers here took the initiative and helped children deal with their grief by mutual expressions of feelings and sharing experiences.....(Atkinson, 1980, pp. 157-161.)

Appendix Two: Questionnaire

Name _____

The purpose of this research project is to investigate different methods of counsellor education on the subject of death and dying. Participants in the study may gain knowledge of and understanding of issues related to death and dying as they apply to themselves and to their clients.

Participants in this project are requested to fill in the following questionnaire. This information will be confidential, although results may be used when reported anonymously. Participants will be divided into groups and may have an opportunity to participate in one or two workshops. Regardless of the workshops attended, all participants will be asked to write responses to hypothetical situations at the end of the study. The total amount of time required will be one Saturday session from 9 a.m. to approximately 4 p.m.

As a participant, you have the option to withdraw from the study at any time or refuse to answer any questions without prejudice.

Please note that if this questionnaire is completed, it will be assumed that consent has been given for the results to be used. Your cooperation is much appreciated.

Please check the appropriate blanks in the following:

1. Professional training: degree(s) held: BEd. ____ MA. ____ BA. ____
PhD. ____ MEd. ____ Other.

2. I am currently: a) an elementary classroom teacher ____
b) a secondary school classroom teacher ____
c) teacher/counsellor at secondary level ____
d) elementary (area) counsellor ____
e) full time secondary counsellor ____
f) other (please specify) _____

Years of experience in current position:

a) 0-1 year ____ d) 6-7 years ____
b) 2-3 years ____ e) 8-10 years ____
c) 4-5 years ____ f) greater than 10 years ____

3. Position held immediately before present position:
a) an elementary classroom teacher ____
b) a secondary school classroom teacher ____
c) teacher/counsellor at secondary level ____
d) elementary (area) counsellor ____
e) full time secondary counsellor ____
f) other (please specify) _____

Years of experience in previous position:

- a) 0-1 year _____ d) 6-7 years _____
 b) 2-3 years _____ e) 8-10 years _____
 c) 4-5 years _____ f) greater than 10 years _____

4. Previous workshop exposure to the topic of death and dying:
 a) no previous workshop experience _____
 b) 1 workshop _____
 c) 2-3 workshops _____
 d) 4 or more workshops _____
 e) support group participation for those who are dying
 or for those who have lost someone through death

5. Workshops attended dealing with the topic of death and dying.
 Please include as much information on the following about each
 workshop you have attended: the name of the workshop,
 content covered, length of time of workshop, and date.

6. Please indicate the losses you have experienced and the time
 factor involved:

Loss Inventory

- a) death of parent
 b) death of brother/sister
 c) diagnosed terminal
 illness--self, parent, sibling
 d) death of close relative
 e) death of a friend
 f) abortion/miscarriage
 g) death of a pet

A	B	C
0-6 Months	6 Mths- 1 Year	1 Year - 4 Years

(abridged from Loss Inventory designed by Bebensee & Pequette,
 1980, pp. 10-11.)

Appendix Three: Hypothetical Situations - Pilot Study

1. A seven year old boy, Jason, asks you, "Where do people go when they die?" You are aware that Jason's mother has recently died from complications following surgery.
2. One of your colleagues is pregnant. In her fifth month of the pregnancy complications arise and the fetus dies. The children in this woman's class have been excited about her pregnancy and are concerned when she is absent for several days. The substitute teacher has asked you to come and talk to the class because of all the questions she's been receiving from the students. You go into the classroom.
3. Jimmy, a 6 year old whose older sister has been killed in a hit-and-run accident, wants to know where his sister is and when she's coming home. He sounds angry and demanding.
4. Christine, a grade 3 student, has gone into her classroom and found the class hamster dead in its cage. She has started to cry. Her classroom teacher brings her to you because Christine can't stop crying.
5. Ben (aged 10-12) is discussing his fear at the thought of his mother's impending death. He mentions the many similarities between the present situation and the circumstances surrounding the death of his grandmother a year ago.
6. The principal approaches you with the following situation: She has received a phone call from Mrs. G., the mother of ten year old Sandra. The mother has told the principal that her husband has been suddenly killed and she wants Sandra home immediately. The principal asks you to speak with Sandra and then to take her home.
7. An eight year old boy whose father has died, returns to school after the funeral. He becomes withdrawn in the classroom yet can also act out to draw attention to himself. He comes into your office and sits huddled in a chair, staring at the floor.
8. A student, Paul (aged 16-18), asks you to give him permission to miss classes that day (Monday) as he has had a friend die in an automobile accident on Saturday. Paul says he just can't sit still long enough to do anything in class. You notice that he is fidgety while talking with you.

9. A talented and intelligent student commits suicide. Her teachers and fellow students are stunned. One of her friends (aged 15-17), while talking about Sheila, says she misses Sheila so much that sometimes she thinks about killing herself. She tries to change the topic but her voice quivers and her words fade away.
10. Andy, a fifteen year old, comes in to see you about problems he's having with his courses. He also mentions having difficulty concentrating in class and doing his homework. He says that things aren't very happy at home. You are aware that Andy's younger brother has died recently.
11. You've noticed that Janice (aged 14-16) becomes very angry with little provocation. This happens with teachers and with fellow students. You know that Janice's father died about a year ago. She is in your office after an outburst with a teacher. She sits tensely in the chair tapping her fingers.
12. Fred (aged 14-15) complains of not being able to sleep at night. This started to occur the night of his father's sudden death in an accident and has continued for several weeks. A result of this is that Fred is regularly one half hour to an hour late for school.
13. Sally's mother is critically ill with kidney failure. She has had a transplant and her body is rejecting it. Sally (aged 14-16) is talking with you and you notice that she is overly bubbly about an upcoming school event. Her eyes indicate that she is feeling distraught, even fearful. You ask her how things are going and she responds, "Oh, fine."
14. George (aged 14-16) arrives late to school and is sent to you. While discussing the lateness, George blurts out angrily that his grandmother died last night. His eyes fill with tears and he turns away, swearing.
15. Mary (aged 13-14), whose father is dying of cancer, begins to miss classes, arrives late to school repeatedly, and starts to be absent full days at a time. Her teachers are concerned and ask you to speak with her. The teachers stress the number of assignments not handed in and the possibility of failure.
16. During the day Mrs. T., a colleague, receives a telephone call informing her that her father is seriously ill following a heart attack. She is needed immediately at home--2,000 miles away. Mrs. T. arrives at your door looking shocked. She blurts out what she has just heard.
17. A colleague, John M., and his spouse have undergone genetic counselling. John's wife becomes pregnant. Amniocentesis

is performed and indicates a number of abnormalities exist in the fetus. John and his wife decide on abortion. Several weeks later you notice that John seems depressed and withdrawn.

18. You are talking with a parent in your office. You have heard from a reliable source that her husband is near death. She mentions that he will be coming out of the hospital soon which will be good as he will be able to help with the children.
19. You enter the staffroom and notice a male colleague sitting by himself. He looks very sad and withdrawn. His wife has died suddenly two months ago from a massive heart attack in the middle of the night. She was fifty years old. You decide to go and sit beside him. He does not acknowledge your presence.
20. A female colleague has been away for a week following the sudden death of her husband. You are chatting about general topics when you make a comment about your own spouse. Your bereaved friend becomes flushed, her eyes moisten, and she looks away embarrassed.

Appendix Four: Hypothetical Situations

- Research Study

1. A student, Paul (aged 16-18), asks you to give him permission to miss classes that day (Monday) as he has had a friend die in an automobile accident on Saturday. Paul says he just can't sit still long enough to do anything in class. You notice that he is fidgety while talking with you.
2. A talented and intelligent student commits suicide. Her teachers and fellow students are stunned. One of her friends (aged 15-17), while talking about Sheila, says she misses Sheila so much that sometimes she thinks about killing herself. She tries to change the topic but her voice quivers and her words fade away.
3. Andy, a fifteen year old, comes in to see you about problems he's having with his courses. He also mentions having difficulty concentrating in class and doing his homework. He says that things aren't very happy at home. You are aware that Andy's younger brother has died recently.
4. A student, Susan (aged 14-16), has come to your office in response to your request. You are concerned about her poor grades since arriving at the school three months ago. In talking with her parents after Susan had registered, you discovered that her older brother died in a drowning accident two years ago. The subject of the brother's death comes up in your interview with Susan and she suddenly breaks down, sobbing uncontrollably.
5. Fred (aged 14-15) complains of not being able to sleep at night. This started to occur the night of his father's sudden death in an accident and has continued for several weeks. A result of this is that Fred is regularly one half hour to an hour late for school.
6. Sally's mother is critically ill with kidney failure. She has had a transplant and her body is rejecting it. Sally (aged 14-16) is talking with you and you notice that she is overly bubbly about an upcoming school event. Her eyes indicate that she is feeling distraught, even fearful. You ask her how things are going and she responds, "Oh, fine."
7. George (aged 14-16), arrives late to school and is sent to you. While discussing the lateness, George blurts out angrily that his grandmother died last night. His eyes fill with tears and he turns away, swearing.

8. Mary (aged 13-14), whose father is dying of cancer, begins to miss classes, arrives late to school repeatedly, and starts to be absent full days at a time. Her teachers are concerned and ask you to speak with her. The teachers stress the number of assignments not handed in and the possibility of failure. She arrives in your office as the result of being late yet again.
9. A seven year old boy, Jason, asks you, "Where do people go when they die?" You are aware that Jason's mother has recently died from complications following surgery.
10. One of your colleagues is pregnant. In her fifth month of the pregnancy complications arise and the fetus dies. The children in this woman's primary class have been excited about her pregnancy and are concerned when she is absent for several days. The substitute teacher has asked you to come and speak to the class because of all the questions she's been receiving from the students. You go into the classroom.
11. Jimmy, a 6 year old whose older sister has been killed in a hit-and-run accident, wants to know where his sister is and when she's coming home. He sounds angry and demanding.
12. Christine, a grade 3 student, has gone into her classroom and found the class hamster dead in its cage. She has started to cry. Her classroom teacher brings her to you because Christine can't stop crying.
13. Ben (aged 10-12) is discussing his fear at the thought of his mother's impending death. He mentions the many similarities between the present situation and the circumstances surrounding the death of his grandmother a year ago.
14. The principal approaches you with the following situation: She has received a phone call from Mrs. G., the mother of 10 year old Sandra G. The mother has told the principal that her husband has been suddenly killed and she wants Sandra home immediately. The principal asks you to speak with Sandra and then to take her home.
15. An 8 year old boy whose father has died, returns to school after the funeral. He becomes withdrawn in the classroom yet can also act out to draw attention to himself. He comes into your office and sits huddled in a chair, staring at at the floor.
16. During the day Mrs. T., a colleague, receives a telephone call informing her that her father is seriously ill following a heart attack. She is needed at home immediately--2,000 miles away. Mrs. T. arrives at your door looking shocked and she blurts out what she has just heard.

17. A colleague, John M., and his spouse have undergone genetic counselling. John's wife becomes pregnant. Amneoscetesis is performed and indicates a number of abnormalities exist in the fetus. John and his wife decide on abortion. Several weeks later you notice that John seems depressed and withdrawn.
18. You are talking with a parent in your office. You have heard from a reliable source that her husband is near death. She mentions that he will be coming out of the hospital soon which will be good as he will be able to help with the children.
19. A male colleague has suddenly lost his wife as the result of a traffic accident in which he was not involved. Since her death Andy has been going to the pub nightly. You notice dark circles under his eyes from lack of sleep. He drops down into a chair in your office two months after his wife's death. He sighs loudly, and says, "God, I feel awful."
20. A female colleague has been away for a week following the sudden death of her husband. You are chatting about general topics when you make a comment about your own spouse. Your bereaved friend becomes flushed, her eyes moisten, and she looks embarrassed.

Appendix Five: Didactic Workshop

This workshop followed a lecture format as a means of communicating information.

~~Introduction to the Lecture Format~~

- topics to be covered
- a 15 minute break to be scheduled
- ask for ways to complete the following sentence stem and put ideas up on the board. "Death is"
- discuss what turns up

Historical Aspects: rural community; familiarity with death

- technology; death as a taboo subject
- why taboo?
- denial: i.e., attitudes; media representation; cyronics

Relevance of the issue for counsellors

Basic Counselling Skills needed:

- listening; empathy; respect; clarification; self-disclosure; confrontation
- honesty
- accepting the client as is or refer elsewhere

Common Fears Associated with Death and Dying:

1. Fear of time after death
 - a. fear of fate of the body
 - b. fear of judgement
 - c. fear of unknown
2. Fears Associated with Dying--the Process of Dying
 - a. fear of pain
 - b. fear of indignity
 - c. fear of being a burden
3. Fear of Loss of Life
 - a. loss of control or mastery
 - b. fear of incompleteness, failure
 - c. fear of separation

Developmental Stages Children Experience

- before age 3--separation is key issue
- between 3-5--a temporary situation
- around 5-6--personification of death; the bogeyman
- from 6-9--curiosity--not ready for finality
- from 10-12--understanding of death--make jokes--fears death
- from 13-18--belief in immunity to death
- end of teens--clear understanding

*these are not prescriptive reactions

Other things which may affect a child's reaction

- television
- intelligence
- religion
- "preparation" (adult responses which are allowed)
- responses of others
- direct past experiences with death

When working with parents:

- explain stages of reactions
- need for listening
- steps to follow for parents, teachers, counsellors
 1. full expression of fears, feelings, fantasies allowed
 2. vocalize some feelings child might be unable to
 3. show interest, understanding of fears, feelings, fantasies
 4. answer questions briefly and truthfully

Aids to helping a family:

- stress need for communication lines to stay open
- answer questions when child needs answer
- allow child to visit ill person, but prepare them first-- if child wants to go
- discuss future separation from dying person
- keep explanations and answers simple
- parents may need own support system of several people for their own grief
- after a sudden or expected death
 - allow child to take part in discussions, acknowledge fears
 - let him know he's not alone in grieving--share mourning
- not being honest leads to fright, mystery, not coping
- do not use euphemisms
 - God is in the clouds
 - God likes good people
 - dead person is asleep
- death of parent: **child needs to know he'll not be left alone
 - child needs reassurance he's not responsible
 - no retribution
 - spend time talking and listening
 - it's okay for child to see you cry
 - this gives permission to grieve
 - maintain regular routine and normal discipline for security needs

Funeral

- attending may be a growth experience
- gives child chance to be part of a ritual
- give child a choice about attending
- let child see body if need is there
- before viewing body or attending funeral be sure to prepare child for what might be seen or happen

Child's expression of grief

- review Kubler-Ross stages:
 - denial and shock
 - anger
 - bargaining
 - depression
 - acceptance
- no time limit or prescribed manner for grieving

Key factors in ability to cope

- number of major losses experienced
- coping skills already learned
- support system
- type of family communication

Symptoms of Loss

- | | |
|---------------------------------|-----------------------------------|
| hollering/screaming | temper tantrums |
| hitting others/things | throwing things |
| obscene gestures | profanity |
| withdrawal | isolation |
| not eating/over-eating | crying |
| acting indifferent | lying |
| cheating | stealing |
| vandalism | absenteeism |
| fighting/hostility/ | acting tough & cool/ |
| aggressive behavior | hypermaturity |
| taking drugs/alcohol | suicide/attempted suicide |
| irritability | restlessness |
| daydreaming | emotionality at unexpected times |
| not doing classroom work | not wanting to learn new material |
| repetitive physical distresses: | stomachache, headaches, colds, |
| flu, etc. | regression |
| feelings of guilt | feelings of anger |
| inadequacy | demanding attention |
| change in peer inter- | change in appearance |
| action | |

As a counsellor

- be aware of symptoms, communication skills, your own feelings
- don't assume you know how client is feeling
- talk with and explain some experiences child might go through such as 5 stages (Kubler-Ross); roller coaster effect

Steps to recovery:

1. recognize the loss
2. be with the feelings
3. support of others
4. losing isn't failing
5. the end
6. it takes time
7. roller coaster effect

Danger signals that indicate inability to cope

- drop in school work or school grades
- attacking others or aggressive behavior
- withdrawing; daydreaming, fantasizing
- psychosomatic ailments
- being very afraid of things out of the usual

Things to do:

- create a group
- inservice with staff or at staff meeting
- offer to do mini-workshops on loss for teachers in their classroom
- do loss inventory with students
- present a program on loss to parent groups
- importance of physical contact
- be aware of variables affected by a loss

Learn and Do

1. Know your own feelings, philosophy, spiritual beliefs
2. Seek out the grieving person--don't shun him
3. What to say--keep it simple, no euphemisms; cry with them; talk and share; don't use "pat" phrases
4. Accept feelings, fears and concerns of person
5. Physical contact
6. Reality of death is acceptance--assess individual's strengths--not too much too soon
7. Death is a growth experience

Some activities

- puppet shows
- anger T-shirt
- I learned...statements
- journals
- poetry/stories
- loss line
- write your own obituary
- group discussion
- role playing
- bibliotherapy
- use films

(The above materials have been compiled from the following sources: Bebensee, 1980; Bebensee & Pequette, 1981; Caller, 1979; Clay, 1976; Feifel, 1977; Getson & Benshoff, 1977; Ginott, 1965; Gordon & Klass, 1979; Hawener, 1975; Headington, 1981; Insel, 1976; Jones, 1977; Knowles & Reeves, 1981; Kubler-Ross, 1969; Lindemann, 1944; Neale, 1975; Nelson & Peterson, 1975; Parkes, 1975; Peterson & Santore, 1975; Reeves & Knowles, 1979 & 1981; Rosenthal, 1978; Schiff, 1977)

Appendix Six: Experiential Workshop

The format of this workshop consisted of a number of activities and discussions centred around the counsellor exploring his/her feelings, beliefs, and attitudes towards death.

Explain format to be followed and time of break.

Activity One: Write down your remembrances--especially your feelings--surrounding the following:

1. earliest death experience
2. most recent death experience
3. most traumatic or heaviest loss

After five minutes, have subjects form into triads to share their responses.

After sharing, return to large group and ask for comments.

Activity Two: Mediate and write a brief statement about your own death. Request participants to share statements with their triad. Discuss unpredictability of death and ways people deny death.

Activity Three: Have participants fill out the Neal questionnaire on fears for self and others.

After participants have been given a few minutes to fill this out, rearrange into new triads and discuss choices made.

Return to large group for comments before moving on to next activity.

Activity Four: Confronting Death: The following questions are to be used to improve your ability to confront death and, also, become more ready to help others.

1. Assuming good health and no accidents, what is the last year during which you expect to be alive?
2. Describe the kind of arrangements you would like to have for your death.
 - a. What would be the funeral arrangements?
3.
 - b. How do you wish to dispose of your body?
 - c. How do you wish to dispose of your possessions?
 - d. How will you arrange for your dependents? Will you have any?
 - e. What would you like to appear in the announcement of your death?

3. Which of your life tasks will you have completed?
4. Which of your life tasks will you have yet to complete?
5. Name five people you know well whom you expect to outlive you.
6. Name five people you know well whom you expect to outlive.
7. What do you believe would be a tragic way to die?
8. What do you believe would be an ideal way to die?

In triads, discuss your responses: Which ones stimulated a lot of thought and were interesting for you to think about? While they have elicited feelings of sadness, did the response also seem meaningful and worth considering? Were there topics that you found irritating or difficult to take seriously? Did you joke about them or respond without any real thought?

In the large group setting ask for comments on the activity.

Activity Five: Fill in Life-Mood Assessment Chart

Draw a line with its high and low peaks, valleys, and curving lines to present your life in visual form.

On the lines provided for each major segment of life, indicate the cause of the high and low peaks.

Discuss in the large group setting how participants found this activity. Easy? Hard?

Participants may want to use some of this information in the next activity.

Activity Six: Writing Obituaries

Ask the group to spend 10-15 minutes writing their own obituary by writing briefly about their lives.

Have responses shared in triads.

Resume large group and ask for comments.

If you doubt your own readiness to counsel students concerned with death, the following activities may be helpful.

1. Talk about the activities we have done with someone close to you. Discuss the more difficult topics. Listen to how your partner responds.
2. Read about death and counselling others about death

3. Examine your personal convictions about the significance of death. Discuss with a priest, rabbi, minister, spiritual confidant. Discuss with someone with no religious commitment.
4. Attend calling hours and memorial services of persons you have known. Listen to feelings expressed there. Experience your own reaction. Participate in the service.
5. Discuss death with a mortician. Talk about arrangements necessary for your own funeral. Write out instructions for your survivors. Discuss matters with the executor of your will or person who will be in charge of arrangements.
6. Visit a nursing home. Several times. Talk with people near the end of their lives. Listen. Be sensitive. Don't initiate talk of death, but follow their lead.

The purpose of these activities and those we have completed today is to make the topic of death more familiar to you. It may be or have been difficult. If you want to undertake some of the activities listed above, ask a few others to join you so that you can discuss your experiences as you do some of the activities.

(The above activities have been compiled from the following sources: Getson & Benshoff, 1977; Neale, 1975; Nelson, 1977)

Appendix Seven: Combined Didactic/Experiential Workshop

This workshop combined elements of the didactic workshop and of the experiential workshop mentioned in Appendix Five and Appendix Six.

Introduction to workshop format and time of scheduled break

Discuss group responses to "Death is. . . ."

Do Activity One from Experiential Workshop

Historical Aspects

Relevance of the issue for counsellors

Basic counselling skills needed

Common fears associated with death and dying

Do Activity Three - Neal Questionnaire

Developmental stages children experience

Other things which may affect a child's reaction

When working with parents

Aids to helping a family

Funeral

Child's expression of grief

Key factors in ability to cope

Symptoms of loss

Do Activity Four - Confronting Death

As a counsellor

Steps to recovery

Danger signals

Things to do

Learn to do

Activities

Appendix Eight: Mean Score for Each Subject by Each Rater

Rater	X	Y	Z
Group A	3.4	3.2	4.2
	3.2	3.6	4.7
	3.5	3.1	3.9
	3.0	3.3	4.2
	3.6	3.9	4.3
Group B	2.6	3.2	3.8
	3.2	3.3	4.6
	3.0	3.3	3.9
	2.3	2.3	3.4
	3.5	3.8	4.2
	3.1	2.6	3.9
	3.5	3.3	4.4
Group C	3.1	3.9	4.8
	3.3	3.2	4.2
	3.4	2.9	3.8
	3.0	2.3	3.8
	3.3	3.6	4.2
	4.1	4.1	4.8
	3.3	3.2	4.5
	3.6	3.1	4.3
Group D	2.9	2.7	3.9
	2.6	2.6	3.2
	3.2	3.1	3.9
	3.2	3.4	4.0
	2.7	2.2	2.6

Appendix Nine: Correlations
Between Raters Within Each Group

Group A Scores	Raters		
	X	Y	Z
	3.4	3.2	4.2
	3.2	3.6	4.7
	3.5	3.1	3.9
	3.0	3.3	4.2
	3.6	3.9	4.3

Correlations:

$$r_{xy} = 0.42$$

$$r_{xz} = -0.33$$

$$r_{yz} = 0.58$$

Group B Scores	Raters		
	X	Y	Z
	2.6	3.2	3.8
	3.2	3.3	4.6
	3.0	3.3	3.9
	2.3	2.2	3.4
	3.5	3.8	4.2
	3.1	2.6	3.9
	3.5	3.3	4.4

Correlations:

$$r_{xy} = 0.73$$

$$r_{xz} = 0.84$$

$$r_{yz} = 0.696$$

Group C Scores	Raters		
	X	Y	Z
	3.1	3.9	4.8
	3.3	3.2	4.2
	3.4	2.9	3.8
	3.0	2.3	3.8
	3.3	3.6	4.2
	4.1	4.1	4.8
	3.3	3.2	4.5
	3.6	3.0	4.3

Correlations:

$$r_{xy} = 0.51$$

$$r_{xz} = 0.43$$

$$r_{yz} = 0.87$$

Group D Scores	Raters		
	X	Y	Z
	2.9	2.7	3.9
	2.6	2.6	3.2
	3.2	3.1	3.9
	3.2	3.4	4.0
	2.7	2.2	2.6

Correlations:

$$r_{xy} = 0.79$$

$$r_{xz} = 0.79$$

$$r_{yz} = 0.88$$

Appendix Ten: Questionnaire Responses

Group	A	B	C	D	Total
1. Professional training:					
BEd.		4	1	3	8
BA.	4	2	4	2	12
MA.	1				1
MEd.		1			1
Other:	2		4		6
Total:	7	7	9	5	28

2. Current Position:					
Elementary teacher		1			1
Secondary teacher			1		1
Teacher/Counsellor Sec.		1	1	3	5
Elementary counsellor	1	1		1	3
Full Time Sec. Coun.	1	1	3	1	6
Other: Student	3	1	4		8
Misc.	1	2			3
Total:	6	7	9	5	27

Years in current position:

0-1	2	2	3		7
2-3	2	1		1	4
4-5		1	2	2	5

6-7
8-10
greater than 10
Total:

	1	1	1	3
			1	1
1	2	3		6
5	7	9	5	26

3. Position immediately previous:

Elementary teacher
Secondary teacher
Teacher/Counsellor Sec.
Elementary counsellor
Full Time Sec. couns.
Other:
Total:

1	3	1		5
1	1	6	2	10
1	1		1	3
			1	1
				0
2	2	1	1	6
5	7	8	5	25

Years of experience in previous position:

0-1
2-3
4-5
6-7
8-10
greater than 10
Total:

	1		1	2
2	2	2	2	8
1		2		3
1	1	1	1	4
1	1			2
	1	3		4
5	6	8	4	23

4. Workshop Exposure:

None
1 workshop
2-3 workshops
4 or more
support group

6	6	7	5	24
	1	1		2
		1		0
		1		1
		1		1

Total

6	7	10	5	28
---	---	----	---	----

5. Workshops attended.

- Denis Boyd - 1½ day workshop attended by one person in in Group B.
- Knowles and Reeves - 2 hour workshop attended by one person in Group B.
- Pilgrimage Training by one person in Group C.
- 6 week parent support group training by one person in Group C.

6. Loss Inventory:

In Group A: one person had lost a friend in the last 0-6 months; two had lost close relatives in the last 1-4 years; one had lost a friend in the last 1-4 years; one had lost a pet in the last 1-4 years.

In Group B: one person had had a parent diagnosed terminally ill in the last 0-6 months; one had had a close relative die in the last 0-6 months; one had had an abortion or miscarriage in the last 0-6 months; one had had a close relative die in the last 1-4 years; one had had an abortion or miscarriage in the 1-4 years; one had had a pet die in the last 1-4 years.

In Group C: one person had had a parent die in the last 0-6 months; one had lost a friend in the last 0-6 months; one had had a parent die in the last 6 months to a year; one had lost a parent in the last 1-4 years; one had lost a sibling in the last 1-4 years; two had had close relatives die in the last 1-4 years; one had lost a friend in the last 1-4 years; one had had an abortion or miscarriage in the last 1-4 years; and two had had pets die in the last 1-4 years.

In Group D: one person had had a close relative die in the last 6 months to a year.