THE TEACHER AS A SUPPORT SYSTEM FOR THE YOUNG CHILD

DEALING WITH DEATH AND DYING: A MINI-COURSE

FOR THE TEACHER TO HELP THE YOUNG CHILD

DEAL WITH THE SUBJECT OF DEATH

AND DYING

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF EDUCATION

BY

DOROTHY R. TATUM, B.S., M.S.

DENTON, TEXAS

MAY, 1978

The Graduate School

Texas Woman's University

Denton, Texas

_____ April _____ 19_78_

We hereby recommend that the   Dissertation   prepared under

our supervision by _____ Dorothy R. Tatum _____

entitled ____ The Teacher as a Support System for the ____

Young Child Dealing with Death and Dying:

A Mini-Course for the Teacher to Help the

Young Child Deal with the Subject of Death

and Dying

be accepted as fulfilling this part of the requirements for the Degree of

_____ Doctor of Philosophy _____

Committee:

Sam Ed Brown
Chairman

Ron Spirola

Patricia A. Moseley

Vera Taylor Gershner

Robert Littlefield

Accepted:

Phyllis Bridges
Dean of The Graduate School

ACKNOWLEDGEMENTS

The word "faith" is often overused. Ed Rutland puts
it into practice and gave me my full share. A church is
God's house, but a Father Rutland makes it an even more
meaningful house for his flock.

Mrs. Rowena Wilks diligently edited the many pages
with a skill I admire. Her interest in life, enthusiasm
and interest in all around her, and her sincere care for
others made me feel so necessary and fortunate to know her.

Katie Napier was much more than the typist. She was
so helpful with suggestions, and her knowledge of the "know
how" to put a dissertation into shape.

Elizabeth Snapp always made me feel "OK." I must have
asked the same questions over and over. Her patience and
wise answers and suggestions were given in concern.

The committee accepted willingly the responsibility
of guiding me. The topic concerned some because of the
tenderness felt for death and dying. I valued this sensi-
tive concern. I hope they now see it as an excellent
therapy for me as well as help for the young child. There
were many pages to wade through and I appreciate their
patience with this "verbal soul." I felt very gratified
when several said that they, too, had learned from the
study.

My chairman, Dr. Sam Brown, gave his time unbegrudg-ingly. These many busy hours were never taken for granted by the researcher.

I hope I haven't been a disappointment to the commit-tee with all their valiant efforts. Without the strength of the committee, I couldn't have completed a study I am very proud to offer to those interested in the welfare of our young children.

The comradeliness created by the doctoral students struggling to beat the deadline has been incredible. The moral support and the shared frustrations could never have been understood by others outside this circle. Our deci-sion was, "This too will pass." When it is over, perhaps we will even miss this particular need for each other. I sincerely hope not.

Thank you, God, for granting me the strength--moral and physical--to endure, grow, produce, and be proud. You have given me the power to survive.

IN MEMORY OF

My mother lived a full and beautiful life,
but died suddenly--too young and too soon for
those who knew and loved her.

and

My husband, Ish, was my fortunate fate for
28 years and made living a glorious reality. His
sudden death was too soon for his survivors. How-
ever, his strength and faith enable me to continue
and grow. He is helping the young child even in
his death.

DEDICATED TO

My father had to learn to survive to help me survive. His continual faith in me gives me courage I did not know I possessed.

and

The two beautiful legacies Ish left me--our daughters, Nancy and Muffie. Their faith and encouragement sustain me and make surviving worthwhile.

TABLE OF CONTENTS

Chapter

        Background to the Study
        Statement of the Problem
        Purpose of the Study
        Justification of the Study
        Conceptualizations of the Mini-Course
        Limitations of the Study
        Population and Sample for the Study
        Instrumentation
        Procedure

        Introduction
        The Young Child
        The Effects of the Cultural, Social, and
           Religious Backgrounds on the Child's
           Understanding of Death
        Support Systems and Approaches to Helping
           the Young Child Understand the Concept
           of Death and Dying
        The Adult
        Death Education
        Summary

        Description of the Population
        Description of the Sample

TABLE OF CONTENTS, Continued

LIST OF TABLES

LIST OF ILLUSTRATIONS

LIST OF ILLUSTRATIONS, Continued

CHAPTER I

INTRODUCTION

Background to the Study

Shibles (1974) believes that death is one of the greatest problems man has to face and asks, "What is death?" and "How can we cope with it?" Man has coped with these problems mainly by avoidance, denial, superstitions and mystical belief. Almost entirely lacking were honesty, openness, and inquiry. Shibles says that death is still a taboo topic. Our society has made progress during the last 50 years to remove sex as a taboo subject, but death has replaced sex as the "unmentionable mystery."

Another writer, Hendin (1974), says that if it is difficult for mature adults to accept death, then it is even more difficult for children to comprehend. He states that because of the anxiety that adults harbor about death, it is a natural tendency to shield a child from death and dying. According to Feifel (1969), consideration of death is one of the foremost sources of anxiety that man encounters.

More and more information and concepts are available concerning a child's understanding of death (Mitchell, 1967; Kastenbaum & Aisenberg, 1972; Bertman, in Grollman, 1974; Shibles, 1974; Kubler-Ross, 1975). There are differences of opinion as to what the young child can conceive about the subject of death. Some developmental psychologists believe that the young child has little understanding of death. Developmentalists relate to the various stages set by Piaget and Gesell. Although Mitchell relates to the stages set by the developmentalists, she also believes that the child discovers death and examines its phenomena before he understands its significance.

Other researchers differ with the developmentalists in various ways. Shibles (1974) believes that it is not so much growth stages that the child goes through but primarily stages in the development of his use and understanding of figurative and literal language. Shibles also believes that ideas are changing as to when the young child does understand the concept of death. Bertman suggests that a child should be introduced to death when it happens and also when it doesn't happen. She says, "With the first lullaby, a mother sings to her child about death" (Bertman, in Grollman, 1974, p. 334).

3

Kubler-Ross (1975) states that people routinely
shelter children from death and dying, thinking they
are protecting them from harm. It is clear that we do
them a disservice by depriving them of the experience.
By making death and dying a taboo subject and keeping
children away from the people who are dying or have
died, we create fear that need not be there.

Statement of the Problem

Cutter (1974) states that:

Everybody is a survivor. Sooner or later each
person suffers from the loss of a close relative,
friend, and in lesser degrees of acquaintances.
No other universal experience is given less prep-
aration, more avoidance, or greater distress. As
grim as the subject of death may appear, its prob-
lems are only made worse by avoiding reality.
(p. 1)

Death can not be hidden from children. The parent
who tries to protect a child from the experience of death
is only adding confusion and anxiety to an already diffi-
cult world (Clay, 1976). Clay also believes that parents
still do not talk with their children about death and that
the emotional side of death is not a part of most religious
education. Where are the children to learn about death?
Kastenbaum and Aisenberg (1972) state: "Between the ex-
tremes of no understanding and explicit, integrated abstract
thought, there are many ways by which the young mind can
enter into relationship with death" (p. 9).

Familiarity with death is not easy to come by, and the fact that so few Americans have such firsthand experiences makes it a self-perpetuating aversion (Shepard, 1975). Shepard feels that the traumas of death could be largely alleviated through candid communication and fuller understanding. Discussing our fears, our aversions, and our attitudes remains our best hope for facing the truth of death with more directness and greater compassion.

One intent underlying a need for death education was not a desire to foster a preoccupation with death, but rather to help people relate better to reality. As with sex education, the family is the first and can be the most influential creator of death attitudes. However, the typical American family fails to utilize its opportunities to educate its children for facing death and the subject often is avoided (Green & Irish, 1971).

Leviton (1976) postulates: "The death educated person recognizes, values, and supports those aspects of society which promote the health of children" (p. 20). Schools should explore the means for training a core of sensitive teachers in the subject matter of death education, which can really be preventive health education. If teachers have a better understanding of death and enjoy and revere life, they can approach the young child in a more stable emotional state. Leviton (1975) hopes that

through courses in death education on the college level
parents and parents-to-be will better understand the rela-
tionship between the meaning of death and the healthy
development of children.

Purpose of the Study

The primary purpose for this study was to conceptu-
alize and to develop a mini-course in death education for
the teacher-to-be. This would enable the teacher to be a
support system for the young child in dealing with death.
The classroom makes for an ideal situation for the teacher
to be a sensitive support for the young child's concern
with death and dying.

The mini-course included the following areas: dis-
covery of where the teacher is concerning understanding of
and experiences with death; background knowledge of death
for the teacher; use of the language of death to enable the
teacher to feel at ease with its use; understanding of the
developmental and emotional stages of the young child of
4 to 8 years; and help for the teacher to become sensitive
to the young child and be aware of approaches to the young
child's dealing with the subject of death and death expe-
riences.

The second purpose of the study was to implement and
analyze the effects of a mini-course designed for a group

of students at the Texas Woman's University. These students were preparing to be teachers.

Justification of the Study

The changing social culture during the last two generations has also changed the environment in which children experience death as an inevitable part of living. Fulton (1967) states that the problems associated with death are beginning to polarize at two different points (p. 45). The removal of the aged from our nuclear family shows we are less interested in them as functional individuals. At the other point, our children are deprived of one of the natural experiences of loss and are becoming more isolated from death. They are not allowed to visit hospitals where the grandparents may be dying, and the funeral services are becoming more deritualized.

Death as a subject for discussion is commonly treated by adults as if it were prohibited where children are concerned. Through his research, Rochlin demonstrated that death is a matter of deep consideration to the very young child of three to five and that the child's thought of dying is very commonplace (Rochlin, in Grollman, 1967).

Grollman (1967) suggests that before adults can help a child deal with death, they need straightening out themselves (p. 3). Parents wish to protect their children

because of their own anxieties and often rationalize by saying that children are really too little to understand.

There are no simple, foolproof answers to the understanding of death. Not only children but adults differ more widely in their reactions to death than to almost any other human phenomenon. Adults, however, must prepare themselves to support the child. They must be quiet and learn to listen to the child, watch the child work and play, observe his actions, and let the child tell the adult how he feels, what he thinks, and what he knows about death. The child is the guide as to what he wants or needs to know concerning the subject of death (Grollman, 1967).

The developmental stages and ages of a child can only be guidelines for the person supporting the child. The environment that a child finds himself in will effect the child's understanding and needs tremendously.

Nagy (1948) suggests that generally children are quite prepared to speak of death. Vernon (1970) says that once a child does acquire a child's understanding of death, there is evidence that he does not try to evade death.

Exposure to radio, television, comic strips, and children's literature has a great impact on the child's ideas concerning death. These presentations of death tend to be confusing and misleading. Death is portrayed as violent and

devoid of significant emotions, according to Kubler-Ross (Mills et al., 1976).

Dobson (1977) says that 90% of the time death on television occurs in violent circumstances. Aging and death must be frightening to viewing youngsters. The child sees what is most profitable, pragmatic, and easily produced. Quality and selection are not at the top of the priority list at this time. Dobson feels that children's literature has more to offer to the formation of healthy attitudes toward aging and dying than television.

Leviton (1977) calls the following a mythology of death and dying: "Children know nothing of the reality of death until about nine or ten years of age" (p. 50). This statement is based on the early death-related research of Maria Nagy and Sylvia Anthony in the 1940's. Leviton feels strongly, however, that children much younger are more aware of the reality than we have given them credit for. He continues by saying that "teachable moments" come at unusual times and that educators should be prepared to help the child come to terms with a personal death. Leviton explains that education has preventive, interventive, postventive, and rehabilitative helps (pp. 45-46).

The period of great popularity for death education came between 1968-1977. It has only recently become a valued area of inquiry in formal situations from elementary

through postgraduate and continuing educational settings.
The number of such situations is growing rapidly (Knott,
1977). Hardt (1976) stated that research supports death
education as a course to improve attitudes dealing with
death and dying.

A faculty workshop on death was researched by Colton,
Gearhart, and Janaro in 1973. The purpose was to bring
about significant improvement in negative attitudes of
teachers. The response was very positive, and the partici-
pants felt they had not only been helped personally by the
workshop but that they would be able to take a more positive
attitude about death into the classroom.

In the review of literature, this writer did not find
a mini-course designed for the teacher-to-be for the primary
purpose of supporting the young child's concept of death
and dying.

Conceptualizations of the Mini-Course

The word "mini-course" was used in this study to mean
a portion of a regular course dealing with growth and devel-
opment or other such courses preparing students to be
teachers of the young child. Such a mini-course could
also be a course of its own or be a portion of a course
including other crisis situations experienced by children.
The course would include topics dealing with divorce,

hospitalization, moving, and any other experience creating separation anxiety for children. The young child in this study refers to children from 4 to 8 years old.

Leviton (1976) says that courses on death should be categorized in two ways: effect oriented and subject-matter (data) oriented (p. 18). These two categories may represent two poles, but both would seem to be necessary in a helpful course for the teacher.

The effect-oriented part of the mini-course provided discussions to examine personal feelings. The subject-matter-oriented part of the course included topics relating to the language of death, the various religious and cultural backgrounds, the developmental stages of a young child, the present issues dealing with death, and literature and resources available. The subject-matter-oriented part of the course also alleviated much of the teacher's anxieties about death and enabled the teacher to handle the subject with the young child.

The mini-course for this study was planned for the teacher of the young child between the ages of 4 and 8 years and was not designed to be taught to the young child. The mini-course for the teacher was designed to enable the teacher to cope with death when it happens or is brought up in a classroom situation. It is important that a child be allowed to discuss his anxieties in various ways. The

teacher is sometimes in the classroom when a child learns
that a pet dies or a grandmother or someone dear to the
child becomes ill, or when a traumatic incident is happen-
ing. The teacher cannot and should not avoid the issue.
Hopefully, through a mini-course for the teachers-to-be,
they can be helped to be an effective support system for
the young children they will teach.

A search of the literature did not reveal a mini-
course covering the information to be presented in the
pilot study. Syllabi for such a course have been suggested
for college students and older children. However, a mini-
course specifically designed for the teacher-to-be as a
support system for the young child seems not to have been
organized as yet.

Part I of the mini-course relating to self-clarification
of the subject of death for each participant and a back-
ground of the knowledge concerning the subject of death was
partially suggested by several curricula in use on the col-
lege level. The topics included were those emphasized in
each curriculum.

White (1970) designed a syllabus for a course for the
undergraduate to widen the participant's understanding of
human death. A similar course for the parent or parent-to-
be was presented at the University of Maryland by Dan
Leviton (1975) and contains the same objectives important

for the teacher and the teacher-to-be. Leviton's purpose
for such a course was to illuminate the "hang-up on the
language of death" (p. 187). The language of death is very
important in trying to undo the taboo or inhibitions the
subject of death presents. The course was presented also
to help the adult understand the relationship between the
meaning of death and the healthy development of children.

Courses relating to death education have been designed
and researched by Knott (1977) and Gurfield (1977). The
mentioned courses hoped to reduce fear and anxiety and be
a way to fulfill existence.

Part II of the mini-course was designed to present the
following: information to clarify a young child's develop-
mental levels that aid in our understanding a young child's
conception of the subject of death; ways children conceive
death; a young child's interest in the subject of death;
and approaches to help the young child deal with death.
The information is presented to the teacher-to-be and is
not death education for the young child.

Topics included in Part II were based on work done by
various researchers. Research about children's discoveries
of and reactions to death were presented by Sylvia Anthony
(1940, 1971), Maria Nagy (1948), Gregory Rochlin (in Groll-
man, 1967), and Crase and Crase (1976). Grollman (1967,
1976) and Jackson (1965) relate research concerning how the

young child perceives the subject of death and present
approaches to support the young child dealing with the
subject of death.

Limitations of the Study

The mini-course was used with a group of the Texas
Woman's University students who were preparing to teach
the young or elementary age child. The participants
involved had not been teachers in the field and thus had
not had the benefit of experiencing the child in the
classroom situation. Having experiences might make a
difference.

The mini-course was limited to approximately 12 hours
for this study. This meant a great deal of information and
discussion took place in a very short time.

The participants were all students at the Texas Woman's
University, but they were of different cultural and reli-
gious backgrounds. They were all female.

The mini-course was taught by the writer of the study.
For someone to teach such a mini-course without thorough
preparation would defeat the primary purpose of the study.
The availability of teachers for such a course is limited
at this time. People would be expected to participate in
special training or readiness in all phases of the course

before conducting such a mini-course to the teacher or the teacher-to-be.

Population and Sample for the Study

The population used to select a sample for the study was all students in the teacher preparation program at the Texas Woman's University. The Interest Form was used to collect a group of willing participants for the study. This group volunteered and were willing to attend a 12-hour mini-course. The group of interested volunteers were divided randomly to allow for comparison of a control and an experimental group. The experimental group decided on a time and a place for the mini-course. The sample included 60 participants, thus allowing 30 participants in each of the two groups.

Instrumentation

The instruments used for the study were designed by the writer. The Questionnaire was used to determine if there was a need for such a study to be done. A pilot test using the Questionnaire showed a great deal of need and interest in such a mini-course. The Interest Form was designed to select a sample from the population to participate in the study. The Personal Competency, Information, and Belief Pretest/Posttest (PCIB) was designed and field tested with groups who did not participate in the study.

15

The test-retest reliability measure was computed by administering the PCIB test to the same group at two different times. This group was not participating in the actual study. The Pearson's correlation coefficient was found to be .9633.

Procedure

The control and experimental groups were given the pretest at the same time. The experimental group participated in a 12-hour mini-course. At the end of the mini-course, both groups were given the posttest.

The data gathered from the pretest and the posttest were used to evaluate the mini-course designed by the researcher and were also used to measure personal growth among the participants dealing with the subject of death and dying.

The scores for each participant in the experimental and control group were determined by comparing the pretest scores with the posttest scores. A value had been designated for each test item as to criteria set up for the minimum and optimum answers. A gain or loss score was shown for the test item.

A two sample t-test was used to determine whether the performance difference between the control and experimental groups was significant. The pretest/posttest (PCIB)

was divided into three categories: Personal Competency; Information; and Belief. Scores from the Personal Competency and the Information categories were used to analyze statistically any significant change due to participation in the mini-course and to evaluate the content of the mini-course. The Belief category was not analyzed as such. The number of changes between the pretests and posttests were recorded for the two groups.

Graphs were also used to show change in the participation in the mini-course and to evaluate the contents of the mini-course. Graphs were plotted to show the difference between pretest scores for the control and experimental groups while another set of graphs were plotted to show the posttest scores for the control and experimental groups. The graphs for the posttests showed the significant change between the experimental and control groups.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The review of the literature includes three phases.
The study requires an in-depth survey of the literature
dealing with not only the young child's concept and under-
standing of death and dying but also the adult's concept
of the subject and the field of death education.

Section I considers the young child and explores the
following: past and present research dealing with the
developmental stages and a young child's understanding
of death and dying; social, cultural, and religious back-
grounds effecting a child's concept of death and dying;
and support systems and approaches useful to support a
young child's concept and understanding of death and dying.

Section II explores the adult's concept of the subject
of death and dying and includes the following: denial and
fear of death and dying and the need for self-clarification
for the adult.

Section III reviews the following: the background
of death education; critical issues in death education;
problems in death education; need for death education;

goals of death education; language of death; and curricula used as a guide.

The Young Child

Past and Present Research Concerning a Young Child's Developmental Stages and Concept of Death and Dying

Most developmental psychologists believe that the very young child from birth to about 2 years has no understanding of death. Piaget does not believe that abstract conceptualization happens until years have passed. In his opinion, even the 10-year-old has only reached the concrete operations stage and is just beginning to deal with the potential or possible. The adolescent, being at the formal operations stage, is able to think about thought and has the intellectual resources required for comprehension of death (Kastenbaum & Aisenberg, 1972).

However, Kastenbaum and Aisenberg (1972) believe there is much yet to be learned about conceptions of death in early childhood.

> It is exceptionally difficult to ascertain when and how a very young child is concerned about death in the absence of any stimulus that can be perceived by us. An older child can tell us that he is thinking about death. We are unlikely to hear this from even an unusually verbal sub-two-year-old. (p. 15)

The authors agree that the highly abstract and well-verbalized conceptions are beyond the toddler. They do

not share the frequent assumption of developmental psychologists that very young children do not have any understanding of death and are incapable of powers of abstraction and generalization. "Between the extremes of no understanding and explicit, integrated abstract thought there are many ways by which the young mind can enter into relationship with death" (p. 9). Kastenbaum and Aisenberg feel the topic of death concepts in infancy and early childhood needs more attention; however, empirical data are sparse in this age range (Kastenbaum & Aisenberg, 1972).

One of the first researchers in the psychology of death and the young child was G. Stanley Hall in the 1920's. Questionnaires were given to adults dealing with their first impressions of death. Many first impressions came when they were between 2 and 5 years of age, likely when they remembered a corpse at a funeral.

Felix Brown, a British psychiatrist, examined the relationship between childhood bereavement and the development of depressive illness in later life Approximately two out of every five adult depressive patients had lost at least one parent by death before the age of 15. He concluded from his total findings that "bereavement in childhood is one of the most significant factors in the development of depressive illness in later life" (p. 11).

Brown obtained his basic data from the orphanhood tables
from the 1921 census and during World War I (Kastenbaum &
Aisenberg, 1972).

There are two extremes that could be applied to death
and the young child. One is that the young child has no
thoughts or feelings toward death. The other extreme is
that the infant is already tuning himself in to death wave-
lengths. Adah Maurer is in accord with the latter extreme
and relates,

> By the time he is three months old, the healthy
> baby is secure enough to enjoy the game of peek-
> a-boo. He replays in safe circumstances the
> alternate terror and delight. A light cloth
> spread over his face and body will elicit an
> immediate and forceful reaction. Short, sharp
> intakes of breath, vigorous thrashing of arms
> and legs removes the erstwhile shroud to reveal
> widely staring eyes that scan the scene with
> frantic alertness until they lock glances with
> the smiling mother, whereupon he will wriggle
> and laugh with joy. These efforts enable him
> to restore his aliveness. (Kastenbaum & Aisen-
> berg, 1972, p. 16)

Adah Maurer relates that during the high-chair age,
babies throw things away and hope someone will return them.
The baby will continue this play as long as someone returns
the object. The child learns that some things do not
return, and "all-gone" becomes an early expression. A
young child of 2 years old enjoys watching a lighted match
blown out, seeing things put out of sight in a garbage can,

and the flushing of the toilet. These things are "all-gones" (Kastenbaum & Aisenberg, 1972).

The most important research dealing with death conceptions in middle and late childhood was done by psychologist Maria Nagy in 1948. Her work was done with 378 children between the ages of 3 and 10 in Budapest. Nagy spoke to each child to derive his thoughts and feelings regarding death. The older children from 6 to 10 also drew pictures showing their ideas of death. Some of these children wrote their own explanations about their drawings. Children from 7 and above were asked to write down everything that came to their mind about death. Her sample was almost even as to boys and girls and included children from various social and religious backgrounds and included a continuum in intellect. Nagy found her results could be put into three categories as to major developmental phases as follows:

1. Up until age 5, the child does not usually recognize death as final. Children think of death as sleep or as gradual or temporary. A close relationship is seen between death and departure. This interpretation of death is distressing because of the separation anxiety.

2. Between the ages of 5 to 9, the child seems to personify death. Some referred to death as a skeleton-man, an angel, a clown, a "death man" who goes around at

night, etc. This age child seems to comprehend that death
is final, but feels that personal death can be avoided.

3. At ages 9 to 10 and above, a clear recognition
that death is not only final but inevitable is evident.
They realize they will die someday (Kastenbaum & Aisenberg,
1972).

Anthony's research was done in England from 1937-39
during a time when war was effecting families and separation
was eminent. Part of her study was done with 13 children
from five families. Home records were kept; they dealt
with questions, remarks, or responses on the subject of
death. The other part of her study involved 117 children.
Eleven were from a school for mental defectives, and 26
were being treated for behavioral or emotional problems
at a guidance clinic. The children were given both a story
completion test and the 1937 revision of Stanford-Binet IQ
Test. A high percentage of children made reference to
death in their responses, even though the story openings
did not.

Anthony's findings showed that normal children often
think of death. Two themes were dominant: the sorrow
theme dealt with loss of a child by a parent or loss of a
parent by a child. Death was seen as separation and lone-
liness; the fear of aggression theme involved death as the
ultimate outcome of violent actions. Anthony interpreted

her study and put the findings into three levels or stages
as follows:

1.   Psychosexual Developmental Stage: Anthony feels
that the "bird-nesting" theme is associated with the oedipal
complex.   The "bird-nesting" theme is complex but relates
to the boy "accidentally" breaking eggs in a nest; he then
feels guilty and fears punishment and turns to his mother
for protection in the "nest."

2. Moral Law Stage: The child believes in "law of
the talion" or the "eye-for-an-eye" principle.

3.   Primitive Organization of Thought: This involves
one as the aggressor and then aggressed upon.

Several of Anthony's observations were as follows:

   1.   The idea of death in children seems to
draw much of its emotional component from its links
with birth anxiety and aggressive impulses.

   2.   A "magical" quality pervades much of
children's thought about death.   Things happen in
a certain way because the child thinks about them
in a certain way.   One notion is that an angry
thought or intention directed toward somebody
makes the child a murderer.

   3.   Children experience a sense of guilt
when a person or an animal in their lives actu-
ally dies.   Guilt is a typical reaction to death.
(Kastenbaum & Aisenberg, 1972, pp. 21-23)

Many child psychotherapists have made direct observa-
tions of children's death-oriented conversations and behav-
ior while watching "play" sessions.   During the 1960's
Gregory Rochlin did his work with "normal" or "undisturbed"

children to understand their interpretations of death. His children for the study were between 3 and 5 years of age, capable of revealing in a play session some organized thinking which could be expressed both verbally and through their play. The children came from protected environments (not directly exposed to birth, death, and life as in rural areas) and had well-educated parents without any formal church affiliation.

Rochlin played with the children during several sessions and recorded the proceedings. This type of study is important in that it does combine control and standardization along with naturalness and direct observation. His findings were consistent with those of Nagy and Anthony. Other observations made by Rochlin were as follows:

1. When somebody in a child's family dies, the child may become afraid that others may leave him by death. They question about where people have gone because they fear separation.

2. "Death play" may serve an important denial function for the young child. If someone would normally die as in a plane accident, the child would not allow this to happen in play. The passengers may just become ill. The young child tries to neutralize death.

3. At a very early age, well developed mental faculties are functioning to defend oneself against the

realization that life may end. An elaborate system of psychological defenses may be observed.

4. The child does realize that death is inevitable. The child understands enough to organize his thoughts and feelings protectively against these threats (Rochlin, in Grollman, 1967).

Koocher (1973) analyzed children's attitudes toward death by using Piaget's framework for conceptualizing cognitive development. His subjects were 75 children ranging from the ages of 6 to 15 and with at least average intellectual ability. Each child was tested for his primary level of cognitive functioning and asked the following four questions about death: What makes things die? How can you make dead things come back to life? When will you die? What will happen then? The subjects were divided into three groups with 20 in the pre-operational level, 35 at the concrete-operational level, and 20 at the formal-operational level. Replies to the questions were shown to be related to the child's level of cognitive development. Changes in the direction of more realistic appraisals by children were noted as levels of cognitive development advanced from pre-operational to concrete-operational to formal-operational stages. Age alone did not seem a sufficient basis to classify responses, but cognitive development framework seemed more useful.

Another recent study was done by John Mclear (1973). Forty-one children (23 males and 18 females) ranging in ages from 3 to 12 were interviewed concerning their ideas about death. There was no numerical breakdown as to age in the article. An attempt was made for each child to comment or clarify the following concepts: death is temporary or final; death is considered a person; death is the loss of someone; death is universal; death is the cessation of biological functioning; death is primarily caused by aggressions; degrees of death; life after death; and death anxiety. Subjects were classified into the following four categories:

1. Relative ignorance of the meaning of death: Six subjects between 3 and 4 years of age were classified in this category. The participants had heard the term used, but had only vague ideas of what it entailed. They seemed to view death as another phase of life.

2. Death is a temporary state. Ten subjects ranging in age from about 4 to 7 years were in this category. They denied the finality of death and thought of it as being reversible.

3. Death is final, but the child believes that the dead function biologically. Four subjects from the age of about 5 to 10 years viewed death as final and irreversible

and assigned life functions to the dead. The dead can see, hear, and feel.

4. Death is final with the cessation of all biological functioning. Twenty-one children fell into this category. Two of these children were between 4 and 5 years of age, one was between 5 and 6, and the others were 6 years or older.

Of the children in the third and fourth groups, 75% exhibited some degree of anxiety compared to 12% of the subjects in the first and second groups (Melear, 1973).

Gibney (1965) says, "Like adults, children can best recover from loss when they are encouraged to face the fact and express their feelings openly" (p. 65). At the time of Gibney's article, a project to study the emotional reactions of children and adolescents who had lost a parent had been underway for 6 years at the Albert Einstein College of Medicine in New York. A second study on mourning and familial loss was underway at the same time at the University of Michigan. Two facts were agreed on. The first mourning, or the expression of grief after the death of someone close, is not only valuable to us but necessary for our well-being. Gibney says,

> Grief is a useful friend and mourning is a process of healing which helps us face and recover from loss. It takes children usually longer than adults to gradually detach emotions from the person who has died. Children, particularly, may have a hard time

28

recognizing and working through feelings of grief
unless we help them. Children need to express
all their feelings about death, but they are apt
to express them very differently from grown-ups.
(p. 136)

The second important psychiatric finding was that it
is not true that small children are too young to know what
is happening. Very young children are more deeply affected
by death than grown-ups. The child frequently looks as if
he were unaffected. We should not take the child's seeming
lack of grief at its face value. Since they have found
their loss too great to accept, they pretend otherwise.

Gibney (1965) adds that children sometimes act their
anxieties out by not eating, wetting their beds, sucking
their thumbs, fear of sleeping, etc. Along with anxiety
goes yearning and anger toward everyone, including the lost
loved one. Children feel the dead one has deserted them.
It is important to allow children to express their grief
in any way they can. Children even more than adults are
apt to feel guilty, since in their experience, bad things
happen to them because they are naughty. They believe that
not only bad acts but bad thoughts can kill.

Children need all the help they can get to work
through the death of a parent or sibling. Whenever pos-
sible, Gibney (1965) feels that we should prepare children
for separation or death. We should encourage children to
express their feelings, but we should not tell them what

their feelings should be. We should let the child know there are others around who love him and will not leave him, and we should help the child accept his memories and find other people to love. We need to help them accept the reality of death (Gibney, 1965).

A recent study done by Felner, Stolberg, and Cowen (1975) dealt with two types of potential crisis-producing experiences on the referral patterns of maladapting primary grade school children due to parental separation and divorce and parental death. Both "crisis" groups were compared first to matched referred controls without a crisis history. Each crisis group had significantly higher overall maladjustment score than its respective control group. Children with histories of parent death were more anxious, depressed, and withdrawn than their matched control. In the crisis group dealing with separation by divorce, the children were more aggressive and acted out problems. The association between specific crisis history and specific school maladjustment patterns is seen to have implications for early detection and preventive efforts.

Another interpretation made by this study was that the child introjects the predominant behavior "modeled" for him during a given type of crisis, and this becomes a guiding framework for his later behavior and coping efforts. In this case, the referral problems of the two

groups are indeed the ones that would be predicted from such a model. The delinquent behavior of the children of separated or divorced parents may reflect the parents' conflict.

Another interpretation of the study was that given these facts plus knowledge from the literature that these adverse consequences are serious and enduring, the need to develop early effective interventions is highly important (Felner, Stolberg, & Cowen, 1975).

Erikson (1963) pointed out that the individual progresses through several life stages, gradually achieving ego strength by building on the trust of childhood, working through the identity and industry of adulthood, and finally attaining the integrity and wisdom of old age which prepares him for his death and the inevitability of his own "not being." This is a long and arduous process which many people do not achieve. One reason for this is perhaps a lack of adult models in childhood and a failure to work developmentally through the certain crisis stages and events in the proper way and at the appropriate time. A child's ego is intimately bound to his feeling about death.

Berg (1973) relates to Alexander and Adlerstein's conclusions from their research with children that death had greater emotional significance for children with less stable ego self-pictures than for children with adequate

self-concepts. Ages from five to eight and adolescence
are periods of great emotional upheaval. The changing
demands of growth are likely to put the existing self-
images to a severe test. As a result, the concept of
"non-being" (death) may be more threatening, and it fol-
lows that helping children cope with their fears and
distortions about death may contribute to their better
self-image, which is of great importance in the learning
process as well as behavioral adjustment in school. Berg
says, "In helping children develop wise and beautiful ways
of coping with death, we may hopefully provide them with a
new and stronger dimension to life" (Berg, 1973, p. 32).

The Effects of the Cultural, Social, and Religious Backgrounds on the Child's Understanding of Death

Effects of Cultural and Social Changes

Mitchell (1967) relates to the social changes in
Britain and their impact on children's development. This
author feels that social factors play an intensely important
role in determining the rate of physical, mental, emotional,
and social growth as well as in personality formation. A
century ago many children's lives were very unpleasant.
They found that misery of life on earth was contrasted with
happiness in heaven. It is rare to find children today who

believe this. Infantile mortality has decreased during the last 50 years. The small coffin was once very evident to all, including the young child. This is not a part of the young child's environment in today's changing society. The life expectancy of children today has increased because of medical advancement.

Shneidman (1976) refers to Gorer's idea that during the 19th Century death was no mystery. Children were encouraged to think about death. It was a rare individual who had not witnessed at least one actual death, and funerals were the occasion of great display for all. The cemetery was a prominent place in most towns. Executions of criminals were like a public holiday. In the 20th Century, death has become more and more unmentionable as a natural process. "The non-presence of death in modern societies physically and socially removes the death of man from the life of society" (Goldscheider, in Shneidman, 1976, p. 185).

Jackson (1967) says that Gorer refers to the idea that adults are becoming more anxious about death and are communicating less and less with their children about the subject. He observes that a couple of generations ago parents could talk more freely about the ending of life than about the beginning of life. Parents tend to pass anxiety and negative attitudes on to children about death.

Gorer has found that when persons engaged in traditional practices surrounding death, they came out of the experience more rapidly and with better attitudes. Gorer relates that the more group activity of a structured and ritualized form during an emotional crisis, the healthier it is for all concerned (Jackson, in Grollman, 1967).

Jackson (1967) concludes that it is quite clear that we are now faced with a crucial period as far as the education of our youth and children is concerned in regard to bereavement, grief, and mourning. Until recently, our families were multigenerational and emotions were shared between family members. Now our old folk take their social security checks and move to a retirement village. Emotions cannot be shared, and thus anxieties are passed on to children. Death and dying are evaded by medical circles, and medical language covers up death. Even the clergymen continue these "death-denying, death-defying forces by largely ignoring death, grief and the process of dying" (p. 178).

Today we live increasingly in a "death free" milieu. Earlier when America was predominantly rural, death was commonly present in homes. Few persons were born or died in hospitals; infants frequently died during birth in the family bedroom; mother died of complications in birth; fathers were struck down and killed in farm accidents; siblings and playmates died of childhood diseases; aged

parents, aunts, and others lay in their coffins in the
parlors. All went to the funeral. Death was necessarily
experienced by all as a natural, inevitable, and ever
possible aspect of the human condition. Children were
not protected from the realities of death. A recognition
and acceptance of death became an integral part of their
informal education (Green & Irish, 1971).

Green and Irish (1971) states:

Children of the ghetto, in white Appalachia, among
folk blacks in the rural South, on Indian reserva-
tions, and in Spanish American communities of the
Southwest, and in other important major "life
pockets" in America today confront death more direct-
ly than do children of the more affluent white urban-
surburban majority. The latter children confront
human death tangentially or vicariously through the
mass media. Death as a normal aspect of the human
life cycle is otherwise generally ignored in their
families, schools and churches. (p. 48)

Zeligs (1974) suggests that the rural children have an
opportunity to experience birth and death so that the mean-
ing of death becomes more of a reality to them. Urban
children should be given more opportunities to visit farms
and have pets around them. The rural child is closer to
nature and sees the living and growing things. He learns
to accept life and death as part of nature's plan. The
rural child seems to accept death as being a part of life
without great shock. Death is an ever-present experience.

Vernon (1970) says that the meaning of death is
learned and is a part of the culture. All cultural

definitions are subject to change as conditions and inter-
action patterns change.

Effects of Religion

Zeligs (1974) says,

> The meaning of religion in a child's life pro-
> foundly influences his attitudes toward death.
> A child's religion is a growing thing. Where
> no religious beliefs and practices are observed,
> the child will be deprived of growth in charac-
> ter and personality. He will lack the security
> that comes with belonging to a religious group.
> (p. 211)

Zeligs believes that religion helps provide values and

goals and that through the practice of religious rites,

customs, ceremonies, and holidays, the child learns to

identify with his group.

Jackson (1967) relates that there are vast differences

within Protestantism in regard to the rituals and theology

of death. Pluralism expresses the Protestant orientation.

Some Protestants view death as the penalty and punishment

for man's sin. Other Protestants see death as a moment of

transition when the soul leaves the body for its eternal

reward. Still other Protestants view death as the absolute

end.

Jackson (1967) depicts some common elements among

Protestants. They agree that death is a mystery and that

we cannot fully comprehend the meaning surrounding death.

The impact of death is realized and experienced in the

community of faith, and death calls forth the caring re-
sources of the congregation. The religious resources and
rituals of the faith group are significant to the bereaved
in dealing with the death event.

Protestants in general do not have any special and
unique customs that are universal. There are customs prac-
ticed by specific religious groups within various Protestant
denominations. The funeral service is a service of worship
in the Christian Church. Various denominations vary their
practices. Protestants vary in their beliefs in life after
death. They vary from those who do not believe in any
afterlife to those who may believe in reincarnation. The
traditional beliefs in the afterlife have focused around
the two concepts of resurrection and immortality (Jackson,
in Grollman, 1967).

Jackson adds: "Ideas about death prevalent in Protes-
tant thought have not been designed for children or their
capacity for understanding" (p. 187). The language is too
abstract for young children to cope with. It would be bet-
ter to avoid these abstractions when relating to children
and their understanding of death. "Religious instruction
should be not so much about religion as it should be a per-
sonal discovery of the meaning of life through religious
insight and understanding" (Jackson, in Grollman, 1967,
p. 194).

Bishop Thomas Joseph Riley (1967) reports that there is a general agreement among Roman Catholics regarding death. In the resurrection, death is conquered. The critically ill are anointed; this ritual is called "extreme unction" or "last rites." If death comes before anointing, prayers are said for the dead person. The funeral has three phases. The wake is the period waiting for the funeral, but wakes differ as to ethnic groups and locality. The funeral Mass includes prayers and the Eucharist. The burial rite is brief.

Riley (1967) says, "The Catholic child is not isolated from the reality of death. Much stress is laid on the continuity between man's life on earth and his life for eternity" (p. 197). The child of Catholic parents is taught that the soul is the reason he is able to think and to communicate his ideas to other persons. The reality of death is in the background of the efforts of Catholic parents to educate their children. The Church helps to create this environment. The Catholic philosophy of life and application to the family gives a necessary basis for clear understanding of the details of the Catholic teaching on death.

Bishop Riley emphasizes that from his earliest years, the child of truly Catholic parents is conditioned to face the fact of death in the light of its meaning for eternal life. The practice of paying honor to the saints in heaven

and seeking their intercession does much to lessen the
fear of death and to clarify the meaning of life. Children
are a part of the death process as the priest administers
the sacraments to the sick and dying; the services are held
for the dead before burial and on the day of burial. "The
Catholic child is taught to die, but he must also be taught
to live and to enjoy the comforts which social progress and
charitable cooperation make possible during the years of
earthly life" (Riley, in Grollman, 1967, p. 220).

Rabbi Grollman (1967) explains:

Judaism is more than a creed. It is a way of
life, for it is in the life of the Jew that the
Jewish faith becomes real. Better is one day of
happiness and good deeds in this world than all
the life in the world-to-come. The major empha-
sis is on life even though there are beliefs in
Judaism concerning death. (p. 230)

Grollman stresses that the ceremony surrounding death
is of enormous significance for children as well as for
adults. The wise parent discusses the Jewish customs relat-
ing to death in a gently and nonthreatening manner. A child
from about the age of seven should be encouraged to attend
the funeral.

All the emotional reactions a child is likely to
have to a death in the family--such as sorrow,
loneliness, anger, and rejection, guilt, anxiety
about the future, and the conviction that nothing
is certain or stable anymore--can be considerably
lessened if the child feels that he knows what is
occurring and that adults are not trying to hide
things from him. (Grollman, 1967, p. 225)

During the set mourning periods, a child can feel he
is important by sharing duties with the family. He is
given a chance to help the adults and be helped by them
during the mourning period. The Jewish rituals are com-
munity rituals. They are performed only by those who share
a religious sameness and by no one outside it. The cere-
mony is the same for all and is definite and prescribed.
"The child's fear will be lightened when discussion is
focused not on the details of death but on the beauty of
life" (Grollman, 1967, p. 241).

Support Systems and Approaches to Helping the Young Child Understand the Concept of Death and Dying

The Parent

Irish (1971) suggests that even though the family is
the first and can be the most influential creator of death
attitudes, most families are not helping the child in the
subject of death. Arnstein (1962) suggests that parents
often go to great length to inform children about the be-
ginnings of life, but avoid the end of life which is death
(p. 160). Parents must prepare themselves to support the
child in the understanding of death. Long religious and
philosophical explanations are meaningless and confusing to
young children. Children want and need brief and simple
facts.

Grollman (1967) states: "It is easier for the parent
to respond with fictions and half-truths that also make him
appear to know all the answers. Deception is worse than the
reality factor that the parents are not all-knowing" (p. 12).
He continues to explain that one of the most difficult prob-
lems for a parent is to help a child through the crisis of
death. The parent should review with the child the pleasant
and unpleasant memories of the deceased.

Two kinds of understanding are needed by the adult who
wants to help children with the problems of death: self-
understanding and knowledge of children's concepts, feelings,
and methods of defending themselves. Many parents think
that unless death comes close, a child never thinks or won-
ders about it. However, a child feels and senses things
about death whether it comes close or not (Smart, 1962).

Clay (1976) relates:

The parent who tries to protect a child from the
experience of death is only adding confusion and
anxiety to an already difficult world. Most parents
do not talk with their children about death, and the
emotional side is not part of religious education.
Where are children to learn about death? (p. 177)

Morgan (1975) believes that with children, as with
adults, an understanding and acceptance of death can best
begin in the absence of family sorrow. By parental encour-
agement, children should learn to accept and have reverence
for the whole process of life. The child should be involved

as much as possible in a family death. He will feel like
a closer member of the family, even though he might not
understand everything that is happening.

Grollman (1974) believes that parents should avoid
theological abstracts as means of explaining death to chil-
dren. They only confuse. "Suffering and death should not
be linked with sin and divine punishment. Children experi-
ence enough guilt without an added measure of God's Chas-
tisement" (p. 68). There is no greater need for a child
than trust and truth. It is important that youngsters be
told immediately of the death of a loved one. Children
should be told about the funeral, go if they choose, expe-
rience grief with the family and be able to cry, and to do
what they need to do to feel natural when venting their
emotions. Parents should share their knowledge of death
with the child, listen to see how the child feels about
death, understand what they think, learn what they know,
and determine where they need to go with the clarification
of the topic. Parents should learn along with children as
they experience together. "To adults and parents, the real
challenge is not just how to explain death to your children
but how to understand and make peace with it yourself" (p.
78).

Grollman lists the following guidelines to help a
child who has suffered the death of a loved one:

1. You cannot protect yourself or your child from death.

2. The child should be able to discuss death with his family before the crisis strikes. Learning process should be gradual. Begin with the child's level.

3. Never tell the child what he will later need to unlearn. Avoid fairy tales, half-truths, and circumlocutions.

4. The very involvement of the child in sorrow of the family can be a source of maturation.

5. Allow the child to give vent to his emotions or grief.

6. Encourage the youngster to discuss his innermost fantasies, fears, and feelings.

7. Do not close the door to doubt, questioning, and difference of opinion. Respect the child's personality, for in the long run it is he who must find his own answers to the problems of life and death.

8. Children vary in reactions (Grollman, 1974, p. 77).

The School

Berg (1973) says that the school is an excellent situation for a support system. It is important for all who work with children, especially counselors and teachers, to handle the subject of death with the child when death

becomes a part of his personal experience. Beyer (1968) suggests that teachers are in a good situation to support the young child. They can help sort out the differences between reality and fantasy in fears through observing a child's play. Crase and Crase (1976) list the following important points for the teacher who wants to help the young child's understanding of death: self-development by the individual teacher; effective communication with the children; positive use of experiences; and parent-teacher cooperation.

Through his research, Koocher (1975) found that talking about death in the classroom will be most effective and useful to children if the teacher is able to listen appropriately and is aware of general developmental trends in this regard. A warm and supportive atmosphere is important to prevent anxiety. A discussion of death and dying in the classroom should be general and open-ended.

Galen (1972) describes the inclusion of the topic of death in the curriculum of a nursery school. The study covered a 4-year period and showed that even though the teachers knew death could not be concealed from the young child, they still wanted reassurance that it needed coping with in preschool. The second finding was that the teachers desired a guideline to help them deal with the topic of death. To handle the first finding, the teachers were

reminded of research done by Nagy, Anthony, etc. dealing with the topic of death and the young child. Guidelines were set as follows to help the teacher fulfil their role as support to the young child's comprehension of death:

1. Proper Perspective: There must be an awareness of preschoolers' views of death and approaches to help young children cope.

2. Encouragement of Children's Comprehension: The teacher must take into consideration the child's level of cognitive and affective development and also incidents of death within and outside of school. The teacher must remember comprehension is gradual and choice of language is important. Use of "death" will not confuse like "gone to sleep," "passed on," or "gone on a trip."

3. Fostering Children's Expression and Awareness of Emotions: Play is an excellent way for the child to express emotions on this level. If the child is showing anger, it may be possible to help him channel it in a less harmful manner. Children need repeated encouragement before they can live comfortably with their emotions about death.

Galen says, "Death is not confined to the world of the adult. It has a definite place in the world of the young child as well. If the teacher ignores this fact, he denies the child's full development of a firm foundation for life-long sound mental health" (p. 355).

Parness (1975) relates how recently the relationship between children's early experiences of loss and the course of their development has been researched and that the child under five has many encounters with separation and loss. In exploring feelings with young children, we must take our cues from the child. The teacher needs to be in close contact with the parent to share what is happening at home as well as at school. Parness concludes:

Nursery school teachers and others who spend much time with the young child under five and are professionally known for their sensitive observations should extend that sensitivity to an important part of the life of the child--loss and death. (p. 7)

Clay (1976) writes the following:

The American attitude toward death and dying poses two serious problems for educators who want to help young people learn about and accept death:

1. The first is learning to face the existence of death and dying honestly, including one's own. Teachers and counselors who cannot face his or her own mortality will not be able to help students face their own death or death of people close to them.

2. The second is that once the teacher has come to terms with dying, it is likely that his or her ideas will differ from that of the students. (p. 179)

Clay continues to explain that it is important for adults concerned with death education to know that children do not think of death as adults do. So often a child's question and reaction about death troubles adults. Clay believes that in order for children to learn what death is, they need to be able to hold, touch, and feel a dead thing

46

in their hands. Qualities of "dead" can be comprehended (p. 180).

For the teacher to be a support system for the young child, it is necessary for self-death education if none is available for the teacher. The best solution is for the teachers to have an opportunity for classes on the college level to enable them to feel more comfortable and adequate to support young children. Teaching about death for the young child can take the form of the "magic circle" where children are able to talk about glad and sad things. Death should be discussed when the opportunity arises, and the true feeling of children should be encouraged. The teacher should allow her own feelings to show to indicate to the students that all people do have feelings; they feel sad and glad, or they can cry and laugh. "Death education should be a part of life" (Clay, 1976, p. 183).

Other Support Systems

Churches are involved in some death education but are most concerned with the dying and the bereaved. "As with the public schools, church school materials need to be reviewed with regard to their relevance to death education" (Irish, in Green & Irish, 1971, p. 63). The clergy needs to prepare their members for death all through life

instead of just administering almost exclusively to their needs at the time of death.

Zeligs (1974) says that the medical profession is trying to overcome the taboo against talking about death and dying. They are learning the need to face the reality of death and to deal with it with understanding and wisdom.

Other helping professions such as attorneys, life insurance salesmen, social workers, clinical psychologists, and funeral directors can be available to support the young child (Green & Irish, 1971).

Approaches Used to Support a Young Child's Concept of Death and Dying

Teachers of young children know that play is the medium by which children learn about themselves, about other people, and about their world. They see vigorous, resourceful play as evidence of mental health and as a good foundation for zestful, meaningful living.

Beyer (1968) refers to Susan Isaacs' work with dramatic play. Dramatic play not only helps children understand the behavior of things and people, but when children role play, they are externalizing their own inner drama. In dramatic play, children express their fantasies and ease their own inner tensions. Dramatic play is the means by which children can work out their difficulties

for themselves so that they can meet the challenge of
their world with confidence (Beyer, 1968).

Dobson (1977) says,

> In order to have any feelings about death, one
> must experience life. Young children, in their
> experience with books and stories, can be encour-
> aged to develop empathy and to release their own
> feelings about loss, separation, and death. Em-
> pathy, the ability to experience the feelings,
> thoughts, and attitudes of another person, is a
> prerequisite to the whole process of mourning.
> (p. 173)

Through a careful selection of children's books that appeal
to the young child's basic needs for survival, security, and
protection, young children can be nurtured.

Life cycle books are an excellent and interesting way
to help the young child experience death and life with equal
acceptance. Dobson (1977) believes the fairy tale is one of
the most powerful forms of children's literature. Some
fairy tales have been watered down because of violence. The
child can be helped to sort out and make sense out of their
fears through the fairy tales. Many fairy tales start with
a death. The fairy tale shows us that life is happy and
sad, joyful and scary, a struggle and fun. The adult should
filter and interpret as he reads the fairy tale. He says,
"An attitude of acceptance toward death and mortality is
nurtured in fairy tales" (Dobson, 1977, p. 175).

A summation of Victor Marshall's finding in 1971
on how children view death showed that young children

are concerned about death and do have a need for reading materials. A search he made of children's books revealed a serious shortage in the treatment of death. Children's literature has an opportunity to play a unique role in providing developmentally sound reading materials to support the child in learning about death (Marshall & Marshall, 1971).

Wass and Shaak (1976) say that it is fortunate that parents and teachers are not the only sources of information and comfort for young children. Books can be excellent teachers and helpers. In recent years, a number of good books have been written with death as the main theme. They are proving to be very therapeutic.

Children see death on television and other media, but the views shown are usually distorted. They are given the idea that bad guys get killed and that death is temporary as they see the characters again. Cartoons are often violent. Books have more safeguards than television. Television is more loosely controlled. Economics is the main existence of television. Dobson says, "Children are referred to as the 'two-to-eleven-year-old market' " (p. 177). The child sees what is most profitable, pragmatic, and easily produced. Children's literature has more to offer at this time to the formation of healthy attitudes toward aging and dying (Dobson, 1977).

Sharapan (1977) relates that programs such as "Mister Rogers' Neighborhood" bring excellent programs to television for the young child. A program dealing with death was shown in 1970 and has been repeated several times since. The decision was made to deal with death, because it was deemed important to talk about death with children in an everyday way that is not closely tied to a traumatic and highly emotional situation.

Koocher reports that talking about death in the classroom will be most useful to children. Topics may be discussed as they come up. Topics that might provide a good source of classroom discussion about death could include the following: difference between living and non-living things; death of a pet; death of a person; and what is "dead"? A teacher must be sensitive to the children. Some children do not want to enter a discussion but will listen. A child should never be forced to enter the discussion (Koocher, 1975).

Koch (1977) says that therapy can be used as a preventive approach. Helping children express their feelings at the time of the parent's death and helping them grieve might prevent emotional problems later. If mourning is not completed, it may become an illness that requires psychoanalysis. She says, "The therapist must help the child openly mourn, to admit that his world has been altered,

to realize that the dead person is not coming back" (p. 66).

The Barr/Harris Prevention Center for the Study of Separation and Loss During Childhood opened in Chicago in November 1976. It was the first center for the purpose of helping children deal with the loss of a parent. Not only does the clinic provide therapy and consultation, but the community-education branch is offering lectures to social workers, teachers, parents, and other interested in understanding facts of death from a child's point of view (Koch, 1977).

Support for the Dying Child

Easson (1970) says, "From the earliest stages of infancy, the child's response to his own dying is influenced greatly by the way the actual disease process affects his self-concept and the way those around him react" (p. 8). Children respond to their dying with the emotional reactions natural to a child at that age level. The child lives and dies as a child. "Everyone who deals with the dying child must be aware of the level of understanding the child has reached so that they can help him achieve in his dying the maximum comfort, the greatest security and the deepest closeness" (p. 18).

Zeligs (1974) says we cannot fool a dying child about his condition. He is sensitive to the people around him and their actions. Adults tend to cut communication between themselves and the child. There must be honest communications to build a bridge of closeness, mutual understanding, and sharing.

It is important that the child continue his school work while in the hospital, if possible. The teacher is very important. The child needs to participate in some purposeful activity. School keeps the child busy, and he can concentrate on normal activities. The parent can also be involved. The teacher must be aware of the child's medical condition. At times, her responsibility might be that of a play therapist to enable the child to express his feelings. She may be the child's comforter or quietly hold his hand. "Adults responsible for the care of a fatally ill child must not try to avoid or abandon them because they are afraid to face death" (Zeligs, 1974, p. 93).

The Adult

Denial and Fear Makes Death a Taboo Subject

Kubler-Ross relates that there are many reasons for not facing death calmly. One of the most important facts is that dying nowadays is more gruesome, more lonely,

mechanical, and dehumanized. At times it is even difficult
to determine technically when the time of death has occurred
(Kubler-Ross, 1969).

Dr. Ross (1975) says,

Death does not have to be a catastrophic destructive
thing. It can be viewed as one of the most construc-
tive, positive, and creative elements of culture and
life. . . . Dying is an integral part of life, as
natural and predictable as being born. Birth is a
cause for celebration, but death has become a dreaded
and unspeakable issue to be avoided by every means
possible in our modern society. We routinely shelter
children from death and dying, thinking we are pro-
tecting them from harm. We do them a disservice by
depriving them of the experience. (pp. 2, 5-6)

One of the reasons people avoid and deny death in
today's society is that most people die in a hospital, and
the culture of our hospitals consider death in some way one
of its own taboos. "In the hospital patients do not die,
they expire. Patients do not die in the operating room,
rather they are 'lost on the table'. The language of the
hospital suggests denial" (Kubler-Ross, 1975, p. 10).

Kubler-Ross also suggests another reason for our
denial of death is that we live in a society in which
control of emotion and display of proper behavior are
highly rewarded. We also have professional behavior that
dictates our emotions and feelings. A "transprofessional"
situation could enable help for the dying and the patient's
family. The burden need not be placed on the physician
but should be shared by others, such as the clergy, to

meet the needs of the dying and the family. The idea now
being tried with great success is the Hospice. The idea
being that hospitals can exist for the dying where the
family of the dying patient may come and go as they please
and the staff can treat the patient as a dying patient and
allow the patient to die with dignity and concern (Kubler-
Ross, 1975).

> It is the denial of death that is partially respon-
> sible for people living empty, purposeless lives.
> When you live as if you'll live forever, it becomes
> too easy to postpone the things you know that you
> must do. When you understand that each day could
> be your last, you take the time that day to grow,
> to become more of who you really are, to reach out
> to other human beings. (Kubler-Ross, 1975, p. 164)

While man recognizes that death is universal, he
cannot imagine his own death. It is other people who die.
Death takes us by surprise, and we are not prepared. It
is almost impossible to speak about death and dying spon-
taneously (Weisman, 1972). Weisman (1974) speaks of
psychological autopsy. He relates that medicine knows
a great deal about disease, but little about the manner
in which people die.

Ernest Becker (1973) relates that there are healthy-
minded persons who maintain that fear of death is not a
natural thing for man, that we are not born with it. He
also rationalizes that if a child grows up to understand
death rationally, he will accept it as a part of his world

view. Kastenbaum and Aisenberg (1972) say that fear is the psychological state that is most often mentioned when discussing responses or attitudes toward death. Thanatophobia seems basic. Shepard (1975) says that open communication, a discussion of our fears, aversions, and attitudes, remains our best hope for facing the truth of death with more direction and greater compassion.

"Death is a noun, and it and dying are very much a part of the story of life" (Langone, 1972, p. 14). A fear of death depends on a number of things. Our cultural and religious beliefs, our attitudes toward life and the living, and our general emotional health all play a very important role.

The most obvious way of reconciling oneself to death is through hedonism. We try to make sure of enjoying life before death snatches it from us. "Let us eat and drink, for tomorrow we shall die" is too often our attitude. The alternative to hedonism seems to be pessimism. Some conclude that life is so wretched that death is the lesser evil (Shneidman, 1976).

Kubler-Ross (1975) suggests that when we can view death as an expected companion and not as a dreaded stranger, we can learn to live our lives with more meaning.

> Facing death means facing the ultimate question of
> the meaning of life. If we really want to live,
> we must have the courage to recognize that life is

ultimately very short and that everything we do
counts. When it is the evening of our life, we
will hopefully have a chance to look hard and
say: "It was worthwhile because I have really
lived." (Kubler-Ross, 1975, p. 126)

Self-Clarification for the Teacher to
Support the Young Child's Concept of
Death and Dying

Death is a forbidden subject for ordinary conversa-

tions. We feel awkward or nervous and uncomfortable when

the topic of death is raised. Most people avoid the sub-

ject of death most of the time. A good starting place in

learning to talk about death is to achieve some preparatory

orientation. Direct communication is the best tool to

counteract the current neglect to talk about death. Any

competent teacher who is personally comfortable with death

in his or her private life will be capable of supporting

the young child (Cutter, 1974).

> Because of the anxiety about death that adults
> harbor, they have a strong tendency to shield a
> child from death and dying. Children are not
> evasive, as a rule, about discussing death. To
> shield a child from knowing is to shield him from
> learning, and children must learn. (Hendin, 1974,
> pp. 120-121)

Walter Char, psychiatrist at the University of Hawaii Medi-

cal School, believes it is better at an early age in a

normal matter-of-fact fashion for a child to be exposed

to the concept that death is a part of life. Before this

can be accomplished, the adult who comes in contact with

the child must feel comfortable about the subject of death (Hendin, 1974).

Brantner (1971) says that the formation of attitudes starts very early and goes on through life. Through formal education, through deliberate changes in our behavior, and if desire is strong enough, we can change our attitudes at any period (Brantner, in Green & Irish, 1971).

Feifel says,

Death is the greatest democracy of all, and we shall all be observers--participants in it. We live in an era dominated by creations such as the H-bomb that brings a general pessimism concerning the future of humanity. To fully understand ourselves as humans, we must examine the talent that distinguishes us from all other species--our ability to conceptualize a future. . . . The time is ripe for death education to assume a proper role in our cultural upbringing as a preparation for living. (Feifel, 1977, p. 11)

Grollman reminds us that each one of us is a helper and support system to another. "People generally accept assistance from those whom they can trust. You are most valued when you are both engaged in the cooperative quest for understanding" (Grollman, 1974, pp. xiv-xv).

Although it is often thought that one can solve the problem of death by going to church, contemporary theologians say religion does not clarify the concept of death and dying. The church says almost nothing about it. Inquiry into death is one of the best ways of overcoming and

coping with the fear of death. Discussing and communicating about death is therapeutic. When we face the reality of death, we stop playing games of denial. Inquiry also makes us less subject to misconceptions and poor emotions. Basically, we seem to desire understanding, concern, care, friendship, and emotional warmth. We rarely have such experiences due to our inability to cope with and understand our emotions (Shibles, 1974).

Death Education

Background of Death Education

Leviton (1976) says that the area of death education began its greatest surge about the middle or late 1960's and got its start in America. It has grown considerably and quite rapidly since the 1970's. There were more than 165 college level courses being offered by July 1974 and over 1,000 courses on the high school level. Eighty-three medical schools were surveyed in 1974 to see if the students were receiving formal training to help them interact more meaningfully with the terminally ill patient and their families. Forty-one of these were offering such a course. It was also discovered that similar courses were being provided for nursing students.

Since 1974, death education has increased rapidly, and classes are found on all levels from elementary school

through college, adult, and professional education. This tremendous growth shows that death education is not a fad but a necessity. There are journals devoted to the subject of death and dying and suicide such as Omega, The Journal of Death and Dying, Suicide, and The Journal of Thanatology. Work groups and forums have been set up to exchange information in the field (Leviton, 1976).

In 1976, The Forum for Death Education and Counseling was established and in 1977, the journal, Death Education, edited by Hannelore Wass, was established. It is the journal specifically addressed to the issues and needs of educators in the field (Pine, 1977).

Leviton (1976) says,

Generally, courses on death can be categorized in two ways: those which are effect-oriented and those which are subject matter or data oriented. The effect-oriented courses are few and most courses are subject matter and lecture oriented. (p. 18)

He relates to his own course offered at the University of Maryland that draws over 300 students each semester. Some are turned away for lack of seating.

The first half of the course is designed to give a global, catholic view of death and to gradually allow the student to come to terms with the topic of death with minimum anxiety. Once the taboo nature of death is removed, students will demand individual counseling to help them resolve their crisis and problems. (p. 18)

Pine (1977) calls the period from 1928-57 the era of exploration. Even though death education is relatively new, the research and reports began 50 years ago. Research dealing with grief was done by Eliot and later by Lindemann; Gebhart did research about the funeral practices; Anthony studied children and their awareness of death; and Faberow and Shneidman studied suicide. There were many other studies during this period, also. By the mid-1950's great interest was being shown in psychology toward the topic of death.

Pine (1977) calls 1958-67 the decade of development. Sociological research was being done by Fulton and others focusing on the issues surrounding dying and death. Feifel's book in 1959 reflected a behavioral science view of the field of death. Feifel found it difficult to get his book published because of the topic and the lack of a market for such a book. Many academic colleagues thought him peculiar for studying death. Also in 1959, Cicely Saunders wrote about dying people, euthanasia, and the care of the dying. This author is responsible for the recent education of those involved in the care of the dying. By 1963, extensive materials had been written, issues had been researched with hypotheses and theories, and this led to a course on death education at the University of Minnesota under the direction of Robert Fulton. This course has

been offered continuously each semester since that time. By the end of 1967, there was a large number of books and articles dealing with the subject and were made available for the course in death and dying. The one main idea coming from the developmental era was that death education is a multidisciplinary field.

Pine (1977) suggests that from 1968 on has been a period of popularity, because centers for death education research have been established. In 1969, Kubler-Ross came into prominence in the field of death and dying. Courses in death education are mushrooming, many excellent books are being written, articles are appearing more and more readily in popular press as well as academic journals on the subject of death, and media such as films, film strips, tapes, etc. are being developed for courses on all levels.

Critical Issues in Death Education

Pine (1977) says that death educators are classified into three groups: "old school," "new school," and "pop" (p. 73). The "old school" members have a thorough knowledge of the field and extensive research and writing experiences. However, too few of them consider the education aspects of their material. The "new school" members have a strong commitment to death education, but do not possess research or writing experience or extensive practical knowledge of the

field. The "pop" members join the field because it is a
popular topic now. "With the rush to educate, many educa-
tors have neglected the research necessary to prove the
accuracy of the theories in existence, or the impact of
their courses" (p. 75).

Pine reports the problem of

Value neutrality among many of those teaching
about death. There is a distinctly upper middle-
class and upper class bias in death education
and also a good deal of ethocentrism, regional-
centrism, religious-centrism, and status-centrism
in attitudes about death and dying. This is like
the Jackie Kennedy-no-grief-syndrome. (Pine,
1977, p. 75)

There is also the matter of manifest versus latent
issues in death education. The manifest issues involve
course outline, planned curriculum, and anticipated goals
and objectives for the course. The latent issues involve
the viewpoint of the teacher, influences of extracurricular
experiences and students' personal needs. Even though it
is impossible to rid oneself of all the latent, it is impor-
tant for a teacher of death education to be aware of such
issues (Pine, 1977).

Problems in Death Education

Kastenbaum (1977) warns that it might be possible that
death education is being exploited by society to serve as a
more subtle form of denial. Death education might be a
cover-up and we may be truly becoming better deniers.

Pine (1977) lists five problems in death education:

1. Emphasis of death education might be for the wrong reasons, such as to increase the student-faculty ratio.

2. Death education should not be implemented to get across a particular perspective. It is important that a full 360-degree view of a given issue be presented.

3. Death education has the danger of disciplinary compartmentalization. It is multidisciplinary.

4. Death education may suffer from a parallel to Greshan's Law of Economics which states that bad money drives out good money. In the case of death education, bad research and written material and weak courses may drive out the good work.

5. Death education may actually be used for the denial of death. Courses may be so abstract and lacking in a humanistic perspective that the courses become a means of denying (Pine, 1977, pp. 77-79).

Need for Death Education

Cutter gives this idea: "No other universal experience is given less preparation, more avoidance, or greater distress. As grim as the subject of death may appear, its problems are only made worse by avoiding reality" (Cutter, 1974, p. 1).

Leviton says, "Death education has an ultimate goal--increased human happiness. Our goal is to help people understand their own feelings and attitudes toward death and dying so that death will be less fearful and living more enjoyable" (Leviton, in Green & Irish, 1971, p. 30).

The purpose of death education for the adult is not a desire to foster a preoccupation with death, but rather to help people relate better to reality. American society today lives more and more in a "death free" milieu. In former years, death was experienced as a natural aspect of the human condition. Irish (1971) says,

> Death education should not await the imminence of the death bed. Ideally, death education should be that process by which each person is helped to develop from childhood through maturity and to senescence with an acceptance of death as a fact of life. The family, religion and schools can work toward the development of healthy attitudes toward death. (Irish, in Green & Irish, 1971, p. 53)

Leviton relates that death education has preventive, interventive, and postventive and rehabilitative capabilities. The preventive prepares individuals and societies for subsequent events and consequences. The interventive helps the person presently facing an aspect of death. The postventive and rehabilitative aspect can in some ways help the person understand the crisis and learn from that experience (Leviton, 1977).

A half a century ago death education was not neces-
sary, as we grew up in the midst of death and learned about
it at an early age. Today, we shelter people from death
and dying. Not only do we deprive ourselves of opportuni-
ties to learn about death through everyday experiences, but
what we see is distorted through media, especially tele-
vision. Death education also might prepare us for a better
quality of living. Death education increases one's sensi-
tivity to the needs of the dying and the grieving and
develops the skills needed for dealing helpfully with
these persons (Stanford & Perry, 1976).

Kubler-Ross (1975) believes that one of the most pro-
ductive ways to grow is through the study and experience of
death. For some reason, people who have shared in the death
of someone and have understood the meaning of death seem
better able to live and grow because of their experience.

Until one accepts the reality of death and thinks
through the implications, he has not really accepted life.
Death education is essential preparation for living. Death
education relates not just to death but patterns one's
life. Death education has to do with our values and ideals
and is needed even more by adults than by the young (Morgan,
1975).

Dr. Warren R. Johnson describes some qualities of
sex educators which might serve as guidelines for the death

educator, relates Dan Leviton (1971). By changing the
wording from sex educator to death educator, Leviton lists
the following criteria for selecting teachers as support
for the young child in the concept of death:

> 1.   The teacher must have come to terms with
> his or her own death feelings and to have admitted
> not only to its existence but to its full status
> in the dynamics of his total personality function-
> ing.
>
> 2.   It should go without saying that the teacher
> needs to know the appropriate subject matter that he
> is to teach.
>
> 3.   The teacher of death education needs to be
> able to use the language of death easily and natur-
> ally, especially in the presence of the young. This
> is impossible for many people.
>
> 4.   He or she needs to be familiar with the
> sequence of psychothanatological developmental
> events throughout life and to have a sympathetic
> understanding of common problems associated with
> them.
>
> 5.   The teacher needs an acute awareness of
> the enormous social changes that are in progress
> and of their implications for changes in our pat-
> terns of attitudes, practices, laws, and institu-
> tions concerning death. (Leviton, in Green &
> Irish, 1971, p. 39)

Goals of Death Education

Leviton (1977) lists some of the goals of death educa-
tion:

1.   Remove the taboo aspect of death language so that
students can read and discourse upon death rationally with-
out becoming anxious.

2.   Promote comfortable and intelligent interactions with the dying as human beings who are living until they are dead.

3.   Educate children about death so they develop a minimum of death-related anxieties. Anxieties are too often based upon irrationality and myth, rather than fact.

4.   Assist the individual in developing a person eschatology (final events) by specifying the relationship between life and death.

5.   Assist the individual in understanding the concepts of appropriate, good, or healthy death.

6.   Perceive the doctor or counselor as a professional and human being, neither omnipotent nor omniscient, who has an obligation to give competent and humane service, attention and information without mendacity (falsehood) to the dying and their families.

7.   Understand the dynamics of grief and reactions of differing age groups to the death of a "significant other."

8.   Understand and be able to interact with a suicidal person.

9.   Understand the role of those involved in what is known as the "death system."

10.   Educate consumers to the commercial death market.

11. Recognize the variations involved in aspects of death both within and among cultures. Death means different things to different people.

12. Recognize the variations involved in aspects of death both within and among religions.

Language of Death

The primary goal for death education is to remove the taboo aspect of death education by dealing with the langauge of death. Leviton (1977) advises that becoming familiar with death-connoting language is important to desensitize and enable us to discuss freely all aspects of death and dying. "The knowledge of 'the language of death' is one of the cornerstones upon which any course in death education rests" (p. 43).

Langone (1972) discusses some of the language of death topics extensively. The main topics included in most curricula are as follows:

Euthanasia is derived from two Greek words meaning "good death." Direct euthanasia or the deliberate act of ending a suffering person's life is not legally sanctioned. If one takes his own life, it is suicide. If someone else does it, it is murder. Mercy killings have always made news. Those who believe in euthanasia feel these acts show concern for the sufferers and are justifiable. The

opponents feel they are crimes against man and God. Euthanasia advocates believe strongly in the right of an incurably diseased person to have his life ended gently. Opponents feel a life should be maintained by any means available. The controversy over euthanasia is one that has raged for centuries, and it probably will continue to be hotly debated for many years to come.

Compulsory euthanasia aimed at ridding a society of the useless, the aged, and the ill to better the society was present from ancient times. Bringing about a more perfect society by choosing only special people to produce children is a form of euthanasia called eugenics. Compulsory death for unwanted and unproductive to better a society was advocated by Hitler in 1939 (Langone, 1972).

Legalized euthanasia began in the early 20th century and continues today. Permitting a person to die a normal or natural death is called orthothanasia. A patient, while still conscious and mentally competent, might request his physician to use discretion about letting death come. In some cases, the family might decide for a patient who can not make this decision for himself. Where one draws the line between attempting to save life and allowing it to die away becomes a deep medical, moral, legal and social issue. Life is a precious commodity and not to be taken lightly. The issue of euthanasia brings up lots of problems and

contributes to much discussion. "What is being discussed in medical and moral circles today is not whether man has a right to life but whether the dying have a right to die as peacefully as possible" (Langone, 1972, p. 73).

Euphemistic language disguises death. People simply do not die. They "pass on," "pass away," "perish," or "expire." They become "defunct" or "deceased." Through the various euphemisms, death is not only camouflaged but is avoided. When we talk about the dead as "being on a trip" or "sleeping" and other such phrases, we only prolong the reality of death. We should tell it like it is as adults and when relating to a child (Grollman, 1974).

Grief. "We create fear that need not be there. When a person dies, we 'help' their loved ones by doing things for them, being cheerful, and fixing up the body so it looks 'natural'. Our 'help' is not helpful. It is destructive" (Kubler-Ross, 1975, pp. 5-6). Kubler-Ross says that it is important that the survivors participate in the process when someone dies, and this participation will help them in their grief and help them face their own death more easily.

There is a universal need to express grief. Grief can be expressed in different ways, depending on the individual and his cultural background. Weeping or talking freely about the dead person can help survivors adjust

themselves to the new reality they must face. If a person can not express grief, his adjustment can be gravely hampered and a serious illness could result. Unless adults can grieve, they can not help the young grieve (Morgan, 1975).

Funeral rites, wakes, and periods of mourning help us face death in a direct way. They let us release tensions and readjust. They are as much for us, the living, as for the dead. Some believe that death customs and rituals build up more tensions than they release. Doctors prescribe medicine to sedate the mourner, and well-meaning friends suggest if we do not cry and talk everything will be all right. These are ways of denying death and they are unhealthy. Denial prevents us from adjusting to a death (Langone, 1972).

Grief is the intense emotion that floods life when a person's inner security system is shattered by an acute loss. Grief is always more than sorrow. Grief is relieved by time, by understanding, and by the ongoing creative impulses of life itself. Mourning is the process that guarantees that we happen to our grief rather than have our grief happen to us. Mourning is the process of self-mastery that makes sure we remain whole, even though being deprived rather than being destroyed by what has happened to us (Grollman, 1974).

Curricula Used as a Guide

Leviton relates that while the emphasis has been at the college level, formal death education also exists in high school, professional, and adult education curricula. Leviton (1977) says,

> Death education at the preschool and elementary level is on an informal, "teachable moment" basis. My own feeling is that formal and informal death education should be developmental and systematic and should begin when the child, verbally or non-verbally, indicates an interest. (p. 41)

Leviton feels that the desensitization to death-connoting language and topics is very urgent to change attitudes toward death education. "The language of death and the stress of dying and death are the cornerstones for the course" (p. 43).

In 1972 the University of Maryland, under the guidance of Leviton, offered a course in Death Education as a part of their formal curriculum. It drew large numbers of students and was very well received. It was hoped the course would enable the students to interact and communicate more humanistically through the ability to use the language of death in a matter-of-fact way. It was also hoped that the course would help the parent and the parent-to-be understand the relationship between the meaning of death and the healthy development of children. Great emphasis was given to the effects of separation and loss, death-related punishment,

the child's view of death and child abuse. The course
included views of religions, reactions to death and dying,
views of different cultures, effects of environments as
well as language of death (Leviton, 1975).

Leviton felt that such education should consist of
formal classroom teaching, teacher training and parent
education and a crisis-intervention facility. The role
of school death education should be complementary to that
received in the home and the church. Leviton said,

> Proper death education should enhance man's joy
> in living by reducing his fear of death. Our role
> now is to sensitize the schools to the need for
> death education, and, most importantly, to train
> teachers so that they are able to work competently
> in this area. (Leviton, in Green & Irish, 1971,
> p. 32)

Topics included in the course at the University of
Maryland were the following: language of death, philoso-
phies, historical and anthropological perspectives, the
sociology of death and dying, theories of death, religious
views, definitions of death, the stress of death and dying,
the process of dying, the meaning of death, the life cycle,
bereavement and grief, the methods of the funeral, suicide,
and ethical issues (Leviton, 1976).

In 1970 Douglas White offered a death education course
to undergraduates and the following syllabus was used:
physiological characteristics and medical criteria of
death; psychological dimensions of death such as the child's

view of death, attitudes toward death and dying; beliefs
and practices surrounding death in various cultures; death
and the arts such as literature, poetry and visual arts;
and special topics such as suicide, murder, abortion,
euthanasia, capital punishment, war and other language
of death (White, 1970).

A faculty workshop on death attitudes and life affir-
mations was conducted at Miami-Dade Jr. College, Miami,
Florida, in 1973 by Colton, Gearhart, and Janaro. These
faculty members felt that the life-denying syndrome might
be a fear of death and unwillingness to think about death.
Thus, they decided to conduct the workshop to see whether
frank and open talks about dying could be effective in
bringing about significant improvement in negative atti-
tudes. The workshop was to be nonstructured with a minimum
of lectures. However, the class felt they would like more
lectures. An abundant use was made of the media, films,
music, slide-tape presentations, etc. Another method used
in the workshop was dividing the participants into age
groups. It was interesting to see the reactions within
each age group toward the other groups. It seemed to
reflect how we feel about aging and death. This provided
for a discussion of the way we feel about aging in our
youth-oriented culture. The faculty members participating

encouraged others to participate in such a course (Colton, Gearhart, & Janaro, 1973).

Gurfield formulated a course in death and dying on the college level. He included three principles: attempt to confront as many aspects of death as possible and not focus just on the areas of the terminally ill, funeral practices and grief and mourning but to cover issues such as fear of death, cultural attitudes, suicide, cryogenics, and other topics dealing with the language of death; need to accept death both for the purpose of reducing fear and anxiety in the hope of a more fulfilling existence; and to enable the students to deal with the taboo surrounding death and dying (Gurfield, 1977).

Harnett proposed an independent study unit for death education to allow an individual to progress at his own learning rate to help people come to grips with their own feelings and attitudes toward death and dying. The unit was designed for advanced high school or college students or professionals wanting to improve knowledge of death and dying. This unit followed some aspects of Leviton's course outline. The independent study unit included the following topics: the taboo of death and language barriers; definitions of death (biological, social, and psychological); the crisis of man that death and dying affords; views on death and dying (children, adolescents, young adults,

middle-aged, the elderly and the terminally ill); under-
standing the dying patient or relative; funeral, burial
and bereavement and understanding suicide and self-
destructive behaviors (Harnett, 1973).

Knott (1977) provided a framework and reference points
for educating for death with any setting or learning group.
The first perspective was the instructional objectives.
This included information sharing that dealt with defini-
tions and criteria applied to death and dying. The values
clarification dealt with war, H-bombs, self-destructive
behaviors, ecology, violent crime and the like. This sec-
tion also included coping behaviors that enable us to deal
with life. The second perspective included three areas of
dominant emphasis as follows: death as a personal phenome-
non; accentuation of death as a sociocultural phenomenon;
and content stressing legal consideration, self-destructive
behavior, religion, and funeral practices. The third per-
spective considered the teaching process and settings for
death education as follows: formal education including non-
medical schooling; clinical education including health care
personnel; and lay public education including all other
facilities such as churches, community agencies, etc.
(Knott, 1977).

Summary

The review of the literature reveals research dealing with developmental levels for various ages of young children and how young children conceive death and dying. Recent research reveals that young children understand more than they are generally given credit for and that young children are anxious to deal with the subject of death and dying. Various approaches have been studied to help the young child deal with and nurture his concept of death and dying in a healthy manner. The research advises that the young child needs support from the adults around him.

The review of the literature indicates that an important part of the program to train teachers to support a young child's concept of death and dying would be the self-clarification for the adult. Research reveals that adults, in general, deny, fear, and avoid the subject of death and dying. Because of learned attitudes, avoidance of the language of death, and lack of knowledge, the subject is treated as a taboo.

The literature relates a definite need for death education to enable adults to help themselves, other adults, and the young child dealing with death and dying. Death Education has come into its own during the last 10 years and is gaining in importance in many school situations from the

elementary level through college. Some of the various programs being used at the present time were reviewed.

Koch (1977) touches on the affectiveness of death education and the necessity to support the young child in her report dealing with the Barr/Harris Center in Chicago. The Center deals with the young child and the death of a parent or close one. This Center opened in November of 1976 and was the first psychiatric center in the country totally devoted to helping children deal with the death of a parent. The Center proposes preventative approaches to help children express their feeling at the time of the parent's death.

> The skimpy statistics and attitudinal studies
> available during the short time since opening
> suggest that children are not usually informed
> of the facts of death and are seldom encouraged
> to express their feelings and accept the final-
> ity of the death. (Koch, 1977, p. 66)

CHAPTER III

METHODOLOGY AND PROCEDURES

The purpose of this study was two-fold: to concep-
tualize and develop a mini-course in death education for
the teacher and the teacher-to-be; and, through implementa-
tion of the mini-course to the experimental group, to
analyze difference shown by participation in the mini-
course.

This chapter discusses the following: the description
of the population; the sample of the study; description of
and administration of the Questionnaire to assess the need
for such a study; description of and administration of the
Interest Form to collect a sample; description of and admin-
istration of the Personal Competency, Information, and
Belief (PCIB) Pretest/Posttest to be used to gather data;
and the treatment of the data.

Description of the Population

The population of the study consisted of all the
teachers-to-be in the teacher preparation programs at the
Texas Woman's University. The Texas Woman's University
is located in Denton, Texas. Denton is 30 miles north of
the Dallas-Ft. Worth Metroplex. As its name indicates, the

79

Texas Woman's University is historically a single-sex institution, in which student enrollment has heretofore been limited exclusively to women. However, due to Titles VII and VIII of the Public Health Service Act, there is no discrimination on the basis of sex in the admission of qualified individuals to any of the programs offered by the Institute of Health Sciences. Men are also admitted to the graduate programs offered at the University.

The University consists of three campuses: Denton, Dallas, and Houston. The latter two campuses emphasize the Health Sciences. The number of students registered at the Denton campus in 1977 was approximately 8,200.

Description of the Sample

The Interest Form instrument was administered to classes in the School of Education to collect a sample from this population. A group of interested participants, willing to volunteer their time, was established. Sixty participants comprised the sample for the study. The participants were all female students at the Texas Woman's University who came from various educational programs dealing with the young. Participants came from different cultural and religious backgrounds, were at different levels of knowledge concerning death, and had different experiences with death and dying.

81

At the first meeting the PCIB was administered to all 60 participants. Numbers representing the participants were then drawn randomly, thus constituting the 30 members for the experimental and control groups.

The Experimental Group

The 30 students in the experimental group met for eight sessions each Tuesday and Thursday for a total of 12 hours of instruction. The sessions dealt with the subject of death and dying and the approaches to help the young child's concept of the subject. At the conclusion of the mini-course, the PCIB was administered as the posttest.

The Control Group

The original group of 30 students were administered the pretest. This group did not participate in the mini-course. Two students in the group had to leave school before the posttest was administered.

Description and Administration of the Instruments

Instrument to Assess Need for the Study

In the summer of 1977 the Questionnaire was designed, and a pilot study was conducted to survey the need for such

a mini-course for teachers and teachers-to-be. The pilot study was conducted at the Texas Woman's University. Both undergraduates and graduate students were included in the pilot study. The Questionnaire (see Appendix A) included various items besides a justification of a need for such a program. The Questionnaire asked questions dealing with attitudes of the individuals answering the questions, self-clarification on the subject of death, thoughts dealing with the young child and death, and helpful suggestions to aid teachers to become more confident support systems for the young child when dealing with the traumatic experience of death.

The result of the Questionnaire was encouraging and strengthened the supposition that such a mini-course was needed and desired by teachers.

Instrument of Interest

The Interest Form (see Appendix B) was designed by the writer to select people interested and willing to be participants in the proposed mini-course. The Interest Form did not measure attitudes or the understanding of the subject of death. Those desiring to participate in the study signed the Interest Form and were contacted when the study began.

Instrument of Personal Competency, Information, Belief (PCIB)

The third instrument for the study was the Personal Competency, Information, Belief (PCIB), which was designed to be used as the pretest/posttest (see Appendix C). The writer administered the tests to the entire group of interested participants at the beginning of the study and was administered again at the close of the study. It was administered to measure the following: level of self-clarification on the subject of death and experiences with death; the areas of death that need clarification for the individual to feel more secure personally and as a support system for the young child; and areas needing stress during the mini-course.

The information elicited by the PCIB was determined by the review of the literature. The criteria set up for established curricula similar in nature to the mini-course in this study were used as a guide. The design of the PCIB is based upon the following: the attitude measuring instruments designed by Mitchell (1967), Hardt (1975, 1976), Bakshis, Correll, Duffy, Grupp, Hilliker, Howe, Kowales, and Schmitt (1974), and Shneidman (1970); a mini-course on the topic of death in the junior high setting by Berg and Daugherty (1973); a faculty workshop offered by Colton, Gearhart, and Janaro (1973); a course syllabus set up for

the college level by White (1970); a death education course
on the college level set up by Leviton (1975) and also used
with parents and parents-to-be; an independent study unit
on death education used with advanced high school or college
students suggested by Harnett (1973); guides for teachers
suggested by Galen (1972); and research with children done
by Koocher (1973); discussion by Crase and Crase (1974,
1976), Formanek (1974), Clay (1976) dealing with the young
child's understanding of death and possible approaches for
adults to use with the young child.

From this review of literature, the following cate-
gories were included in the PCIB: Personal Competency
questions to establish the comfort level of the teacher
or participant; the Information questions to ascertain
the amount of knowledge present in the various topics
dealing with the subject of death and dying; and the Belief
category to discover attitudes toward topics dealing with
death and dying.

The PCIB instrument was designed by the writer and
was pilot tested on a group of 50 students in the teacher
preparation program at the Texas Woman's University. The
instrument was redesigned and sampled by another such group
of teachers-to-be in the same teacher preparation program.

The test/retest reliability measure was computed by
administering the PCIB instrument to the same group at two

different times. This group did not take part in the actual study. The Pearson product-moment correlation yielded a correlation coefficient of .9633.

Description and Design of the Mini-Course

One of the major purposes of this study was to design a course for the teacher-to-be to support the young child in his understanding of the subject of death. The various areas discussed in the mini-course were decided on after reviewing the various curricula as follows: Berg and Daugherty (1973), Colton, Gearhart, and Janaro (1973), White (1970), Leviton (1975), Harnett (1973), Galen (1972), Koocher (1973), Crase and Crase (1974, 1976), Formanek (1974), and Clay (1976).

The mini-course was divided into two parts to deal with the purpose of the study. The first part was the subject matter for the teacher's self-clarification and understanding of death. The second part of the mini-course was designed to help the teacher become more aware of the young child's levels of development when dealing with death and the approaches available for the young child of 4 to 8 years of age to understand and cope with the subject.

The topics included in the first part of the mini-course were decided on because of the emphasis placed on such topics in each of the various curricula from the

review of literature listed above. The curricula listed were for adults.

The second part of the mini-course dealt with the developmental levels of a young child and direct and indirect approaches dealing with the young child's understanding of death. The various topics were included in the mini-course curriculum based on the following references: Kastenbaum and Aisenberg (1972); Kohlberg (1973); Anthony (1940, 1971); Erikson (1963); Grollman (1967, 1974, 1976); Mitchell (1967); Zeligs (1974); Furman (1974); Mills et al. (1976); Berg and Daugherty (1973); Beyer (1968); Clay (1976); Crase and Crase (1976); Dobson (1977); Koch (1977); Koocher (1975); Marshall et al. (1971); Morris (1974); Plank (1968); Smart (1962); Swenson (1972); Formanek (1974); Wolf (1973); and Jackson (1965). An outline of the mini-course can be found in Appendix D.

Implementation of the Mini-Course

The experimental group participated in eight sessions for a total of 12 hours. The sessions consisted of lectures, discussions, and a guest speaker--all included sharing experiences on the topic of death and dying. Various media used included film strips, films, newspapers, magazine articles, books for the adult's self-clarification and

information, and children's books to help a young child deal with the concept of death and dying.

The language of death was used to establish a foundation for the subject. After the participants became aware of the various terms dealing with death and dying, they could discuss the subject with less avoidance. The group became aware of their use of euphemisms to discuss the subject of death, and the ability to use the language became easier as the sessions progressed.

Film strips dealing with children's concepts of death and dying were shown to create questions, discussions, and understanding for the participants in the mini-course. The series was titled "Children in Crisis" and was produced by The Parents' Magazine Films. The strips were very effective by relating the developmental stages of the children and their reaction to death and dying.

An Episcopal priest discussed the different religious backgrounds with the group. He brought out the effects that different religions have on the subject of death. This question-answer type session also provided for clarification of various topics closely related to religious views.

A Bibliography of books dealing with the subject of death and dying is included in Appendix E. The Bibliography

includes books on the adult's level and books on the child's level.

Collection of the Data

The data were collected from the experimental and control groups after administration of the PCIB instrument as a pretest and as a posttest. The writer administered all tests to the 60 participants. This procedure enabled each participant to receive directions from the same administrator in order to avoid a discrepancy in the data.

The pretests and posttests were scored as to optimum answer desired according to the criteria indicated in the review of the literature. The following is an example of such:

3.   What do you know about "life after death" topic?

a.   I haven't thought about it.

b.   I know nothing about the topic.

c.   I know a little about the topic.

d.   I know a great deal about the topic.

e.   I have never heard of it.

Answer (e) would be the minimum answer and (d) would be the optimum answer. Scores for each answer would be as follows: (a) 2; (b) 3; (c) 4; (d) 5; and (e) 1.

Treatment of the Data

The data gathered from the pretests and posttests administered to the control and experimental groups were used to evaluate the mini-course designed by the researcher. The data from the pretest and the posttest were also used to measure personal growth among the participants dealing with the subject of death and dying. The PCIB instrument was scored by constructing a frequency distribution of the item responses of the pretest and the posttest for the experimental and control groups (see Appendix C).

Use of the T-test to Show Change and to Evaluate the Content of the Mini-Course

The score for each participant in the experimental and control group was determined by comparing the pretest score with the posttest score. A value had been designated for each test item as to criteria set up for the minimum and optimum answers. A gain or loss score was shown for the test item.

A two-sample t-test was used to determine whether the performance difference between the control and the experimental groups was significant. The pretest/posttest scores were divided into three subtest categories: Personal Competency; Information; and Belief.

The t-score was computed using the following formula (Bruning & Kintz, 1968):

$$t = \frac{\overline{X} - \overline{Y}}{\sqrt{\dfrac{\sum D^2 - \dfrac{(\sum D)^2}{n}}{n(n - 1)}}}$$

Use of Graphs to Show Personal Growth and to Evaluate the Content of the Mini-Course

Another method used to assess the value of the mini-course for personal growth and to evaluate the content of the mini-course was by plotting graphs for each question. Graphs were plotted using the frequency distribution for each item on the PCIB.

One set of graphs were used to show scores from the pretests for the experimental and the control groups, while another set of graphs were used to show the scores from the posttests for the experimental and control groups. The graphs plotting the posttest scores show the difference in personal growth because of participation in the mini-course. The content of the curriculum could be evaluated for both strengths and weaknesses.

The data for the graphs were divided into the three categories. The scores from the Personal Competency and

Information categories were plotted on graphs to show
personal growth and to evaluate curriculum content.

CHAPTER IV

DESCRIPTION AND ANALYSIS OF THE DATA

Introduction

There were two purposes for this study: to design, implement, and analyze a mini-course to provide death education for the teacher to support the young child dealing with the subject of death and dying and to analyze changes in competency and information for the teacher as a result of the mini-course.

The mini-course was offered to students in the teacher program at the Texas Woman's University. Twenty-eight students completed participation in the control group and 30 students participated in the experimental group. The experimental group completed a 12-hour mini-course dealing with death and dying.

Two methods were used to analyze the comparison in growth between the control and experimental group. The data were analyzed statistically and graphically.

Analysis Using the T-test

The 31 items on the Personal Competency, Information, Belief Pretest/Posttest Instrument (PCIB) were divided into three categories of eight Personal Competency items,

fourteen Information items, and eight Belief items. The item responses were scaled from the least desirable answer to the optimum answer. The optimum answers were selected from a consensus of the literature reviewed.

Item #13 was not included in the statistical analysis. This item dealt with the number of people in the field of death and dying whom the participants were familiar with. Since the score did not reflect an optimum or minimum answer but did reflect the number of people talked about during the mini-course, the writer felt the increased number for the experimental group would effect the significance of the study.

The two sample t-test was used to determine if the performance difference between the control group and the experimental group was significant. The Personal Competency and Information categories were used to check for significance between the two groups. The Belief category was analyzed to compare the number of changes in attitudes between the pretest and posttest for each group.

A value was designated for each answer in each item as to criteria set up, and a gain or loss score was shown for each item between the pretest and the posttest. The scores from the two subtests being analyzed were put in tables as to pretest and posttest differences with the control group and pretest and posttest differences with the

experimental group. The difference between the pretest scores and the posttest scores was used to determine any significant movement away from the minimum and toward the optimum answers.

Analysis of the Data

The scores showing the difference between the pretests and posttests for the experimental and the control groups were used to compute the t-score.

Table 1

Differences Between the Pretest and Posttest
Scores on Personal Competency Items

Personal Competency Items	Differences in the Experimental Group	Differences in the Control Group	Differences Between the Two Groups
1	20	-10	30
12	16	3	13
16	47	-05	52
17	38	-09	47
18	50	-14	64
19	66	-08	74
27	23	1	22
31	40	3	37

Table 2

Differences Between the Pretest and Posttest
Scores on the Information Items

Information Items	Differences in the Experimental Groups	Differences in the Control Group	Differences Between the Two Groups
3	29	-03	32
4	43	3	40
5	26	0	26
9	40	-05	45
14	54	3	51
15	65	-01	66
20	56	-03	59
21	22	3	19
22	19	-05	24
23	51	8	43
24	34	-22	56
25	16	4	12
26	18	-02	20
28	55	-01	56

The pretests and posttests were hand scored with a
value from an optimum of seven to a minimum of one assigned
to each answer for each item. The values were assigned

according to criteria set by review of the literature.
The higher value was the optimum answer. The value was
assigned to the items under Personal Competency and Infor-
mation. The Belief items were not assigned numerical
values. The number of changes in the Belief items between
the pretest and posttest were recorded.

To evaluate the effects of such a mini-course, the two
sample t-test was used with sample size of n_x = 28 and
n_y = 28. Since 28 members completed the control group post-
test, the sample number of 28 was used in the formula. The
level of significance used was .01.

The mean for each group was determined by using the
difference between the pretest and the posttest scores and
dividing each set by 28. The mean for the experimental
group was 29.5, while the mean for the control group was
-2.14.

The difference between the performance in the experi-
mental and control groups was used to compute the statisti-
cal answer for the t-score. The t-score was 7.19. The
mini-course effected significant changes in personal compe-
tency and furnished information for the teacher in training.

Graphic Description of the Data

The questions from the Personal Competency and Informa-
tion categories were graphically analyzed. The Belief

category could not be treated in this manner because the data gathered from this category did not measure gain or loss. The data for the Belief category show a number of changes in attitude between the pretest and the posttest. Measurement of attitudes and beliefs is personal; consequently it was not scaled as to optimum and minimum. The Belief category was added to the pretest/posttest to aid in the self-clarification for the adult. Many of the topics covered in the mini-course are subject to opinions and not to right or wrong responses.

Table 3

Changes Made on the Pretest and Posttest
on the Belief Items

Belief Item	Changes in Experimental Group	Changes in Control Group	Differences Between the Two Groups
2	14	9	5
6	20	10	10
7	13	8	5
8	17	10	7
10	1	1	0
11	8	5	3
29	11	3	8
30	15	3	12

The graphs were plotted by using the frequency distribution from each question in the Personal Competency and Information categories. One set of graphs plotted the pretest scores for the control and the experimental groups. Another set of graphs plotted the posttest scores for the two groups.

Comparison was shown between the control and experimental groups concerning the significance of such a mini-course. The content of the curriculum and teacher growth was also shown.

Three graphs under the Personal Competency category and three graphs under the Information category will be shown in this chapter. The remainder of the graphs for the two categories are in Appendix F.

Personal Competency Category Graphs

The Personal Competency questions were important to the study to measure the comfort level of the prospective teacher. The comfort level is pertinent for the teacher to be able to deal with the subject of death and dying when supporting the young child's concept of the subject.

Three examples of graphs plotted using scores from the pretests and posttests for items in the Personal Competency category are included to show how analyzing the data in this manner does show significance of such a mini-course.

99

1. How freely can you talk about the subject of
    death?

    a. I avoid the subject when possible.

    b. I talk with hesitation and uneasiness.

    c. I only talk about death when I have to.

    d. I can talk as freely about death as any other
        subject.

    e. I talk about death frequently.

Pretest Scores   Posttest Scores

_____ Control Group Scores

- - - - - - - Experimental Group Scores

Figure 1. Analysis of data showing changes in the Personal
           Competency category: Item 1. The pretest scores
           for the control and experimental groups were the
           same. The posttest scores showed a large move-
           ment toward the optimum answer for the experimen-
           tal group. The values for each answer were as
           follows: (a) 1; (b) 3; (c) 4; (d) 5; and (e) 2.

27. If it is necessary for me to talk to a child about death at this time,

   a. I will avoid it.

   b. I will feel very uncomfortable and hesitant.

   c. I will feel moderately comfortable and knowl-edgeable about the subject.

   d. I will feel very comfortable and capable to talk about death.

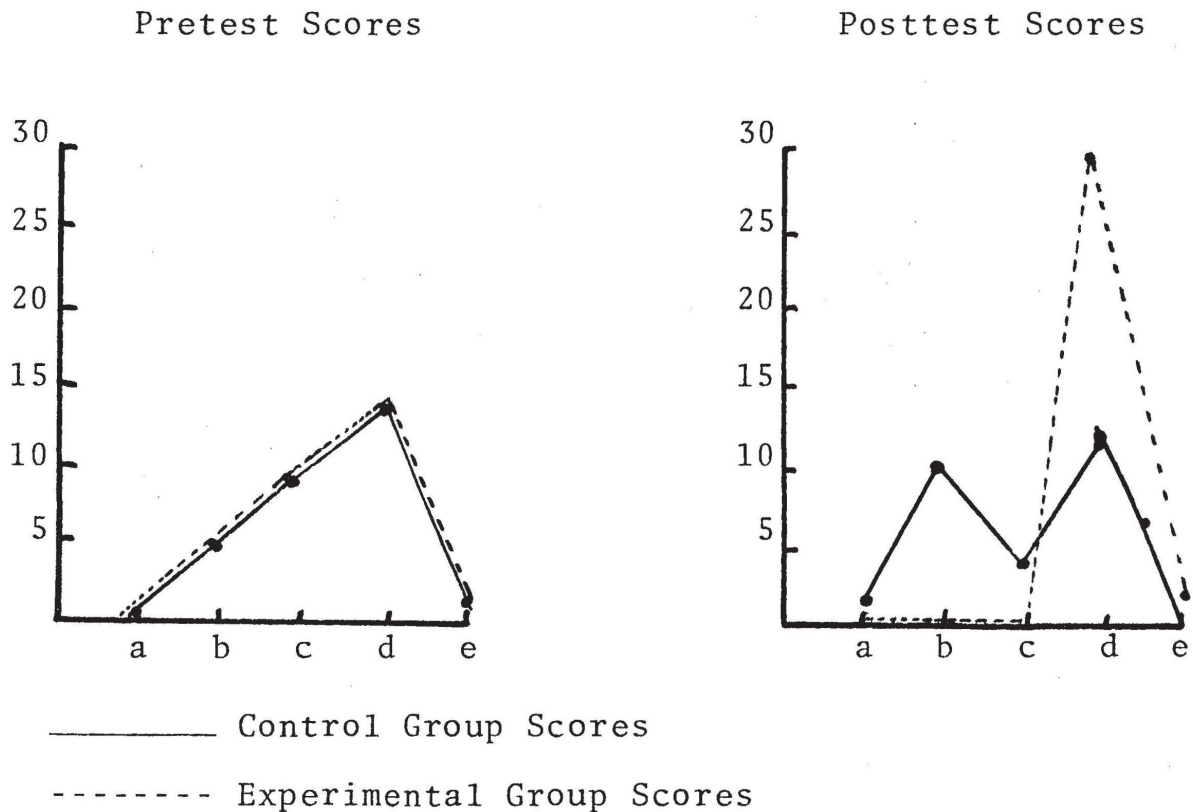   e. I enjoy such a conversation with a young child now.
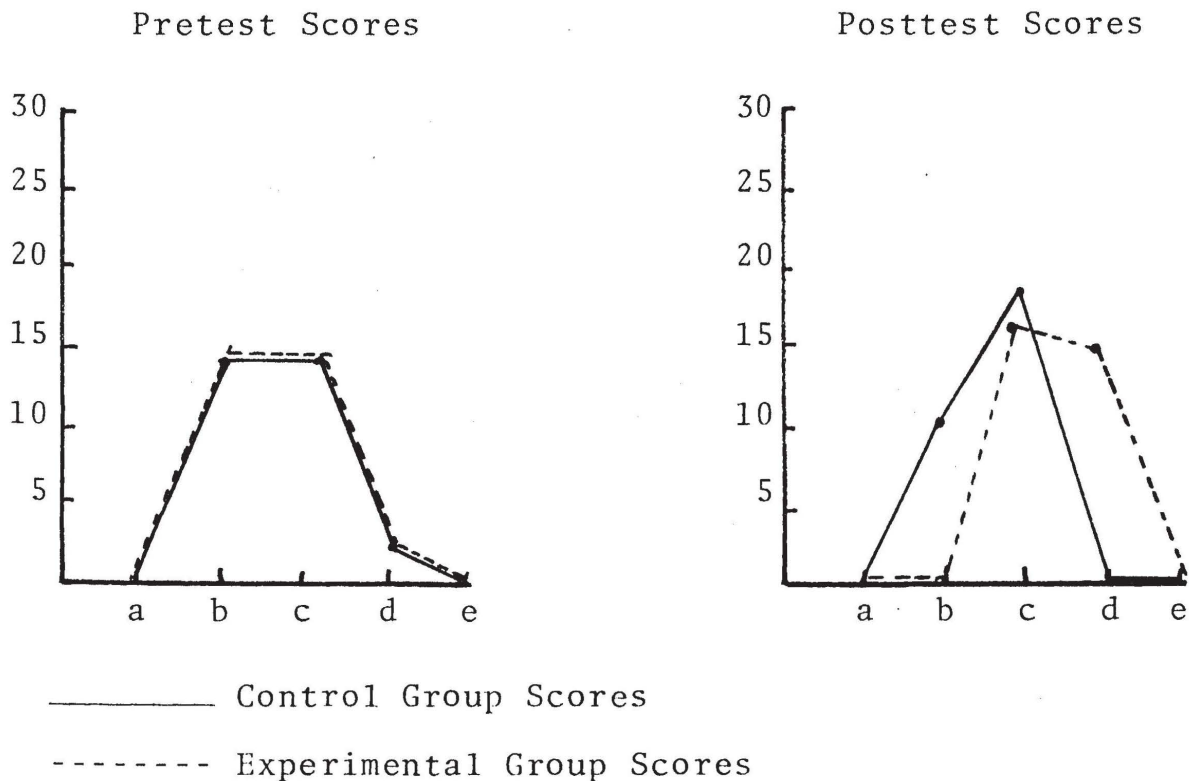

Figure 2. Analysis of data showing changes in the Personal Competency category: Item 27. The pretest scores for the control and experimental groups were identical. The posttest scores showed more movement toward the optimum answer for the experimental group than for the control group. The values for each answer were as follows: (a) 1; (b) 2; (c) 3; (d) 4; and (e) 5.

31. As a support system for the young child dealing with the subject of death and dying, I feel at this time

   a. I would avoid the subject with the child.

   b. I am weak in the subject of death and dying and dealing with the young child.

   c. I could manage fairly well.

   d. I could do a very good job.

   e. I have never thought of my having to deal with the subject of death and dying with a young child.

Pretest Scores   Posttest Scores

——————— Control Group Scores

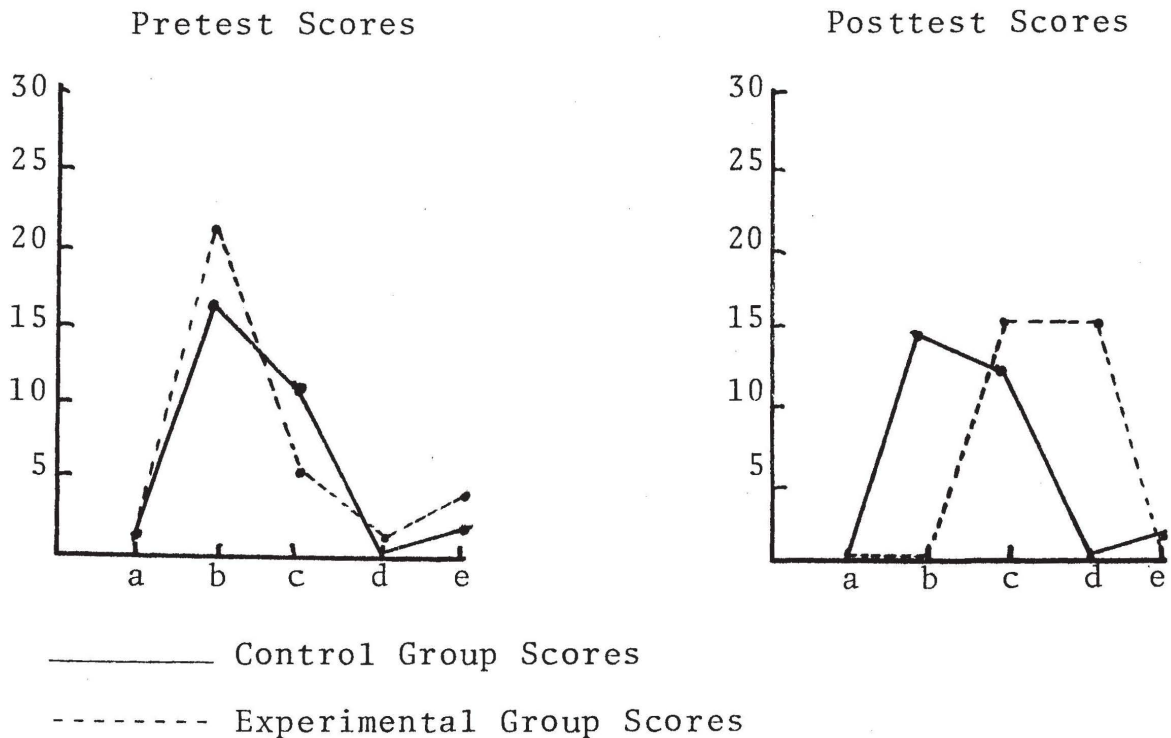- - - - - - - Experimental Group Scores

Figure 3. Analysis of data showing changes in the Personal Competency category: Item 31. The graph showing the posttest scores revealed a significant move toward the optimum answer for the experimental group and a significant move toward the minimum answer for the control group. The values for each answer were as follows: (a) 1; (b) 3; (c) 4; (d) 5; and (e) 2.

Information Category Graphs

The Information questions are relevant to the study for the teacher to attain a knowledgeable background concerning the topic dealing with death and dying. The Information questions included knowledge on the adult level as well as on the young child's level. It is important for the teacher to have a knowledgeable background before supporting the young child's concept of the subject of death and dying. A knowledgeable background also aids in self-clarification for the teacher.

Three examples of graphs are included to show how the graphs analyze the data and show a significance of such a mini-course. Frequency distribution scores are used from the pretests and posttests for the control and experimental groups.

14. Regarding euthanasia,

    a. I am not familiar with the term.

    b. I am familiar with the term, but I have no opinion.

    c. I am familiar with the term, but I have mixed feelings.

    d. I am familiar with the term and have definite feelings.

Pretest Scores   Posttest Scores

——————— Control Group Scores

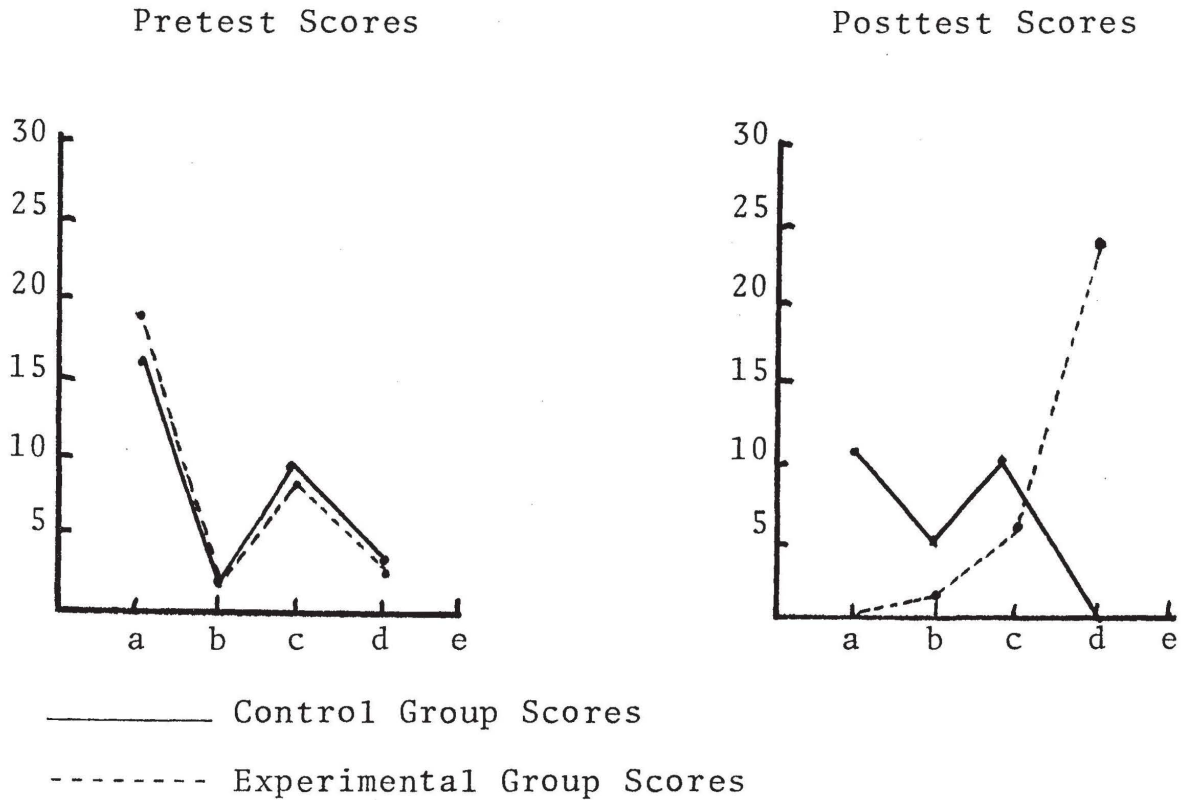- - - - - - - Experimental Group Scores

Figure 4. Analysis of data showing changes in the Information category: Item 14. The experimental group moved significantly toward the optimum response of (d). The control group moved away from the optimum and toward the minimum. The values for each answer were as follows: (a) 1; (b) 2; (c) 3; and (d) 4.

15. Regarding euphemisms,

    a. I am not familiar with the term.

    b. I am familiar with the term, but I have no opinion.

    c. I am familiar with the term, but I have mixed feelings.

    d. I am familiar with the term and have definite feelings.

Pretest Scores   Posttest Scores

——————— Control Group Scores
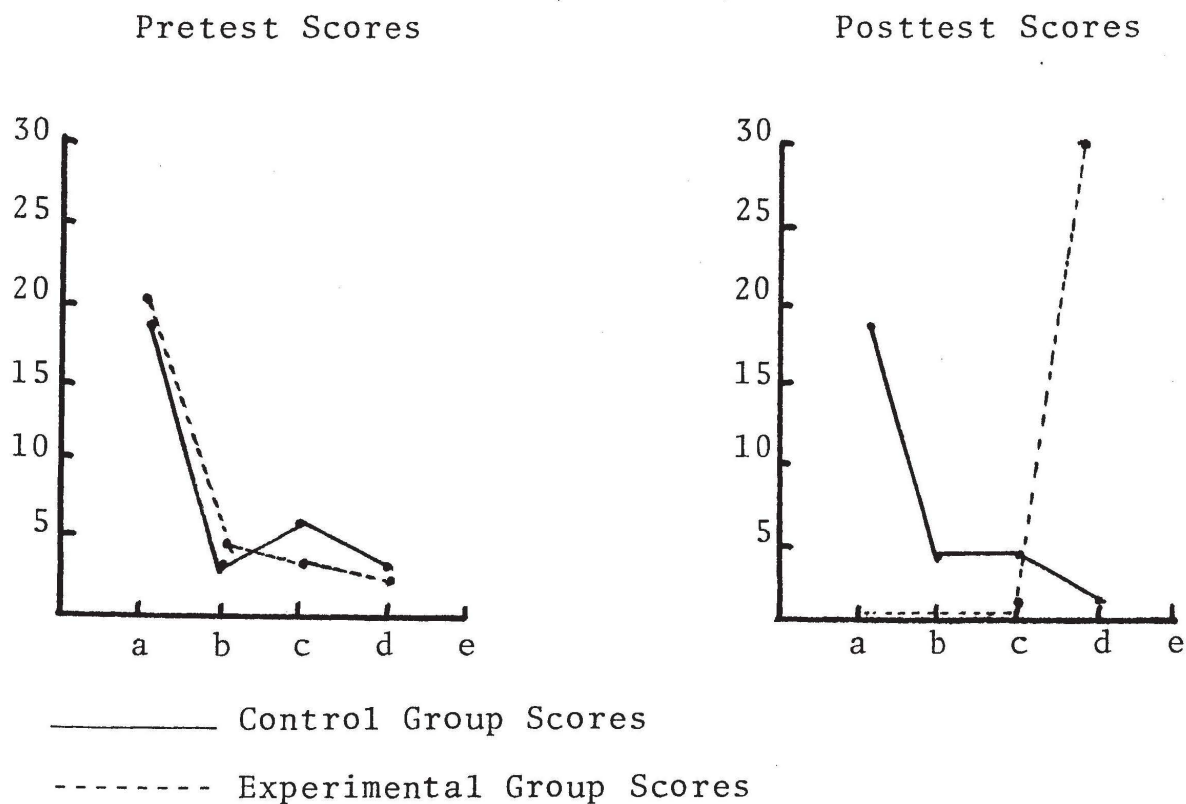
- - - - - - - Experimental Group Scores

Figure 5. Analysis of data showing changes in the Information category: Item 15. The posttest scores showed a sharp change toward the optimum answer of (d) for the experimental group. The values for the answers are as follows: (a) 1; (b) 2; (c) 3; and (d) 4.

20. Regarding the stages in death and dying,

   a. I am not familiar with such stages.

   b. I am familiar with such stages, but have no opinion.

   c. I am familiar with the stages, but I have mixed feelings about such.

   d. I am familiar with the stages and have definite feelings about such.

   e. I am or have been close to someone going through the stages of death and dying.

Pretest Scores   Posttest Scores

_____ Control Group Scores

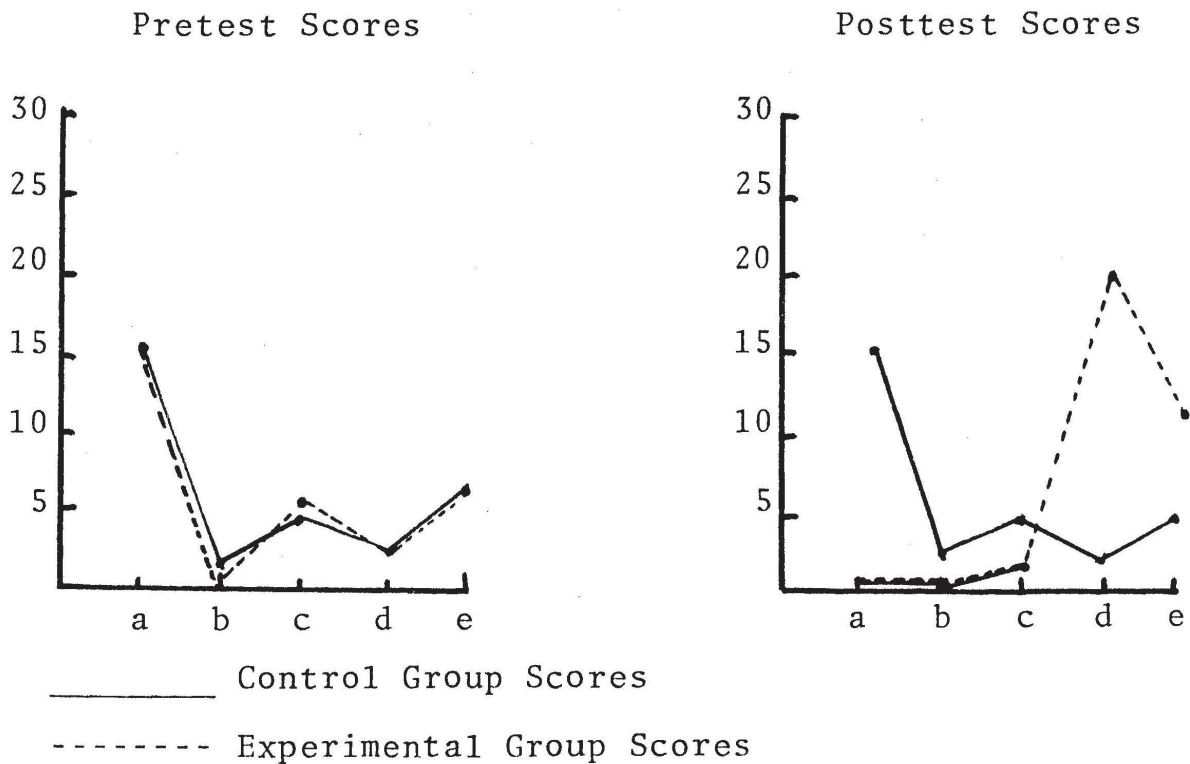- - - - - - - Experimental Group Scores

Figure 6. Analysis of data showing changes in the Information category: Item 20. The pretest scores for the control and experimental groups were very similar. The posttest scores revealed a move toward the optimum answer for the experimental group. The values for the answers are as follows: (a) 1; (b) 2; (c) 3; (d) 4; and (e) 5.

Summary

The pretest and the posttest scores were analyzed using the two sample t-test. The t-test score of 7.19 was significant at the .01 level. The mini-course effected significant changes in personal competency and increased information for the teacher in training.

The graphic analysis of the data provided visual evidence of personal growth. The graphs showed the difference produced by participation in the mini-course. The experimental group showed movement from the minimum toward the optimum responses.

CHAPTER V

SUMMARY, CONCLUSIONS, AND DISCUSSION

Summary

The primary purposes of this study were to design and then implement a mini-course for the teacher-to-be as a support system for the young child dealing with death and dying. It was proposed that participation in such a mini-course would provide the teacher greater personal competency and information concerning the subject.

Society places pressures and anxieties on everyone. Adults manage their anxieties in many ways, but the young child needs support from those around him. Too often the young child is thought by many to be too little and void of feelings to be concerned with anxieties. Thus, the young child is usually ignored during a crisis situation.

The research indicates that children are very sensitive people and do understand on their own level more than they are able to verbalize. The young child needs support to understand the crisis situations and to feel secure. Lack of support during a crisis situation could result in a child's becoming emotionally disturbed. A preventive approach by supporting the child during a crisis situation

107

would be more practical than having to go through a curative process.

The crisis situations creating separation anxieties for the young child might include such subjects as death and dying, divorce, hospitalization, abuse and neglect, moving, a new sibling in the family, a mother's working, adoption, or parents' leaving on a trip or for an evening. The subject of death and dying as a crisis situation for the young child was chosen for this study.

The purpose of the study was to design and implement a mini-course to provide help for the teachers-to-be. The mini-course was to clarify the teachers' feelings about death and dying. The course was also to inform the teachers about death and dying, enabling them to feel more competent and comfortable to support children dealing with the subject. The mini-course was designed and implemented to show a need for such a course dealing with crisis situations.

A need for such a study was established by the use of the Questionnaire (see Appendix A). The Interest Form (see Appendix B) was used to collect a sample. The Personal Competency, Information, Belief (PCIB) (see Appendix C) was administered as the pretest to the sample group. Numbers were drawn to select at random a control group and an experimental group.

Procedure of the Mini-Course

The experimental group participated in a 12-hour mini-course dealing with the subject of death and dying. The control group did not receive the same treatment.

The sessions were divided into two parts. The first part was devoted to a self-clarification of death and dying for the adult. The second part was devoted to the child's understanding of death and dying and the approaches teachers might use to support the young child.

The most effective procedure used in the study was the discussion of pertinent topics dealing with death and dying. These discussions dealt with informational topics, personal experiences, fears and denials, and the realization that using the language of death makes the subject easier to deal with and be aware of.

Another very effective and popular part of the study was a guest speaker. An Episcopal priest provided a very unique and valuable extra for the participants. His extensive background and experiences dealing with death and dying emphasized the realization that death touches all of us and that there is no way to avoid this fact of life.

The film strips and films were good media dealing with the subject. However, the group was more interested in

using the short time element to discuss and not to watch films.

During the first part of the course emphasizing the adult's level dealing with death and dying, the participants displayed an uneasiness when they attempted to discuss topics dealing with the subject at their own level. They indicated a definite desire to discuss the child's concept of the subject and avoid the adult's level.

This display of anxiety on the part of the participants was very meaningful to the researcher. The review of the literature suggested this response on the part of adults. The review indicated the necessity of self-clarification for the adults dealing with death and dying before supporting the young child's concept concerning the subject.

Results of the T-test

The data were analyzed by computing the difference between the scores on the pretest and posttest for the control group and for the experimental group. The Personal Competency and Information categories furnished the data for the t-test. The Belief category could not be analyzed in the same manner. This category was analyzed by finding the number of changes in beliefs in each group between the pretest and the posttest. The changes are listed in Table 3.

The t-test was used to determine whether the perform-
ance difference between two groups of subjects was signifi-
cant. A t score of 7.19 was derived and was significant
at the .01 level. The overall finding shown by this sig-
nificant t score was that the teacher growth in personal
competency and information was effected by participating
in the mini-course.

Results Shown by the Graphs

The graphs were plotted for each test item from the
Personal Competency and Information categories for the
visual analysis of the data. The comparison was shown by
plotting a graph for each item from the pretest for the two
groups. Another graph was plotted for the same item from
the posttest for the control and experimental groups.

Visual analysis of the graphs showed the scores were
very similar for the pretests for each group, but quite
different on the posttest graphs. The posttest graphs
showed movement toward the optimum for the experimental
group. The posttest graphs for the control group did not
reflect this same growth. The posttest graphs showed that
the participation in such a mini-course did increase per-
sonal competency and information for the experimental group.

The graphs also showed topics needing more time and
emphasis in the curriculum. Some of the topics needed

special attention, such as field trips, more time, extra
reading, and more visual aids.

The conclusions shown by the graphs were as follows:
the mini-course afforded a background of information to show
a personal growth toward a more optimum response to the
information items; the comfort level was increased by deal-
ing with the topics concerning death and dying; and the
content area of the curriculum was covered, but at various
degrees of effectiveness.

Results of Personal Evaluation by the Group

The experimental group was asked to add a personal
evaluation at the end of the posttest. This additional
evaluation added strength to the study for the researcher.
These added suggestions will be incorporated in future
studies conducted.

The personal evaluations, such as those that follow,
made the need vital for such a course for the teacher-to-be.

> As a teacher, learning about death is important and
> I would like to know about the other crisis anxiety
> subjects.

> I wish the course was a full semester. We had good
> discussions and a caring group. I feel better about
> discussing death with the young child as well as with
> my peers. I would like to do the same for the other
> crisis situations.

> It is my hope that every teacher receives some kind
> of 'crisis in the classroom' training before gradua-
> tion.

This was a neat course--terrific for future teachers to be a part of--not only as a teacher but as a human being. I hope such a course will be available for all in the future.

If this short course is perhaps all the training I might receive on this subject as far as the child is concerned, I feel very adequate and comfortable about helping the child with this subject. I feel all teachers should be exposed to the "tender topics" and be able to deal with them through their college curriculum.

The course was very helpful. I had never wanted to think or talk about death because it upset me. I know now that everyone has had these same feelings and fears, and that makes me feel better.

I learned a lot, and I feel a course like the one we have had should be <u>mandatory</u> for anyone who plans to work with children.

I felt comfortable before the course about my own death but helpless in dealing with other people on the subject.

I feel it is very important for teachers and parents to become aware of a child's feeling about death. I know if my mother had dealt with me more understandably during the death of my father (when I was 4 years old), many of the mysteries would have been clarified earlier in my life.

Out of all the classes I have taken to prepare me for teaching, this mini-course has been one of the most significant courses in giving me the knowledge and confidence I need.

The participants voiced opinions that could be very helpful to future courses as well as to the one they participated in. The discussions, experiences, and feelings about death and dying were very beneficial for members of the group. The participants became very close and caring.

Some of the personal experiences discussed were as follows: one participant was facing the imminent fact that her young son is degenerating in front of her eyes and will soon become a 'vegetable' and die; another participant's mother was dying of cancer and she had been given the task of caring for the family as well as the mother; during the study, a participant's brother was killed in a helicopter accident; another participant's father was diagnosed as terminal cancer and inoperative; a participant dreaded going home to visit a dying aunt until she felt more comfortable by participating in the course; during the study, a participant's father collapsed and the diagnosis was brain tumor with an unpredictable outcome. The father bargained with the participant to take care of all the arrangements, and he offered to give her a new car. The experiences also included those dealing with friends of the participants. The feelings expressed during the course were very beneficial to the participant and the others in the group. Many participants felt death had never been a part of their lives until they discussed such, and they realized that death is always with us and is an integral part of our life. All of the participants felt that the course alleviated various degrees of the anxieties they had about death and dying. Many voiced the idea that they had never realized they were denying the subject of death until

the discussions started. They realized they were avoiding the subject and were very uncomfortable when the subject was being discussed. After dealing with the language of death, they felt very comfortable discussing the subject with others.

The researcher concluded from the verbal evaluation during the course and from the excellent attendance record that such a course is desired and needed for self-clarification as well as necessary knowledge for the teacher-to-be. The individual participants continued their discussions with the researcher long after the study ended. They also suggested to others the value received from the course, and they sent many friends for individual support when they had to deal with death and dying.

Implications

There were several implications from the study. The primary implication was that such a course is very important to the teacher-to-be. The sample group was willing to volunteer their time during a very busy school schedule, and those who were not chosen for the experimental group were disappointed. The interest level in the study was very high and very enthusiastic as shown by the attendance for

each session, the written and verbal evaluations, and the discussions during the sessions.

The review of the literature brought out the idea that usually adults avoid and deny death. This phenomenon was also apparent in this study. Even with the level of interest high, it took the group several sessions to begin to actually discuss death and dying. After becoming comfortable with the use of the language of death, the group was less anxious about the subject and could discuss the topic with relative ease. The study strongly shows that adults do want and need to talk about the subject and are willing to do so once they understand that death is an integral part of life. Thus, the necessity of self-clarification and awareness of the subject of death for the adult before supporting the young child's concept of death and dying became very evident to the participants in the study.

Another inference from the study was the importance of sharing experiences concerning death and dying with others. When the participants felt they could share their experiences with others and that the others cared about their experiences, it became easier to discuss the subject. This increase in comfort could imply that the participant in the course could later support the young child's dealing with death and dying.

An implication, based on a definite lack of personal competency and information concerning the subject of death and dying shown on the pretest, is that teachers are not properly prepared to support a young child in a crisis situation. This lack of preparedness could lead to avoidance techniques by the teacher.

A suggestion, based on the data gathered from the posttest, is that even a short course in a subject such as death and dying enables the teacher to support the young child's concept of death and dying. The personal competency and information levels increased significantly. The group felt very comfortable talking about the subject and were confident that they could approach the young child in a way to alleviate any anxiety the child might feel concerning the subject.

Recommendations

Based on the findings and analysis of this study, the following recommendations are made:

1. Courses or mini-courses based on this study should be included in teacher preparation programs. Such a course would help the teacher support the young child dealing with death and dying. Such support should alleviate much of the anxiety and avoidance created by the subject.

2.   The mini-course should be broadened to include other separation anxiety topics such as divorce, hospitalization, abuse and neglect, moving, adoption, a new sibling, and mothers' working.

3.   School systems should conduct workshops and in-service courses to prepare teachers in the field to handle anxieties created by crisis situations for the children in their classrooms.

4.   It would be highly desirable to conduct workshops concerning separation anxiety situations also for the parents. Cooperation between the parent and teacher when both parties understand the problem can help the child tremendously. In many situations, the parents are so involved in the crisis situation that they cannot support the child. If they are made aware of the necessity to support the child during this crisis situation, they can more readily ask for help from the school.

5.   If the subject of death and dying is to be worked with effectively, a longer time element is necessary. A course including all crisis situations should have a minimum of a semester. All situations included in such a course would need the two parts dealt with in this study. Self-clarification for the adult should precede information concerning the child's concept of the subject.

6. It is highly recommended that everyone become more aware of death and dying as one of life's processes and realities. Without the self-clarification and awareness, the experience can be devastating. Death does not just happen to someone else.

7. It is recommended that more research and testing be done to perfect the instruments before such a study is implemented in the future. The instruments used for this study were designed by the writer as none were available for such a study. It was evident that until such scales are used in a study, it is impossible to find the weaknesses and strengths. The graphs denote such weaknesses and strengths.

8. It is recommended that this study be used with the idea of adding to its effectiveness through the following ways: do further research; add to the mini-course; implement the course with a different group; and use an instructor not involved in the study.

APPENDICES

APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE

(Given in Summer, 1977)

Date _____

Marital Status: Single   Married   Divorced   Widow

Number of children and their ages _____

_____

Teaching experience _____

Grades taught _____

Level in School _____ Major _____

Do you think about your own death?

   Never   Rarely   Sometimes   Often   Incessantly

Do you fear your own death?   Yes   No   Somewhat

Does your religious background effect your feeling toward

death?   Yes   No

If so, in what way? _____

_____

What might have influenced your attitudes toward death as a young child? (Put the number 1, 2, etc. by the item and the importance of influence.)

   Death of a relative   Death of a friend   Funerals

   Religious upbringing   Books, films, TV, etc.   Others

   Conversations   Death of pets

Do you think that grown-ups tend to evade children's questions regarding death?   Yes   No

What is your earliest memory concerning death? _____

_____

Did someone help you with the experience?   Yes   No

Who? _____

In what way? _____

Do you feel that you are secure enough in your understanding of death to deal with a child's question concerning the subject?   Yes   No

Do you think a child comprehends death?   Yes   No

What do you feel would effect a child's understanding of death? _____

What general guidelines would you suggest to help the child who has suffered the death of a loved one? _____

_____

Should he be: told the facts   lied to a little

     kept from the truth   (circle one)

Should a child be allowed to mourn with the family?   Yes   No

Why or why not? _____

_____

How might you help the parents of a child who wants to know about death when the parents do not know how to approach the subject with the child? _____

_____

Do you feel it is important that teachers face this subject with their children in class when the opportunity comes up?

    Yes   No

How might we better prepare teachers to face this probability? _____

_____

APPENDIX B

INTEREST FORM

INTEREST FORM

Please read and sign the following if you are interested in
the study:

I am interested in being a member of the research
group for this study and understand that I may be in
a control or experimental group as has been explained
to me. I am willing to participate and will cooperate
in either group.

SIGNED _____

ADDRESS _____

PHONE _____

The best time and method to contact me is _____

_____

The best time for me to attend the organizational meet-
ing and the mini-course if I am a member of the experi-
mental group would be:

_____Tuesday and Thursday from 12:30-2:00

_____Any day during the week from 5pm-8pm

_____Another time_____

The study is being conducted and the course will be taught
by Dottie Tatum. Thank you for your interest and concern
for the young child.

APPENDIX C

PERSONAL COMPETENCY, INFORMATION, AND BELIEF

(PCIB PRETEST/POSTTEST CONCERNING

"DEATH AND DYING")

PERSONAL COMPETENCY, INFORMATION, AND BELIEF

(PCIB PRETEST/POSTTEST CONCERNING

"DEATH AND DYING")

Instructions:

The following questions can be answered by circling one letter. Please circle the letter beside the answer that best describes your present position concerning the subject of death and your ability to support the young child. Do not dwell on the questions. Answer what comes to your mind first. When dealing with the subject of death, there might be a tendency to weigh one answer against another. There are no right or wrong answers.

1. How freely can you talk about the subject of death?

   a. I avoid the subject when possible.

   b. I talk with hesitation and uneasiness.

   c. I only talk about death when I have to.

   d. I can talk as freely about death as any other subject.

   e. I talk about death frequently.

2. Which one of the following most closely meets what death means to you now?

   a. I haven't thought about it.

   b. I'm not sure.

c. It is the final process of life.

d. It is sleep or a long journey.

e. I dread and fear the experience.

f. To me it is a morbid subject.

g. I don't want to think about it.

3. What do you know about "life after death" topic?

a. I haven't thought about it.

b. I know nothing about the topic.

c. I know a little about the topic.

d. I know a great deal about the topic.

e. I have never heard of it.

4. What do you know about "life after life" topic?

a. I haven't thought about it.

b. I know nothing about the topic.

c. I know a little about the topic.

d. I know a great deal about the topic.

5. What do you know about "reincarnation"?

a. I haven't thought about it.

b. I know nothing about the topic.

c. I know a little about the topic.

d. I know a great deal about the topic.

6. What is your belief about suicide at this time?

    a. I can not accept the person's right to take his own life.

    b. Under certain circumstances, I believe a person has the right to take his own life.

    c. It is every person's right to choose to live or not live.

    d. It shows a weakness of character for someone to commit suicide.

    e. I haven't really thought about the subject.

7. Regarding suicide, I believe

    a. It is a sin.

    b. It is an act of hostility against those who might be left to feel guilty.

    c. It is the ultimate denial of a person's worth and value.

    d. It can be a result of rational choice.

    e. I haven't really thought about the subject.

8. Regarding the disposal of your body after death,

    a. I haven't thought about it.

    b. I have no preference concerning the disposal of my body after death.

    c. The family can decide after my death.

    d. I have made plans for myself after death.

    e. I do not want to think about my death.

9. What do you know about the "right to die" controversy?

    a. I am not familiar with the subject.

    b. I am somewhat familiar with the subject.

    c. I am very familiar with the subject.

    d. I would like to know more about the subject.

    e. I have no interest in the subject.

10. Regarding the "right to die" controversy, I believe

    a. Human life should be prolonged even with the aid of mechanical devices and medical intervention at all cost.

    b. Under certain circumstances, people should be given the right to decide.

    c. It is a sin to allow a person to die without the aid of all the help possible.

11. Who should make the decision concerning the "right to die"?

    a. It should be an individual's decision.

    b. It should be a family decision.

    c. It should be a medical decision.

    d. It should be a legal decision.

    e. It should be a religious (moral) decision.

    f. I have no opinion.

12. Regarding my interest in reading and hearing more about death and dying,

    a. I look for programs and articles on the subject.

    b. I am interested in the subject of death and dying.

c. I regard the subject as any other.

d. I have little or no interest in the subject of death and dying.

e. I avoid the subject of death and dying.

13. Circle any of the following names that you are familiar with in the field of death and dying:

a. Elisabeth Kubler-Ross   h. Raymond Moody

b. Earl Grollman   i. Herman Feifel

c. Dan Leviton   j. Fred Cutter

d. Sylvia Anthony   k. David Hendin

e. Robert Fulton   l. Marjorie Mitchell

f. Robert Kastenbaum   m. Dixie and Darrell Crase

g. Maria Nagy   n. Rose Zeligs

14. Regarding euthanasia,

a. I am not familiar with the term.

b. I am familiar with the term, but I have no opinion.

c. I am familiar with the term, but I have mixed feelings.

d. I am familiar with the term and have definite feelings.

15. Regarding euphemisms,

a. I am not familiar with the term.

b. I am familiar with the term, but I have no opinion.

c. I am familiar with the term, but I have mixed feelings.

d. I am familiar with the term and have definite feelings.

16. Regarding various cultural backgrounds and their influ-
    ence on death and dying,

    a. I am not familiar with the subject.

    b. I am familiar with the subject, but I have no
        opinion.

    c. I am familiar with the subject, and have mixed
        feelings.

    d. I am familiar with the subject and have definite
        feelings.

    e. I am familiar with my own cultural background and
        its influence on death and dying.

17. Regarding the various religious backgrounds and their
    influence on death and dying,

    a. I am not familiar with the subject.

    b. I am familiar with the subject, but I have no
        opinion.

    c. I am familiar with the subject, but I have mixed
        feelings.

    d. I am familiar with the subject and have definite
        feelings.

    e. I am familiar with my own religious background and
        its influence on death and dying.

18. Regarding the characteristics of an adult's grief deal-
    ing with death and dying,

    a. I am not familiar with the characteristics.

    b. I am familiar with the characteristics, but I have
        no opinion concerning such.

    c. I am familiar with the characteristics, but have
        mixed feelings concerning such.

    d. I am familiar with the characteristics and have
        definite feelings concerning such.

19. Regarding the characteristics of a young child's grief dealing with death and dying,

   a. I am not familiar with the characteristics.

   b. I am familiar with the characteristics, but have no opinion concerning such.

   c. I am familiar with the characteristics, but have mixed feelings concerning such.

   d. I am familiar with the characteristics and have definite feelings concerning such.

20. Regarding the stages in death and dying,

   a. I am not familiar with such stages.

   b. I am familiar with such stages, but I have no opinion.

   c. I am familiar with the stages, but I have mixed feelings about such.

   d. I am familiar with the stages and have definite feelings about such.

   e. I am or have been close to someone going through the stages of death and dying.

21. Regarding the process of preparing the body for burial,

   a. I am not familiar with the process.

   b. I am familiar with the process slightly.

   c. I am moderately familiar with the complete process.

   d. I am very familiar with the complete process.

   e. I have seen the process of preparing the body for burial.

22. Regarding the funeral ritual,

    a. I am not familiar with the ritual.

    b. I am slightly familiar with the ritual.

    c. I am moderately familiar with the complete ritual.

    d. I am very familiar with the complete ritual.

23. What knowledge or background do you have now to deal with the subject of death with a class of young children?

    a. I know little or nothing about the subject to enable me to help the young child.

    b. I know a marginal amount of knowledge about the subject to enable me to help the young child.

    c. I know enough to deal with the subject of death when I have to, but I sometimes feel uncomfortable and deficient.

    d. I know a great deal about the subject of death and feel very comfortable and confident dealing with the young child and the subject of death and dying.

    e. I usually avoid the subject of death when dealing with the young child.

24. What would be the best approach to the subject of death with the young child?

    a. Teach a unit on death.

    b. Start the discussion about death before the subject comes up.

    c. Wait until the child experiences the death of someone or something he has great concern for.

    d. Talk about the death of plants, bugs, and other things in the child's environment that live and die.

e. When questions concerning death come up, deal with it.

f. I do not know what the best approach would be now.

25. At what age do you feel the young child should deal with the subject of death?

a. I believe that the young child should be spared the difficulty of dealing with death.

b. I believe that the subject should be discussed without hesitation.

c. I believe the subject should be treated like any other subject on the child's level of development.

d. I believe the subject should be taught as a unit in a formal manner to the young child.

e. I do not know what age would be best.

26. In what manner do young children generally interpret death?

a. I do not know.

b. I do not believe the young child has an interpretation of death.

c. I believe the young child interprets death as reality.

d. I do not believe the young child is interested.

e. I believe they interpret death as a fantasy.

f. I believe they interpret death the same as an adult.

27. If it is necessary for me to talk to a child about death at this time,

a. I will avoid it.

b. I will feel very uncomfortable and hesitant.

c. I will feel moderately comfortable and knowledge-able about the subject.

d. I will feel very comfortable and capable to talk about death.

e. I enjoy such a conversation with a young child now.

28. Regarding a young child's level of development to deal with the subject of death,

a. I know nothing about the levels of development and the young child's dealing with the subject of death.

b. I know a little about the levels of development but not enough to handle the subject with the young child.

c. I am moderately familiar with the levels of development and can manage, but I am not comfortable to deal with the subject of death.

d. I am very familiar with the levels of development and am very comfortable to deal with the subject of death with the young child.

e. I usually avoid the subject of death when working with or if I am around a young child.

29. Regarding religion and the young child's understanding of death and dying, I believe at this time

a. It is of no significance.

b. It is moderately significant.

c. It is the most significant thing.

d. I do not know at this time.

30. Regarding culture and the young child's understanding of death and dying, I believe at this time

a. It is of no significance.

b. It is moderately significant.

138

c.   It is the most significant thing.

d.   I do not know at this time.

31. As a support system for the young child dealing with
     the subject of death and dying, I feel at this time

     a.   I would avoid the subject with the child.

     b.   I am weak in the subject of death and dying and
          dealing with the young child.

     c.   I could manage fairly well.

     d.   I could do a very good job.

     e.   I have never thought of my having to deal with the
          subject of death and dying with a young child.

APPENDIX D

OUTLINE OF MINI-COURSE

OUTLINE OF MINI-COURSE

I. Objectives of the mini-course

    A. To provide information sharing and value clarification for each individual teacher.

    B. To provide information for the teachers concerning a young child's developmental levels and approaches to the subject of death.

    C. To provide knowledge of children's concepts, feelings, and sensitivity to the subject of death.

    D. To help the teacher understand the relationship between the meaning of death and the healthy development of children.

    E. To enable each teacher be a better support system for the young child's dealing with the subject of death.

II. Methods to be used for the mini-course

    A. Lecture

        a. Due to the short length of time for the study, the vast amount of information can be given in greater quantities by a great deal of the lecture method.

        b. Questions are always welcome during the lecture to clarify the subject being discussed.

    B. Discussion

        a. Discussion will be dispersed throughout the lecture to better clarify individual values and understanding of the area being presented.

        b. Discussions are vital for any subject as diverse and controversial as death and the young child's understanding of death.

140

c. Discussion will be used when exploring topics of special interest to various members in the group and their desire to get the feelings of others in the group.

d. Discussion is important as each member of the group will be on a different competence and comfort level when dealing with death. Taboos and inhibitions can be better clarified and dealt with through discussion.

C. Resources and media to be used

a. Reading materials will be available for those desiring to do outside reading. A large and inclusive bibliography will be given to each participant.

b. Newspaper articles will be referred to as they appear in the daily paper.

c. Television programs will be brought to the participants' attention as they deal with the subject of death.

d. Resource people

1. Ministers to discuss the different religions and their beliefs.

2. Representatives from various cultural backgrounds to relate what death means to their culture.

3. Funeral director to clarify what happens after the person dies and through the funeral ritual.

e. Audio-visual resources

1. Film strip from Parents' Magazine Films. This is a part of the "Children in Crisis" series. It is a five-part set and is titled "Death." The five parts are:

   a. Death as a Reality of Life
   b. Expressing Grief
   c. Ages of Understanding

        d. Explaining Death to Children
        e. The Importance of Funerals

    2.   Film strip called "Gramps" shows how a family deals with the dying grandfather and the care given by each member in the family during his illness.

    3.   Film called "Death and Dying" shows different reactions individuals have dealing with death and dying.

III. Content of the mini-course

   A.   Language of death

      a.   To enable the teacher to use the language of death and not euphemisms in conversations with other adults and with the young child.

      b.   To prepare the teacher to deal with the subject of death by desensitizing them to the emotional language usually avoided in everyday use.

      c.   To avoid confusion that results from not using the language to explain and deal with the subject of death.

      d.   Examples of words to be included: death, dying, dead, euphemism, euthanasia, grief, sorrow, bereavement, burial, casket, cremation, embalming, suicide, survivor, widow or widower, killed, etc.

   B.   Cultural backgrounds and the difference each has in dealing with death and dying (Anglo, Spanish, Black, etc.)

   C.   Religious backgrounds and the different approaches to death and dying (Protestant, Catholic, Jewish, etc.)

   D.   Social changes and the effect on attitudes and experiences dealing with death and dying

      a.   Family life 50 years ago and today and the acceptance earlier of the dying process

       b.   Rural vs. Urban society

       c.   Extended family is no longer evident and this effects the concept of death and dying

       d.   "Life-pocket" societies vs. Fluential part of our society

       e.   Deritualization of the funeral

E.   To become familiar with the people in the field of death and dying and the research and findings they offer.

F.   Developmental stages of the young child and the importance to the child's understanding of death and dying and the effect they have on our approach with the young child.

G.   Sensitivity to a child's understanding of death

       a.   Awareness of how a young child grieves

       b.   Awareness of distress signals and possible reactions to a death

       c.   Awareness of how euphemisms are used and to avoid such

       d.   Ability to listen to the child

H.   Support systems that might help the young child dealing with the subject of death and dying (parents or other family members, close friends, medical field, church, funeral director, etc.)

I.   Approaches to help the young child understand and cope with death and dying (positive and negative approaches will be discussed)

APPENDIX E

BIBLIOGRAPHY FOR THE MINI-COURSE

BIBLIOGRAPHY FOR THE MINI-COURSE

Adler, C. S., Stanford, G., & Adler, S. M. We are but a
    moment's sunlight. New York: Pocket Books, 1976.

Anthony, S. Child's discovery of death. London: Routledge
    and Kegan Paul, 1940.

Anthony, S. The discovery of death in childhood and after.
    London: Penguin Press, 1971.

Arnstein, H. S. What to tell your child. New York: Bobbs-
    Merrill Company, Inc., 1962.

Becker, E. The denial of death. New York: The Free Press,
    1973.

Bender, L. Aggression, hostility and anxiety in children.
    Springfield, Ill.: Charles C. Thomas, 1953.

Bernstein, J. E., & Gullo, S. V. When people die. New
    York: E. P. Dutton, 1977.

Beyer, E. Teaching young children. New York: Pegasus,
    1968.

Craven, M. I heard the owl call my name. New York: Dell,
    1973.

Cutter, F. Coming to terms with death: How to face the
    inevitable with wisdom and dignity. Chicago: Nelson-
    Hall, 1974.

Dempsey, D. The way we die. New York: Macmillan Pub-
    lishing Co., 1975.

Feifel, H. (Ed.). The meaning of death. New York: McGraw-
    Hill, 1959.

Furman, E. A child's parent dies: Studies in childhood
    bereavement. New Haven, Conn.: Yale University Press,
    1974.

Ginott, H. G. Between parent and child. New York: Mac-
    millan Publishing Co., 1965.

145

Green, B. R., & Irish, D. P. (Eds.). Death education: Preparation for living. Cambridge, Mass.: Schenkman Publishing Company, 1971.

Grof, S., & Halifax, J. The human encounter with death. New York: E. P. Dutton, 1977.

Grollman, E. A. (Ed.). Explaining death to children. Boston: Beacon Press, 1967.

Grollman, E. A. (Ed.). Concerning death: A practical guide for the living. Boston: Beacon Press, 1974.

Grollman, E. A. Talking about death: A dialogue between parent and child. Boston: Beacon Press, 1976.

Gunther, J. Death be not proud. New York: Harper and Row, 1949.

Hendin, D. Death as a fact of life. New York: Warner, 1974.

Isaacs, N. Children's ways of knowing. New York: Teacher's College Press, 1974.

Jackson, E. N. Telling a child about death. New York: Hawthorn Books, 1965.

Kastenbaum, R., & Aisenberg, R. The psychology of death. New York: Springer, 1972.

Kavanaugh, R. E. Facing death. Baltimore: Penguin, 1972.

Kubler-Ross, E. On death and dying. New York: Macmillan, 1969.

Kubler-Ross, E. Questions and answers on death and dying. New York: Collier Books, 1974.

Kubler-Ross, E. Death: The final stage of growth. Englewood Cliffs, N. J.: Prentice-Hall, 1975.

Langone, J. Death is a noun. New York: Dell Publishing Company, 1972.

Leek, S. Reincarnation: The second chance. New York: Bantam Books, 1975.

Margolis, O., Raether, H., Kutscher, A., Volk, R., Goldberg, I., & Cherico, D. (Eds.). Grief and the meaning of the funeral. New York: MSS Information Corporation, 1975.

Mills, G. C., Reisler, R., Jr., & Robinson, A. E. Discussing death: A guide to death education. Homewood, Ill.: ETC Publications, 1976.

Mitchell, M. E. The child's attitude to death. New York: Schocken, 1967.

Mitford, J. The American way of death. New York: Simon and Schuster, 1963.

Moody, R. Life after life. Covington, Georgia: Mockingbird, 1975.

Morgan, E. (Ed.). A manual of death education and simple burial. Burnsville, N. C.: The Celo Press, 1975.

Osis, K., & Haraldsson, E. The hour of death. New York: Avon, 1977.

Salk, L. Your child from 1 to 12. New York: American Library, 1970.

Salk, L. What every child would like his parents to know. New York: David McKay, 1972.

Shepard, M. Someone you love is dying. New York: Harmony Books, 1975.

Shibles, W. Death: An interdisciplinary analysis. Whitewater, Wis.: The Language Press, 1974.

Shneidman, E. S. Deaths of man. Baltimore: Penguin, 1973.

Shneidman, E. S. (Ed.). Death: Current perspectives. Palo Alto, Calif.: Mayfield, 1976.

Stanford, G., & Perry, D. Death out of the closet. New York: Bantam, 1976.

Talbot, T. The world of the child. New York: Jason Aronson, 1974.

Tuck, W. P. Facing grief and death. Nashville, Tenn.: Broadman Press, 1975.

Vernon, G. M. Sociology of death: An analysis of death-related behavior. New York: The Ronald Press Co., 1970.

Weisman, A. On dying and denying. New York: Behavioral Pub., 1972.

Weisman, A. The realization of death. New York: Jason Aronson, 1974.

Wolf, A. W. M. Helping your child to understand death. New York: Child Study Press. 1975.

Wolfenstein, M., & Kliman, G. (Eds.). Children and the death of a president. New York: Doubleday, 1965.

Zeligs, R. Children's experience with death. Springfield, Ill.: Charles C. Thomas. 1974.

Children's Books

Bishop, C. H., & Wiese, K. The five Chinese brothers. New York: Scholastic Book Services, 1938.

Blue, R. Grandma didn't wave back. New York: Grolier, 1972.

Bonne, R. I know an old lady. New York: Scholastic Book Services, 1961.

Brown, M. W. The dead bird. New York: Scott, 1958.

Buck, P. The beech tree. New York: John Day, 1955.

Coburn, J. B. Anne and the Sand Dobbies. New York: Seabury Press, 1964.

DePaloa, T. A. Nanna upstairs and Nana downstairs. New York: Putnam, 1973.

DeBrunhoff, J. The story of Babar. New York: Random House, 1933.

Dobrin, A. Scat. New York: Four Winds Press, 1971.

Fassler, J. My grandpa died today. New York: Behavioral Publications, 1971.

Fitzhugh, L., & Scoppettone, S. Bang, bang, you're dead. New York: Harper and Row, 1969.

Godden, R. The doll's house. New York: Viking Press, 1962.

Grollman, E. A. Talking about death. Boston: Beacon, 1970.

Harris, A. Why did he die? Minneapolis: Lerner, 1965.

Kantrowitz, M. When Violet died. New York: Parents', 1973.

Krauss, R. The growing story. New York: Harper and Row, 1947.

Krauss, R. The carrot seed. New York: Harper and Row, 1971.

Kuskin, K. The bear who saw the spring. New York: Harper and Row, 1961.

Lee, V. The magic moth. New York: Seabury Press, 1972.

Lisker, S. Lost. New York: Harcourt-Brace-Jovanovich, 1975.

Lundgram, M. Matt's grandfather. New York: G. P. Putnam's Sons, 1970.

Marxhausen, J. If I should die: If I should live. St. Louis: Concordia, 1975.

Miles, M. Annie and the old one. Boston: Little Brown, 1971.

Minarik, E. Little bear. New York: Harper and Row, 1957.

Paulus, T. Hope for the flowers. New York: Paulist-Newman, 1972.

Silverstein, S. The giving tree. New York: Harper and Row, 1964.

Smith, D. A taste of blackberries. New York: Thomas Y. Crowell, 1973.

Steig, W. Sylvester and the magic pebble. New York: Simon and Schuster, 1969.

Stein, S. B. About dying. New York: Walker, 1974.

Steptoe, J. Stevie. New York: Harper and Row, 1969.

Tresselt, A. The dead tree. New York: Parents', 1972.

Viorst, J. The tenth good thing about Barney. New York: Atheneum, 1971.

Warburn, S. S. Growing time. Boston: Houghton Mifflin, 1969.

White, E. B. Charlotte's web. New York: Harper and Row, 1952.

Zolotow, C. A father like that. New York: Harper and Row, 1971.

Zolotow, C. My grandson Lew. New York: Harper and Row, 1974.

APPENDIX F

GRAPHS OF ANALYSES OF DATA SHOWING CHANGES IN

PERSONAL COMPETENCY AND INFORMATION

CATEGORIES

12. Regarding my interest in reading and hearing more about death and dying,

   a. I look for programs and articles on the subject.

   b. I am interested in the subject of death and dying.

   c. I regard the subject as any other.

   d. I have little or no interest in the subject of death and dying.
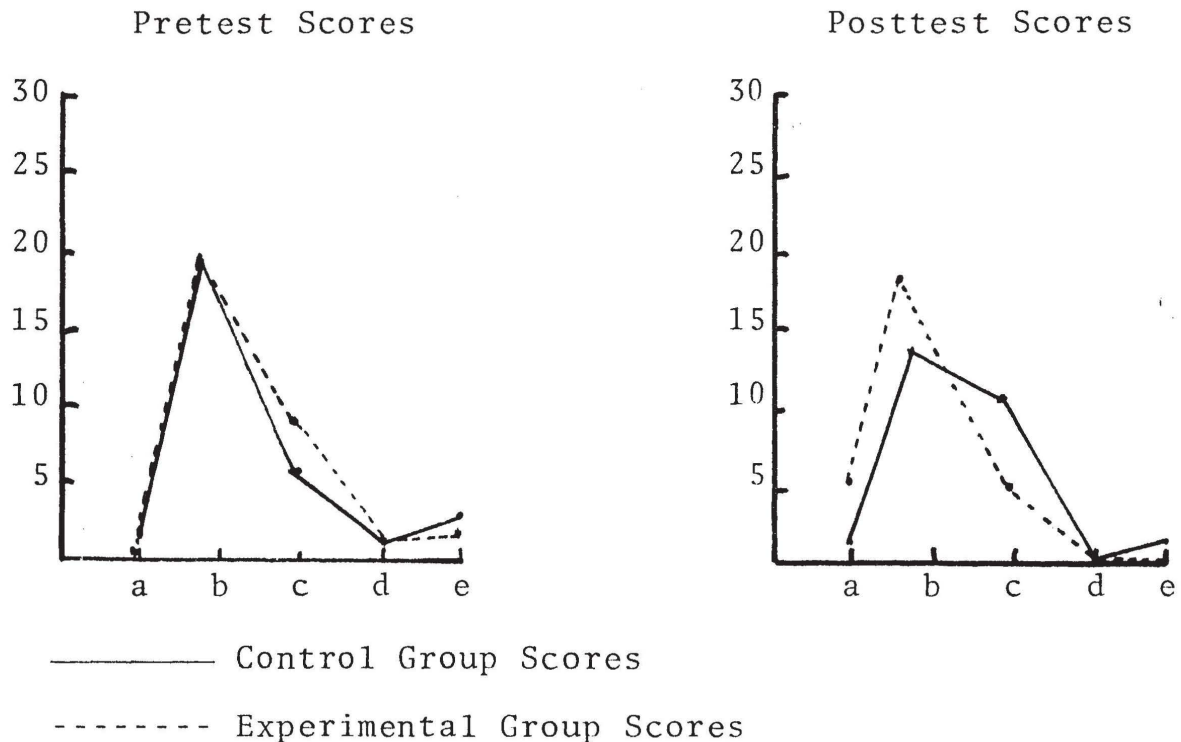
   e. I avoid the subject of death and dying.

Pretest Scores   Posttest Scores

———————— Control Group Scores

- - - - - - - - Experimental Group Scores

Figure 7. Analysis of data showing changes in the Personal Competency category: Item 12. The experimental group showed a small amount of movement toward the optimum response of (a). The control group showed digression from the optimum. The time element of the course would be a factor for this item.

16. Regarding various cultural backgrounds and their influence on death and dying,

   a. I am not familiar with the subject.

   b. I am familiar with the subject, but I have no opinion.

   c. I am familiar with the subject, and have mixed feelings.

   d. I am familiar with the subject and have definite feelings.

   e. I am familiar with my own cultural background and its influence on death and dying.

Pretest Scores   Posttest Scores

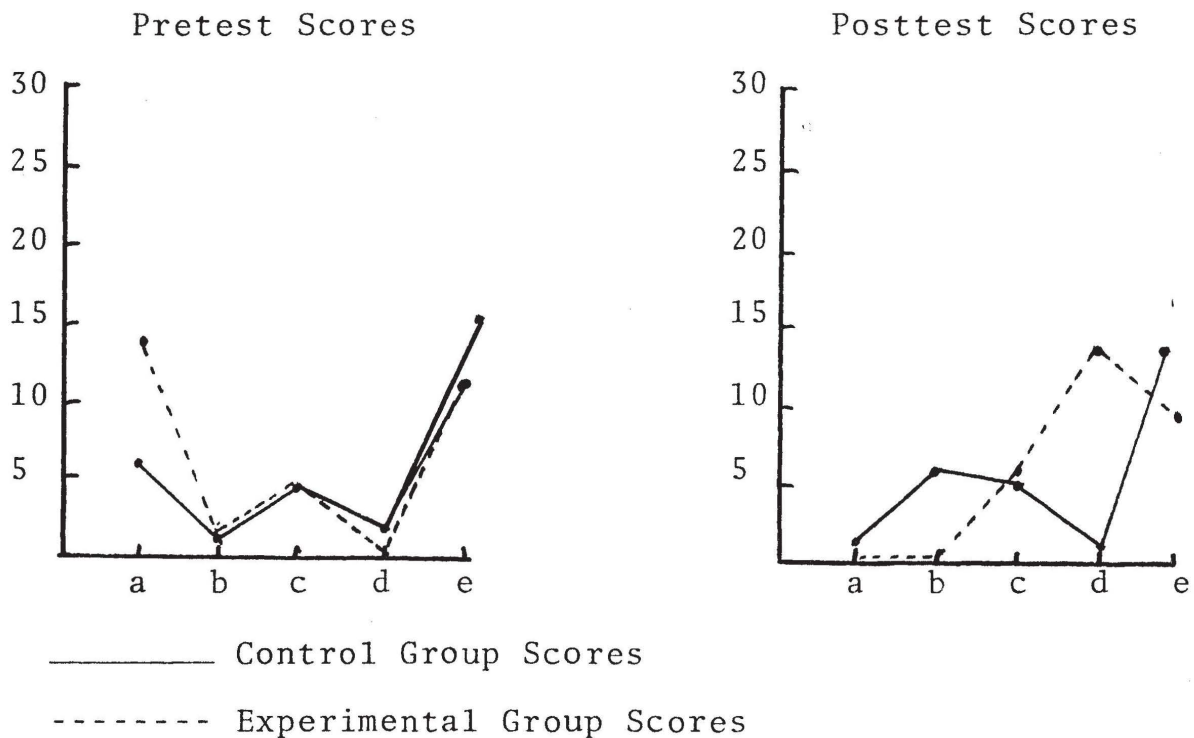_____ Control Group Scores

- - - - - - - Experimental Group Scores

Figure 8. Analysis of data showing changes in the Personal Competency category: Item 16. More information concerning the topic of culture would be included in a longer session. The experimental group did show a significant change toward the optimum response of (d).

17. Regarding the various religious backgrounds and
     their influence on death and dying,

   a. I am not familiar with the subject.

   b. I am familiar with the subject, but I have no
       opinion.

   c. I am familiar with the subject, but I have
       mixed feelings.

   d. I am familiar with the subject and have defi-
       nite feelings.

   e. I am familiar with my own religious background
       and its influence on death and dying.

Pretest Scores   Posttest Scores

————— Control Group Scores

- - - - - - Experimental Group Scores
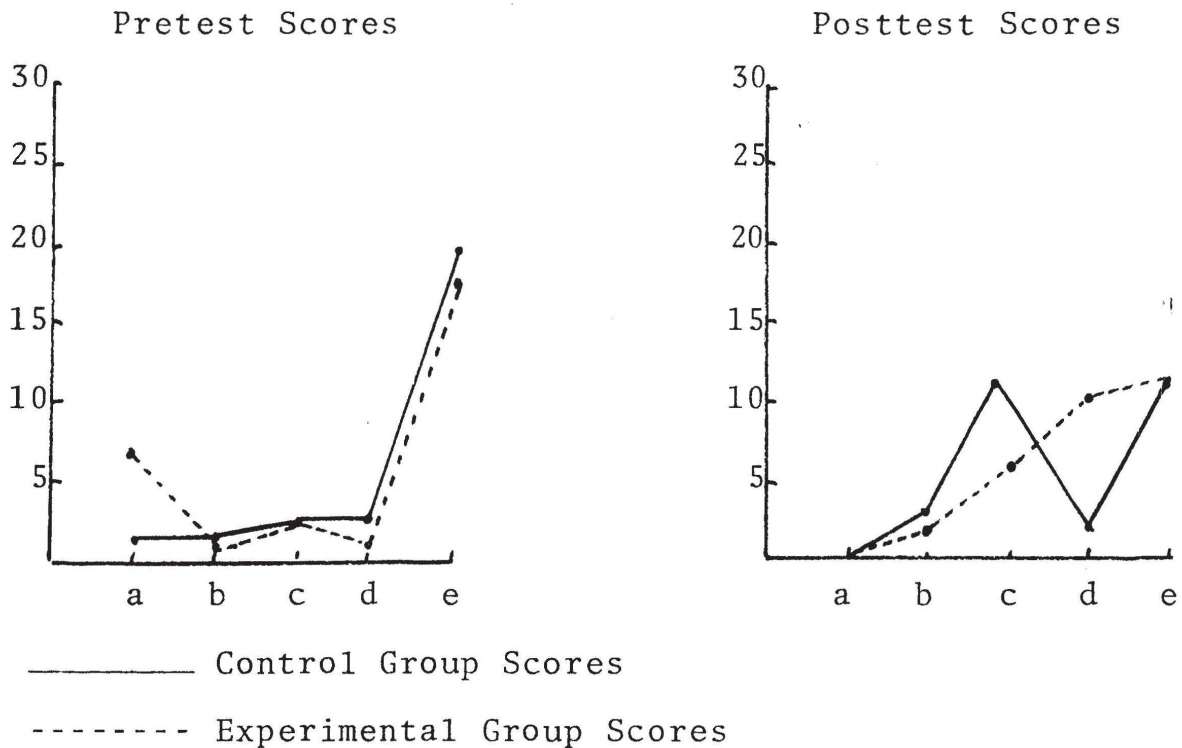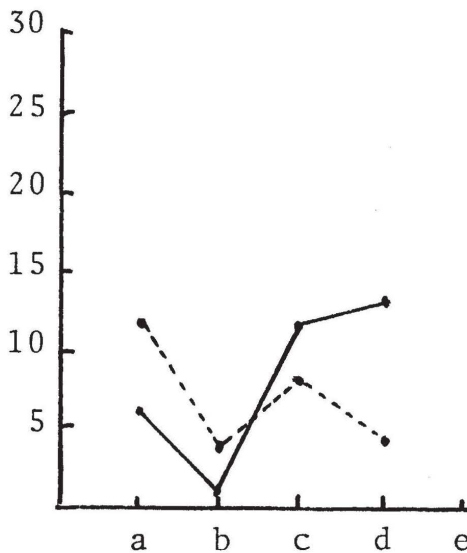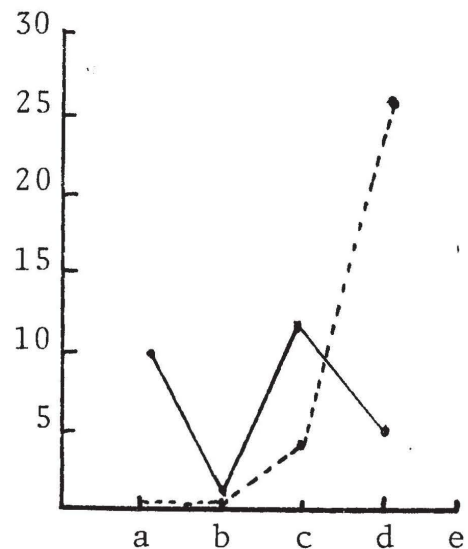
Figure 9. Analysis of data showing changes in the Personal
           Competency category: Item 17. The experimental
           group demonstrated a significant change toward
           the optimum response of (d) and showed a greater
           ability to deal with religions other than their
           own. Religion, like culture, needs much more
           time in the course.

18. Regarding the characteristics of an adult's grief dealing with death and dying,

    a. I am not familiar with the characteristics.

    b. I am familiar with the characteristics, but I have no opinion concerning such.

    c. I am familiar with the characteristics, but have mixed feelings concerning such.

    d. I am familiar with the characteristics and have definite feelings concerning such.

Figure 10. Analysis of data showing changes in the Personal Competency category: Item 18. The control group moved away from the optimum response of (d) while the experimental group moved significantly toward the optimum response.

19. Regarding the characteristics of a young child's grief dealing with death and dying,

    a.   I am not familiar with the characteristics.

    b.   I am familiar with the characteristics, but have no opinion concerning such.

    c.   I am familiar with the characteristics, but have mixed feelings concerning such.

    d.   I am familiar with the characteristics and have definite feelings concerning such.

Pretest Scores   Posttest Scores

———— Control Group Scores
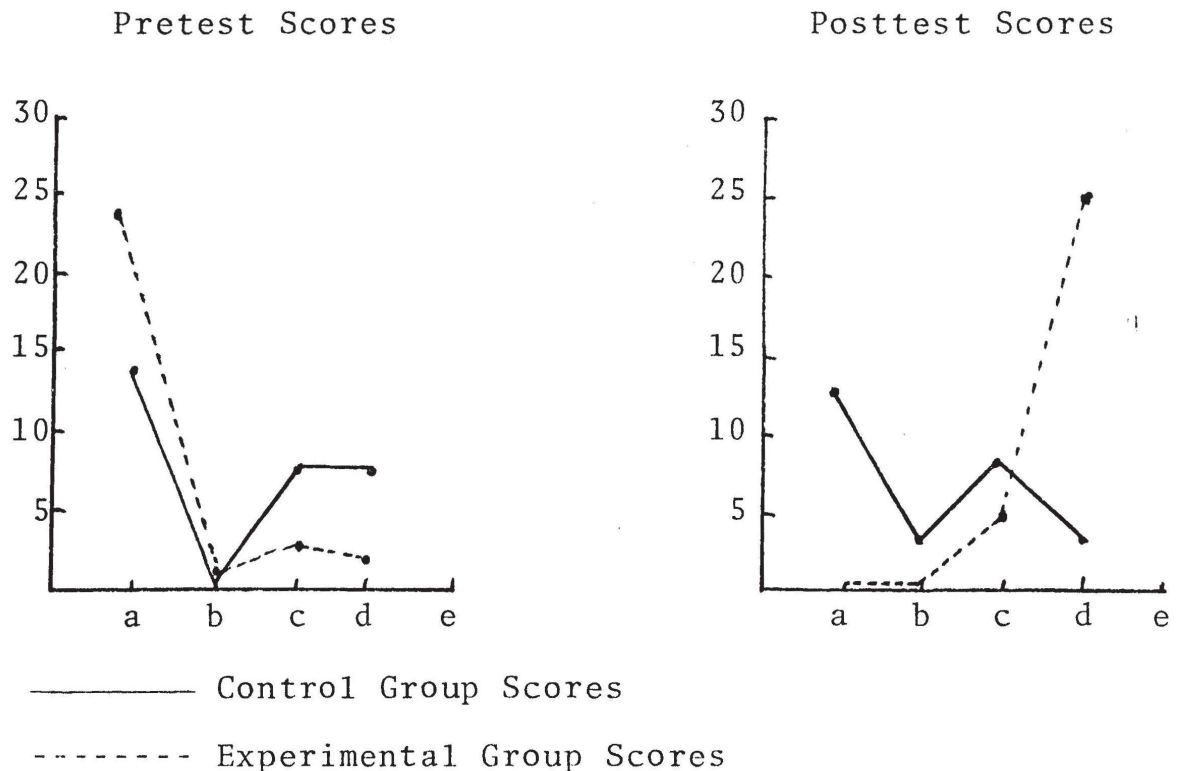
- - - - - - - Experimental Group Scores

Figure 11. Analysis of data showing changes in the Personal Competency category: Item 19. The graph showed a large movement toward the optimum answer of (d) for the experimental group. The control group moved away from the optimum response.

3. What do you know about "life after death" topic?

    a. I haven't thought about it.

    b. I know nothing about the topic.

    c. I know a little about the topic.

    d. I know a great deal about the topic.

    e. I have never heard of it.

Pretest Scores   Posttest Scores

——————— Control Group Scores

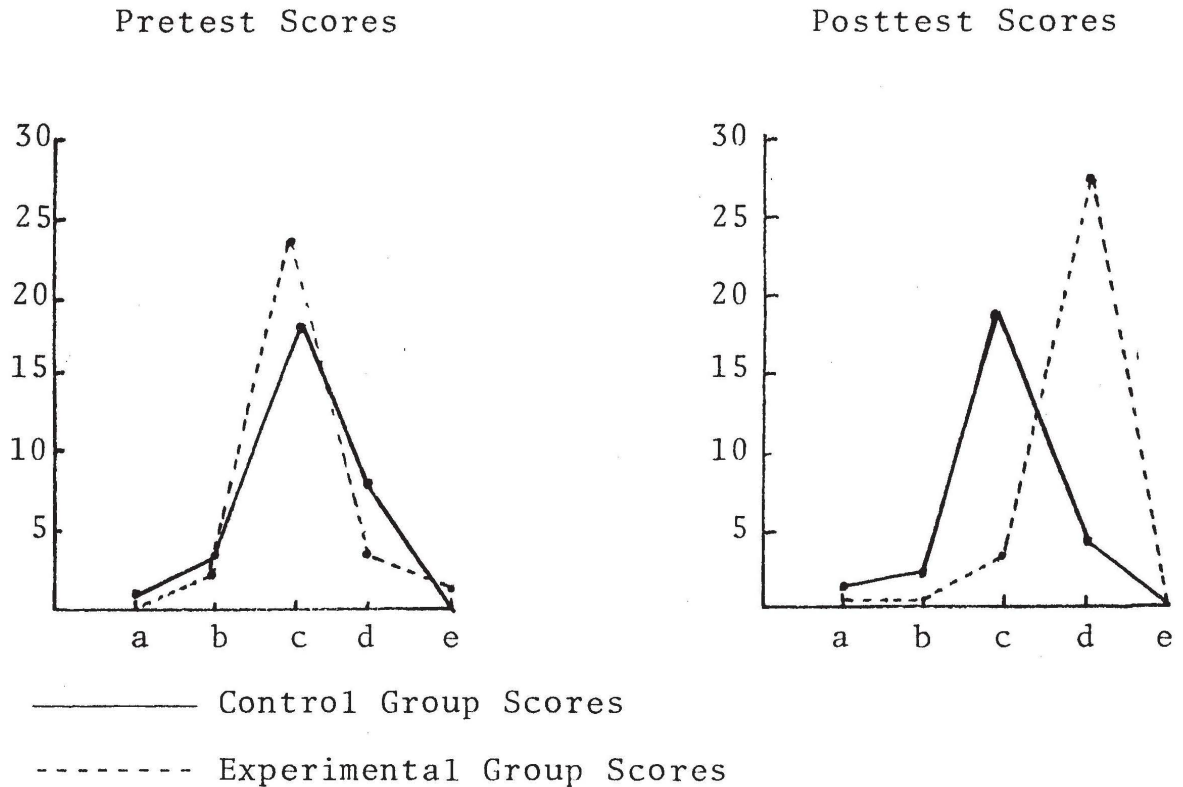- - - - - - Experimental Group Scores

Figure 12. Analysis of data showing changes in the Informa-
            tion category: Item 3. The experimental group
            demonstrated more knowledge about the topic on
            the pretest. However, the graph showed a
            greater movement toward the optimum response
            of (d) for the experimental group on the post-
            test.

4. What do you know about "life after life" topic?

    a. I haven't thought about it.

    b. I know nothing about the topic.

    c. I know a little about the topic.

    d. I know a great deal about the topic.

Pretest Scores   Posttest Scores

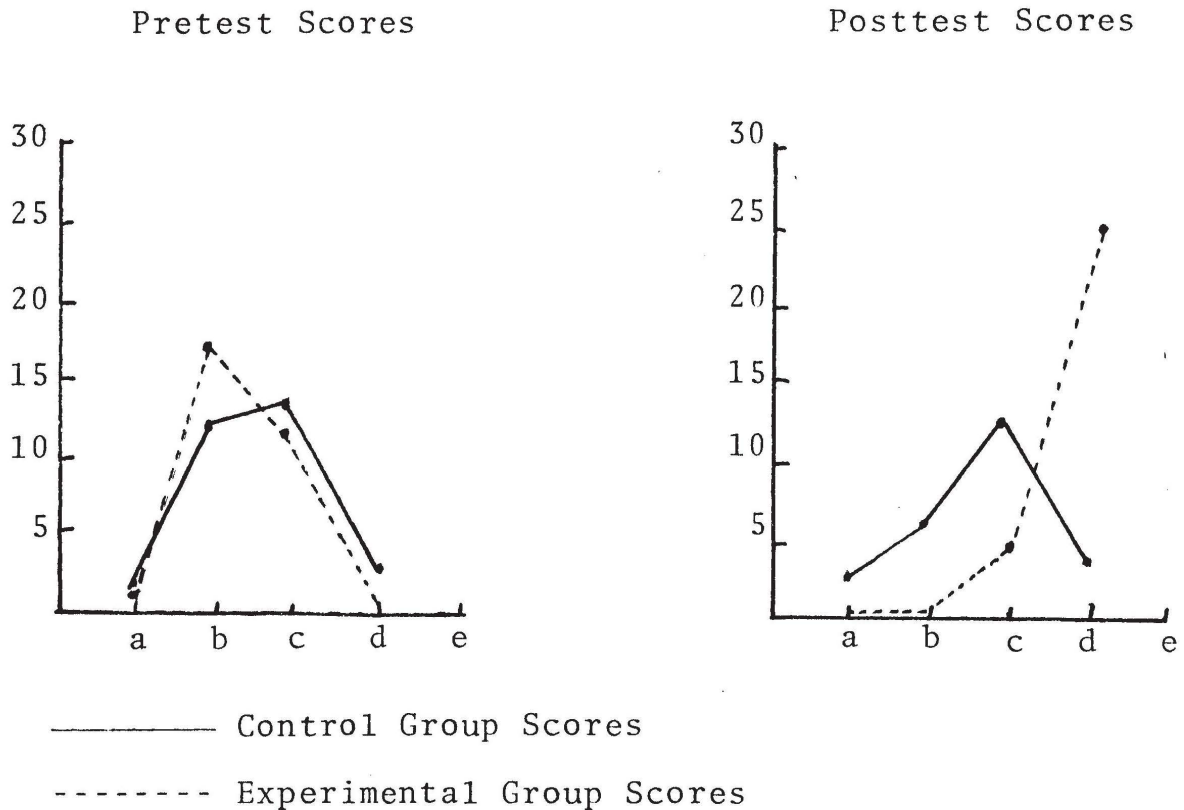———— Control Group Scores

------- Experimental Group Scores

Figure 13. Analysis of data showing changes in the Information category: Item 4. The experimental group displayed more information than the control group on the pretest concerning this topic. However, the posttest showed a more significant move toward the optimum answer of (d) for the experimental group.

5. What do you know about "reincarnation"?

    a. I haven't thought about it.

    b. I know nothing about the topic.

    c. I know a little about the topic.

    d. I know a great deal about the topic.

Pretest Scores   Posttest Scores

——————— Control Group Scores
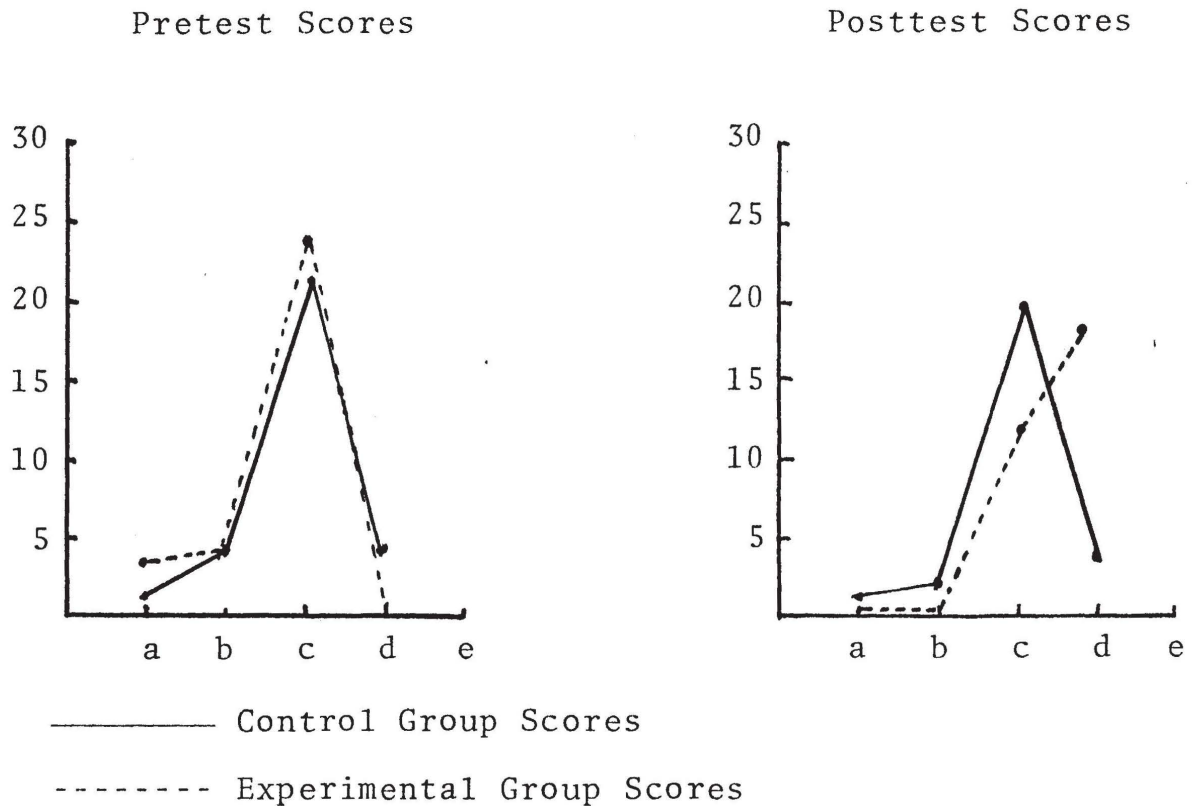
- - - - - - - Experimental Group Scores

Figure 14. Analysis of data showing changes in the Information category: Item 5. "Moderate" should be included in the responses for this item. The control group showed some movement toward the optimum response of (d). However, the experimental group showed more movement toward the optimum answer.

9. What do you know about the "right to die" con-
    troversy?

    a. I am not familiar with the subject.

    b. I am somewhat familiar with the subject.

    c. I am very familiar with the subject.

    d. I would like to know more about the subject.

    e. I have no interest in the subject.

Pretest Scores   Posttest Scores

——————— Control Group Scores

- - - - - - - Experimental Group Scores
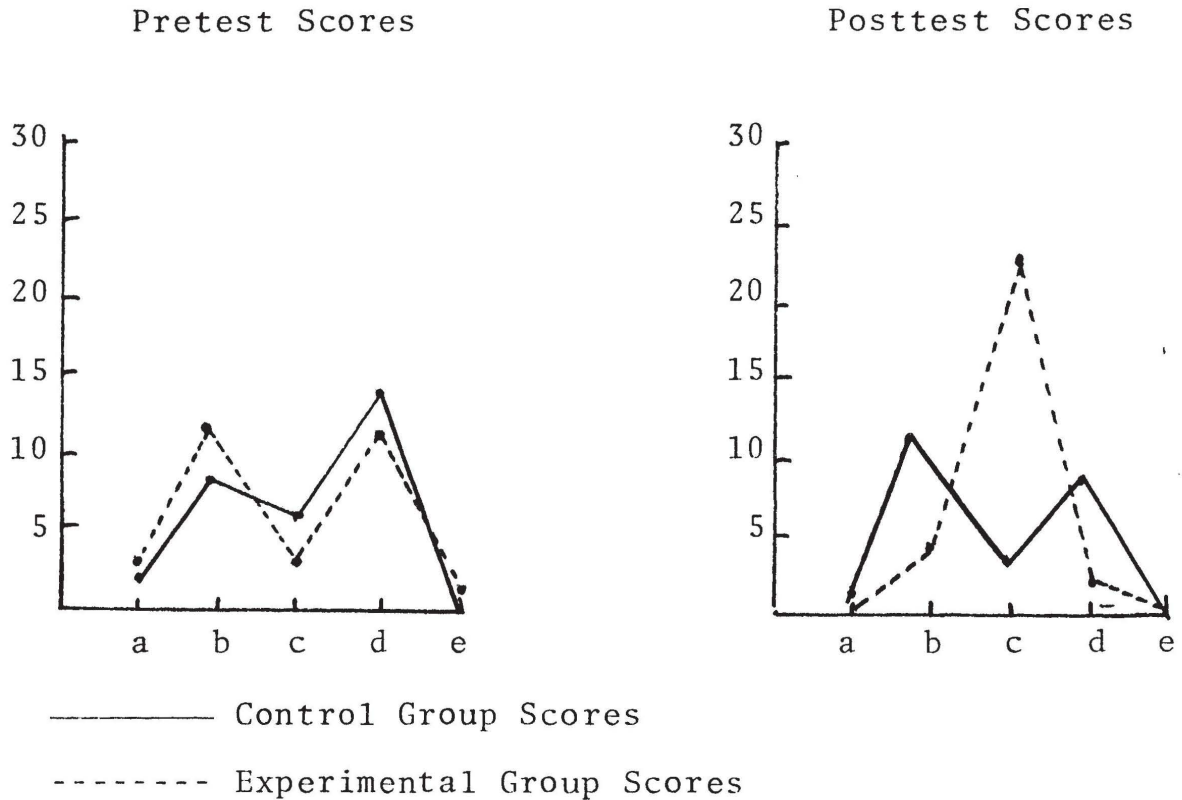
Figure 15. Analysis of data showing changes in the Informa-
            tion category: Item 9. The experimental group
            demonstrated a very significant change toward
            the optimum response of (c). The control group
            moved away from the optimum response.

21. Regarding the process of preparing the body for burial

    a. I am not familiar with the process.

    b. I am familiar with the process slightly.

    c. I am moderately familiar with the complete process.

    d. I am very familiar with the complete process.

    e. I have seen the process of preparing the body for burial.

Pretest Scores   Posttest Scores

——————— Control Group Scores

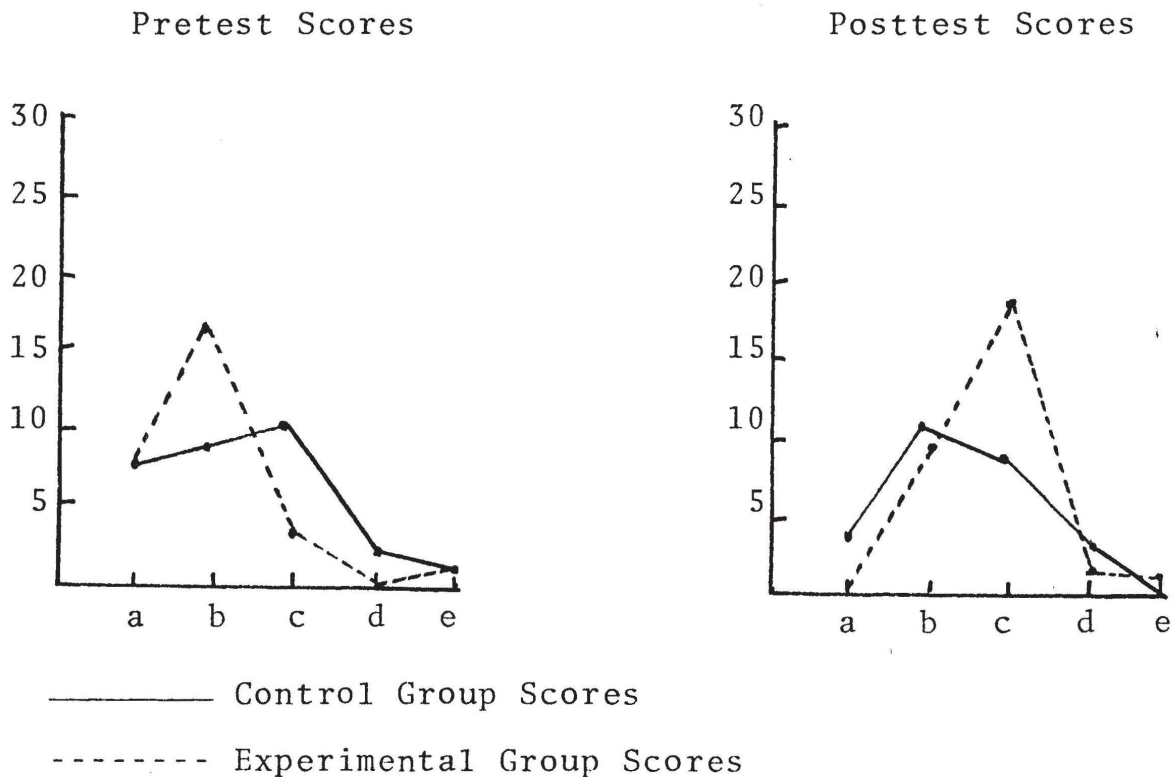- - - - - - - Experimental Group Scores

Figure 16. Analysis of data showing changes in the Information category: Item 21. The experimental group made a significant move toward the optimum answer of (d). A field trip to a funeral home would be included in a longer course.

22. Regarding the funeral ritual,

   a. I am not familiar with the ritual.

   b. I am slightly familiar with the ritual.

   c. I am moderately familiar with the complete ritual.

   d. I am very familiar with the complete ritual.

Pretest Scores   Posttest Scores

——————— Control Group Scores

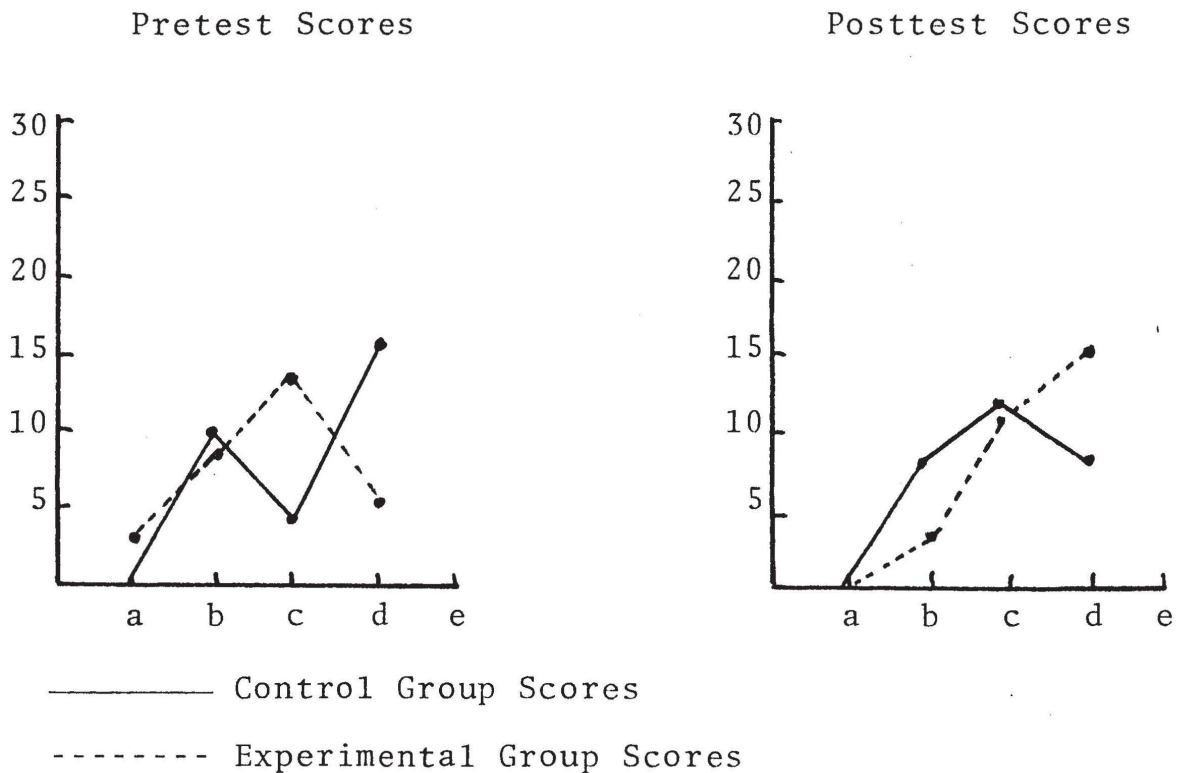- - - - - - - Experimental Group Scores

Figure 17.   Analysis of data showing changes in the Information category: Item 22. Movement was toward the optimum response of (d) for the experimental group and away from the optimum response for the control group.

23. What knowledge or background do you have now to
    deal with the subject of death with a class of
    young children?

    a. I know little or nothing about the subject to
       enable me to help the young child.

    b. I know a marginal amount of knowledge about
       the subject to enable me to help the young
       child.

    c. I know enough to deal with the subject of
       death when I have to, but I sometimes feel
       uncomfortable and deficient.

    d. I know a great deal about the subject of death
       and feel very comfortable and confident deal-
       ing with the young child and the subject of
       death and dying.

    e. I usually avoid the subject of death when
       dealing with the young child.

_____ Control Group Scores

- - - - - - - - Experimental Group Scores
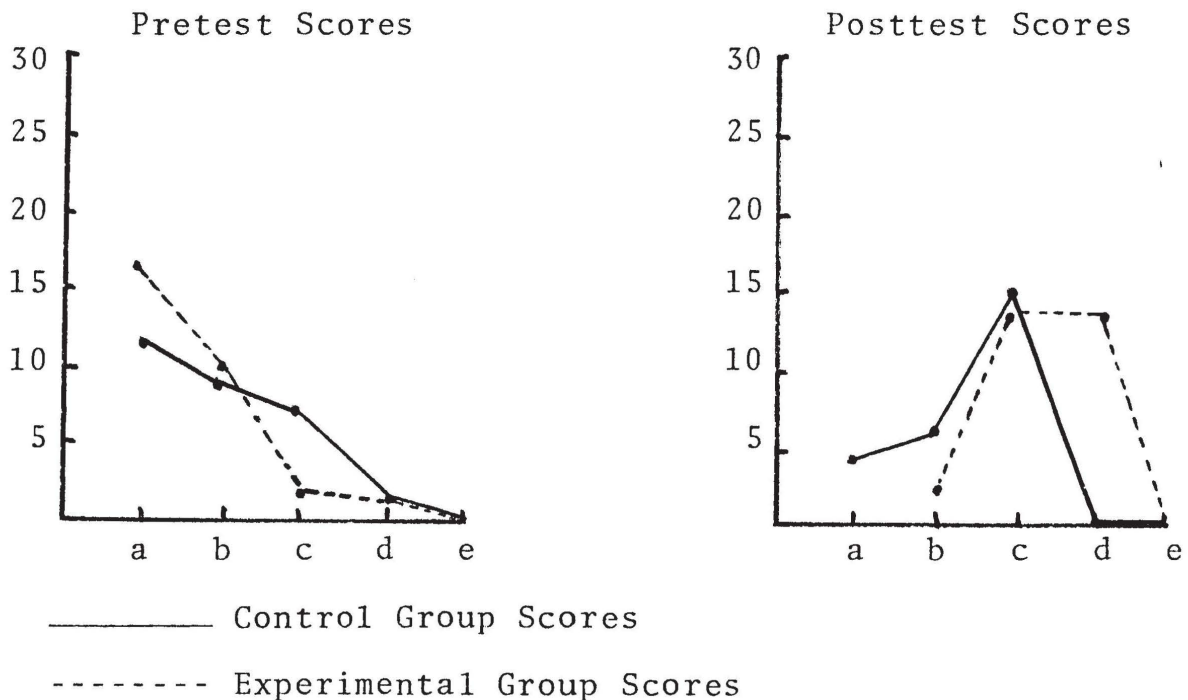
Figure 18. Analysis of data showing changes in the Informa-
           tion category: Item 23. The graphs showed
           movement toward the optimum response of (d) for
           both groups. However, the move was greater for
           the experimental group.

24. What would be the best approach to the subject of death with the young child?

    a. Teach a unit on death.

    b. Start the discussion about death before the subject comes up.

    c. Wait until the child experiences the death of someone or something he has great concern for.

    d. Talk about the death of plants, bugs, and other things in the child's environment that live and die.

    e. When questions concerning death come up, deal with it.

    f. I do not know what the best approach would be now.

Pretest Scores   Posttest Scores

——————— Control Group Scores

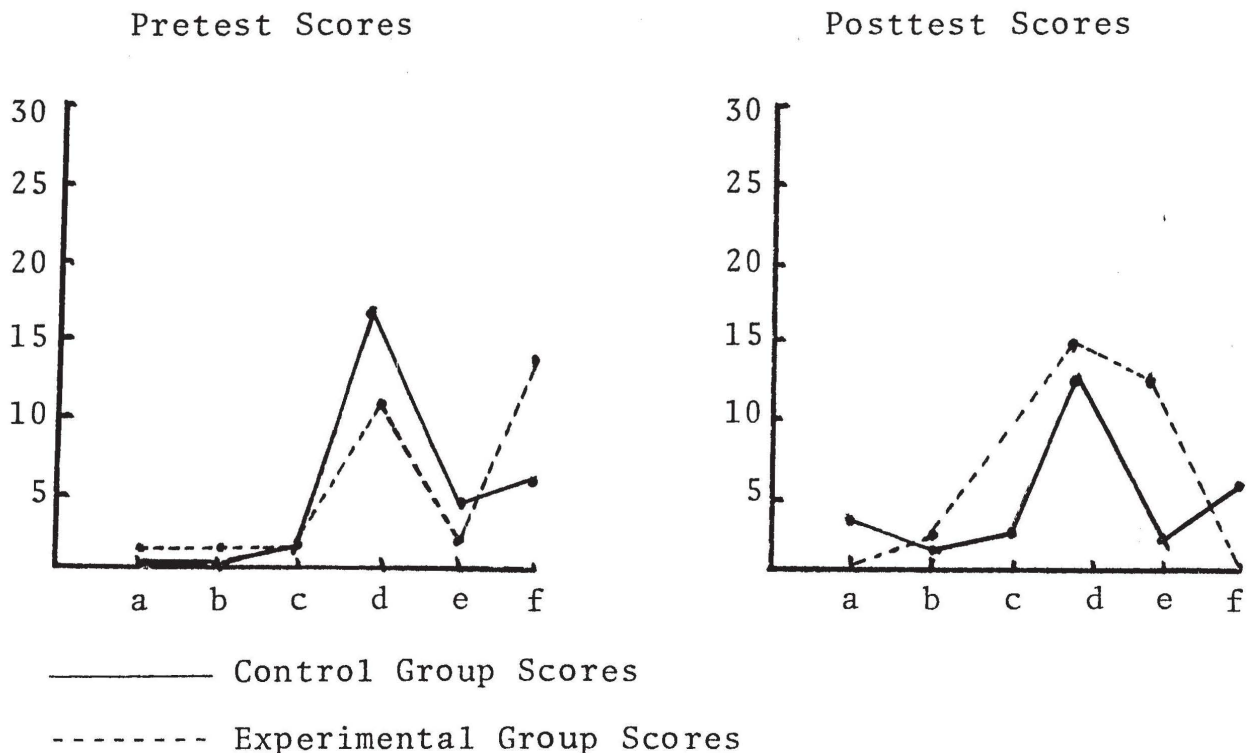- - - - - - - - Experimental Group Scores

Figure 19. Analysis of data showing changes in the Information category: Item 24. The experimental group shows a significant movement toward the optimum answers of (d) and (e). The control group remained stable.

25. At what age do you feel the young child should deal with the subject of death?

  a. I believe that the young child should be spared the difficulty of dealing with death.

  b. I believe that the subject should be discussed without hesitation.

  c. I believe the subject should be treated like any other subject on the child's level of development.

  d. I believe the subject should be taught as a unit in a formal manner to the young child.

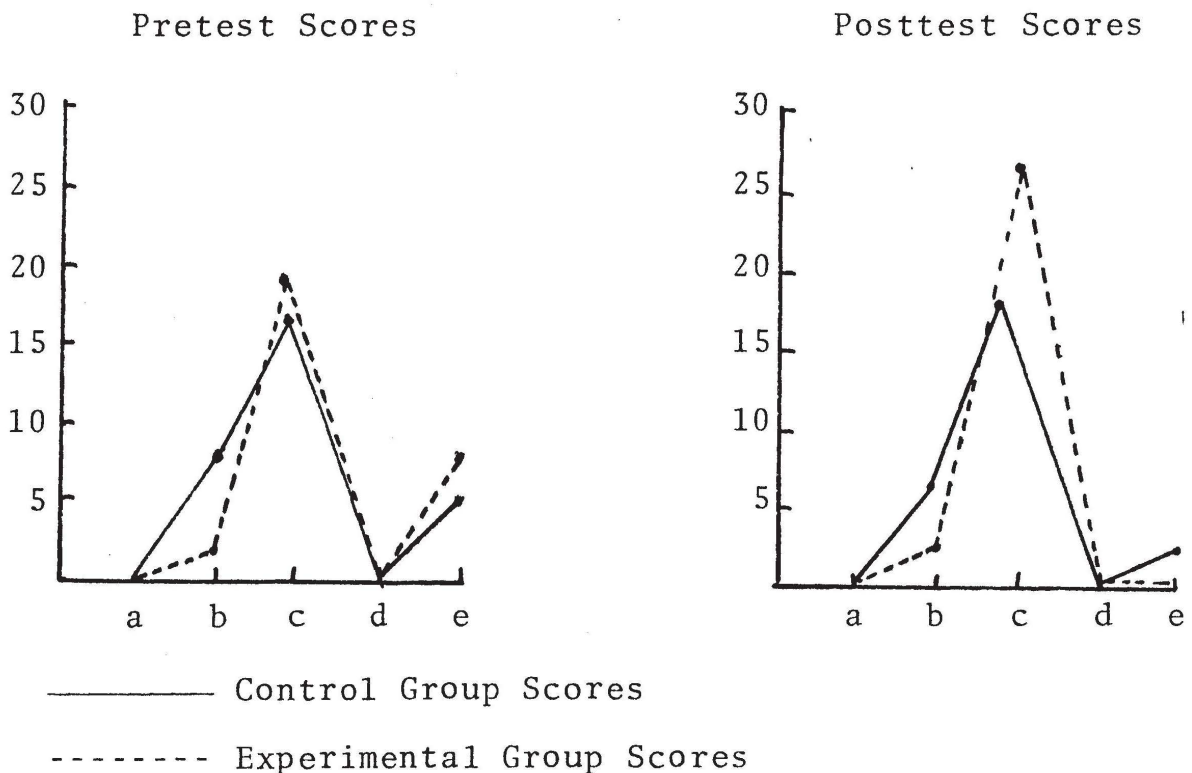 e. I do not know what age would be best.

Figure 20. Analysis of data showing changes in the Information category: Item 25. The pretests for both groups showed a greater understanding concerning this topic. However, the experimental group did show more movement toward the optimum response of (c).

26. In what manner do young children generally interpret death?

 a. I do not know.

 b. I do not believe the young child has an interpretation of death.

 c. I believe the young child interprets death as reality.

 d. I do not believe the young child is interested.

 e. I believe they interpret death as a fantasy.

 f. I believe they interpret death the same as an adult.

Pretest Scores   Posttest Scores

——————— Control Group Scores
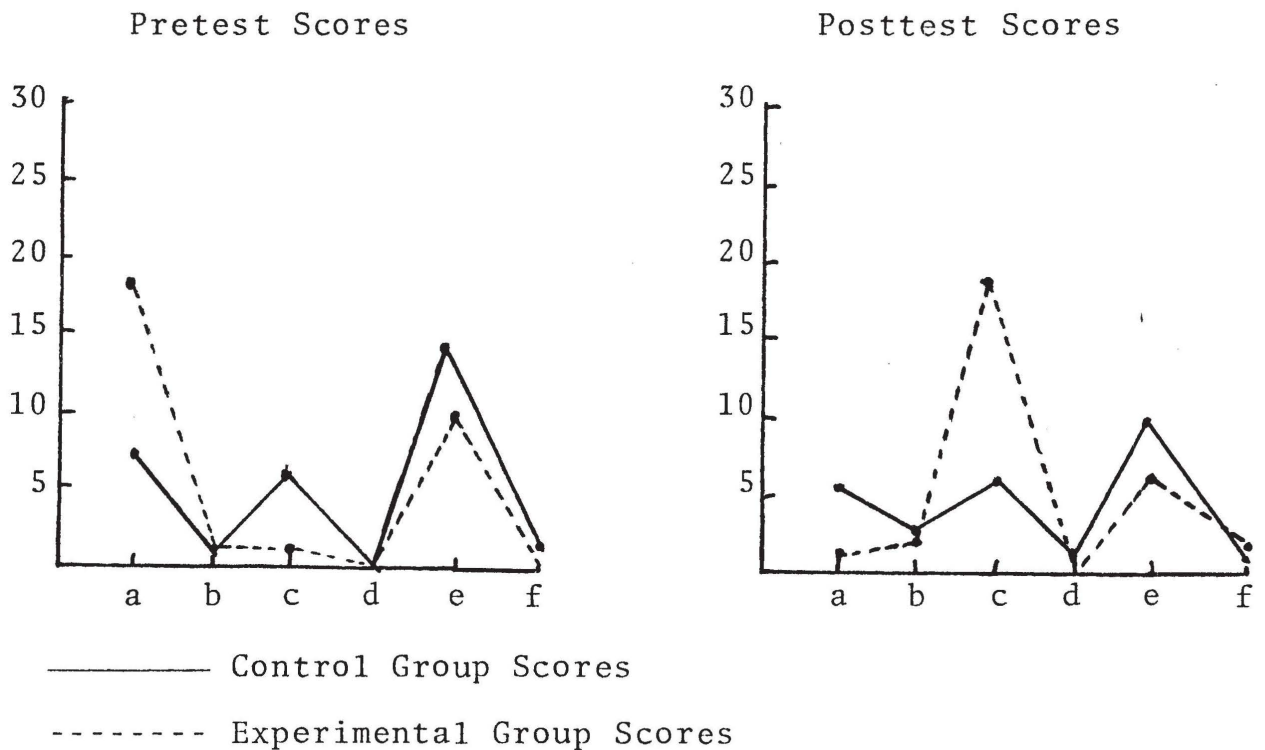
- - - - - - - Experimental Group Scores

Figure 21. Analysis of data showing changes in the Information category: Item 26. The study included children from 4 to 8 years of age. Thus, the optimum answer would depend on the age of the child referred to. The experimental group provided a significant move toward the optimum responses of (c) and (e).

28. Regarding a young child's level of development to deal with the subject of death,

   a. I know nothing about the levels of development and the young child's dealing with the subject of death.

   b. I know a little about the levels of development but not enough to handle the subject with the young child.

   c. I am moderately familiar with the levels of development and can manage, but I am not comfortable to deal with the subject of death.

   d. I am very familiar with the levels of development and am very comfortable to deal with the subject of death with the young child.

   e. I usually avoid the subject of death when working with or if I am around a young child.

Pretest Scores   Posttest Scores

——————— Control Group Scores
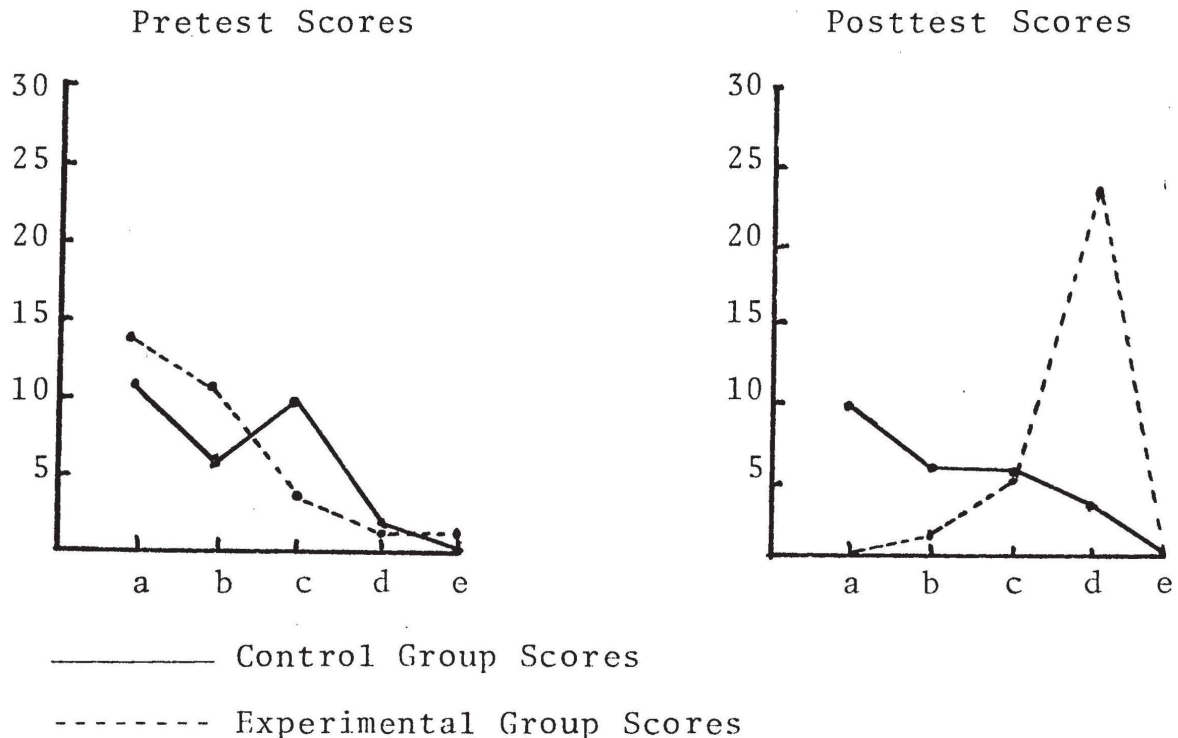
- - - - - - - Experimental Group Scores

Figure 22. Analysis of data showing changes in the Information category: Item 28. The experimental group demonstrated a significant move toward the optimum response of (d), while the control group showed movement away from the optimum.

REFERENCES

REFERENCES

Anthony, S. Child's discovery of death. London: Routledge
    and Kegan Paul, 1940.

Anthony, S. The discovery of death in childhood and after.
    London: Penguin Press, 1971.

Arnstein, H. S. What to tell your child: About birth,
    death, divorce and other family crises. New York:
    Bobbs-Merrill Co., 1962.

Bakshis, R., Correll, M., Duffy, M., Grupp, S. E., Hilliker,
    J., Howe, T., Kowaler, G., & Schmittee, R. L. A TST
    strategy. Omega, 1974, 5(2), 161-179.

Becker, E. The denial of death. New York: The Free Press,
    1973.

Berg, C. D. Cognizance of the death taboo in counseling
    children. The School Counselor, 1973, 21(1), 28-32.

Berg, D. W., & Daugherty, G. C. Teaching about death.
    Today's Education, 1973, 62(3), 46-47.

Bertman, S. L. Death education in the face of a taboo. In
    E. A. Grollman (Ed.), Explaining death to children. Bos-
    ton: Beacon Press, 1974.

Beyer, E. Teaching young children. New York: Pegasus,
    1968.

Brantner, J. P. Death and the self. In B. R. Green & D. P.
    Irish (Eds.), Death education: Preparation for living.
    Cambridge, Mass.: Schenkman Pub. Co., 1971.

Bruning, J. L., & Kintz, B. L. Computational handbook of
    statistics. Glenview, Ill.: Scott, Foresman and Co.,
    1968.

Clay, V. S. Children deal with death. The School Counse-
    lor, 1976, 23(3), 175-183.

Colton, A. E., Gearhart, D. E., & Janaro, R. P. A faculty
    workshop on death attitudes and life affirmation. Omega,
    1973, 4(1), 51-56.

Crase, D. R., & Crase, D. Live issues surrounding death education. The Journal of School Health, 1974, 44(2), 70-73.

Crase, D. R., & Crase, D. Helping children understand death. Young Children, 1976, 32, 21-25.

Cutter, F. Coming to terms with death: How to face the inevitable with wisdom and dignity. Chicago: Nelson-Hall, 1974.

Dobson, J. Children, death, and the media. Counseling and Values, April 1977, pp. 172-179.

Easson, W. M. The dying child. Springfield, Ill.: M. D. Thomas, 1970.

Erikson, E. H. Childhood and society (2nd ed.). New York: W. W. Norton, 1963.

Feifel, H. Attitudes toward death. Journal of Consulting and Clinical Psychology, 1969, 33(3), 292-295.

Feifel, H. Death and dying in modern America. Death Education, 1977, 1(1), 5-14.

Felner, R. D., Stolberg, A., & Cowen, E. L. Crisis events and school mental health referral patterns of young children. Journal of Counseling and Clinical Psychology, 1975, 43(3), 305-310.

Formanek, R. When children ask about death. Elementary School Journal, 1974, 75(2), 92-97.

Fulton, R. On the dying of death. In E. A. Grollman (Ed.), Explaining death to children. Boston: Beacon Press, 1967.

Furman, E. A child's parent died: Studies in childhood bereavement. New Haven, Conn.: Yale University, 1974.

Galen, H. A matter of life and death. Young Children, 1972, 27(6), 351-355.

Gibney, H. H. What death means to children. Parents, 1965, 40(3), pp. 65; 136-142.

Green, B. R., & Irish, D. P. (Eds.). Death Education: Preparation for living. Cambridge, Mass.: Schenkman, 1971.

Grollman, E. A. (Ed.). Explaining death to children. Boston: Beacon, 1967.

Grollman, E. A. (Ed.). Concerning death: A practical guide for the living. Boston: Beacon, 1974.

Grollman, E. A. (Ed.). Talking about death: A dialogue between parent and child (Rev. ed.). Boston: Beacon, 1976.

Gurfield, M. On teaching death and dying. Media and Methods, February 1977, pp. 57-61.

Hardt, D. V. Development of an investigatory instrument to measure attitudes toward death. The Journal of School Health, 1975, 45(2), 96-99.

Hardt, D. V. A measurement of the improvement of attitudes toward death. The Journal of School Health, 1976, 44(5), 269-270.

Harnett, A. L. How we do it. The Journal of School Health, 1973, 43(8), 526-527.

Hendin, D. Death as a fact of life. New York: Warner, 1974.

Irish, D. P. Death education: Preparation for living. In B. R. Green & D. P. Irish (Eds.), Death education: Preparation for living. Cambridge, Mass.: Schenkman, 1971.

Jackson, E. N. Telling a child about death. New York: Hawthorn, 1965.

Jackson, E. N. The theological, psychological, and philosophical dimensions of death in Protestantism. In E. A. Grollman (Ed.), Explaining death to children. Boston: Beacon, 1967.

Kastenbaum, R., & Aisenberg, R. The psychology of death. New York: Springer, 1972.

Kastenbaum, R. We covered death today. Death Education, 1977, 1(1), 85-92.

Knott, J. E. Educating for death: A prospectus. Forum for Death Education and Counseling, Inc., 1977.

Koch, J. When children meet death. Psychology Today, 1977, 11, 64-82.

Kohlberg, L. The claim to moral adequacy of a highest stage of moral judgment. Journal of Philosophy, 1973, 70(18), 630-646.

Koocher, G. P. Childhood, death, and cognitive development. Developmental Psychology, 1973, 9(3), 369-376.

Koocher, G. P. Why isn't the gerbil moving anymore? Children Today, 1975, 4, 18-36.

Kubler-Ross, E. On death and dying. New York: Macmillan Publishing Co., Inc., 1969.

Kubler-Ross, E. Death: The final stage of growth. Englewood Cliffs, N. J.: Prentice-Hall, 1975.

Langone, J. Death is a noun. New York: Dell Pub. Co., Inc., 1972.

Leviton, D. The role of the schools in providing death education. In B. R. Green & D. P. Irish (Eds.), Death education: Preparation for living. Cambridge, Mass.: Schenkman, 1971.

Leviton, D. Education for death--death becomes less a stranger. Omega, 1975, 6(3), 183-191.

Leviton, D. The stimulus of death. Health Education, March/April 1976, pp. 17-20.

Leviton, D. The scope of death education. Death Education, 1977, 1(1), 41-56.

Marshall, J. G., & Marshall, V. W. The treatment of death in children's books. Omega, 1971, 2, 36-43.

Melear, J. D. Children's conceptions of death. The Journal of Genetic Psychology, 1973, 123, 359-360.

Mills, G. C., Reisler, R., Robinson, A., & Vermilyne, G. Discussing death: A guide to death education. Homewood, Ill.: ETC, 1976.

Mitchell, M. E. The child's attitude to death. New York: Schocken Books, 1967.

Morgan, E. (Ed.). A manual of death education and simple burial. Burnsville, N. C.: Celo Press, 1975.

Morris, B. Young children and books on death. Elementary English, 1974, 51(3), 395-398.

Nagy, M. The child's view of death. Journal of Genetic Psychology, 1948, 73, 3-27.

Parness, E. Effects of experience with loss and death among preschooler children. Children Today, Nov./Dec. 1975, pp. 2-7.

Pine, V. R. A socio-historical portrait of death education. Death Education, 1977, 1(1), 57-84.

Plank, E. N. Young children and death. Young Children, 1968, 23, 331-336.

Riley, T. J. Catholic teachings, a child, and a philosophy for life and death. In E. A. Grollman (Ed.), Explaining death to children. Boston: Beacon, 1967.

Rochlin, G. How younger children view death and themselves. In E. A. Grollman (Ed.), Explaining death to children. Boston: Beacon, 1967.

Sharapan, H. "Mister Rogers' Neighborhood": Dealing with death on a children's television series. Death Education, 1977, 1(1), 131-136.

Shepard, M. Someone you love is dying. New York: Harmony Books, 1975.

Shibles, W. Death: An interdisciplinary analysis. Whitewater, Wis.: The Language Press, 1974.

Shneidman, E. You and death. Psychology Today, 1970, 4(3), 67-72.

Shneidman, E. (Ed.). Death: Current perspectives. Palo Alto, Calif.: Mayfield, 1976.

Smart, M. What death means to children. Parents, 1962, 40(3), 15-16.

Stanford, G., & Perry, D. Death out of the closet. New York: Bantam Books, Inc., 1976.

Swenson, E. The treatment of death in children's literature. Elementary English, 1972, 49, 405-410.

Vernon, G. M. Sociology of death. New York: The Ronald Press Co., 1970.

Wass, H., & Shaak, J. Helping children understand death through literature. Childhood Education, Nov./Dec. 1976, pp. 80-88.

Weisman, A. D. On dying and denying. New York: Behavioral Publications, Inc., 1972.

Weisman, A. D. The realization of death. New York: Jason Aronson, 1974.

White, D. An undergraduate course in death. Omega, 1970, 1(2), 167-174.

Wolf, A. W. M. Helping your child to understand death. New York: Child Study Press, 1973.

Zeligs, R. Children's experience with death. Springfield, Ill.: Charles C. Thomas, 1974.