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## **EDUCATION GOUPS AT SCHOOL ABOUT DEATH: CHALLENGES AND REFLECTIONS FOR HEALTH PSYCHOLOGY**

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### **Abstract**

This paper aims to report an experience of a group of psychologists working in the field of Health Psychology. It is the result of an intervention work in a school, located in Manaus, capital of Amazonas State, Brazil. It was an education proposal on the theme Death, aimed at children between 8 and 12 years. Children with delays in school performance were selected and their experience broadened the concept of Health and Psychology, building a more affectionate and skillful relationship in understanding the demands of others outside the established spaces of Health.

**Keywords:** Health Psychology; Intervention; Death.

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### **1. Introduction**

Psychology is a science of many work fields. Closely linked to mental health care, this profession has also played an important role in Primary and Psychosocial Care.

The history of Psychology has gone through crises and reflections to accompany social changes and break with the professional identity of preventive and curative nature, exploring new spaces, especially the health projects proposed by the Brazilian Universal Health System (SUS).

Dimenstein and Macedo (2012), in Psychology Training: Requirements for Practice in Primary and Psychosocial Care, address this theme and critically explore the training in Psychology, and advocate the construction of a profession focused on Public Health. Nurtured by this debate.

We became interested in the specialization course in Health Psychology offered by the Amazonas State University (UEA), whose training stimulated reflections on the professional practice of Psychology in Public Health, taking the principles of SUS as important guiding principles, raising broad debates about the most varied possibilities of action. Immersed in this training, the Course Conclusion Work was through the production of this article, which addresses the professional experience based on the classes we had during the Specialization.

The internship was conducted in conjunction psychologists and supervised, and together we drafted a proposal for Education about the process of Death and mourning, aimed at children between 8 and 12 years. The activities were held at a municipal public school in Manaus (Amazonas), located in the East Zone of the city.

At the school, we were welcomed by the pedagogue who, when presenting the internship project, indicated the Acelera and Se Liga project classes. The Se Liga project focus of this article, had students between 9 and 14 years, in the learning phase of reading and writing. These projects are the result of the partnership between the School and the Ayrton Senna Institute.

The Ayrton Senna Institute has been supporting municipalities and states for over 20 years wanting to reduce the rates of age-grade distortion and of students not yet literate after the 3rd year/grade. A reference in this work, Se Liga and Acelera Brazil programs involve teacher training, classroom and results monitoring, and have already transformed the lives of many students, who are able to recover their studies in the correct grade for their age. ([www.institutoayrtonsenna.org](http://www.institutoayrtonsenna.org))

Eight meetings were held at the school, the first with the pedagogue, when the presentation of the project was made and the definition of classes and schedules and the second meeting for rapport with the teachers of the chosen classes. The classes were nominated by the school's pedagogue for understanding the students' need to participate in activities other than the Acelera and Se Liga project, since they do not participate in Physical Education and do not share the activities of the classes linked to common curriculum projects. The initial proposal was to work the theme Death with the two groups, distributed in four meetings. However, the first meeting with the Acelera class revealed the need to work on content aimed at introjection of norms and expression of emotions. With the Se Liga class, it was possible to continue the project, with the addition of a meeting to further explore the chosen contents: human body, self-care, life cycle, death and grief. In the first meeting with the children, there was a presentation dynamic, the elaboration of group living norms and a brief discussion about the team's objective. In the second meeting, a puzzle of the human body and a scientific book about the human body were worked out, with the objective of discussing the body, its potentialities and weaknesses.

At the third meeting, the children read the book "Beginning, Middle, and End," followed by a discussion of the book. In the fourth meeting, we took up the history of the previous meeting and suggest to the students the realization of a play in order to grasp the perceptions about death and grief built up to that point. On the fifth meeting, the teacher was on sick leave and the class did not attend school. We then held the last meeting the following week, when we resumed the objective set out in the first meeting, giving a retrospective of what we had built so far. We continue with the activities of planting of beans in order to work care and life cycle and we have a farewell dynamic.

## 2. Theoretical Framework

The conception of health has been built and transformed over time - in every historical moment, man dedicates himself to such a comprehensive aspect of this theme in order to respond to a need. The studies organized in the collection *The Health and its social determinants*, by Buss and Pellegrini Filho (2007), discuss the health-disease process and its construction since the mid-nineteenth century, in a historical line until the 2000s: Although (...) some consensus has been reached today on the importance of SDH in the health situation, this consensus has been built throughout history (p.78).

The authors recall Susser's (1998) considerations about miasmatic theory in the mid-nineteenth century: the idea of miasma explained the social changes and health practices experienced in the context of transformations in urbanization and industrialization. At this time, the social and political spheres of health were discussed: Virchow, one of the leading scientists in this theory, understood that "medical science is intrinsic and essentially a social science." (...) He also understood that the very term "public health" expresses its political character and that its practice necessarily implies intervention in political and social life to identify and eliminate the factors that affect the health of the population. (Rosen apud Buss and Pellegrini Filho, 2007) At the end of the nineteenth century, the biologicist conception gains strength with the bacteriologists Koch and Pasteur and the processes of health and disease undergo transformations. Thus, a conflict arises between social issues and health policies versus the biological medical approach, predominating the conception of public health as control of specific diseases (Buss and Pellegrini Filho, 2007).

According to scholars, the twentieth century brings important discussions for public health. Despite the hegemony of the biological approach, social and political issues are raised and influence health concepts: in 1948, WHO understands health as "a complete state of physical, mental and social well-being". Analogous to this movement in health, man's relationship with death goes from naturalization to the prolongation of life and denial of death. The wake at home, the long farewell and the celebration of mourning gave way to a distant and medicated experience of loss. Another relevant work for this reflection is *Death: a psychosocial view*, where Combinato and Queiroz (2006) discuss, according to Rodrigues (1995) studies, the history of death: in the European Middle Ages, dying was not an opposition of life, but part of it. The cemeteries occupied the center of the city, being considered spaces of leisure and commerce. From the eighteenth century, the birth of capitalism gradually changes this way of living with death, beginning the occupation of remote places to the detriment of cemeteries in the midst of social life (Combinato and Queiroz, 2006).

The authors explore the transformation in relation to death, rescuing that: (...) Rodrigues's analysis goes on to show that, in the medieval world, the relationship with the body was open, expansive, undisciplined, overflowing and lazy, very different from the close, contained and individualized relationship of the bourgeois world, which transformed the human body into an instrument of production and work. In this transformation, what causes disgust and fear today has caused laughter, intimacy and familiarity in the medieval world. I recall, then, the importance of the nineteenth century and the transformations in the conception of health discussed by Buss and Pellegrini Filho (2007).

In the midst of debates on public health, the biologicist model has another impact - the relationship with death. According to Combinato and Queiroz (2006): With the development of industrial societies and the technical and scientific development of medicine, from the nineteenth century, the view of death and interaction with the dying patient changed even more radically. The hygienist revolution radicalized the separation between the living and the dead so that living together between these two conditions came to be seen as an extremely important source of danger, contamination, and disease (p.210).

Capitalism has transformed man's relationship with work. Productivity gives meaning to life and places illness alongside shameful inactivity - a space for those who no longer have social utility (Pitta apud Combinato and Queiroz, 2006).

In hospitals, the rescue of life - any life - is present. In a denial of death attitude, invasive - and sometimes unnecessary - treatments keep life for a few more days or months. One avoids talking about death and the performance of farewell rituals, once part of the moment of mourning, ends up not happening. Ariés apud Combinato and Queiroz (2006) explores the rituals of death previously in force - the dying man organized his inheritance and said goodbye. After death, the family fulfilled the customs and, finally, religiosity and spirituality also gave meaning to death and was part of the ritual.

### **3. Results and Discussions**

Death and mourning occupy important spaces - losses touch us intimately and show how finite our time is: the fantasy of death is present in all of us and is constantly remembered when one encounters one's old age and death. When a practitioner chooses to work on a theme, whatever it may be, they come into contact with their own constructions, fantasies, resistances.

If the theme is disorganizing in nature, reflection and organization of these ideas before, during and after the intervention become essential to make you a committed professional.

In another time, we worked with a group of children with cancer, exploring ideas such as mourning for the body and fantasies about health, illness and death. When writing about this project, we thought: what and how will we approach this theme? How will we be received? What are our strategies? We thought, then, of creating spaces for the construction of bonds based on children's affection, listening and autonomy, a strategy that turned out to be similar to the teacher's attitudes during the school year. Such similarity was not previously thought, however, eventually positively influenced the project. We took as a starting point the children's prior knowledge of death, especially the experiences lived by the participants. By sharing stories, we were able to enter their world, explore and consider ideas already built and offer the maximum tools for building other ideas that encourage the development of skills to deal with the topic in a less traumatic way.

Moving away from our own constructions on the subject and approaching the childish and concrete conception of death was a difficult exercise. Rescuing the age group helped in this process - more physiological and less reflective understanding is characteristic of age. The abstraction of concepts such as mourning is gradually built, in a process that goes from maturation to the constant exercise of reflecting on various themes.

We began then with the physiological. Putting the puzzle together (suitable for 8 years or more) and exploring the human body science book was the class's favorite activity. The book contained images of the dissected human body and generated much curiosity. During the assembly of the puzzle, the children focused, divided tasks and were able to assemble most of the toy.

This meeting was very interesting because it revealed cognitive difficulties not perceived so far. Despite the class's investment in assembling the puzzle, not completing it was difficult to put the pieces together and correlate with the whole picture.

Although it was not one of the goals, this experience showed how to understand the characteristics of the class is essential to achieve the internship proposal. In future projects, we need to carry out activities to understand the potentialities and difficulties of the class, going beyond the previous experiences on the subject and the previous adaptation of the project to the age group.

Thinking about how we would approach grief, we decided to use a tool whose language was appropriate for the age group. Children's stories are interesting tools to create identifications with feelings and experiences, demystifying fantasies that can bring suffering, as well as being a great start to talk about new or difficult themes. Thus, we tell the story of the book "Beginning, Middle and End", whose paintings were very interesting for children, while the protagonist's children's experiences and reflections facilitated the approach and understanding of the subject. However, the book had an ideal family model (father, mother and daughter) and activities far from the reality experienced by the group's children - the scarcity of children's books on death and mourning was a difficulty encountered during the internship. We believe that offering a wider range of family backgrounds and different experiences on the subject is important not to place traditional family training as the only valid coping and support option.

The last meeting was designed to provide fun farewell activities for the children. We sought to rescue past encounters and create a line of thought and experience that made sense to children through a conversation wheel.

Then we focus on self-care and self-investment that we can develop through the experience of planting and caring for beans, ending with pranks and finally distributing and reading a comic book from Turma da Mônica about children's rights.

As it was the last meeting, we created a great expectation to finish the project in a playful and affective way - playing, planting and reading comics with the children. However, the previous class was also permeated by play (board games) and the children were more interested in continuing the games. The group's lack of interest in the activities was quite frustrating, which made the meeting "boring" and, at the request of the class, were released for lunch. We learned then that working with groups also requires maturity to respect their movements - on this day, the children as a group did not want intervention, even if permeated by play. At first, the children's explanation of their desire to play chess and checkers was enough - they were unwilling to think about death that day. On the other hand, the frustrating experience allowed a deeper reflection on this day and the project as a whole: what reveals the position of not participating in the activities? What do we leave for the children?

We thought, then, of the development of the activities, possible maturations and even possible past experiences that perhaps made possible the manifestation of the “no”, hypotheses that go beyond the first explanation. During the meetings, the children worked on the search for autonomy and self esteem by participating in activities that explore the formation of their own positions and the construction of products with the available tools (puzzle and plays), supported by the affective exchange - The link between psychologists and children culminated in the desire to extend the bond and continue the project.

Building affection, autonomy, and self-esteem may have enabled children to experience saying no and continue to be loved: adults are able to withstand child negation. On the other hand, considering the short duration of the intervention and the situation of vulnerability in which the children find themselves, it is also possible that not participating in the farewell activities represents the desire for continuity of the bond, difficulty of breaking and a possible fantasy of abandonment, since the group did not allow the farewell.

#### **4. Conclusions and Recommendations**

The internship in Health Psychology made possible, firstly, the experience of elaborating a project of Health Education. This exercise has been performed during the postgraduate course and, thinking about the objectives of the intervention, the tools used and how we would conduct the meetings, we were able to develop the ability to see the project in a linear and conclusive way.

This holistic awareness was important because it facilitated necessary changes and adaptations to the demands of the class without losing focus of the intervention, supporting the planning of another meeting and reorganizing the approach of abstract content such as grief and feelings through the use of concrete themes. for children, such as the physiology of the human body and illnesses.

During the meetings, establishing a bond with the children was very important for the project results - from the safe relationship with us, the children could expose their weaknesses, reflect on future issues, develop self-care and have space to invest in healthy relationships. On the other hand, linking with the class made it possible to meet their demands and understand that the main objective of the intervention is to offer experiences and tools that can be accessed whenever necessary. The experience with children behind school was very rich in demonstrating cognitive deficits that we had not anticipated in project design, such as logical thinking and abstract thinking. These characteristics had a direct impact on activities, especially in puzzle and grief reading. The meetings were successful and eventually developed children's cognition. However, as learning for project design, I would add an initial meeting with activities aimed at greater understanding of the class profile, so that this development takes place in a planned and intentional way.

Finally, doing the internship in a public school made us concretely broaden the concept about Health and also about Psychology, building a more affectionate relationship and able to perceive the demands of the other outside the consecrated spaces of Health. Go to the groups, instead Waiting for the request for care, also showed the possibility of a more active posture, taught that there is room for health everywhere and that the initial goals can be met even meeting others halfway.

## References

- [1] BUSS, Paulo Marchiori. PELLEGRINI FILHO, Alberto. A saúde e seus determinantes sociais. *Physis* [online]. 2007, vol.17, n.1, pp.77-93.
- [2] COMBINATO, Denise Stefanoni. QUEIROZ, Marcos de Souza. Morte: uma visão psicossocial. *Estud. psicol. (Natal)* [online]. 2006, vol.11, n.2, pp.209-216.
- [3] DIMENSTEIN, Magda; MACEDO, João Paulo. Formação em Psicologia: Requisitos para Atuação na Atenção Primária e Psicossocial. *Psicologia Ciência e Profissão* [online]. 2012, vol.32.
- [4] GABARRA, Letícia Macedo; GONÇALVES, Jadete Rodrigues; SCHIMDT, Beatriz. Intervenção psicológica em terminalidade e morte: relato de experiência. *Paidéia (Ribeirão Preto)* [online]. 2011, vol.21 n. 50.
- [5] Instituto Ayrton Senna, disponível em [www.institutoayrtonsenna.org](http://www.institutoayrtonsenna.org). Acesso em 05.01.2017.

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