

Loss, grief, physiotherapy, humanities, education.

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The Humanities in a Course on Loss and Grief

Summary This paper describes an innovative course on loss and grief, its rationale, content and assessment. This curriculum development project arose from a collaboration between University College Dublin School of Physiotherapy and the University of Strathclyde Centre for Academic Practice, drawing on the work of the Glasgow Medical Humanities Group (founded in 1989). The key section in the discussion is the students' writing under examination conditions, providing evidence that they integrated personal experience and teaching materials. In addition, there is evidence that the students who chose the humanities option performed better in the assessment of this module than those who restricted themselves to scientific texts. It was hoped that this type of educational experience would generate in students the deep understanding which Downie (1994) considers to be essential to humane healthcare.

Introduction

There has been much discussion on the value of medical humanities (Calman and Downie, 1988; Downie, 1994; Jackson, 1996; Murray, 1997). Many descriptive papers illustrate how the humanities and the sciences may be integrated in discussions among healthcare groups and several analytical papers consider the conceptual processes that occur in such discussions. The question of where the humanities sit in the curriculum, however, remains open to debate.

A formal course on loss and grief in University College Dublin illustrates how the humanities can complement scientific texts in the curriculum. Students' writings under examination conditions illustrate the impact of the humanities on their development: prompting reflection on the profession and on themselves as clinicians, developing empathy through vicarious experiences and integrating personal and professional experiences.

While informal medical humanities groups have their place and their value, including the humanities in the formal

curriculum, and formally assessing students' work, may increase the status of the humanities in healthcare. This course indicates how the humanities can move from the margins to the mainstream of undergraduate physiotherapy education.

The need for education and training in the area of loss and bereavement has been recognised (Meredith *et al*, 1998; Randhawa, 1998). It has, moreover, been argued by Fallowfield (1996) that in bereavement situations 'personal growth and awareness' are as important as interview and communication skills training. Angus (1997) advocates healthiness in one's self as an essential factor in caring for others, insofar as those who care for dying people need to be free of emotional stress and to have an effective support service in order to communicate well. A humanities course can guide students in this development process, using literature on grief and self-discovery to enrich their own lives and, by extension, their patients' lives.

The departure into the humanities can be justified in terms of education objectives, since literature and the arts in general help to encourage movement from the concrete to the abstract to the highest levels of knowledge, providing a safe and appropriate environment in which to practise reflection (Richardson and Maltby, 1995). Yet, with the exception of a few courses, the humanities remain marginal to mainstream medical and health professional education. For medical students who would like to read texts outside the curriculum, and there are many who would, the constraints of the curriculum prevent them from doing so (Hodgson and Thomson, 2000). Physiotherapy students may be no different and have to contend with equally demanding schedules. Physiotherapy

Mc Ateer, M F and Murray, R (2003). 'The humanities in a course on loss and grief', *Physiotherapy*, 89, 2, 97-103.

clinicians involved in medical humanities have a feasible means of continuous active reflection on practice as undergraduates and in continuing professional development (Murray, 1998).

Course Rationale

The course chosen as the vehicle for introducing the humanities in the curriculum was 'loss and grief', an important element of undergraduate education as clinical physiotherapists are heavily involved in assessing, educating and treating those who have sustained losses. These losses occur in many forms, in patients' physical, mental and spiritual worlds, ranging from loss of limb, breast or other body part, to loss of independence or function, loss of spouse or partner, to loss of homeland through emigration. The underlying emotions in all losses are similar and the course is structured around the use of bereavement as the conceptual model for understanding other losses (Mc Ateer, 1989). The course aims to enable students to recognise manifestations of loss and grief in clinical situations and to understand the likely impact of cognitive and affective states on physical, mental and spiritual health. The course is mandatory in the fourth year of the undergraduate programme.

Course Content

The course is delivered by lecture, workshop and discussion group and consists of 12 contact hours over four weeks, with a three-hour session each week.

The course tutor is a senior lecturer in physiotherapy who has completed a two-year course on grief counselling and therapy and who has extensive experience as a (voluntary) counsellor with a national bereavement counselling service.

Week 1

- Outline of course content
- Introduction: objectives and teaching methods
- Required and recommended reading
- Attachment theories
- Attitudes to death in a cultural context
- Terminal illness and anticipatory grief
- Needs and fear of dying patients

Literary text *Beethoven's Testament*

(Downie, 1994). The themes of this text are the wretchedness of deafness, disability and deprivation; uncertainty of diagnosis, resignation and acceptance.

Week 2

- Bereavement: the conceptual model for other losses
- Tasks of mourning: reactions to death; physical, mental and spiritual sequelae
- Health status of the survivor: implications of grief for chronic illness

Literary text *A Grief Observed* (Lewis, 1961).

The author's description of the physical and psychological manifestations of the fear associated with bereavement are in sharp contrast to the language used in scientific texts on acute grief. Lewis writes from personal experience whereas Lindemann (1944) and Murray-Parkes (1975) supply lists and tables with their data.

Week 3

- Significant losses in physiotherapy practice – spinal cord lesions, amputations
- Patient mourning the lost self
- Goals of rehabilitation with respect to grieving and mourning
- Affective goals from the patient's perspective

Literary text *Crushing Force* – an unpublished poem (Mc Ateer, 1997)

which explores the profound nature of spinal lesions, disability, impotence, fear of loss of love.

Week 4

- Communication and relationship skills in context
- Concepts of 'quality of life'
- Integration of patients' and carers' expectations

Literary text Florence Nightingale's *Notes on Nursing*.

The excerpts chosen illustrate the isolation imposed by the use of platitudes and other flawed forms of communication.

Briefing the Students

The introduction of humanities literature into an existing course would be innovative, therefore it was necessary to allocate time, over and above that given in previous years, for discussion as to the likely nature of student participation. The briefing was given before the start of the course. It was considered that discussion within the course could possibly prompt some students to share experiences of a personal nature. It was emphasised that while in such circumstances, confidentiality and positive regard for course participants would be essential conditions, this was not a counselling course. It was equally important to affirm the students' autonomy and to confirm that no one would be expected to reveal feelings or experiences they considered private. The link between experience and knowledge, their integration in informed social experience, was discussed. The lecturer explored the possibility of some grief-related 'unfinished business' emerging during the course and detailed sources of help available within the department on a daily basis, and from a variety of support services outside the department. A comprehensive reading list was supplied.

Students at University College Dublin in their final-year course evaluations consistently demand courses with direct relevance to clinical practice and for this reason, a set of observations and assumptions about clinical applications of the humanities was presented in order to demonstrate the purpose of their inclusion. Some of these concepts were:

- Since communication is at the heart of all therapy, the language used to express symptoms, feelings, fears and expectations is of central importance. Exploring the humanities broadens the use of language and, by implication, the scope of subjective inquiry.
- We cannot think our way to humanity. We can create an environment in which we can celebrate our potential, and discover the way into a more humane world (Illich, 1973). We suggest that literature helps to create this environment.
- Images of disease, illness, death and bereavement are common in literature (Downie and Macnaughton, 1998). Health professionals will perhaps offer

treatments based on a fuller understanding of people if they engage in self-discovery when mediated through literature and the arts.

- University programmes in Ireland, particularly in health sciences, are moving towards the inclusion of liberal arts modules in undergraduate programmes.
- The veritable explosion of interest in poetry in Ireland has heightened young people's awareness of the value of the poems they studied at school. Seamus Heaney, one of the most respected figures in contemporary Irish society, said about poetry 'I credit [poetry] because credit is due to it, in our time and in all time, for its truth to life, in every sense of that phrase' (Heaney, 1998). Poetry is used voluntarily and with considerable facility by this and other groups of our students when writing reflective diaries in both second and third years of the course. There is a logical case to be made for extending the scope of literature in a more structured method for inclusion in formal courses.

The foregoing considerations, in our opinion, constitute a valid argument for the study of non-scientific literature in courses which are of clinical importance to practising reflective physiotherapists.

Course Reading

The course reading list includes both scientific literature and the humanities. Three humanities sources are suggested: de Beauvoir's *A Very Easy Death*, C S Lewis's *A Grief Observed* and Tolstoy's *The Death of Ivan Illych*.

The students are encouraged to find other readings to reflect their personal tastes. The tutor aims to facilitate students in making creative choices rather than directing their reading and analysis of literature. Guidelines for reading are provided and include the following suggestions:

- Observe the language used in scientific and literary texts.
- Note publication dates to see if literary expression predates scientific 'developments'; for example, Tolstoy wrote informatively about terminal illness approximately 80 years before

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This article was received on September 17, 2001, and accepted on July 19, 2002.

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Kubler-Ross wrote one of the cornerstones to palliative care.

- Consider whether or not the arts provide different insights. Do they complement the scientific texts?

Assessment

The course is examined at the end of the year in accordance with the university's examination system. This assessment constitutes one-sixth of the marks available for written work in professional subjects taken under examination conditions. The first examination offered a choice of questions:

1. Discuss the varied physical and emotional reactions to the death of a significant person. Your response may be illustrated by reference to
 - (a) The scientific literature
 - (b) humanities literature such as prose and poetry

or A combination of (a) and (b).
or
2. Discuss concepts of attachment and loss within the specific context of the practice of physiotherapy. Illustrate your response with reference to the transition that is required when a previously active young man sustains traumatic paraplegia, has extensive physiotherapy and becomes wheelchair-bound as a result of his injuries.

Of the 34 students, 25 (73%) chose question 1, while 9 (26.5%) chose question 2. Of the 25 choosing question 1, 22 (88%) chose a combination of (a) and (b) but with the humanities predominating as evidenced by analysis of the candidates' reference material. Looking at the group as a whole, 64.7% chose a predominantly humanities approach. This high proportion may have resulted from directed reading, although it entailed more effort on the part of the students, since the nature of the question prompted work in areas other than in the medical library. (At University College Dublin, the medical library is at the 19th-century city-centre medical school site awaiting re-location to the modern campus. The arts and humanities library is in the main campus – a distance of some six miles from the medical library).

Marks were awarded as follows:

Question 1 (a) + (b) out of a possible 33.3, marks ranged from 21 to 30, mean 25.7.

Question 2 (paraplegia), out of a possible 33.3, marks ranged from 20 to 26, mean 23.1.

It could be argued that the range of marks for the humanities question reflects the proclivity of the lecturer-examiner. However, students awarded high marks were those exhibiting comprehensive and cohesive responses through the use of wide-ranging sources. While all students are expected to make value judgements, marks in a first-class honours band (in this case 23 and upwards) were awarded only to those exhibiting high skills in synthesis and ability to make mature judgements in relation to the world of physiotherapy practice.

Marking was subject to both internal and external moderation. A scrutiny of assessment results across all subject areas at end of year indicates that of the 22 humanities students in this module, two achieved first-class honours, 19 had upper second-class (65%-69%), and one achieved lower second-class (60%-64%).

Taking the 22 students as a group, 50% had achieved consistent results throughout the four years while the remaining 50% improved their grades in the final year.

In their answers students cited 57 non-scientific sources, including prose, poetry, music, drama and the visual arts. The following is a representative sample:

Poetry Auden, Clarke, Dickinson, Hopkins, Heaney, Keats, Tennyson, Wilde, Wordsworth, Yeats.

Prose Bronte sisters, Dickens, Hardy, Joyce, Solzhenitsyn.

Drama Shakespeare, O'Casey.

Music Beethoven, Garth Brooks, Eric Clapton, Paul McCartney, Mahler, Van Morrison.

Art Exhibitions in the Irish Museum of Modern Art.

This list shows how students brought their own awareness of the humanities to the examination. Student writing showed that they integrated knowledge gained in the course with their personal experiences

Student Writing

Student writing under examination conditions was remarkable not only for the range of sources they used but also for the range of processes they revealed; in the important mix of experience, understanding and judgement – hallmarks of a true learning experience – 22 to 24-year-olds may not have all the requisites for learning but three examples illustrate the range of mature reflections in these writings.

In the first example, the student Emma argues that literature offers vicarious experience. It has long been argued that this is a potential outcome of studying the humanities; what is significant is that the student defined it as an outcome:

'[Clinicians] can use the characters in the novels, poems and short stories as surrogates for the vast range of people, for as T S Eliot (1964) put it, "we read because we cannot know enough people".

'When [clinicians] respond to these characters, they develop a core of experiences and understanding which can be used to respond to patients in similar clinical situations. In the scientific texts the emotions purported to be experienced by the bereaved are merely written in a list – it can be learnt by rote. This contrasts strongly with the literary texts – C S Lewis on anger and guilt, Simone de Beauvoir on remorse and castigation. Emotions in the literary texts are so intensely personal that it invites the reader to enter the mind of the bereaved patients, leading to a deepening of the therapeutic relationship.'

This student, like others in this cohort, has identified different modes of learning about the subject. There is some indication that metacognition has occurred, in the sense that the students have demonstrated an ability to think about how they think about bereavement, and to the extent that they recognise this as valid material for an examination. In addition, learning is represented by the students as an active process, in which readers can 'enter the mind of the bereaved patients'. Interestingly, the student quoted observes not only the learning effect of literary texts, but also their impact on the 'therapeutic relationship'. This suggests a perceived or potential impact beyond the course and the examination.

The second example illustrates how Sheera drew on her extra-curricular experiences of the humanities:

'Modern artists have started to look inwards at the body celebrating its frailty and its mortality [as was evident at] a recent exhibition at the Irish Museum of Modern Art, by artist Kiki Smith. Artists and writers are beginning to reject the air-brushed images so long favoured by the mass media. In my view, humanities and scientific literature complement each other in much the same way as the subjective and objective physiotherapeutic assessments.'

This writing shows the student not only engaging with works of art but also relating them to scientific literature. Perhaps, more importantly, they reflect on the contrast between ideal and real representations of the human body.

The final example was so cathartic for the student Barry, that confidentiality demands a third-person account:

He felt he inhabited a fantasy world which was never touched by death or grief. Never having lost anyone close to him he had no idea of the effects of loss. The death of a close friend posed a dilemma – whether to go to the funeral some long distance away, or to stay at college and finish assignments. The decision not to go to the funeral has resulted in lingering regret. Attendance at a church memorial for the dead friend some time later resulted in a profound shock into reality that, yes, he was dead and no matter what words were used the finality of death was real.

Barry went on to say:

'There I must halt my thoughts and attempt to justify exploring them in an exam question. Experiences of loss and the grief that follows cannot be learned as we learn anatomy and biomechanics. They are personal experiences unique to each individual. However, both medical humanities and scientific literature can give us some insight into the emotional and physical reactions to death.'

This writing included a narration of personal loss, but the student stands back from personal feelings, indicated by the stylistic shift from 'I' to 'we', revealing an ability to be both subjective and objective,

and evidencing the important emotional dimension of learning as expressed by Boud and Walker (1998).

These writings, selected by the tutor/examiner as being representative of the group, show an acceptance by students of the appropriateness of the humanities as part of learning and practice. Some show an understanding of the development of skills relevant to practice; others indicate an awareness of the possibility of deepening the therapeutic relationship through the humanities.

Conclusions

These student writings suggest that literature has an important role in helping students understand aspects of practice. This can be seen as playing a complementary role to other aspects of clinical education. While clinical experience is essential, there is evidence that the extent to which it can produce development or knowledge is variable (Rosie and Murray, 1998). Clinical experience alone may not, therefore, develop the skills required for loss and grief situations.

A formal humanities course can test clinicians' understanding of the complexities of loss and grief (Jackson, 1996); understanding that may lie 'beyond the merely scientific', in contrast with more informal programmes, such as those suggested by Calman *et al* (1988), that is, those that sit outside formal, institutional curricula and are not assessed. Genuinely reflective practitioners, like the students in our sample, do not confine themselves to one form of reading or writing. The students' writing analysed in this paper shows that study of the humanities can develop the skills of

metacognition, stimulate reflection on modes of learning, and prompt reflection on themselves as people and as practitioners, a capacity acknowledged as a key goal of higher education (Barnett, 1997). The quality, richness and maturity of these students' writing under examination conditions suggest that the humanities can enhance the scientific approach.

It has been argued by Mc Lellan and Jones (1996) that the medical humanities literature has moved from the descriptive to the analytical; similarly, this paper provides not only a description of a course, but also an analysis of one form of medical humanities assessment. This analysis raises further questions about the potential tensions between reflection and assessment, between professional distance and empathy and between emotion and metacognition. These would merit further scrutiny. However, the students who attended this course had opportunities to begin to address these questions during their studies. Their writings include consideration of these questions and show developing understanding of their complexity.

While scientific texts are, of course, established in the mainstream curriculum, with literary texts normally in the margins, this paper has contributed to the debate about the value of making room in the mainstream curriculum for medical humanities, in order to develop this important aspect of clinical practice. This, of course, also raises further questions about the balance of the important subjects of loss, bereavement and grief along with other elements of current curricula.

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Rosie, J and Murray, R (1998). 'An evaluation of learning on clinical placements in radiography', *Medical Teacher*, **20**, 227-235.

Required Reading

The sources listed here were required reading for students on the loss and grief course. A comprehensive list of contemporary sources was designated 'recommended' reading.

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Key Messages

- Knowledge of loss and grief is fundamental to physiotherapy education.
- Personal growth and awareness are as important as physiotherapy skills.
- Incorporating the humanities is justified in terms of educational objectives.
- The humanities enhance the scientific approach and promote quality writing.
- Students' use of the humanities facilitates reflection on practice and learning.
- Deep learning occurs when personal experience informs understanding and judgement.