Death Education for adolescent suicide prevention between family and school: a review

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Summary. This article presents a review on "death education" and, in particular, on its use in the prevention field. Death Education, which has especially developed in English speaking countries, is an intervention area that is also becoming popular in Europe since it can be used at different educational and support levels. Herein we will examine the usefulness of death education, considering it both as an opportunity to give skilled answers to teenagers, who do not find in their family a place where they can address this topic, and as a primary prevention strategy for self-harm and suicide behaviors. It is considered the possible role of the school and how it may accomplish the task to initiate young people to the sense of limits. Indeed, according to literature, it seems that death education helps teenagers to contain death representations and to understand the real value of life and its frailty.

Key words: Death Education, Health Education, Suicide Prevention, Adolescence, School-Family Relationship

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Censorship and fear of death

Every day the world of media creates an infinite number of messages concerning death and its threat that inevitably expose everyone, at any age, to stimuli that, in a more or less fantastic and terrifying way, evoke such contents. If, on the one hand, there is a massive presence of

these messages in daily media communication, on the other hand there is an almost total dearth of a shared experience on real death as well as a poor dialogue on the meaning of the life-death relationship. This gap between imaginative representation and real experience causes remarkable difficulties in family relationships, especially when the time comes to deal with serious illnesses and losses.

This situation has especially occurred in Europe and in the United States since the second half of the past century as a side effect of the widespread well-being, when seriously ill and dying people were entirely taken in charge by healthcare settings. Unfortunately, health medicalization has led, in the past decades, to an excessive concealment of the evidences of death, causing a remarkable incompetence of whole generations on dying processes. Nowadays, therefore, society is mainly composed of adults grown up in "death free" families that never acquired the symbolic language and the behaviors that develop in the encounter with the end of life. The loss of the sense of limits generated a common feeling of endless here and now in which the perception of cyclical rather than historical time, together with the feeling of the repeatability of each experience, in spite of the real irreversibility of events and of the linearity of the biographical journey, have prevailed. Thereby, nowadays, both parents and teachers are not able to prepare children and teenagers to deal with this issue and they pass on to the new generations this same inability (Fonseca, Testoni, 2011; Testoni, 2015).

This phenomenon, widely debated in the sociological field (Morin, 1951; Elias, 1985), has also become the object of study of psychology, especially of the Terror Management Theory [TMT]. This approach, developed from the psychodynamic contribution of Otto Rank (1936), from the anthropological one of Ernest Becker (1975) and from the psychosocial one of Leon Festinger (1957), highlights that death is the origin of the most severe terror and, furthermore, that all human relationships are based on it (Pyszczynski et al. 2004). Human beings, until proven otherwise, belong to the only animal species that is aware of having to die and this peculiarity, due to their intelligence, is dangerous as it generates a potential paralyzing terror. The struggle between the instinct for self-preservation and awareness of having to die causes, therefore, a severe anguish, that must be remedied with "distal" (social) and "proximal" (subjective) defenses. The first ones consist in cultural and religious perspectives that guide moral behaviors according to meaning systems that deny death (Cultural Worldview). The second ones, instead, concern all those aspects that help to develop and maintain a stable self-esteem dimension, which is considered essential to ensure the management of death anxiety. The

relationship between cultural aspects and a positive self-evaluation ensures individuals the necessary balance needed to live peacefully.

According to TMT, educational processes must, therefore, keep in mind, without overdoing, the mortality salience and, meanwhile, they must help children and teenagers integrate in the cultural perspective of the reference group, in order to have them learn and adhere to shared behavior and values and, thus, interiorize the sense of limits and of the fragility of life. Although adults censor the topic, psychological research has shown that children start very soon, at about three or four years old, to think about death on the base of direct or indirect experiences, and, anyhow, to ask themselves what it means.

From the cognitive point of view, the correct representation of death starts to develop at about 5-6 years old, when children are able to understand the three basic peculiarities of death: its universality, its irreversibility, and the fact that it is characterized by the ending of all vital functions (Vianello, Marin, 1985). This querying becomes more and more complex, as the awareness of one's own death, fully reached during adolescence, increases (Brown, 2004). This representation, however, undergoes two different developmental pathways. In the first case, the more the teenager is egocentric, the more he will deny this need projecting it defensively into an indefinite, and therefore "abstract", future and so, to this effect, considered unreal. In the second case, when and if egocentricity decreases, the anguish of death, together with the need to talk about it, grows (Elkind, 1985). So, it is important to support the overcoming of egocentric attitudes by offering moments of reflection on the issue, in order to rebalance the two relations.

A recent study (Fornasier, Capodieci, 2014), conducted with 1288 high school students, shows high incidence deaths rates in the student population (51%) and a heart-felt desire to speak about death. Therefore, the constrained silence on these matters takes the form of the "conspiracy of silence" (Testoni, 2015).

In the past decade English-speaking countries have become aware of this cultural gap, considering it dangerous for people's well-being. For this reason, psycho-educational strategies that explicitly address the topic of death have been developed and this idea is beginning to gain some consensus in many other countries, including Italy. Also TMT researchers highlight the importance of religious teaching and of mythological metaphors that help, on the one hand, to think about death and, on the other hand, to alleviate the anguish that this thought creates (Pyszczynski et al. 1993, 2004). These are significant contents because they reduce the tendency to use cognitive biases to deny one's own vulnerability and they

allow to insert in the communication cycle issues more realistically related to the experiences of life and death.

It was, therefore, suggested that death education in the school context, if properly structured, can overcome the difficulties created by a society that, for decades, has considered real death as the most authentic pornographic message that must be censured, as Gorer (1965) effectively summarizes. As we were saying, most of the information come from the English-speaking world, where death education [DeEd] has spread in schools since the seventies and now it has been a long time since it has established and refined itself (see. Moss, 2000). Despite the growing interest, in other countries, DeEd is rarely welcome in schools as an opportunity for reflection, because teachers do not consider it as a curricular topic but as a responsibility of the family. As we said before, in turn, the family, due to the lack of a realistic contact with death, on the one hand underestimates the interest of their children in this topic and, on the other hand it ignores how this concealment can influence the adoption of health-risk behaviors, among which self-harm and suicide stand up for their seriousness (Moss, 2000).

As a matter of fact the fear of death becomes terror when solutions cannot be found and when there is no significant interlocutor to confront with (Kenyon, 2001).

Since the willingness to discuss the problem in the family is minimal, due to the lack of a socially common and shared language, and since the media spread fantastic or exceptional images of death, a dissonance in the adolescents appears, causing bizzare representations to which they may sometimes react with challenging attitudes (Andreoli, 2001). These may be followed by behaviors of search and verification, among which self-harm and suicide behaviors, which are always associated to additional predisposing and precipitating factors, stand up for their dangerousness. As a significant correlation between representations of death and suicidal tendencies among adolescents has been demonstrated, the incompetence of the adult world in the management of the problem turns out to be crucial, to the extent of requiring a careful analysis (Payne, Range, 1995). Therefore, the aims that lead to the implementation of DeEd, especially in the fields of suicide prevention, addiction and self-harm behaviors, have a socially significant value, because they originate from instances of enhancement of health and life. Nevertheless, the issue remains open from a psychological point of view, because it seems that this positive purpose involves the use of a dangerous means, consisting in the risk that DeEd may trigger a suffering that adults (parents and teachers) are not able to manage.

Teenage suicide and self-harm behaviors prevention in school

The commitment in suicide prevention field has now a ten-year history. The risk of suicide is considered to be linked to short and long term, generic and precipitating, biological-clinical and socio-demographic factors (Bertolote et al. 2004). Concerning this problem, adolescence is a critical age and, unfortunately, the phenomenon is underestimated (Evans et al. 2005a; Gosney, Hawton, 2007; Lester, 2003). Moreover, suicidal behaviors in this age come together with other important suffering indicators, such as self-harm, addictions and challenging behaviors that endanger life (Haw, Hawton, 2011; Hawton et al., 2009; O'Connor et al. 2010).

Teenagers who attempt suicide or adopt self-harm behaviors have a hardship that involves all psychological areas and that is characterized by: low self-esteem, feeling of helplessness, the need of help because reality is perceived as unmanageable (Butler et al. 1994; Evans et al. 2005a; Evans et al. 2005b; Haw, Hawton, 2008; Hawton, Harriss, 2008; Nock, Kazdin, 2002; Sinclair, Green, 2005). The scholastic institution, being the first social evaluation space in which children and teenagers are inserted in, is one of the first causes of these states because it might become a failure marker for those who do not seem to be up to the required standards (Daniel et al. 2006). When educational processes are not able to reduce the consequences of failures, for children and teenagers it rises the problem of managing them without lowering their self-esteem. If, in turn, families are not able to deal the problem together with the school, the risk that the adolescent will experience serious psychological distress (anxiety, depression, school refusal…) increases. The need of reducing the effect of this eventuality is widely felt throughout Western countries, and prevention policies, such as those promoted by the World Health Organization (WHO) and by the American Foundation for Suicide Prevention (AFSP), discuss the possibility to transform the school into an educational space that may become a protective factor against suicidal risk. The strategy suggested is to implement its pivotal role of integration between the family and the social dimension, in increasing self-esteem levels and acquiring cultural values aimed at the signification of life, health and well-being (Bertolote, 2004; Goldsmith et al. 2007; Mann et al. 2005).

On the basis of this perspective, in the United States, School Based Suicide Prevention Programs (SBSP) (eg .: Eggert et al. 1995; Kalafat, Elias, 1994), primarily based on the prevention of learned helplessness and of the resulting depression, both forerunners of suicide, have began, promoting activities that reduce social isolation (Fortune et al. 2008). Later

on, this idea was adopted by the Life Skills Education Program (WHO, 1997), which introduced in schools the "health principle", with initiatives that on the long run were able to prove their effectiveness (Aseltine, DeMartino, 2004; Aseltine et al. 2007; Eggert et al. 2002; Gould, Kramer, 2002; Goldmich et al. 2007; Gould et al., 2003; Thompson et al. 2000, 2001). A study on the analysis of self-harm behavior predictors in adolescence showed that School Based Mental Health paths reduce the incidence of depression and suicidal problems (O'Connor et al. 2009). Several psychoeducational techniques are used for prevention (Testoni, 2015), but the meta-analysis, conducted by Townsend et al. (2010), seems to show that the Cognitive Behaviour Therapy (CBT) is among the most effective forms of intervention, because it strengthens the social problem-solving skills area, deconstructing dysfunctional cognitions (McAuliffe et al. 2006; Speckens et al. 2005).

The aim of this methodology is to reactivate the motivation to discover new relationship strategies that may help adolescents to strengthen their self-esteem (King et al. 1998; King et al. 2002). Additional paths are, instead, pivoted on existential reflection activities using the narrative method, thanks to which it is possible to reduce depression (Bridge et al. 2006; Dezutter et al. 2009; Manley, Leichner, 2003; Nrugham et al., 2008).

Death Education as prevention strategy

According to statistics showing that one teenager in three has thought about suicide, and one in six has actually attempted it, Jones and Hodges (1995) used DeEd as a specific prevention path. The psychoeducational commitment for the prevention of suicide has intertwined with the DeEd, through specific curricula (Bernhardt, Praeger, 1985; Leenaars, Wenkstern, 1990), that, afterwards, merged together in the activities of different Suicide Prevention Centers [SPC] (eg. "Crisis Intervention and Suicide Prevention Centre of British Columbia"), thanks to which teachers, counselors and educators can find clear and well calibrated materials for every didactic need (Heuser, 1995; Kalafat, Gagliano, 1996: Kalafat, Ryerson, 1999 ; King, 2000, 2001; King, Smith, 2000).

These works show that it is possible to use several techniques at each school education level (Edgar, Howard-Hamilton, 1994).

The aim is to provide information on death and an appropriate language in order to understand the emotions evoked by this thought, triggering reflections on the meaning of life and strengthening rational and

critical thinking abilities. The time devoted to existential issues in schools was, initially, sporadic and mostly confined during group discussions enlivened by occasional lectures (Davis, Yehieli, 1998), taking the cue from news reports (Jackson, Colwell, 2001); but with the beginning of the new millennium, DeEd begins to develop in Israel, North America and Northern Europe, allowing to design increasingly structured and complex training programs, suitable for different ages and different educational needs (cfr. Doorenbos et al. 2003; Gallagher, 2001; Kastenbaum, 2004; Lensing, 2001; Moss, 2000; Stewart, 2001).

According to Edgar and Howard-Hamilton (1994), these are, indeed, curricula that may be effective for teenagers' mental health as they may allow them to consider death realistically, reducing both anguish and egocentric fantasies.

Such experiences welcome instances of construction, development and maintenance of self-esteem, offering the opportunity to discuss in the classroom everything that causes anxieties and fears, as well as what is not addressed within the family. The documented didactic units of DeEd were realized starting from the beliefs that the ability to relate to death respects specific developmental stages and that a mature understanding of death is generally achievable, without creating traumas or dreadful psychological problems (Alexander, Adlerstein, 1958 ; Kastenbaum, 1967 Moss, 2000).

Howard-Hamilton (1994) presents the contents of a DeEd project that became very popular in the early nineties, and that is adaptable to both children and teenagers, in circumstances where there are no ongoing bereavement processes.

The pursued goals aim to ensure teenagers accurate information about death and about the value of life that must be protected, offering simultaneously the opportunity to express emotions appropriately. These goals help to develop a balanced representation of death, instead of a phantasmagorical one.

Several experiences, that stressed the importance to involve families and, thus, to inform the parents in order to get their active participation, were also realized in Italy (Testoni, 2015; Testoni, et al. 2005). On such circumstances, school has demonstrated the ability to provide significant resources to parents, who were invited to carry on the training process on these issues collaborating with teachers.

Moreover, in paths specifically created for teenagers it is possible to actively involve them in the design and implementation of educational activities (Heuser, 1995).

While the teacher acts as a support, the students are entrusted with the task of outlining the contents and the requirements of the training

course and of structuring it depending on the changes of their interests and on the availability to consult the topics.

When teenagers, autonomously, start searching, for group discussion, texts and documents, especially biographies of the deceased belonging to their family circle, parental support can be a valuable resource. Jackson and Colwell (2001) notice, however, that teachers need a specific training in this regard. Their research has, indeed, shown that when teachers have to talk about death, even only to debate on news events, they feel unprepared and they are worried about not being able to address the topic. Their fear is to cause harm to the students and this is why they believe that it is better to entrust the task to experts. Indeed, we believe that there is a lack in the training of teachers of all levels on this topic, and as long as this will not be included in the Core Curriculum of university studies, certainly the minimum standards of required skills cannot be guaranteed. Up to then, in order to undertake projects, it will be necessary to refer to DeEd experts, who will work with teachers and students, involving families at the same time (Testoni, 2015).

Conclusions

Teenagers wish to talk about death, but they encounter an unskilled adult world, that seems to live in an endless here and now, where the progressive disappearing of eschatological perspectives leaves only space to hedonistic fantasies of individual well-being (Elias, 1985). The reasons for this need are linked both to direct experiences of loss and to the exposure to media messages that represent death as a phantasmagorical and exceptional event, therefore distant and abstract, in other words unreal. In our historical period, parents and teachers who live in Western countries are adults grown up within "death free" families that developed in a period in which severe terminal illnesses and death were entirely handled in hospitals. The lack of such experiences and of social sites suitable to address the life-death relationship caused a significant incompetence on the subject. Therefore, in front of discussion and clarification instances, claimed by children and students, parents and teachers reciprocally rebound the task, arriving, finally, to agree that the topic needs to be addressed by experts. This situation is somewhat similar to the one occurred for sexual education, which was never fully taken in charge by parents or by teachers but entrusted to psychologists expert in sexology, who manage health promotion paths, that ministerial programs have begun to take in

consideration in the nineties, in order to prevent sexually transmitted diseases (HIV, AIDS, syphilis, …), unwanted pregnancies, abortions...

The literature analyzed in this review discusses the possibility of spreading successfully DeEd experiences that come from English-speaking countries and that are also used for the prevention of self-harm and suicidal behaviors.

The question on the meaning of life and death enquired by teenagers without finding skilled interlocutors goes together with numerous self-harm and suicide behaviors, which could be prevented, if at school and in the family would be taken into account the existential theme, in other words the awareness of having to live but also of having to die. The risk related to the anxiety caused by DeEd concerns both adolescents and adults, but in a different way. If significant adults (parents and teachers) are not able to manage their own fear, they will inevitably pass it on to teenagers who will process it basing on what society makes immediately available. As we discussed, since messages on death available to young people are essentially spectacular and emptied of meaning, it is worthwhile that educators take the problem into consideration and personally start a DeEd path in order to promote it and, afterwards, to activate it between school and family. As several studies have shown that parents skilled on death, suicide and grief are more favourable to DeEd, compared to those parents who think that it may interfere with parental responsibilities (Shatz, 2002), we believe that it is necessary to intervene involving both parents and teachers, to ensure the widest consensus as possible, even when the scholastic path is entrusted to outside experts.

Probably, in the future, we will meet less resistance in this regard, because the need to talk about these issues is now deeply felt by adults, due to the fact that health care institutions, increasingly in trouble from the economic point of view, have adopted policies that foster home care of terminal illness and death. This means that for families there is an urgent need of acquiring helpful skills to face the end of life. Therefore, start with initiatives in school may be an opportunity to approach this issue without triggering an excessive fear.

Note

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