

TEACHER INTERVENTION WITH ELEMENTARY SCHOOL CHILDREN
IN DEATH-RELATED SITUATIONS:
AN EXPLORATORY STUDY

By

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This exploratory research was designed to study teacher intervention with elementary school children faced with death-related concerns or problems. Teacher intervention was considered under four aspects: (a) reported recall of death-related school situations affecting children, (b) point of view with regard to death, (c) modes of intervention in recalled situations, and (d) choice of response to hypothetical death-related classroom situations. Instruments employed were the Hardt Scale of death attitudes and a questionnaire developed for the study.

Six hundred five elementary school teachers from public and non-public schools in a Southern metropolitan area participated in the study. Low to moderate, although statistically significant, relationships were found between several factors. (a) Reported recall of classroom death situations was associated with a more favorable point of view with regard to death on a chi-square test. (b) A Pearson product-moment correlation coefficient indicated a positive relationship between reported intervention behaviors in recalled death

situations and choice of response in hypothetical situations.

(c) Under multiple regression analysis, choice of response in hypothetical death situations was found to be associated with ethnic identity, educational level, guidance or counseling education, and reported recall of death-related situations. In all these relationships large percentages of variance were unaccounted for. No relationship was established between point of view with regard to death and teacher intervention in either recalled or hypothetical situations.

Results of this study, along with the related literature, suggest the need for future research which will focus on the following areas:

(a) ethnic differences in teacher behavior towards children with death concerns, (b) personal experience with death as a factor in teacher intervention with children, (c) training procedures which encourage positive intervention with children facing death situations, and (d) relationships between change in intervention practice and change in attitude toward death.

CHAPTER ONE

INTRODUCTION

The impact that the reality of death has on the lives of their counselees is becoming a concern of a growing number of counselors, a concern reflected in the number of articles carried in the professional journals. One entire issue has been devoted to this topic (School Counselor, May, 1977) and twelve other articles have appeared in three APGA publications (Personnel and Guidance Journal, Elementary School Guidance and Counseling, and School Counselor) during the past five years. Counseling the bereaved and the dying fits well into the profession's awakening concern with life-long career development and life-span counseling (Sinick, 1976a). No limit is placed on opportunities for growth; no limit except the finality which is inherent to the human condition of counselor and counselee alike: death. And even death can be viewed as the "final stage of growth" (Kubler-Ross, 1975).

Elementary School Counseling and Death Education

Elementary school counselors have a particular charge to create a climate in which all children can develop fully (Dinkmeyer & Caldwell, 1970; Faust, 1968). Developmental counseling, which Dinkmeyer and Caldwell advocate, is "more than a remedial service and is concerned with providing all children with access to a resource which helps them

cope with normal developmental problems," (p. 85). Children with questions or problems related to death need to be served just as surely as children with the need to learn to make friends or to develop a sense of self-mastery.

Children of elementary school age often learn patterns of coping behaviors from observing adult behaviors. Significant adults in the life of a child teach styles of coping by their very responses to death situations--or by their apparent nonresponse. This is death education. Counselors and teachers in elementary schools have no choice about whether they will teach about death; they are doing it regularly, if inadvertently.

As professional helpers, counselors and teachers have placed themselves in positions to mediate a sense of their environment and of themselves in that environment to children. They have a vital role in establishing the psychologically safe atmosphere each child needs to come to terms with this sensitive and highly personal issue: the meaning of death. The elementary school teacher in particular is a key person in bringing the developmental counseling approach to the classroom where children's needs may be met "in context" as they arise.

Purpose of the Study

The elementary school teacher is a key person in promoting the development of children's concepts and attitudes (Gordon, 1971; 1975) and often has access to them when they are trying to cope with the reality of death. This research was designed to extend the preliminary work of Hawener (1974) and Atkinson (1977) to explore teachers' interventive behavior with elementary school children as they learn about death. This behavior was to be studied under three aspects:

(a) awareness of children's death-related concerns, (b) willingness to intervene, and (c) knowledge of helpful response. These aspects of intervention were investigated by measuring (a) attitudes of teachers toward death, (b) their recall of death-related situations affecting children in school, (c) their mode of intervention in the real death-related situations which they recall, and (d) their choice of response in hypothetical death-related situations. These aspects of teacher intervention are explained in more detail in the "Rationale" below.

Rationale

This study was designed to explore teacher intervention in real and conjectured situations involving children and death. Two broad objectives of such intervention, inferred from the related literature, are (a) to obviate or dispel unrealistic fears and (b) to facilitate the grieving process. The second of these is probably more difficult and may, in fact, not be possible for many teachers to engage in personally. Corr (1978) cautions that "the case of the bereaved or dying child, with its many ramifications, is . . . the most stringent test of our successes and failures, our human and professional frailties, in the whole area of death and dying" (p. 449).

School climates may be more or less supportive of teachers in this regard. Much depends upon the administrator as well as the mood of the parent community and the school board members. Nevertheless, evidence suggests that the classroom is the place to handle most effectively children's reactions to death encountered in the school setting (Keith & Ellis, 1978). In spite of the difficulties, those

teachers who promote the grieving and healing process by their intervention provide a service to children which is often neglected. Counselors should be able to encourage and supplement the teachers' efforts in this regard.

A pilot study (Atkinson, 1977) was carried out by the writer to explore teachers' awareness of their opportunities for intervention in death-related situations as well as their preparation to involve themselves in it. The 90 subjects, teachers in elementary schools, were asked to recall real incidents in which they had been involved with children affected by death, and to consider other possible situations they might confront. In both their written responses and their discussion afterward, the teachers showed a high degree of concern and desire to be able to help children in such situations. Their responses provided an impetus for this study.

As explained earlier, education for death is viewed as a natural outgrowth of developmental approaches to counseling and is becoming a common focus of professional writing and research. But as natural as death education may be, it seems to be a very difficult thing for many adults to involve themselves in effectively (Fulton, 1976a; Gorer, 1965; Kastenbaum & Aisenberg, 1972; Weisman, 1972). The American society's response to the idea of death has commonly been one of denial or avoidance (Feifel, 1977b; Kubler-Ross, 1969). Educators, as members of this society, are likely to share this general behavior.

An exploratory study of kindergarten teacher candidates' attitudes and behaviors with children in classroom death situations (Hawener, 1974) supports the assumption that this group tends to avoid direct reference to death with children. The subjects did not seem to be aware that death situations would arise in the classroom or that children's concepts and

feelings about death might differ from their own. On the other hand, the pilot study (Atkinson, 1977) with elementary school personnel found evidence that many of them were aware of helpful modes of intervention. These subjects appeared to be more knowledgeable about approaches and more willing to involve themselves with the death concerns of children than the teacher candidates in the Hawener study. Hawener's teacher candidates had very limited experience as compared with the regular teachers in Atkinson's study. The disparate results of the two studies may indicate that classroom experience is a positive factor in adult intervention. These appear to be the only two studies which have explored elementary school teachers' attitudes toward death and their intervention with children in death-related situations. Further research is needed to clarify relationships between teacher attitudes and behavior with regard to death (Atkinson, 1977; Bell, 1975; Eldredge, 1975; Hawener, 1974).

The death taboo may be losing its terror (Brim, Freeman, Levine & Scotch, 1970) as have other fears (religious superstitions, sex) faced by human beings over the course of time (Schrank, 1971). At the present, however, death dread is still strong and the reality is treated with secrecy (Kliman, 1968; Wolfson, 1975); therefore, death education is advocated by mental health professionals as a means to help children face the concept and reality of death with less destructive anxiety than their parents may have experienced (Berg & Daugherty, 1973; McLure, 1974; Moss & Moss, 1973). But if death education is to be instituted in elementary schools the potential death educators (primarily teachers, although counselors as well) and their readiness for the task need to be considered.

Death education courses and curricula are proliferating for high school and college age students (Bensley, 1975; Hollis, 1975; Ulin, 1977; Wass, 1978). A paucity of such approaches exists for elementary age children, although bibliotherapy is strongly endorsed (Baruth & Phillips, 1976; Bernstein, 1977; Griggs, 1977; Wass & Shaak, 1976). Reluctance to initiate discussion of death with children may be one aspect of a protective stance which adults take to keep a painful reality away from children as long as possible (Feifel, 1977a; Fulton, 1976a; Kastenbaum, 1974). Formal approaches to death education in elementary school may not be of great importance, however, if it is true that the most helpful way for younger children to learn about death is in context with life experiences, as research suggests (Cruse & Cruse, 1975; 1976; Leviton & Forman, 1974).

Most studies indicate that children are aware of death at a very early age. Sensitive parents have found their children trying to cope with a death experience as early as 18 months of age (Kastenbaum & Aisenberg, 1972). Four- and five-year-old children have been identified whose concept of death already included universality and irreversibility (Beauchamp, 1974; Leviton, 1977). It seems evident that children simply cannot be prevented from becoming aware that death exists in the plant, animal and human orders for no matter what adults may wish, death goes on happening and children are regularly involved. A pet dies, children see news of disasters in the mass media, a child's grandmother dies, the school bus passes an obviously fatal accident, and so on. Statistics of death rates indicate that in a school of 600 students, about four students per year will experience the death of a parent, and every second or third year a student in that school will die (from U. S. Bureau of the Census figures in Statistical Abstract of the United States, 1977).

Experience with death seems to have an influence on one's attitudes toward future death experiences, depending on the meaning brought to the first situation (Lester, 1967a). There is much evidence of "mismanaged" response to death in America today which suggests that such meanings may be problematic. For example, it seems that among children fear of bodily injury, physical danger and death are widespread, frequent (Joseph, 1974) and growing in frequency (Bauer, 1974). Such fear seems to be part of the complicated picture of violence and man-made disasters in the second half of the Twentieth Century. There is also a trend in this country to view death as an external phenomenon, as the enemy "out there" (Kastenbaum & Aisenberg, 1972). This attitude sparks retaliation-- "I'll get you before you get me"-- and is hypothesized to be one of the influences which encourage suicide and other forms of self-destructive behavior, such as environmental pollution, war and violent crime (Feifel, 1971; 1977a; Kastenbaum & Aisenberg, 1972; Leviton, 1977). Suicide is becoming more critical as a cause of death among adolescent and college age populations (Sartore, 1976). While it is not common among preadolescents, suicide does happen, and seems to be increasing in frequency even among children under twelve (Kastenbaum & Aisenberg, 1972; Paulson & Stone, 1974; Renshaw, 1974). A relationship also has been found between "inadequate" notions of death and suicidal thoughts (McIntire, Angle & Struempfer, 1972). The investigators found that children with most frequent thoughts of suicide were most likely to deny death as final.

This evidence suggests a critical need for more effective management of death situations involving children than the kind which has been common in the past. It is often within the province of the elementary

school teacher to be with a child who is confronting a question or problem situation related to death, a situation where a child sends out signals of curiosity, concern, or distress. Certain modes of response are considered most helpful to children who are attempting to cope with death in their lives. These include honestly giving information the child can understand, sharing one's own grief or experience of loss, and facilitating the child's expression of grief (Bernstein, 1977; Bertman, 1974; Crase & Crase, 1975; Nelson & Peterson, 1975). In order to provide helpful intervention to a child, three factors seem to be crucial. A teacher must (a) be aware of the child's needs, (b) be emotionally prepared and willing to intervene, and (c) know what to do (Hawener & Phillips, 1975; Ulin, 1977; Yudkin, 1968). Awareness, willingness and knowledge are then the three aspects of teacher readiness to intervene which are considered in this study.

Awareness

Kastenbaum's work (1974) indicates that many adults simply do not believe that children think about death. Such adults would not be likely to see that children are affected by death. There was evidence of this fact in the pilot study (Atkinson, 1977) where two or more teachers faced the same death-related situation in a school but only one of them reported that children were thus affected. It was assumed in the present study that a teacher's ability to recall actual death-related situations in the classroom might provide a measure of the adult's awareness of children being affected by death.

Willingness

A teacher may be aware of a situation, but feel unwilling or unable to initiate any helpful intervention because of the feelings evoked (Hawener, 1974). Attitudes toward death are assumed to be factors in one's willingness to intervene in death-related situations. Most death attitude instruments seek to measure fear or anxiety about aspects of death (Boyar, 1964; Collett & Lester, 1969; Dickstein, 1972; Nelson & Nelson, 1975; Templer, 1970). However, one's approach to death may include other feelings as well, neutral and favorable as well as negative (Hardt, 1974; 1975; Vernon, 1970; Weisman, 1972). One's point of view or attitude toward death is assumed to affect one's behavior, although research has not shown what point of view or attitude is associated with most helpful behavior.

Knowledge

Lack of knowledge of what may be helpful prevents some adults from effective intervention (Cruse & Cruse, 1976; Hawener, 1974; Ulin, 1977). In fact, no study has shown that any one way is always best. Nevertheless, guidelines have been established in the light of which judgements about the probable helpfulness of a response can be made (Bernstein, 1977; Clark, 1974; Clay, 1976; Kliman, 1968; Yudkin, 1968). One measure of teacher knowledge is self-report of what they actually remember doing in death-related situations. Further, it is assumed that given hypothetical situations related to death with which teachers might be confronted in the classroom, along with a variety of typical teacher responses, a measure of what they believe should be done can be obtained by their choice of response.

Definition of Terms

"Elementary school" in this study refers to grades kindergarten through six. Such children range in age from approximately five years to twelve years.

"Teachers" refers to any adult (age eighteen or above) who is engaged in any instructional capacity in the school. The subjects were part-time, substitute and itinerant, as well as full-time classroom personnel.

"Death-related situations" are those in which a child is overtly concerned with questions about death or with experiences involving death. Evidence of such situations included a child actually asking a question related to death, some sign of anxiety which the teacher's investigation linked to an experience with death, or a substantiated report that a child had suffered the loss of a loved person or significant being.

"Hypothetical situations" are five specific incidents based on real classroom events reported by teachers. The subjects were asked to respond to the situations by choosing from a number of possible interventions the one they believed to be most important.

"Attitude toward death" is defined as a point of view about the concept of death on a scale from very unfavorable to very favorable (Hardt, 1974).

Research Questions

This study attempted to answer questions about four aspects of death-related behavior outlined previously, that is, (a) teacher attitudes toward death, (b) teacher awareness of death-related situations, (c) teacher mode of intervention in real death-related incidents,

and (d) teacher choice of response in hypothetical death-related situations.

Teacher attitudes toward death were the focus of the question:

1. What was the point of view with regard to death reported by teachers?

Teacher awareness of death-related situations was the focus of the following questions:

2. What situations related to death were recalled by teachers?

3. Are there relationships between the reported recall of death situations and teacher attitudes toward death?

Teacher mode of intervention in real death-related incidents was the focus of these questions:

4. What responses to incidents which they recalled did teachers report?

5. How effective were teacher responses to the real incidents?

6. Are there any relationships between reported responses and attitudes toward death?

Teacher choice of response to hypothetical death-related situations was the focus of these questions:

7. What responses did teachers choose for the hypothetical death-related situations?

8. How effective were teacher choices of response to the hypothetical situations?

9. How do their choices of response to hypothetical situations compare with their reported responses to real situations?

10. Are there any relationships between choices of response in the hypothetical situations and attitudes toward death?

11. Are there identifiable factors (age, race, marital status, education, exposure to guidance or counseling education or death education, years of teaching, professional role, school system in which they teach, age of children they teach, belief in afterlife, attitude toward death and recall of death-related incidents) which characterize teachers in their choices of response to the hypothetical situations?

CHAPTER TWO
REVIEW OF RELATED LITERATURE

This chapter reviews the literature relevant to the study. The review is divided into topic areas as follows:

1. Children and death education. This section includes:
(a) rationale for death education, (b) development of the concept of death, and (c) children's reactions to death.
2. Teacher attitudes and behaviors concerning death. Included are:
(a) teacher attitudes toward death, and (b) helpful teacher behaviors in death-related situations.
3. Measurement of death attitudes and behaviors. This part includes: (a) variables related to death attitudes, and (b) instrumentation.

Children and Death Education

Rationale for Death Education

→ Evidence is growing that death is a matter of great interest in the United States today. As an academic field death education had its origins in the early 1960's (Pine, 1977) about the time Jessica Mitford was writing her best seller, The American Way of Death (1963). The year her book was published Robert Fulton taught the first regularly offered course in an American university whose focus was solely on death (Pine, 1977). Today more than 1,000 colleges and universities offer such a course (Wass, 1978).

Mass media carry feature-length and brief articles on attitudes and approaches to death (Faden, 1974; McCurdy, 1974; Shneidman, 1970a; 1971; Wilson, 1977; Woodward et al., 1978). Television documentaries (Roemer, 1976) and movies with death themes are becoming common. The public is interested--perhaps with a certain frightened fascination, but interested--indeed. For some, death awareness may be the new fad (Kastenbaum, 1977b).

If all this is happening, why is there concern about bringing death education into the elementary schools, where teachers are already burdened with a difficult task in trying to teach the basics? Three reasons may be given. First, modern American living does not readily allow for the informal learning of the birth-life-death cycle which was once more accessible to children. Wide use of hospitals and "retirement communities" diminishes the possibility that children will view the two ends of the life span (Berg & Daugherty, 1973). At the same time, distorted images of death are readily available in films and on television, while adults generally communicate by their silence on the topic an unwillingness or inability to provide a realistic picture (Kolls, 1977).

Secondly, there are indications of growing and mismanaged anxieties about death among children. Bauer's (1974) review of research on children's fears over a 40-year (1933-1973) period indicates increasing mention of bodily danger and death. Joseph (1974), after two years of intensive work with preschool children concluded that there was much fear and preoccupation with death expressed through their play and verbal interaction. Another sign of mismanaged attitudes toward death is an increasing incidence of suicide as a cause of death among the young (Sartore, 1976). In a study of suicides and suicide threats of

latency-age children, Paulson and Stone (1974) concluded that children need to be able to talk about their death wishes and fears.

Finally, death education is appropriate in schools because it generally fits the criteria for curricula as Berg and Daugherty (1973) describe them: the discipline has universality of application, intrinsic interest, intellectual challenge, personal and social relevance, and is preparatory for life. On this last point, a sober look at statistics reveals that kindergarten may be none too soon to help children learn to cope with loss and grief. The losses of toys, pets, friends, siblings and parents are increasingly painful realities and they affect all children at some time. (One marriage in three ends in divorce and one family in five moves each year (Bernstein, 1977)). Moreover, by the age of 18, about one person in 20 will have lost a parent through death (Bernstein, 1977; Fulton, 1977). Further, in low income families, more than five percent of kindergarten age children will have suffered the loss by death of at least one parent before beginning school (Kliman, 1968). In a school of 600 students, one child may be expected to die at least every third year and, on the average, four students each year will experience a parental death (from U. S. Bureau of the Census figures, 1977). These facts do not go away even if they are ignored.

Death education and counseling. Developmental counseling is strongly advocated in the role definition of the elementary school counselor (Dinkmeyer & Caldwell, 1970; Faust, 1968). Death education is viewed by many as preparation for life (Clay, 1976; Green & Irish, 1971; Nelson & Peterson, 1975; Ulin, 1977), and in that way its relationship to developmental counseling is obvious. Counselors have two important roles--consulting with adults and counseling with children--in which they need to be aware of the impact of death on children (Lamb & Deschenes, 1974).

Death seen as a fact of life can add a richness to one's view of existence as both fragile and precious (Feifel, 1977b; McLure, 1974). For children as for adults this realization grows gradually, through understanding one's experience. The teacher is in a position to be an effective mediator of such experience.

When developmental needs are not met, or crises arise, then interventive death education or counseling may be needed. Helping a child express sadness over a loss is an important way to prevent displaced grief (Clark, 1974) and forestall negative consequences in school adjustment as well as in the child's total development (Felner, Stolberg & Cowen, 1975).

Informal death education. Teachers are generally not trained death educators and at this time most public elementary schools are not embracing formal death education as a part of the stated curriculum. However, what may be termed "informal death education" is frequently both available and appropriate in schools. This can happen whenever a child has a question or concern related to death if the teacher is aware of it and able to meet the need effectively. The elementary school teacher's availability and importance in the life of a young child make this person a primary resource (Gordon, 1975). As Leviton (1977) advocates, death education should begin whenever the child in any way indicates an interest.

Development of the Concept of Death

Investigators have attempted to study conceptual development of the idea of death since the pioneering work of Anthony (1940) and of Nagy (1948). Vore (1974) offers one framework for understanding stages of

development based on the work of Erikson (1963) and of Piaget and Inhelder (1969). The first four of Erikson's eight "ages of man" with their counterpart concepts of death are: (a) basic trust (birth to two years)--no understanding of death; reaction to separation as loss of comfort; (b) autonomy (two to four years)--differentiation of self from others, anticipation and fear of loss; (c) initiative (four to six years)--being assertive and aggressive, the child views death as basically punishment, mutilation; and (d) industry (seven to adolescence)--concept of control is developing; distinction grows between being and not being, gradual realization of the permanence of death. Within this framework it is to be noted that ages are not absolutely fixed, but differ even as Piaget's own children, whom he first studied, could not be held as the general model for all children.

Clark (1974) states that concepts about death develop as maturation occurs in general intelligence, and that before the age of five death is understood as desertion; from five to nine death is viewed as a person; and from ten years onward it is seen as a permanent, biologic process. Wass (1976) explains further that "magical" thinking is characteristic of the first stage; that is, the child believes that wishing can make reality, and death is often seen as a long sleep. In the second stage this personified death is the horrible monster or the violent attacker. By the third stage the realization of universality and irreversibility has been achieved. Melear's (1973) interviews with children aged three to twelve yielded similar results, and Bauer's (1974) review of research on children's developing fears coincides with these same conceptual levels. Blubond-Langner (1977), from her work with terminally ill children, proposes a somewhat different theory. She says that "all ~

views of death (that is, death as separation, the result of intervention by a supernatural being, an irreversible process) are present at all stages of one's development. The particular view of death that a child presents at any one time reflects his or her social, psychological, and intellectual experiences and concerns at the time of the interaction," (p. 61).

In spite of the neat conceptual packages proposed, it is to be borne in mind that each person is an individual and children differ greatly both in their concept attainment and in their ability to express their concepts. Beauchamp (1974), in research with very young children, found that universality and irreversibility of death were understood by some five-year-olds. Bolduc's (1972) study with nine- to fourteen-year-olds revealed no single age significantly different from any other in level of cognitive development with regard to death. However, she found that children with experiences of death of a parent or sibling showed significant differences in their understanding of death when compared with those who had no such experience. The studies of Bolduc (1972) and of Moseley (1974) demonstrated that differential experiences were associated with different levels of concept development. Not only conceptual development, but coping ability as well, vary greatly from child to child (Felner, Stolberg & Cowen, 1975). Their reactions to experienced death will present a wide diversity, also.

Children's Reactions to Death

A child may initially encounter the idea of death in either a non-grief situation or in a grief situation, that is, when there has been an experience of personal loss. In a non-grief experience the child's first response to death, as to any new situation, is curiosity. Fear is

a learned response (Vernon, 1970) and children develop it by observing adult behavior (Gartley & Bernasconi, 1969). When the child's original matter-of-fact questions are answered with euphemisms or avoidance, mistaken notions can crop up and grow so that incomprehension leads to fear (Hawener & Phillips, 1975; Yudkin, 1968).

Grief, for both child and adult, means basically the same thing. A loss with several dimensions--physical, environmental, emotional and social--has occurred (Moss & Moss, 1973). The process of normal grieving has been described by several investigators. Lindemann's (1944) classic study found the steps to be: (a) de cathexis, i.e., emotional "letting go" of the deceased, (b) readjustment to life without the deceased, and (c) formation of new relationships. Grollman (1974a) lists the stages as (a) protest, (b) pain, despair and disorganization, and (c) hope and reorganization without the deceased. Clark (1974) adds to Grollman's stages a preliminary period of fright. As in the stages of dying which Kubler-Ross (1969) originally defined, it is clear that progress from stage to stage does not move smoothly and on schedule. Instead, there is often a need to backtrack and to rework stages. Throughout the process, many reactions may be evident: shock, somatic symptoms, denial, anger, guilt, depression, sadness (Bernstein, 1977; Plank, 1968).

Children's grief differs from adults'. To the experience of grief a child brings a vulnerability dependent on their maturational level which most adults do not have. For example, the child is more dependent even physically and economically on a deceased parent than an adult usually is. Besides, for most children until about the age of nine a clear understanding of time, and being able to envision a future when one has worked through and past the pain, are lacking or very limited (Bernstein, 1977; Formanek, 1974). Inability to adequately verbalize

what one is experiencing is an additional handicap for a child. Guilt, embarrassment and loneliness may grow as the child finds him/herself striking out at others, and even angry at the deceased on the one hand, or idealizing and imitating the deceased on the other. Miller's (1971) review of studies on children's reactions to object loss found almost universal agreement that children in grief at parental loss avoid both acceptance of parents' death and the need to make the necessary detachments for grief work to proceed. Hawener and Phillips (1975) concur, citing children's delay in accepting death as a common reaction, along with guilt, hostility and change in interests and activities.

Clark (1974) explains that some grief reactions may seem pathological and perhaps would be so diagnosed in an adult, but given the child's limitations as mentioned earlier, they are quite normal. The delay and apparent denial may really come from an internal wisdom: the child is putting off dealing with the separation until psychically stronger and more able to cope. Another frequent behavior of a child grieving or anxious about death is repetitive play (Bernstein, 1977; Clark, 1974), that is, acting out a loss or death situation over and over. The child may not be ready or able to talk about it, but is attempting to master what is happening and is using symbolic language to say so. The child who has reached the initiative, aggressive stage (about four to six years in Erikson's schema) is likely to experience death as a punishment, and so act in self-punishing ways to assuage feelings of guilt (Clark, 1974; Vore, 1974).

Long-term effects of bereavement. Much of what is said about bereavement applies equally to losses sustained through divorce or separation as well as death (Moss & Moss, 1973). Insel (1976) explains

what might be the long-term effects of dealing with a loss: "Adapting to the death of a loved one can be, and often is, an integrating experience for the survivor. . . . New perspectives can be facilitated involving a more realistic comprehension of one's mortality, a recognition of one's ability to endure the pain of such a loss, and a strengthened capacity to embrace what life has to offer," (p. 129). How much of this integration can be achieved by a particular child is very difficult to know and, as in any personal crisis, the resulting change may be either negative or positive.

Lasting depression often plagues the bereaved person who does not express grief. Such depression can have many rather immediate manifestations, such as academic failure, delinquency, withdrawal, fear of being alone, or unwillingness to make friends (Bernstein, 1977; Bendicksen & Fulton, 1976). Over a longer period of time childhood bereavement has been found to be associated with adult depression and with higher rates of major illness and extreme emotional distress (Bendicksen & Fulton, 1976). Even so, the death of a parent seems to carry less likelihood of long-term scarring than parental divorce or separation. In the latter instances the child's feelings of guilt are less likely to be resolved; the conflict of divorce is less likely to be untangled. Bendicksen and Fulton's study just cited found that fear of death, as one aspect of general anxiety, was higher among children of divorced or separated parents than among bereaved children or children whose families were intact.

With all the research that has been done on effects of bereavement, none seems to have investigated the effects of intervention with bereaved children on later adjustment. Therefore, the beneficial effects of positive intervention are assumed but not provable at this time.

Teachers' Attitudes and Behaviors Concerning Death

Teachers' Attitudes Toward Death

Attitudes toward death in American society have been the subject of much interest and research during the past 20 years. Avoidance of the topic of death has been noted in the behavior of parent toward child (Becker & Margolin, 1967; Kolls, 1977), of doctor toward patient (Kubler-Ross, 1969), and of many healthy persons in their speech and behavior with regard to terminal illness and funerals. Direct speech is viewed as an obscenity (Gorer, 1965), interaction with the dying carries a stigma (Posner, 1976) and death is therefore disguised, unspoken, treated like a communicable disease (Fulton, 1976a). Only uninfluenced children (Gartley & Bernasconi, 1969; Lester, 1967a) and the terminally ill (Kubler-Ross, 1969) seem eager to speak about it.

Only two studies seem to have been done to measure teacher attitudes toward death. Hawener (1974) found that kindergarten teacher candidates considered death very removed from themselves and not likely to be faced in classroom situations. The subjects' attitudes toward death of self were generally unrelated to their perceived behavior in classroom death incidents. Elementary school teachers in the pilot study (Atkinson, 1977) provided some evidence that teachers' awareness of children's death concerns may have a relationship to their point of view with regard to death. Those with more favorable views of death were more likely to recall incidents in which children had been affected by death. More extensive classroom experience and increased age may be factors which differentiate the attitudes and awareness of these teachers from the teacher candidates in Hawener's (1974) study. Data from the pilot study showed an average death attitude score significantly more favorable for

the teachers than for the Midwestern sample of adolescents and young adults in Hardt's (1974) study. Further research on teacher attitudes was recommended in the discussion of Eldredge's (1975) study of college age students and Bell (1975) advised investigation of the relationship between attitudes and behaviors related to death.

Several studies of death attitudes have been done which included helping professionals other than teachers. As mentioned above, Kubler-Ross (1969) found strong tendencies to denial among doctors, and Feifel (1977a) reports above-average fear of death among helping professionals, especially psychologists, clergy, nurses and physicians. In another study (Fleming, 1976) nurses' death anxiety was found to be an influence in treatment of dying patients. Crosbie and Garlie (1976) report that young nursing trainees are more accepting of death than older counselors, teachers, doctors, clergy and social workers. Kapiloff and Brown (1976) compared social workers' fear of death and dying with that of physicians, nurses, clergy and graduate students (as a lay group). There were no differences between the social workers and any other group except the clergy.

Feifel's (1977b) research found an ambivalence toward death underneath a surface acceptance. That is, people who reported that they were not afraid of death on a conscious level often demonstrated mixed feelings about it at a fantasy level. Expression of fear of death seems to be viewed as neurotic in American society (Fulton, 1976b; Kastenbaum, 1977a; Kastenbaum & Aisenberg, 1972) since personal freedom and independence are idealized. Therefore, unwillingness to express concern about death may be an unwillingness to acknowledge a failure in self-sufficiency (Dickstein, 1972). The high enrollment in death education courses where

they are offered and the results of studies such as Griffith's (1975) and Schneidman's (1970b; 1971) suggest that many people do want the opportunity to gain information and to discuss their feelings about death.

Helpful Teacher Behaviors in Death-Related Situations

Two important prerequisites for teachers who would help children in death-related situations are reiterated by many writers. They are: (a) personally facing one's own attitudes toward death and (b) knowledge of children's needs. The teacher is advised to work through personal taboos and fears before trying to help children work with theirs (Berg, 1973; Feifel, 1974a; Galen, 1972; Nelson & Peterson, 1975; Ulin, 1977). Self-knowledge is a basic requirement and can be gained by clarifying and acknowledging one's own attitudes, feelings, values and beliefs about death (Cruse & Cruse, 1976; Formanek, 1974; Hawener & Phillips, 1975). With this knowledge it may be that a teacher will recognize that someone else needs to be the death educator. Leviton (1977) believes that not everyone can do this sensitive and important task well.

The next step after self-knowledge is knowledge of children: their needs, their developing concepts, their possible grief reactions, their signals of interest or distress, their individuality (Bernstein, 1977; Grollman, 1974a; Hawener & Phillips, 1975; Yudkin, 1968). It is important to know what is "normal" for a child as well as what one as a teacher is capable of doing.

Helpful Teacher Intervention

Research in instruction indicates that children's learning is facilitated when teacher criticism is low (Dunkin & Biddle, 1974). Wittmer and Myrick (1974), from their review of teacher interaction

studies, present a continuum of facilitative teacher responses, with acceptance of children's feelings at the most positive end. Both these sources seem to conclude that accepting the child as she/he is, is the most helpful teacher behavior. The primary interventions endorsed for working with children in death-related situations concur with this view. The most helpful teacher behaviors are sensitive presence, listening to the child's verbal and nonverbal signals of distress (Bernstein, 1977; Crase & Crase, 1976; Yudkin, 1968) and skillfully facilitating expression of questions, fears, or grief (Bertman, 1974; Nelson & Peterson, 1975). The adult needs to be aware of four aspects of communication about death with children: (a) be honest, (b) understand what the child is asking or saying, (c) speak in terms the child can understand, and (d) avoid the denial of the child's rights to perceptions and feelings (Bernstein, 1977; Crase & Crase, 1976; Formanek, 1974; Galen, 1972).

Bernstein (1977) points out specific intervention appropriate to different stages of the child's grief. First, when the child is testing and accepting the reality of death, adults can appropriately share their own feelings of loss to encourage the child's comprehension. Then when the child is trying to work over and let go of memories of the deceased, the teacher can help the child talk about the good and bad alike in the lost object to prevent a distorted idealization. Finally, when the child is beginning to develop substitute relationships, the teacher may become an important surrogate. The most important thing the teacher can do is to let the child know, in any way the adult can, that expressions of feeling, especially of grief, are appropriate.

Other behaviors which may be helpful are providing books as bibliotherapy for children when they feel ready to use them (Bernstein, 1977)

and involving parents in a team effort or through informational consulting (Grollman, 1974a). If facing and talking about death is painful for child or adult, it is less painful and frightening for the child than not talking about it (Clay, 1976; Koocher, 1974). The teacher behaviors least likely to help children are avoidance, denial, and using explanations which distort or confuse the reality of death for the child (Clark, 1974; Jackson, 1973; Mitchell, 1967; Nelson & Peterson, 1975).

Measurement of Death Attitudes and Behaviors

Variables Related to Death Attitudes

Lester (1967a) reviewed more than 50 research studies on fear of death and concluded that "within a single group [such as college students, normal adults, psychiatric elderly persons], demographic variables have little effect on death attitudes. Age will obviously affect attitudes until mental development is complete. Thereafter, it would seem that personality factors and life experiences are the important determinants of the fear of death," (p. 31). He based these conclusions chiefly on five 1961 studies which, of the 50, he considered most adequately designed (i.e., the work of Christ, Corey, Jeffers & his associates, Rhudick & Dibner, and Swenson). Kastenbaum and Aisenberg (1972) agree that maturation and earlier experience have more influence on death attitude than mere demographic factors. More recent studies tend to confirm these conclusions, although some other trends have been reported, such as those discussed below.

Hardt (1975) found that age, sex, and social position have little effect on one's attitude toward death. In his sample of 13- to 26-year-old subjects he found small increases in positive attitude toward death with increasing age, but these were not significant.

Differences between death concerns of men and women were found in studies by Carson (1974) and Dickstein (1972), but these were neither significant nor consistent. Concern about death seems to manifest itself through different preoccupations for each sex.

Exposure to higher levels of education seems to be related to decreasing fear of death (Berman & Hays, 1973; Wass & Sisler, 1978), and high emphasis on theoretical values has been found to relate to lower death concern (Dickstein, 1972).

Ethnicity as a variable in death fear has been examined in few studies. However, there is some evidence that Black Americans differ from other minorities and from white Americans in their attitudes (Balkin, Epstein, & Bush, 1976; Fields, 1976; Reynolds & Kalish, 1974). Fear of death has not been shown to have greater or less intensity, but seems to elicit different responses.

Evidence of the part which religion plays in death concern is often contradictory and confusing. From his review of research, Feifel (1974b) states that positive, negative and no relation have all been reported between religious practice or belief and fear of death. In his own (1974b) research he found no differences in death fear between strongly religious and non-religious subjects in a study which employed several different measures and included both healthy and terminally ill subjects. Lester's (1967a) summary of 12 studies' results concluded that adherence to a given religion does not determine how great one's death fear is. Rather, the tenets of a particular religion may serve to channel the fear onto specific problems emphasized by that religion. More recent studies add to the ambiguous picture. Kaller (1975) found that increased religious activity has a positive role in reduction of death fear and

anxiety. On the other hand, Wass and Sisler (1978) found that greater death fear was associated with belief in life after death. One of the elements of confusion in the results of such studies seems to be whether one measures consciousness of death as an aspect of fear. Religious persons are more likely than non-religious subjects to be aware of their death anxieties, since they are more likely to hear and think about death in their places of worship.

Finally, a higher purpose in life has been found to correlate with lower death fear (Durlak, 1972). In support of this finding, Goodman (1975) reported lower death fear among accomplished scientists and artists than among less creative individuals, indicating that a more fulfilled life reduces death fear.

Instrumentation

Three general types of measures have been used in studies about death concern (Lester, 1967a). These include (a) projective techniques, such as the Thematic Apperception Test and sentence completion, (b) the galvanic skin response (GSR) or psychogalvanic response (PGR) technique, which measures physiological response to death-related words, and (c) direct self-report methods, such as questionnaires, interviews, rating scales and checklists. Projective techniques assume that unconscious motivation underlying attitudes can be deduced from stories or fantasies in response to stimuli such as pictures or words. They require extensive interpretation based on theories of unconscious expression. The GSR technique assumes that underlying fear or anxiety can be inferred from the measurement of physiological response. It has not been used extensively and is less popular now than 20 years ago. This may reflect a changing approach to the study of human subjects.

Direct methods assume that attitudes can be reported honestly by subjects. They do not attempt to account for motivations such as social desirability, although the arrangement of items can be designed to counteract their influence. Over the past nineteen years six instruments of the direct self-report type have been developed whose reliability and validity are clearly demonstrated. These were developed by Sarnoff and Corwin (1959), Boyar (1964), Lester (1966, cited in Lester, 1967a), Templer (1970), Dickstein (1972), and Hardt (1974). The instruments used in this study are of the direct type and are described in the following chapter.

CHAPTER THREE

METHODOLOGY

The purpose of this exploratory study was to gather information about the readiness of a population of teachers to intervene with elementary age children in death-related situations. The approach was descriptive, employing survey instruments. Research on teacher behavior and attitudes toward death has been strongly recommended (Bell, 1975; Eldredge, 1975) but is almost nonexistent, the exceptions being Hawener's (1974) research and the pilot project for this study (Atkinson, 1977). The pilot study provided evidence that actual classroom experience may be related to more helpful intervention, and that there may be relationships between some other sets of variables, particularly between attitudes toward death and awareness of children's death-related concerns. The pilot study also tested the format and contents of the instruments which were used in this study.

Teacher readiness to provide positive intervention was examined under four aspects:

1. What teachers' attitudes toward death are;
2. Whether teachers are aware of death-related situations affecting children and whether their awareness is related to their attitudes toward death;
3. What kinds of responses teachers report making in real school situations related to death;

4. What kinds of responses teachers choose for hypothetical death-related situations.

Research Questions Operationally Defined

Eleven research questions investigated the four aspects of teacher readiness just cited.

Teacher attitudes toward death were investigated through the question:

1. What is the point of view of teachers with regard to death on a scale from unfavorable to favorable?

Teacher awareness of death-related situations was investigated through these questions:

2. What situations related to death are recalled by teachers?

3. Is there a difference in the rate of recall reported for the death-related incidents between groups of teachers with more favorable and less favorable attitudes toward death?

Teacher responses to real incidents were investigated through these questions:

4. What responses to incidents which they recall do teachers report?

5. On a scale of intervention effectiveness how do teachers' reported responses to real incidents rate?

6. Are there relationships between the reported responses of teachers to real incidents and their attitudes toward death as regards effectiveness?

Teacher choices of response to the hypothetical death-related situations were investigated through these questions:

7. What responses do teachers choose for the hypothetical death-related situations?

8. On a scale of intervention effectiveness, how helpful are teacher choices of response to the hypothetical situations?

9. How do their choices of response to hypothetical situations compare with their reported responses to real incidents?

10. Are there any relationships between teachers' choices of responses to the hypothetical situations and their attitudes toward death?

11. Are there identifiable factors (age, sex, race, marital status, education, years of teaching and system in which they teach, professional role, age of children they teach, exposure to death education or counseling courses, belief in life after death, attitude toward death and recall of death-related situations) which characterize teachers in their choice of responses to the hypothetical situations?

Sample

The population under study was elementary school teachers in metropolitan New Orleans. They are about 90% female, 66% Caucasian, 32% Black, and 2% Hispanic (U. S. Bureau of the Census, 1970 and 1977-78 figures for Orleans Parish, Jefferson Parish, and New Orleans Archdiocese).

By ethnic and sex ratios the teachers in the standard metropolitan statistical area (SMSA) were similar to such SMSA populations as Memphis and Charleston. The combined Orleans/Jefferson parish school systems were similar to the large public school systems in Detroit, Memphis, Chicago, Cleveland, and Houston in terms of race and sex ratios (see Appendix D for further comparisons).

The subjects were drawn from the three major school systems in the metropolitan area: Orleans Parish, Jefferson Parish, and the New Orleans Archdiocese (Roman Catholic), which is contiguous with both Orleans and Jefferson civil parishes. The principals of one or more schools from the entire range of postal code areas in each system were contacted for inclusion in the study. About 90 principals (representing 22% of the

schools) were contacted and permission was received from 65. Actual returns were received from 61 schools, representing 15% of the area public schools and 18% of area non-public schools. (See Appendix D for schools included and number of teachers from each school who returned surveys.)

Six hundred fifty-five completed surveys were returned from about 1100 teachers who were offered the opportunity to participate in the study. In order to insure a sample accurately reflecting the population, returns were categorized by subjects' school system, sex and race. Prior to conducting the study it was determined that the sample on which results would be based should include no less than 80% of the population ratios on these three characteristics, and no more than 120%. (For example, 32.4% of the teachers in the population work in nonpublic schools, the sample should contain no less than 25.9% and no more than 38.9% of subjects from this school system.) The number of surveys to be used was reduced to 605 to meet this criterion. (See Appendix D for actual percentages of the population and the sample.)

Instruments and Procedures

The survey employed instruments to measure the four aspects of readiness identified as pertinent to teacher intervention in death-related situations, that is, (a) attitudes toward death, (b) recall of real incidents, (c) modes of response to real situations, and (d) choice of response to hypothetical situations. In addition, personal data was collected to provide a description of the sample.

Attitudes Toward Death

Attitude toward death was assessed as a point of view about death on a continuum of very unfavorable to very favorable. The Hardt Scale (1974; 1975) was used for this purpose (see Appendix C). This scale was developed to measure a conscious orientation to the concept of death, which may include positive aspects (e. g., comfort, satisfaction) as well as negative ones (fear, hatred) (Vernon, 1970; Weisman, 1972). Earlier instruments have attempted to measure primarily negative attitudes toward death, such as fear (Boyar, 1967; Lester, 1967a; Sarnoff & Corwin, 1959), anxiety (Templer, 1970); and concern (Dickstein, 1972).

The scale contains a list of 20 statements of attitudes about death ranging from very unfavorable to very favorable. The scores range from 1.1 to 4.9 in intervals of 0.2. Respondents mark each statement with which they agree, and the values associated with the statements marked are averaged to give a single value. Hardt (1975) states that scores in the extreme range at either end might be of particular interest, but he encourages other researchers to determine what the range for extreme scores might be.

Hardt's instrument was first used with 692 subjects aged 13 to 26 from southern Illinois (Hardt, 1975). They included a balance of males and females and drew from lower to upper socioeconomic groups. The mean score obtained was 2.93 with a standard deviation of 0.57. In its development Hardt's scale was found to be reliable (split-half coefficient = 0.87) and valid (Hardt, 1974). Concurrent validity (0.84) was established by comparing scores of ministers on Ferguson's Religionism Scale with those on his scale. Construct validity (0.98) was based on the judgment

of 20 professionals in death research and on a measure of death attitude change due to a program on death and dying. Two tests of readability were applied which established sixth grade reading level and highly interesting presentation.

The scale was used again (Hardt, 1976) with 86 college students, ranging in age from 18 to 27, three-fourths of whom were female. It was administered twice to this group to measure a change in attitudes toward death as a result of a death education course. Watts (1977) used the scale to measure such change with a sample of 39 experimental and 40 control subjects who were enrolled in a health education course at a Midwestern university. A unit in death education was included in the course for the experimental group. Mean age was about 20 years and the subjects were equally balanced between males and females. In the pilot study (Atkinson, 1977) 70 female subjects, with a mean age of 35.6 years responded to the Hardt Scale, receiving scores which ranged from 1.70 to 4.30 with a mean of 3.13 and standard deviation of 0.50.

Recall

Three questions (see Appendix C) asked teachers to try to recall incidents in which children were affected by death or asked a question directly related to it. For example, the first question read, "Can you remember any time during the past 12 months when a student with whom you worked was affected by a death?" The options "Yes" and "No" were given and the subjects who answered "Yes" were then asked to explain what happened and what they did.

Recall was indicated by a teacher's affirmative response to one or more of the three questions. Results from the pilot study seemed to suggest that recall of incidents was related to attitudes toward death.

Modes of Response

The 217 subjects who reported recall of death-related incidents affecting children provided data on modes of response. Teachers recalling such situations were asked to tell what happened and what they did.

Values in terms of probable effectiveness were assigned to the responses by four raters working independently. The ratings were based on a continuum of categories developed by Hawener (1974). The categories are (1) extreme avoidance, (2) postponement, (3) acknowledgement, (4) acceptance with reservation, and (5) acceptance. The meaning for each category was extended somewhat beyond Hawener's descriptions to include helpful intervention practices advocated in the counseling literature (see Appendix B for further explanation).

An interrater reliability for each of the three recall questions was determined by using the Spearman-Brown formula (Tinsley & Weiss, 1975), averaging the pairwise correlations. The reliability ratings were: 0.685 for Question One, 0.595 for Question Two, and 0.367 for Question Three.

Choice of Response

Five hypothetical incidents related to death which a teacher might encounter in an elementary school classroom were provided as stimulus situations (see Appendix C). For example, Situation Two reads, "A student in your class has been killed. You are meeting with the class for the first time since it happened. You would . . ." The possible responses are: (a) "wait until one of the children brings up the subject," (b) "explain to the class that everyone dies," (c) "explain what happened, according to the children's ability to understand," (d) "encourage the children to accept the child's death by sharing your own convictions about

life after death," (e) "mention the death briefly, but don't dwell on it; continue with the lesson as usual," (f) "let the class have an open discussion, talking freely about the student, life, and death,"

(g) "encourage expression of feelings by the students and share your own sorrow," (h) "help the students concretize their feelings in some way, according to their ability (for example, a classroom memorial)."

Both the incidents and responses (from seven to nine for each incident) were taken from the responses of teachers in the pilot study (Atkinson, 1977). Each of the choices was assigned a value on the scale of relative effectiveness used to rate the teachers' responses to real situations. The assigned values have an intraclass interrater reliability of 0.87 based on the judgements of three raters with graduate degrees and experience in death education and counseling.

Since children's needs vary greatly, the actual responses are of more importance than the values. For example, in the incident just cited two different responses are considered "acceptance with reservation" and rated "4". These are: (d) "encourage the children to accept the child's death by sharing your own convictions about life after death," and (h) "help the students concretize their feelings in some way, according to their ability (for example, a classroom memorial)." These two responses may be quite different in what they convey, even though they fit the same category.

Demographic and Professional Data and Personal Belief

A personal data sheet (see Appendix C) included twelve items which have been identified as important in the pilot study and in the related literature.

Age, sex, ethnic identity, marital status and school system were included to provide a description of the sample and to determine how representative it is of the population. There is also some evidence that ethnic identity may be a factor in attitudes toward death and related behavior (Balkin, Epstein, & Bush, 1976; Fields, 1976; Reynolds & Kalish, 1974). Higher education has been found to relate to less anxiety about death (Berman & Hays, 1973; Riley, 1970; Wass & Sisler, 1978). For this reason level of education was also included, although there may not have been a large enough difference in education among the subjects for this effect to be evident.

Three questions sought to establish teacher role identification. These were length of time as an elementary teacher, primary professional role, and age of children the subject is presently teaching. Two questions were designed to determine formal exposure to guidance or death education practices.

Finally, there was a question on belief in life after death. The relationship between religious identification or activity and death concern is not at all clear. Research results have indicated contradictory conclusions (Bendiksen, 1976; Feifel, 1974b). However, establishing a conviction about whether there is a life after death, and what that conviction is, seem to be factors in higher or lower death anxiety (Wass & Scott, 1977). This belief may also be an important determinant of teacher response to children coping with death.

Procedures

The instruments were arranged in packets, the five pages stapled together in the following sequence: first, the personal data sheet; second, the hypothetical death-related situations (two and one-half

pages) followed by the three recall questions; and finally, the Hardt Scale. Two copies of an "Informed Consent Form" (see Appendix C) were in the packets as well. A copy of the Informed Consent Form, returned unattached to the rest of the material, was the only paper identified by name. The packets were distributed to entire faculties in each of the sample schools. A contact person in each school distributed and collected the instruments, giving the teachers from three days to three weeks to complete them. The contact person attempted to find out reasons and reported them in those cases where teachers who were given the opportunity did not participate (see Appendix C). The directions on the instruments were self-explanatory and required no special interpretation, as experience in the pilot study indicated.

Data Analysis

Statistical analyses were employed in the investigation of the following eight research questions:

(1) What is the point of view of teachers with regard to death on a scale of unfavorable to favorable? The mean score and standard deviation for the Hardt Scale scores of the entire sample was obtained.

(2) Is there a difference in attitudes toward death between those teachers who recall death-related situations and those who do not? Subjects were divided into quartiles on the basis of the Hardt Scale scores. The highest and lowest quartile groups were compared as to whether or not they recalled death-related situations. The chi-square statistic was used, with a 0.05 alpha level established for significance (Siegel, 1956).

(3) On a scale of intervention effectiveness, how helpful are teacher reported responses to real incidents? The mean score and

standard deviation of effectiveness ratings were obtained on each of the three questions for the sample responding affirmatively to this section.

(4) Are there relationships between the responses to real incidents and teacher attitudes toward death? Subjects were divided into quartiles on the basis of the Hardt Scale scores and according to the effectiveness ratings for their responses to each of the three kinds of incidents (with a child, with a class, and a question). The chi-square test was applied three times, with a 0.05 level established for significance.

(5) On a scale of intervention effectiveness, how helpful are teacher choices of response to the hypothetical situations? The mean score and standard deviation for the effectiveness ratings were obtained for the entire sample for each of the five incidents.

(6) How do their choices of response to hypothetical situations compare with their reported responses to real incidents? The subjects' scores on each of the five incidents were correlated with their scores on each of the reported responses to real incidents, using the Pearson product-moment coefficient of correlation and a two-tail t-test (Kerlinger, 1973; Nie, et al., 1975).

(7) Are there any relationships between choices of response to the hypothetical death-related situations and teacher attitudes toward death? Subjects were divided into quartiles on the basis of Hardt Scale scores. The four groups were compared on the value (from 1 to 5) of their choice of response to the incident under study. The chi-square statistic was used with a 0.05 level established for significance. Each of the five incidents was treated separately so that the test was applied five times.

(8) Are there identifiable factors which characterize teachers in their choice of response to the hypothetical situations? Personal data,

attitudes and recall rates were treated as independent variables and the response effectiveness values, which are continuous, as the dependent variable. The personal data of interest included age, sex, race, marital status, education, years of teaching and system in which they teach, professional role, age of children they teach, exposure to death education or counseling courses, and belief in life after death. Multiple regression analysis was employed for each of the five situations, and a Pearson product-moment coefficient of correlation was obtained for each variable in each situation. A two-tail t-test was applied (Kerlinger, 1973; Nie et al., 1975).

A narrative presentation in the following chapter describes the results of the following three questions:

What situations related to death are recalled by teachers?

What responses to incidents which they recall do teachers report?

What responses do teachers choose for the hypothetical death-related situations?

Limitations

There are a number of limitations to this study which must be mentioned along with steps taken to minimize their effects.

Self-Selection

The study was limited by the self-selection of both the principal of the school and the individual subjects. Resampling was done in geographic areas where principal's permission was not obtained at first. Early contact with the administrators sought to avoid times of additional stress or work in the school, although these could not be predicted entirely. Many individual subjects simply did not respond to the

questionnaire, and in these cases the contact person in the school was asked to complete a paper citing the number of nonrespondents and reasons given for not participating (see Appendix C).

Sample

The study was limited in its scope by concentrating on one Southern metropolitan area. The results will not necessarily be applicable to all other geographic areas or cities. However, there are few "typical" metropolitan areas and New Orleans is quite similar to several others, such as Atlanta, Memphis and Charleston (see Appendix D for further comparisons). On the other hand, research in thanatology with Black populations has been extremely limited. This study gathered data from a substantial number of both Black and nonBlack subjects.

One Method

The fact that only self-report, paper-and-pencil instruments were used is a disadvantage because it does not allow further exploration of subjects' feelings or possible alternative responses to the situations. This limitation is compensated for in part by the means used to develop the instruments (see Appendix A). The large number of individuals whom the study reached has provided a volume of information which would not have been obtainable by some other means. For example, an interview approach would have given greater depth of information, but it would have demanded much more time of the subjects and the self-selection process would have excluded all except highly motivated persons. Then one would have lost information from subjects minimally interested in participation, who are likely to make up a large percentage of the population.

Difficulties Related to Measurement of Death Attitudes

Attitudes of any kind are difficult to assess. In the case of attitudes toward death there is not yet a clear norm for deciding what is a "healthy" or "good" attitude. The instrument chosen for this study was carefully selected from among those available with demonstrated reliability and validity. The construct which the Hardt Scale attempts to measure (i.e., point of view with regard to death) differs from other such instruments, which attempt to measure only fear, anxiety or concern. The instrument chosen acknowledges a range of favorable as well as unfavorable points of view. This appears compatible with the orientation of the population under study, the majority of whom profess religious affiliation (Official Catholic Directory, 1977). Clearly the instrument does not measure many factors which have been identified in the literature as components of death attitudes and concerns. It does, however, focus on a dimension which seems likely to have a bearing on how teachers respond to children who are concerned with death.

Variance in Teacher Behavior

There is no absolute assurance that a certain type of teacher response is most helpful to all students at a given time. Teachers, students and situations all vary too much to make such an assumption. In fact, the same type of behavior is not even possible for the same teacher at different times. Teacher responses are likely to be affected by the adult's own experience of grief or other loss, for example. Attempts to understand helpful teacher behaviors in death-related situations with children must then be viewed with some caution.

CHAPTER FOUR

RESULTS

This chapter presents the outcomes of a descriptive study of elementary school teachers' attitudes and behaviors in death-related situations. The results are organized under four headings: (a) teachers' attitudes toward death, (b) teachers' awareness of death-related situations, (c) teachers' modes of response to real situations, and (d) teachers' responses to hypothetical death-related situations.

Attitudes toward Death

The teachers' points of view with regard to death spanned almost the entire range of the Hardt Scale, from 1.20 to 4.90 (on a scale of 1.10 to 4.90). The mean score was 3.07 and the standard deviation 0.51. Table 1 presents the distribution of scores in intervals representative of each statement on the scale (e.g., 4.00-4.19 encompasses 4.10, which represents the statement, "The thought of death is comforting"). The highest score represents the view "The thought of death is a glorious thought," while a score of 1.20 represents an opinion somewhere between "The thought of death is outrageous," and "I hate the sound of the word death," (see Appendix C for more detail).

Awareness of Death-Related Situations

Two hundred seventeen of the 605 teachers reported one or more incidents in which children at school were affected by death. The

Table 1
Distribution of Hardt Scale Scores

Interval	Frequency	Percent	
4.80 - 4.90	2	0.3	
4.60 - 4.79	0	0.0	
4.40 - 4.59	0	0.0	
4.20 - 4.39	0	0.0	Quartile 4
4.00 - 4.19	15	2.5	
3.80 - 3.99	22	3.7	
3.60 - 3.79	38	6.5	
3.40 - 3.59	78	13.2	
3.20 - 3.39	108	18.3	
3.00 - 3.19	97	16.5	Quartile 3
2.80 - 2.99	80	13.6	Quartile 2
2.60 - 2.79	53	9.0	
2.40 - 2.59	30	5.1	
2.20 - 2.39	33	5.6	
2.00 - 2.19	13	2.2	
1.80 - 1.99	14	2.4	Quartile 1
1.60 - 1.79	4	0.7	
1.40 - 1.59	1	0.2	
1.20 - 1.39	1	0.2	
1.10 - 1.19	0	0.0	

Note. Sample size = 589.

teachers' responses to each of the three questions on this part of the survey are discussed separately below.

Situations Recalled

Question One. "Can you remember any time during the past 12 months when a student with whom you worked was affected by death?" One hundred eighty-seven teachers answered "Yes" to this question and 149 of them explained the circumstances. The situations which they reported are given in Table 2. Those described most often included a child's parent (mentioned 31.5% of the time) or grandparent (30.2%). In those 48 cases where the cause of death was included, violence (such as murder or suicide) was named most often (39.6% of the time). These violent deaths were reported by teachers in both public and parochial schools, from inner city and suburban areas.

Question Two. "Can you remember any time during the past 12 months when a group of students with whom you worked was affected by death?" Fifty-nine teachers answered this question affirmatively. Incidents mentioned most often involved the relative of a classmate (28.8%) and another child known to the class, but not a classmate (18.6%). A "famous person" was mentioned eight times and Elvis Presley was named in three of these situations. When a cause of death was given an accident was named most often (20.3% of the time) followed by violence (16.9%) (see Table 2 for complete listing).

Question Three. "Can you remember any time during the past 12 months when a student asked a question directly related to death?" Sixty-three teachers said "Yes" to this question although only 48 were able to relate the specific questions. Those questions recalled can be divided into four general categories based on their content. The children asked (a) what

Table 2

Summary of Death-Related Situations Recalled by Teachers

Situation	Frequency	%
Situations Involving One Child (n = 187)		
Loss:		
Parent	47	25.1
Grandparent	45	24.1
Sibling	8	4.3
Other relative	18	9.6
Friend or classmate	8	4.3
Other person	7	3.7
Pets or other animals	13	7.0
Fears about death	3	1.6
Not explained	38	20.3
Cause of Death:		
Murder, suicide or other violence	19	10.2
Accident	15	8.0
Disease	13	6.9
Old age	1	0.5
Not explained	139	74.3
Situations Involving a Group of Children (n = 59)		
Loss:		
Relative of a classmate	17	28.8
Child known to the class	11	18.6
Famous person	8	13.6
Classmate	3	5.1
Member of the school staff	3	5.1
Teacher's relative	2	3.4
Other person	5	8.5
Not explained	10	16.9
Cause of Death:		
Accident	12	20.3
Murder, suicide or other violence	10	16.9
Disease	2	3.4
Not explained	35	59.3

happens, (b) why death happens, (c) questions about fears, and (d) other information-seeking questions.

"What happens when you die?" was often asked directly and with variations. For example, "People go to heaven when they die, don't they?" "Don't the devil get you?" "Where do you go?" "Do pets go to heaven?" "Do you come back as something else?" "What happens to your body after it is buried?" "Where do suicides go when they die?" One teacher recalled that this last question sought more than information. The questioner's father had committed suicide. These "What?" questions were reported by teachers of all age groups (five- to seven-year-olds, seven- to nine-year-olds, and nine- to twelve-year-olds).

The "Why?" of death was reported as a concern of the older children. One child in the seven-to-nine age range asked, "Doesn't everyone die sometime?" and another remarked, "People are stupid to let themselves die!" The other questions were from the nine- to twelve-year-olds. Some examples are: "Why does God let us die if he loves us?" "Why do some die old and some younger?" "Why did Templeton [a storybook character] die?" "Why did my mother have to die?" "Do you always die in the hospital?" This last question, the teacher reported, was asked by a child whose father was hospitalized frequently.

Questions about fears were most often recalled by the teachers of the oldest group. Examples are: "Are you afraid of death?" "Are you afraid of dead people?" and questions about persons coming back from the dead. One girl expressed fear of her own death. A six-year-old, whom the teacher knew to have a brain tumor, asked, "Was Jesus afraid to die?"

Information questions reported by the teachers involved such things

as funerals, and in particular, the open casket; a former principal's death; the teacher's own experience of a relative's death; and beliefs about life after death in connection with the "King Tut" exhibit, which was in the city for several months of that school year. Sometimes such questions seemed to express more than their obvious content. One kindergarten child asked, "Did you know my grandfather died?"

In summary, these elementary school teachers recalled a variety of death-related incidents which had affected children. More dramatic (i.e., violent and sudden) deaths, and deaths of children's close family members were noted most frequently. Somewhat more of the incidents and questions recalled were reported by teachers of older children (nine- to twelve-year-olds) than by those of the younger groups, especially the five- to seven-year-olds. This may in part reflect the composition of the teacher sample: 24.5% taught five- to seven-year-olds, 21.5% taught seven- to nine-year-olds, and 35.7% taught the nine- to twelve-year-olds; the remaining 18.3% taught mixed age groups.

Death Attitude and Reported Recall

Is there a difference in attitudes toward death between those teachers who recall death-related situations and those who do not? To answer this question subjects were divided into quartiles on the basis of the Hardt Scale scores. The highest and lowest quartile groups were compared on the dichotomy of recall or no recall of death-related incidents (see Table 3). The chi-square test showed there was a difference between the groups at the 0.05 level of significance.

Modes of Response to Real Situations

The 217 teachers who recalled real classroom situations provided a broad range of responses to those situations, much as the teachers in

Table 3

Relationship Between Death Attitude and Reported Recall

Hardt Scale Scores by Quartiles	No Reported ^a Recall	Reported ^a Recall	Number of Reports
First Quartile (1.20 - 2.77)	100 (68.5)	46 (31.5)	146
Fourth Quartile (3.40 - 4.90)	86 (55.5)	69 (44.5)	155
	186	115	301

Chi-Square = 4.85*

^aNumbers in parentheses indicate percentage of reports in each quartile.

*
 $p < 0.05$

the pilot study (Atkinson, 1977) had done. The range of intervention behaviors are described below according to the effectiveness ratings assigned by averaging the scores of four raters. Within each category responses to each of the three types of situations (to an individual, to a group, and to a question) are described.

What Responses Do Teachers Make?

Extreme avoidance. The category of teacher behavior considered least helpful to children in grief situations is "extreme avoidance." This category indicates an unwillingness to acknowledge or do anything oneself about a death situation. The reality of death and the child's feelings about it are avoided. For the situations with individual children, teachers' responses of this type were such as: "I did nothing . . . ," "I took no direct action," "I didn't dwell on it," and "I never discussed it." The following are some examples in the context of the situations:

"A grandparent died. The child didn't seem upset at all. She merely said why she had been absent. I didn't dwell on it."

"A girl in my homeroom went home one afternoon to discover that her father had been killed as a result of a gun accident. T--- was absent for about two days. Although T--- and I never discussed it, I did have a talk with her mother. . . ."

"A girl student's father died. The child became very withdrawn. I had the child actively take part in class responsibilities plus had her do errands. . . ."

"A student's mother was violently stabbed to death in the presence of the child. The child was also badly stabbed but she lived. I explained to the class what happened and I instructed the children not

to discuss the matter with the child. . . ."

There was only one instance in which a teacher's response to a group affected by death was rated "extreme avoidance." The situation was not explained and the teacher merely stated, "I did not take any direct action in this situation." There were no such responses reported where a child asked a question about death.

In summary, the teachers' avoidance was most often noted with individual children suffering a loss, rather than with a group. Subjects reported doing nothing directly to deal with the death, doing things to distract the child, or talking with the class or another adult about the death, rather than with the child involved.

Postponement. In the category of "postponement" the teacher shows an awareness of the death situation and indicates a willingness to think about it with the intent to act upon it later. Postponement behavior with an individual student was expressed by teachers in words such as, "I waited until the child brought the subject up," "Fortunately . . . little discussion was necessary," and "I avoided the subject . . . and watched for symptoms of his feelings." Some situations described by the teachers follow:

"A child's mother died after a lengthy illness. When she returned to school I was more supportive--talked with her more, tried to make her feel secure--but I did not mention the death . . . I did not want to make her sad."

"A little boy in my room lost a baby sister. The baby died of crib death at about two months of age. I discussed the death with the class when the child was absent. I waited until the child brought the subject up before talking to him about it."

In a religion class a boy asked about where suicides go when they die. After the teacher's "theological" explanation the boy shrugged and said that his father had committed suicide. The teacher goes on to report, "I then told him that I would be willing to talk to him any time after class about it. . . . He never mentioned it again and I never pressed the subject."

In situations with a class affected by death, teacher postponement was not often reported and when it was, it was described as a reluctance to do anything unless required to. As one teacher said, "I spoke to them briefly but I dwelt upon the topic as little as possible." There were no instances reported where the teacher responded to a child's question with postponement.

In summary, situations where teacher intervention was labeled as postponement were those in which the teacher knew a death situation was affecting a child or group but was reluctant to initiate action. However, there was an awareness evident that intervention might be appropriate in the future.

Acknowledgement. The category of "acknowledgement" means that the teacher is aware that death has occurred and/or that feelings are aroused, but refers to death in other terms or does not talk about feelings directly. Recognition that death happens is expressed without saying it is a part of life or that the child's feelings are a natural response.

Acknowledgement of death with an individual student was expressed in words such as, "I expressed my sympathy to him in the presence of the class. . . ." "All I did was to express my sympathy and offer prayers," and "I expressed sorrow but did not dwell on the subject." Some situations where teachers elected to intervene in this way follow.

"A student's good friend was murdered. We only talked briefly about the situation. The child was in the sixth grade and could cope with the situation."

"One of my student's grandfather died. I expressed my sympathy to him and went on with work. He had no fears to deal with."

"I expressed my sorrow when the child returned. He was very casual, not reacting or saying much. But as weeks went on he was up-tight and reacted violently one day, turning over a desk." There is no further action reported on the part of the teacher.

Acknowledgement with a group was expressed in words such as, "We discussed safety rules," and "We talked about many ways that death may come." Some group situations in which the teacher's response was acknowledgement follow:

"There was a murder in the hallway in the housing project. [We had a] discussion of rules in school and society and the necessity for them, [as well as] consequences suffered by those who disregard rules."

The sister of a child in the class was killed by a car. The teacher wrote, "As a class we discussed the many ways which death may come--and we have no choice."

"In the case of Elvis Presley's death we talked about it in class--his death and reported possible causes. I answered questions that I could."

When teachers responded to children's questions with acknowledgement they said things like, "You shouldn't worry," or "It is God's will." For example:

A girl asked if her mother, who had died, would come back to her house. The teacher reported, "I told her that her mother's soul would

never die and that she should do her best to follow her mother's advice."

A student asked why his mother had to die. The teacher recalled, "I could only tell him, 'It was God's will' and that one day he would be reunited with her."

"He asked if I were afraid of death, and I explained briefly about heaven."

In summary, teachers' replies in the category of acknowledgement often avoided reference to feelings involved in death situations. Expressions of sympathy extended to individual children were rated in this category because they seemed to be nothing more than social amenities.

Acceptance with reservation. In the category "acceptance with reservation" the teacher recognizes death and some emotion connected with it in words or actions. The teacher is not entirely open to what death entails and/or to the child's frame of reference. The teachers said such things as, "You shouldn't be sad because your grandfather is happy now," and "Let's think of good things about your aunt." Some situations in which the teacher showed acceptance with reservation follow:

"A first grade child was hit by a[nother] child and died. Another first grader mentioned a month or so later that 'everyone has just forgotten' the dead child. I told her that no they hadn't forgotten but that they . . . just don't discuss it because it makes them sad, and they are calmed knowing he's with God."

"On the day he [the child's grandfather] died, the child came to school sad. We talked quietly (by ourselves) about the good things he could remember about grandfather. I encouraged the boy to think about these good things and how God wanted him home with him."

With groups of children the teachers used acceptance with reservation by talking about the universality of death without recognizing feelings openly, or by explaining death only in terms of the teacher's frame of reference. Some examples:

"One student was killed in a fire. . . . The class had a brief discussion about the incident and discussed their beliefs about death and how natural death was. Everybody has to face reality."

With regard to Elvis Presley's death, a teacher wrote, "I told the group it is a fact of life that no one lives forever. We usually think of older people dying but young can too. It doesn't do any good to worry about it for it is something we have no control over."

A neighborhood child known to several members of the class was killed. "I explained," wrote the teacher, "that though we couldn't understand why such things happen, we will all die some day and that death is the gateway to eternal happiness with God."

When the children asked questions about death the teachers' responses in this category tended to include honest information without helping the child deal with feelings fully, or the sharing of their own beliefs without acknowledging the possibility of other beliefs. For example:

"A student asked what happens to our body after it's buried. I answered that our body is like a protective covering for our soul. After we die it turns to ashes and our soul is free to go to heaven."

"A six-year-old, who has a brain tumor, asked me if Jesus was afraid to die. I explained as best I could that his Father was with Him and that helped the fears to go away."

"Why do some die old while others die relatively young? [I said that] God has a job for each to do during life. Once the job is finished He calls them home to reward them."

"The child stated he was afraid, in the house, of seeing the dead one. I told him that the one who was deceased loved him and would do him no harm only protect him."

In summary, teachers whose responses fit into this category took positive steps to intervene with the child or children, recognizing needs and attempting to soothe fears. The limitations which prevented their responses from being more effective chiefly involved trying to draw the child into the teacher's frame of reference without fully respecting and sounding out the child's.

Acceptance. In the final category, "acceptance," the teacher in words or actions accepts death as a part of life and the child's reactions and feelings are accepted as they are. With an individual child, the teachers took the initiative (e.g., "I spotted him before school sitting sadly on a bench. . . .") and helped the child deal with the grief by mutual expression of feelings and sharing experiences (e.g., in the death of a pet, "I offered sympathy, shared experiences, encouraged her to express her feelings"). One teacher summarized these kinds of responses in her reply:

"It's happened quite a few times this year. I listen and comfort them, basically. I respond according to what I feel they want or ask of me at the moment. If they want me to hold them I do, if they want me to talk about their feelings with them I do. . . . Basically I take the lead from them just trying to be present with warmth, support and affection. . . ."

With groups of children teachers in this intervention category helped them express feelings in a variety of ways and were willing to share their personal feelings with the group. For example:

"A young child was killed in an automobile accident. The students discussed the incident and told of their feelings about it. I told them my feelings also and how I see death."

"With sharing of our feelings, the group verbally expressed their views. I find any type of expressing--writing, painting, talking, crying, praying--very HEALTHY and don't believe in 'bottling up feeling.'"

Responses to questions related to death which were rated as acceptance gave direct information when it was solicited and drew the questioner on to expressions of feeling when this seemed appropriate. One teacher explained this type of response: "I gave them all the information I had--on their level, and said, 'I don't know' when I didn't. They shared their feelings and ideas."

In summary, teachers responding at this level of effectiveness exhibited a flexibility of approach and sensitivity to children's needs and views. They appeared willing and able to help children cope with loss in a therapeutic way.

Effectiveness of Responses to Recalled Situations

It was difficult to assess the true effectiveness of a teacher's response from the limited remarks given on many of the surveys. The four raters attempted to understand the climate of the situation described as they judged the responses according to the guidelines (see Appendix B). The raters were not always in agreement on values for particular responses. An average of the Spearman-Brown correlation coefficients obtained on all pairs of ratings (Nie, et al., 1975;

Tinsley & Weiss, 1975) for each question produced the following inter-rater reliabilities: for Question One, 0.685; for Question Two, 0.595; and for Question Three, 0.367. The statistics dependent on the ratings, especially for the third question, are necessarily somewhat tenuous.

The distribution of effectiveness ratings for the recalled situations are given in Table 4. The values for 174 teachers' responses to individual children (Question One) produced a mean of 3.42 and standard deviation of 0.94. For responses to a group of children (Question Two) the mean was 3.60 with standard deviation of 0.85, derived from 54 teachers' answers. Responses to death-related questions (Question Three) received a mean effectiveness rating of 3.85 with standard deviation of 0.58 on the basis of 47 teachers' replies. Average scores for all three types of situations indicate that teachers report intervention strategies in real situations which fall between the categories of "acknowledgement" and "acceptance with reservation."

Relationship between Real Responses and Death Attitudes

Subjects were divided into quartiles by Hardt Scale scores and into four groups by quartiles of effectiveness ratings for responses to the real situations. With a chi-square test for significance at the 0.05 level no relationship was established between response effectiveness and attitude toward death in any of the three types of situations represented by Questions One, Two and Three.

Table 4
 Summary of Effectiveness Ratings
 for Responses to Recalled Situations

Effectiveness Rating	Recalled Situation					
	Involving One Child ^a		Involving A Group ^b		A Question ^c	
	f	%	f	%	f	%
1.0 - 1.5 (extreme avoidance)	10	5.7	1	1.9	0	0.0
1.6 - 2.5 (postponement)	15	8.7	5	9.2	1	2.1
2.6 - 3.5 (acknowledgement)	72	41.3	22	40.8	13	27.7
3.6 - 4.5 (acceptance with reservation)	59	34.0	21	38.8	27	57.4
4.6 - 5.0 (acceptance)	18	10.3	5	9.3	6	12.8
Mean Effectiveness Rating	3.42		3.60		3.85	
Standard Deviation	0.94		0.86		0.58	

^a_n = 174

^b_n = 54

^c_n = 47

Responses to Hypothetical Situations

Choices of Response

Each of the hypothetical situations allowed teachers to choose from a variety of seven, eight or nine responses, each of which had a preassigned effectiveness rating based on the judgement of three trained raters (interrater reliability established at 0.87). Table 5 displays the frequencies with which each of the responses was selected by the teachers.

Situation One reads "A girl in your class had a pet that she often spoke about. This morning she came to school late and was crying. A note from her mother said that her pet had just died. You would . . ." The responses chosen most often were (g) "encourage the child to talk with you about how she feels" (41.4% of the time) and (a) "talk to the child and the rest of the class about the sadness of death, but that life must go on" (21.5%). The least popular was (b) "contact the child's mother and suggest that she discuss the problem with her" (0.5%).

Situation Two reads "A student in your class has been killed. You are meeting with the class for the first time since it happened. You would . . ." For this situation teachers most often selected (f) "let the class have an open discussion, talking freely about the student, life and death" (28.5%) and (c) "explain what happened, according to the children's ability to understand" (28.0%). Response (b) "explain to the class that everyone dies," was chosen least often (1.0%).

Situation Three says "A well-known person, idolized by the students, has died violently. The news breaks during school time. You would . . ." Almost one-third of the teachers (31.2%) chose (b) "explain that their idol can live on through the good she/he has done; talk about

Table 5

Choices of Response to Hypothetical Situations

Responses	f	%
<u>Situation One^a</u>		
encourage the child to talk with you about how she feels	244	41.4
talk to the child and the rest of the class about the sadness of death, but that life must go on	127	21.5
tell the child you are sorry, but she shouldn't be sad because the pet would not want her to be	64	10.8
share your own experience of loss with her	55	9.3
take the child aside to explain to her about death and life in nature	51	8.6
not mention the situation unless you see the child crying and upsetting the class	46	7.8
contact the child's mother and suggest that she discuss the problem with her	3	0.5
<u>Situation Two^b</u>		
let the class have an open discussion, talking freely about the student, life and death	167	28.5
explain to the class what happened, according to the children's ability to understand	164	28.0
encourage expression of feelings by the students and share your own sorrow	85	14.5
help students concretize their feelings in some way, according to their ability (for example, a classroom memorial)	69	11.8
mention the death briefly, but don't dwell on it; continue with the lesson as usual	51	8.7
encourage the children to accept the child's death by sharing your own convictions about life after death	31	5.3
wait until one of the children brings up the subject	13	2.2
explain to the class that everyone dies	6	1.0

Table 5 - continued

Responses	f	%
<u>Situation Three^c</u>		
explain that their idol can live on through the good she/he has done; talk about positive contributions she/he made	182	31.2
talk to the children about what just happened; answer questions	132	22.6
mention the death briefly but stay calm and quiet the children; avoid overreaction	90	15.4
help the children express their feelings of grief, shock, anger	78	13.4
pray with them or suggest a time for prayer or meditation	52	8.9
discuss violent death throughout history as a reality although hard to understand or accept	22	3.8
use this opportunity to discuss the universality of death: no matter who you are you will die	14	2.4
keep them busy, holding class as usual	9	1.5
share your own feelings of sorrow and loss	5	0.9
<u>Situation Four^d</u>		
extend your sympathy to him in private and allow for gradual reentrance into school work	238	41.0
tell the student that you are there to talk if he wishes; respect the student's feelings	205	35.3
give him support and reassurance based on your own religious convictions	59	10.2
encourage him to talk about his father's death and ask questions to help him express his feelings	38	6.5
watch for trouble signs; don't involve yourself unless you see it is necessary	32	5.5
not mention it, but go on with classwork as usual	7	1.2
plan a classroom discussion of death and how to deal with it for a later day	2	0.3
explain the universality of death to him	0	0.0

Table 5 - continued

Responses	f	%
<u>Situation Five^e</u>		
listen to the child's feelings, realizing that the fears are real	210	36.6
explain that death is natural and happens to everybody and she shouldn't be afraid	101	17.6
refer the child to her parents and/or the counselor	95	16.6
encourage her to tell you about the nightmares to find out what may be causing them	60	10.5
encourage her to tell you good things about the relative	34	5.9
advise the child what to do when she becomes afraid, or what to do to prevent fear	31	5.4
plan a classroom discussion related to death for a time when it will fit into a lesson	20	3.5
read about or tell the child about pleasant experiences to get her mind off her fears	15	2.6
explain your own beliefs about life after death	7	1.2

$a_n = 591$

$b_n = 586$

$c_n = 584$

$d_n = 581$

$e_n = 573$

positive contributions she/he made" and the next most popular response was (a) "talk to the children about what just happened; answer questions" (22.6%). Responses chosen most infrequently were (d) "share your own feelings of sorrow and loss" (0.9%) and (f) "keep them busy, holding class as usual" (1.5%).

Situation Four is "You have just learned that the father of one of your students died. The boy is returning to school after a three day absence. You would. . ." Teachers selected (c) "extend your sympathy to him in private and allow for gradual reentrance into school work" most often (41.0%) and (d) "tell the student that you are there to talk if he wishes; respect the student's feelings" next (35.3%). Least frequently selected were (h) "plan a classroom discussion of death and how to deal with it for a later day" (0.2%) and (b) "not mention it, but go on with classwork as usual" (1.2%).

Situation Five says "A student tells you about nightmares she is having ever since viewing the body of a dead relative. You would . . ." The largest number chose (d) "listen to the child's feelings, realizing that the fears are real (36.6%), while 17.6% selected (b) "explain that death is natural and happens to everybody and she shouldn't be afraid." Only 1.2% opted for (f) "explain your own beliefs about life after death."

The teachers were directed to choose the one response they thought was most important. Several persons (from 13 to 20) chose more than one answer for each of the five situations, and they were not included in the percentages reported above. Average effectiveness values were obtained in these cases, however, and they were included in the statistics for response effectiveness reported below.

Effectiveness of Responses to Hypothetical Situations

The distributions of effectiveness ratings for each of the hypothetical situations are presented in Table 6. Means and standard deviations for the entire sample on each of the situations are as follows:

<u>Situation</u>	<u>Mean</u>	<u>S. D.</u>
One	4.22	0.96
Two	4.46	1.02
Three	3.95	1.08
Four	3.86	1.06
Five	3.61	1.54

These ratings show that for the first two situations, which involved (One) the death of a child's pet and (Two) the death of a classmate, the average response was between "acceptance with reservation" and "acceptance." For the other three situations involving (Three) the death of a national figure, (Four) a parent's death and (Five) a child's fear of the dead, the mean response was between "acknowledgement" and "acceptance with reservation."

Responses to Real and Hypothetical Situations Compared

The mean scores for responses to each of the three types of real situations and each of the hypothetical situations were tested for correlations, using the Pearson product-moment coefficient (Kerlinger, 1973; Nie, et al., 1975). With a one-tail t-test seven of the fifteen pairs were related at a 0.05 level of significance (see Table 7). Response effectiveness with an individual child correlated significantly with three of the hypothetical situations; real responses to incidents with a group of students were positively related with two hypothetical situations; and teacher responses to a child's question were positively

Table 6
Summary of Effectiveness Ratings for Hypothetical Situations

Effectiveness Rating	One ^a		Two ^b		Hypothetical Situation: Three ^c		Four		Five ^e	
	f	%	f	%	f	%	f	%	f	%
1 (extreme avoidance)	3	0.5	13	2.2	8	1.3	7	1.2	109	18.7
2 (postponement)	47	7.9	51	8.5	91	15.3	36	6.0	19	3.3
3 (acknowledgement)	65	10.9	8	1.3	38	6.4	237	39.6	137	23.5
4 (acceptance with reservation)	183	30.7	104	17.4	239	40.3	75	12.5	47	8.0
5 (acceptance)	299	50.1	422	70.6	217	36.6	244	40.7	272	46.6
Mean Rating	4.22		4.46		3.95		3.86		3.61	
S. D.	0.96		1.02		1.08		1.06		1.54	

a_n = 597

b_n = 598

c_n = 593

d_n = 599

e_n = 584

Table 7

Relationship of Responses to Real and to Hypothetical Situations

Hypothetical Situations	Intervention in Real Situations ^a		
	One Child ^b	A Class ^c	A Question ^d
One (a pet)	0.298 ^{**}	0.313 [*]	0.144
Two (death of a student)	0.226 ^{**}	0.018	0.255 [*]
Three (death of a national idol)	0.109	0.099	0.096
Four (death of child's parent)	0.206 ^{**}	0.234 [*]	0.152
Five (nightmares)	0.058	0.088	0.249 [*]

^aCorrelation coefficients^b169 ≤ n ≤ 174^c51 ≤ n ≤ 54^d45 ≤ n ≤ 47^{*}p < 0.05, one tail t-test^{**}p < 0.01, one tail t-test

related to two of the hypothetical situations. Responses to Situation Three (death of a national figure) were not significantly related to any of the responses to real incidents. A discrepancy can be noted between the rate of response choice effectiveness in the recalled incidents and in the hypothetical situations (see Tables 4 and 6):

Effectiveness Ratings	Hypothetical Situations (1-5)	Recalled Situations (1, 2)
	% Choosing	% Choosing
1	4.8	3.8
2	8.2	9.0
3	16.3	41.0
4	21.9	36.4
5	48.9	9.8

Although the largest percentage chose responses rated 5 on effectiveness in the hypothetical situations, in real incidents the largest percentage chose responses rate 3.

Relationship between Hypothetical Responses and Death Attitudes

Subjects were divided into quartiles by Hardt Scale scores and according to effectiveness ratings for responses to each of the real situations. With a chi-square test for significance at the 0.05 level, no relationship was established between response effectiveness and attitudes toward death for any of the five situations.

Relationship between Choice of Responses and Other Factors

Fourteen factors were compared with response effectiveness ratings for each of the five situations. These factors were age, sex, ethnic identity (Black/non-Black), marital status (never married/other), education, years of teaching in elementary school, role (classroom

Table 8

Relationships Between Responses to Hypothetical Situations
and Personal Factors

Personal Factors	Hypothetical Situations ^a				
	One	Two	Three	Four	Five
Age	-0.038	-0.056	-0.078	0.041	-0.003
Sex ^b	-0.014	-0.039	-0.082*	-0.040	-0.033
Ethnic Ident. ^c	0.191**	0.164**	0.110**	0.061	0.175**
Marital Status ^d	0.030	-0.077	-0.031	-0.001	-0.060
Education	0.112*	0.054	0.128*	0.000	0.018
Years Elem. Sc. Teaching	-0.032	-0.060	-0.075	-0.011	-0.017
Role ^e	0.030	-0.012	0.026	-0.020	-0.021
Age of Children	0.070	0.003	0.018	0.015	0.039
G/C Ed.	0.086*	0.019	0.010	0.112**	0.095*
Death Ed.	0.039	0.024	0.054	0.052	-0.006
Belief	0.001	-0.003	0.016	-0.056	-0.069
School System	-0.028	-0.043	-0.014	0.076	0.049
Hardt Scale	0.039	0.042	0.043	0.067	0.023
Recall	0.154**	0.003	0.058	0.046	0.100

^aCorrelation coefficients

^bFemale low; male high

^cBlack low; nonBlack high

^dNever married low; other high

^eClassroom teacher high; other low

^fYounger low; older high

^gPublic low; nonpublic high

* $p < 0.05$, two tailed t -test

** $p < 0.01$, two tailed t -test

teacher/other), ages of children taught, exposure to guidance or counseling education, exposure to death education, school system (public/nonpublic), belief in life after death, death attitude and recall (no/yes). A Pearson product-moment coefficient of correlation was obtained on each of the hypothetical situations for each factor with a 0.05 level established for significance, employing a two-tail t -test (see Table 8).

Ethnic identity was related to effectiveness in four of the five situations, with non-Blacks choosing the situations rated more effective. Amount of education in guidance or counseling was related positively to effectiveness in three of the situations, while higher education and reported recall of real death-related incidents were related in two of the hypothetical situations. Sex was a factor in one situation, with women showing more effective ratings than men. It should be noted that the correlations which are significant are nevertheless quite small.

In a stepwise multiple regression analysis, the same factors were similarly related to effectiveness (see Table 9). Here ethnic identity was the strongest factor in three of the five situations, while higher education was the strongest in another, and guidance and counseling education accounted for more of the difference in the fifth situation. Factors which did not appear significant in the Pearson product-moment correlations, but which added small significant increments in the multiple regression analysis, were school system, marital status, years of elementary school teaching, death education training and age. However, in none of the five situations did the combination of factors account for as much as seven percent of the variance.

Table 9

Significant Multiple Correlations Between
Responses to Hypothetical Situations and Personal Factors

Variables	F-ratio*	R ²
<u>Situation One: Death of a Pet</u>		
Ethnic Identity	15.641	
Recall	8.513	
School System	6.228	
Guidance/Counseling Education	3.083	0.062
<u>Situation Two: Death of a Student</u>		
Ethnic Identity	14.841	
School System	7.052	
Marital Status	4.458	0.044
<u>Situation Three: Death of a National Figure</u>		
Education	13.667	
Sex	9.871	
Years of Elementary School Teaching	3.223	
Ethnic Identity	2.636	
Death Education Training	2.265	0.056
<u>Situation Four: Death of a Child's Parent</u>		
Guidance/Counseling Education	7.956	
Age	3.471	0.025
<u>Situation Five: A Child with Nightmares</u>		
Ethnic Identity	14.994	
Guidance/Counseling Education	6.734	0.042

Note: Stepwise multiple regression analysis, n = 506.

* $p < 0.05$

Table 10
 Comparison by Ethnic Identity of
 Selected Responses to Hypothetical Situations

Responses Chosen	Rating	Percent of Blacks Choosing	Percent of Non-Blacks Choosing
<u>Situation One</u>		(n = 203)	(n = 381)
a. talk to the child and the rest of the class about the sadness of death, but that life must go on.	4	28.1	17.8
c. tell the child you are sorry, but she shouldn't be sad because the pet would not want her to be.	3	16.7	7.9
d. share your own experience of loss with her.	5	6.9	10.5
f. take the child aside to explain to her about life and death in nature.	4	10.8	7.6
g. encourage the child to talk with you about how she feels.	5	27.1	48.6
<u>Situation Two</u>		(n = 200)	(n = 379)
c. explain what happened, according to the children's ability to understand.	5	29.5	27.4
e. mention the death briefly, but don't dwell on it; continue with the lesson as usual.	2	13.5	5.8
f. let the class have an open discussion, talking freely about the student, life and death.	5	25.5	29.6
g. encourage expression of feelings by the students and share your own sorrow.	5	7.0	18.7
h. help students concretize their feelings in some way, according to their ability.	4	14.0	10.8

Table 10 - continued

Responses Chosen	Rating	Percent of Blacks Choosing	Percent of Non-Blacks Choosing
<u>Situation Three</u>		(n = 202)	(n = 375)
a. talk to the children about what just happened; answer questions.	5	18.3	24.8
b. explain that their idol can live on through the good she/he has done; talk about positive contributions she/he made.	4	35.6	29.1
e. help the children express their feelings of grief, shock, anger.	5	6.9	16.8
g. mention the death briefly but stay calm and quiet the children; avoid overreaction.	2	16.3	14.9
h. pray with them or suggest a time for prayer or meditation.	4	9.9	8.0
<u>Situation Five</u>		(n = 194)	(n = 373)
a. encourage her to tell you about the nightmares to find out what may be causing them.	5	8.8	11.3
b. explain that death is natural and happens to everybody and she shouldn't be afraid.	3	23.7	14.7
c. refer the child to her parents and/or the counselor.	1	19.6	15.3
d. listen to the child's feelings, realizing that the fears are real.	5	25.3	42.4

The factors not found to have a significant relationship to effectiveness of responses in any of the five situations were role (which is strongly related to education), ages of children taught, belief in life after death and death attitude. The last two factors are strongly related to one another.

Differences in the types of responses that were chosen by Black and non-Black teachers are illustrated in Table 10. A trend seemed to exist among the Black teachers to choose intervention approaches meant to move the child past the pain of the loss, while more non-Black teachers chose less directive intervention, opting for exploration of feelings. In Situation One, for example, 59.4% of the non-Black teachers chose responses emphasizing feelings (i.e., "encourage the child to talk with you about how she feels" and "share your own experience of loss with her") while a roughly equivalent proportion of the Black teachers (56.1%) chose responses which stressed coping behavior or information which was more directive (i.e., "talk to the child and the rest of the class about the sadness of death, but that life must go on," "tell the child you are sorry, but she shouldn't be sad because the pet would not want her to be," and "take the child aside to explain to her about death and life in nature"). Only 34% of the Black teachers chose the feelings-oriented responses more popular with non-Black teachers. This same kind of difference was noticeable in Situations Two, Three and Five as well.

CHAPTER FIVE
DISCUSSION AND RECOMMENDATIONS

One of the clearest results of this study is that many more questions have been raised than have been answered. This survey provided a rich source of information about some guidance-related behaviors of elementary school teachers; however, little of the variance in teacher intervention was explained by the many personal factors considered in the research questions.

This research was originally designed to study three aspects of teacher behavior thought to be associated with helpful intervention. These were (a) awareness of children's death-related concerns, (b) willingness to intervene, and (c) knowledge of helpful response. The first of these, awareness, was to be measured primarily by teachers' reported recall of death-related classroom situations. This proved to be a significant measure. Willingness to intervene, the second aspect, was assumed to be related to attitude, defined as one's point of view about death. Although there was no direct relationship between point of view and choice of response, even in real situations, there was a relationship between reported recall of real situations and death attitude. Therefore, it may be that recall is a measure of both awareness of children's concerns and willingness to intervene. Finally, knowledge of helpful response was to be measured by choices of intervention behavior in real and hypothetical situations. This measure provided clear results which

can be used with future samples employing the same questionnaire. The discussion which follows is organized under three topical areas: (a) theoretical intervention, (b) attitudes and awareness, and (c) recalled intervention.

Theoretical Intervention

Many teachers gave evidence that they knew effective means of helping children when they were presented with typical, though hypothetical, situations related to death. Their choices of response included a variety of generally positive approaches with children which acknowledged or accepted to a greater or lesser degree the reality of death and children's feelings related to it. This gives reason to believe that many teachers may already be equipped to provide helpful "death education." Several factors were identified as related to effectiveness of response choice and these are discussed below.

Ethnic Identity

There was a striking difference in the types of response chosen by Black and non-Black teachers for the hypothetical situations. In only one case, the situation describing the death of a student's parent, were both groups in substantial agreement on choice of response. The two racial groups showed strong preference for the same two responses: "extend your sympathy to him in private and allow for gradual reentrance into school work," and "tell the student you are there to talk if he wishes; respect the student's feelings." However, in the other four situations the non-Black teachers' choices emphasized exploration of feelings while the Black teachers' choices stressed coping behaviors.

It is likely that a high percentage of the Black teachers were working in city schools with a higher concentration of Black, rather than non-Black, students. The teachers' choices of response were likely to communicate the need to "keep on in spite of the pain." This may reflect a response to the reality of the children's overall life situation where, if things are bad, one must learn not to focus on the hurt but learn to go beyond it. The Black teachers may tend to spend less time exploring children's feelings as a result of their own life experiences, their inner-city teaching experiences, or a combination of both these.

Research has indicated a possible racial difference in children's feelings about death discussion in the classroom (Balkin, Epstein & Bush, 1976). Black urban elementary school students considered discussions about death in the classroom to be inappropriate more frequently than non-Black suburban students. These researchers concluded that teachers need to be sensitive to differences in children's outlook. It seems that intervention effectiveness ratings described in the literature and defined in this study need to be applied with an awareness of possible varying cultural orientations. The highest rating, "acceptance," includes an openness to the student's feelings and special needs. This particular aspect should be emphasized in future research involving minorities.

Education

A higher level of education was significantly related to effectiveness of response in two of the five situations. When exposure to guidance or counseling was considered, greater effectiveness was related to more of such training in three of the five situations. No attempt

was made to discover the source or quality of the guidance or counseling training; nevertheless, this suggests that knowledge of helpful response can be learned through formal education.

On the other hand, exposure to death education was not found to be related significantly to effectiveness in any case. This latter result may be confounded by the great differences which exist among courses and workshops offered in the name of death education. No attempt was made in the study to find out where or from whom the more than 60 subjects reporting such exposure received it. As Crase (1978) points out, the field of thanatology needs to be refined, and its purveyors made more accountable, by the development of standards of training for educators and of objectives for such education. It may be true, too, that death education simply does not teach skills for intervening with others in death situations.

Awareness

Recall of real death incidents was found to be related to effectiveness of response in two situations: those involving the death of a pet and a child experiencing nightmares. It was not ascertained whether the actual situations recalled were similar to these two hypothetical situations. This is unlikely, however, since these types of incidents were infrequently reported.

Awareness does seem to have a reasonable relationship to more effective intervention, since it indicates an exposure to a death situation in which the teacher participated in some way. Such participation is likely to have been a learning experience. The teachers in this study and in the pilot project (Atkinson, 1977) had far more classroom experience than the teacher candidates in Hawener's (1974) study. She reported both a

lack of awareness that such situations would be encountered in the classroom and, on the average, less effective modes of intervention.

Death Attitudes

Point of view with regard to death was not found to have a significant relationship to effectiveness of teacher response choices. Even those teachers who reported the extremes of very favorable or very unfavorable attitudes did not differ significantly from one another on the kinds of responses they chose for hypothetical situations. This may mean that evidence of attitude change after a course in death education does not assure behavior change. If death education courses are designed for elementary school teachers, positive outcomes must not be equated with achievement of a more favorable point of view about death. However, the closely related factor of recall, or awareness, of children's death concerns may be operative in teacher intervention. This factor is discussed in the following section.

Awareness and Attitudes

Recall

Recall of death-related incidents affecting children was reported by 217 of the 605 teachers. No recall may be contingent on several circumstances, three of which are (a) no exposure to such death-related situations, (b) no recognition of such situations when they are available, and (c) poor memory for such events. One cannot be sure of how many of the teachers did or did not have occasion to intervene in real school situations. However, there is circumstantial evidence that many more than the 217 teachers were in the proximity of children coping with death but they did not report it. For example, one teacher reported that the school's maintenance man had died. She was the only one, of

the twelve teachers from her school who participated in the study, who reported this event had affected children at that school. This pattern of reporting was repeated many times. At one school an eighth grade student was electrocuted. Only one teacher, of eleven, reported the incident and she had taught the dead child six years before. A school monitor died; one of 25 teachers reported this as affecting children in their school. One of six teachers reported that the death of a fourth grade child had affected other students. It was curious that only one teacher of the 605 mentioned a student's question related to the "King Tut" exhibit, which was in the city for four months of that school year.

Another indication that more teachers were exposed to death-related incidents which they did not recall comes from mortality statistics. Parental deaths happen to about 0.67% of the elementary school age population (based on U. S. Bureau of Statistics figures for 1977). If each of the 605 teachers worked with only 20 children an average of just over 80 parents would have died during the course of 12 months. Forty-seven such deaths were reported. Certainly some of the children's parents may have died during vacation periods. There were teachers, however, who were aware of even such deaths, reporting that the children were affected later.

Nonrecognition of death-related situations is a common enough adult behavior. Kastenbaum (1974) and Hawener (1974) both reported that adults often do not believe that children are involved in or affected by death. If teachers do not recognize death-related school incidents when they occur, it may be because they are influenced by such a belief. It may also be true that they do not understand children's distress signals.

Another reason for nonrecall may be simply poor memory for such situations. It can be surmised that many such incidents are forgotten. However, if one is involved in such an experience there is greater likelihood of recalling it. From the little evidence that is available it may be inferred that the teacher's emotional involvement prompts spontaneous recall of a situation. Some teachers are more forcefully aware than others of death affecting children.

Attitudes

The average attitude toward death of the teachers in this study was almost exactly midpoint of the 20-step Hardt Scale, representing a point of view between "I don't fear thoughts of death, but I don't like them either," and "To think of death is common." Fifty percent of the scores fell between 2.77 and 3.40, scores representing attitudes between "Thinking about death is overvalued by many," and "I do not mind thinking of death." Only 17 scores (2.9%) fell in the entirely favorable range (4.00-4.90) and 20 scores (3.4%) in the totally unfavorable range (1.10-1.99).

There was no significant relationship between death attitudes as measured by the Hardt Scale and intervention effectiveness on the real or hypothetical situations. This is the same result Hawener found with the Templer Death Anxiety Scale (Hawener, 1974; Templer, 1970). No other studies seem to have been done which consider whether teachers' death attitudes are related to their behaviors with children.

Attitudes Related to Awareness

The teachers' attitudes toward death were clearly related to their reported recall of death-related incidents in both this study and the pilot study (Atkinson, 1977). Recall was also found to correlate with

more effective intervention in two of the five hypothetical situations. It cannot be assumed that recall causes a more favorable attitude or that this more favorable attitude produces awareness. However, earlier research (Kastenbaum & Aisenberg, 1972) indicates that experience with death-related situations does relate to attitudes. Further, working through a difficult situation (rather than denying or avoiding it) is likely to affect one's view of self as able to cope with the difficulty. A teacher who has had success in grief intervention may be more likely to recall it, report it, and feel more positive about coping with death. A teacher without the initial confidence of being able to work with a grieving child may not consciously emphasize its occurrence and may view death less favorably. Perhaps successful intervention is a key to both awareness of children's needs and personal point of view with regard to death.

Recalled Intervention

An earlier section of this chapter discussed relationships between several factors and teachers' knowledge of appropriate intervention in hypothetical situations. It is less clear what relationships exist between those same factors and what teachers actually do. Just over one-third of the teachers recalled situations in which they were present to intervene with children affected by death. The very fact that they reported such recall places them at an advantage to learn from their experience. It also gives evidence of a definite sensitivity to the needs of children.

In reporting actual intervention some teachers added illuminating comments such as, "I realize this [her actual intervention] isn't what I said should be done earlier [in the hypothetical situations] but every

case is different." There were notes of apparent regret and helplessness in the remarks of some teachers who saw children suffering from a death experience expressing themselves in aggressive, withdrawn or fearful behavior. These teachers apparently wanted someone to help the child, but saw their own place as watching and waiting. Counselors in such situations need to be actively involved in their consulting role (Lamb & Deschenes, 1974), supporting teachers' therapeutic efforts and working directly with grieving children who need additional intervention.

Those teachers who did not recall incidents simply may not have recognized the signals of distress which can be so diverse in children. Again the results suggest that education can help and counselors as consultants may be able to provide this if they are knowledgeable about children's patterns of grieving.

Recommendations

Research

This study's results point to several areas of concern for follow-up research. First, the methods and instruments of this study should be used again and supplemented with more detailed interviews with teachers in order to learn more about their actual intervention. Secondly, the intervention behaviors of teachers from varying cultures should be studied to learn whether general patterns exist among specific groups. Finally, the relationships between attitudes toward death and behaviors in death-related situations should be the subject of inquiry.

Some conjectures based on related literature present some further avenues to examine. First, teachers' own experiences with death (both personal and with children) should be considered as factors, particularly

since very little of the variance in teacher intervention was accounted for by the many factors included in this study. Secondly, little work seems to have been done which looked at children's needs and feelings about death which may be unique to their particular cultures, environments or socioeconomic conditions. This may be an important area to extend. Finally, the Hardt Scale, used in the present study, should be compared with other well-known death attitude instruments to ascertain whether they are measuring the same constructs.

Teacher Education

As the literature advocates, death education needs to come under more careful scrutiny so that its effects on students may be better understood and made more predictable. Emphasis in death education for teachers should be given to raising their awareness of children's needs and teaching effective modes of intervention.

The results of this study indicate that experienced teachers with courses in guidance or counseling were more knowledgeable about appropriate intervention with grieving children than teachers without such education. Both counselors and counselor educators might consider the service they would do by teaching basic guidance courses to elementary school teachers.

Counseling Practice

The related literature suggests that the elementary school counselor, teamed with the classroom teacher, can provide an important source of help to children with questions, fears or experiences of loss in the face of death. The counselor's consultant role should be fully exploited to provide information to teachers about children's needs and

and expressions of loss at different ages. The counselor should be prepared to intervene with the bereaved child, supporting, encouraging and supplementing the teacher's intervention.

Conclusion

This exploratory research has provided a base of information about potential death educators for elementary school age children: their present classroom teachers. The study has presented evidence that many of these educators are already intervening in positive ways with students facing death-related problems. This chapter has offered some suggestions to assist teachers in becoming even more effective with children in such situations. It is to be hoped that the humane effort to assist children in coping with death will allow both students and educators alike to integrate the mystery of mortality into their appreciation of life. Embracing the truth of life's limits thus can be a means of coming more fully alive.

APPENDIX A
DEVELOPMENT OF THE QUESTIONNAIRE

Three parts of the Questionnaire (the "Personal Data Sheet," the recall of incidents, and the hypothetical death-related situations, or "School Situations") were developed through the procedure described below.

First, a questionnaire was drawn up which included sections on recall of death-related school incidents as well as personal data and the Hardt Scale of death attitudes. These were the questions on recall of incidents:

1. Do you remember any time during the past year when a child with whom you work or were working was affected by a death?
 Yes No If yes, please explain.
2. Do you remember any time during the past year when a group of children with whom you work or were working were affected by a death?
 Yes No If yes, please explain.
3. Do you remember any time during the past year when a child with whom you work or were working asked you a question directly related to death? Yes No If yes, please explain.

The questionnaire was completed by 20 elementary school teachers known to the investigator who worked in metropolitan New Orleans.

From the responses of this sample, four typical incidents were drawn which seemed to include the range of different situations. They were as follows:

1. You have learned that the father of one of your students has died. After being absent for three days, the student returns to school.
2. A national figure, idolized by the students, has died violently. The news has just broken.

3. A student in your class has been killed. You are meeting with the class for the first time since it happened.

4. A student tells you about nightmares he/she is having ever since viewing the body of a dead relative.

A pilot study including these four incidents was then conducted. Seventy elementary school teachers, from New Orleans school faculties, participated. They were asked to tell what they thought the student's or students' needs were and what the teacher would do in each incident. They also completed the three previously developed sections on personal data, recall of incidents and the Hardt Scale.

The answers to the four incidents provided a pool of typical responses. In choosing which responses would be included in the final questionnaire, consideration was given to (a) more frequently chosen responses and (b) diversity of responses, to create a range of intervention effectiveness. The final questionnaire included these same four incidents, with seven, eight or nine possible responses for each incident. In addition, an incident on the death of a pet was included. In the literature concerning children's developing concepts of death, this experience is considered a basic type of death situation and an important first step in young children's understanding of the meaning of death. The responses for this fifth question were drawn from answers which kindergarten teacher candidates gave in Hawener's (1974) study.

Discussions followed each administration of the questionnaire to groups ranging in size from four to twenty-five. Questions raised and comments made provided information helpful for revisions incorporated into the final instruments.

Note. Procedure based on outline in Handbook in research and evaluation by S. Isaac and W. B. Michael, 1971, p. 94.

APPENDIX B

GUIDELINES FOR RATING EFFECTIVENESS OF INTERVENTION

In her "Classroom Death Situation Inventory" (CDSI), Hawener (1974) rated responses on a scale of 1 to 5 as follows:

Extreme avoidance	Postpone discussion	Acknowledgement	Accept with reservation	Acceptance
(1)	(2)	(3)	(4)	(5)

She placed each teacher candidate's response into one of these categories for the purpose of comparison with the death attitude scale she used. Hawener's scale was originally concerned with content of teacher responses about the reality of death. For the purposes of the present study her categories have been extended to include not only the reality of death, but children's feelings as well.

The values and meanings for the categories in this study are as follows:

1. Extreme avoidance. This category indicates an unwillingness to acknowledge or do anything oneself about a death situation. The reality of death and the child's feelings about it are avoided.
2. Postponement. In this category the teacher is aware of the death situation and indicates a willingness to think about it with the intent to act upon it later.
3. Acknowledgement. The teacher is aware that death has occurred and/or that feelings are aroused, but refers to death in other terms or does not talk about feelings directly. Recognition that death happens is expressed without saying it is a part of life or that the child's feelings are a natural response.

4. Acceptance with reservation. In words or actions the teacher recognizes death and some emotion connected with it. The teacher is not entirely open to what death entails and/or to the child's frame of reference.

5. Acceptance. In words or actions the teacher accepts death as a part of life and the child's reactions and feelings are accepted as they are.

The meanings of the categories as extended for the present study are based on the related literature which repeats a number of concerns related to intervention effectiveness, notably the following:

1. Children need honest information in words they can understand.
2. The adult should be ready to help the child explore feelings; should encourage and communicate that feelings are valid; should be able to model expressions of feelings.
3. The adult should leave room for differing philosophical and religious beliefs while having come to terms with their own.
4. It is important to face the reality: not to deny or to avoid it.

Note. See Bernstein, 1977; Crase & Crase, 1976; Formanek, 1974; Galen, 1972; Wittmer & Myrick, 1974; Yudkin, 1968.

APPENDIX C

INSTRUMENTS

Personal Data Sheet

1. Age:
 Under 20
 20-29
 30-39
 40-49
 50 or above
2. Sex: Female Male
3. Ethnic Identity:
 Black
 Caucasian
 Hispanic
 Other (specify: _____)
4. Marital Status:
 Single (check if vowed
 Married celibate___)
 Separated
 Divorced
 Widowed
5. Education:
 High School
 Associate or 2 yrs. col.
 Bachelor's
 Master's
 Master's + 30
 Doctor's
6. How long have you worked in elementary schools?
 Less than 1 year
 1-4 years
 5-9 years
 10-14 years
 15 or more years
7. What is your primary role at this time?
 Administrator
 Classroom teacher
 Coach
 Counselor
 Librarian
 Subject matter specialist
 Tutor
 Teacher aide
 Other (specify: _____)
8. What age group do you work with?
 5-7 year olds 7-9 year olds
 9-12 year olds
9. Have you had any education in guidance or counseling?
 No
 Yes (Check one:
 Lecture Workshop
 Course)
10. Have you had any education in death education?
 No
 Yes (Check one:
 Lecture Workshop
 Course)
11. Do you believe there is a life after physical death?
 Definitely yes.
 I'm fairly sure there is.
 I am not sure.
 I do not think so.
 Definitely no.
12. What type of school system are you working in now?
 Public
 Catholic

School Situations

Directions: Assume that you are working in your present job in each of the following situations. Please check the one course of action you think you would follow. If you would choose more than one, check only the one you think is most important.

1. A girl in your class had a pet that she often spoke about. This morning she came to school late and was crying. A note from her mother said that her pet had just died. You would

(Ratings)

- (4) a) ___ talk to the child and the rest of the class about the sadness of death, but that life must go on.
- (1) b) ___ contact the child's mother and suggest that she discuss the problem with her.
- (3) c) ___ tell the child you are sorry, but she shouldn't be sad because the pet would not want her to be.
- (5) d) ___ share your own experience of loss with her.
- (2) e) ___ not mention the situation unless you see the child crying and upsetting the class.
- (4) f) ___ take the child aside to explain to her about death and life in nature.
- (5) g) ___ encourage the child to talk with you about how she feels.

2. A student in your class has been killed. You are meeting with the class for the first time since it happened. You would

- (1) a) ___ wait until one of the children brings up the subject.
- (3) b) ___ explain to the class that everyone dies.
- (5) c) ___ explain what happened, according to the children's ability to understand.
- (4) d) ___ encourage the children to accept the child's death by sharing your own convictions about life after death.
- (2) e) ___ mention the death briefly, but don't dwell on it; continue with the lesson as usual.
- (5) f) ___ let the class have an open discussion, talking freely about the student, life and death.
- (5) g) ___ encourage expression of feelings by the students and share your own sorrow.
- (4) h) ___ help students concretize their feelings in some way, according to their ability (for example, a classroom memorial).

3. A well-known person, idolized by the students, has died violently.
The news breaks during school time. You would

- (5) a) ___ talk to the children about what just happened; answer questions.
- (4) b) ___ explain that their idol can live on through the good she/he has done; talk about positive contributions she/he made.
- (3) c) ___ use this opportunity to discuss the universality of death: no matter who you are you will die.
- (5) d) ___ share your own feelings of sorrow and loss.
- (5) e) ___ help the children express their feelings of grief, shock, anger.
- (1) f) ___ keep them busy, holding class as usual.
- (2) g) ___ mention the death briefly but stay calm and quiet the children; avoid overreaction.
- (4) h) ___ pray with them or suggest a time for prayer or meditation.
- (3) i) ___ discuss violent death throughout history as a reality although hard to understand or accept.

4. You have just learned that the father of one of your students died.
The boy is returning to school after a three-day absence.
You would

- (2) a) ___ watch for trouble signs; don't involve yourself unless you see it is necessary.
- (1) b) ___ not mention it, but go on with classwork as usual.
- (3) c) ___ extend your sympathy to him in private and allow for gradual reentrance into school work.
- (5) d) ___ tell the student that you are there to talk if he wishes; respect the student's feelings.
- (3) e) ___ explain the universality of death to him.
- (5) f) ___ encourage him to talk about his father's death and ask questions to help him express his feelings.
- (4) g) ___ give him support and reassurance based on your own religious convictions.
- (2) h) ___ plan a classroom discussion of death and how to deal with it for a later day.

5. A student tells you about nightmares she is having ever since viewing the body of a dead relative. You would

- (5) a) ___ encourage her to tell you about the nightmares to find out what may be causing them.
- (3) b) ___ explain that death is natural and happens to everybody and she shouldn't be afraid.
- (1) c) ___ refer the child to her parents and/or the counselor
- (5) d) ___ listen to the child's feelings, realizing that the fears are real.
- (2) e) ___ plan a classroom discussion related to death for a time when it will fit into a lesson.
- (4) f) ___ explain your own beliefs about life after death.
- (3) g) ___ advise the child what to do when she becomes afraid, or what to do to prevent fear.
- (4) h) ___ encourage her to tell you good things about the relative.
- (1) i) ___ read about or tell the child about pleasant experiences to get her mind off her fears.

Can you remember any time during the past 12 months when a student with whom you worked was affected by a death? ___Yes ___No
If yes, please explain what happened and what you did.

Can you remember any time during the past 12 months when a group of students with whom you worked was affected by a death? ___Yes ___No
If yes, please explain what happened and what you did.

Can you remember any time during the past 12 months when a student asked you a question directly related to death? ___Yes ___No
If yes, please explain what was asked and what you said.

Hardt Scale

Directions: The following items are not intended to test your knowledge. There are no right or wrong answers. Read each item carefully. Place a check mark next to each item with which you agree. Make no marks next to items with which you disagree.

- (4.9)___ The thought of death is a glorious thought.
- (4.7)___ When I think of death I am most satisfied.
- (4.5)___ Thoughts of death are wonderful thoughts.
- (4.3)___ The thought of death is very pleasant.
- (4.1)___ The thought of death is comforting.
- (3.9)___ I find it fairly easy to think of death.
- (3.7)___ The thought of death isn't so bad.
- (3.5)___ I do not mind thinking of death.
- (3.3)___ I can accept the thought of death.
- (3.1)___ To think of death is common.
- (2.9)___ I don't fear thoughts of death, but I don't like them either.
- (2.7)___ Thinking about death is overvalued by many.
- (2.5)___ Thinking of death is not fundamental to me.
- (2.3)___ I find it difficult to think of death.
- (2.1)___ I regret the thought of death.
- (1.9)___ The thought of death is an awful thought.
- (1.7)___ The thought of death is dreadful.
- (1.5)___ The thought of death is traumatic.
- (1.3)___ I hate the sound of the word death.
- (1.1)___ The thought of death is outrageous.

Note. From "Development of an investigatory instrument to measure attitudes toward death" by D. V. Hardt, Journal of School Health, 1975, 45(2), 96-99. Copyright 1975 by Journal of Sch. Health. Reprinted by permission.

Informed Consent Form

You are being invited to participate in a study of how school personnel can be helpful to students with whom they work. You are asked to complete a five-page questionnaire which includes personal data, experiences and feelings, and your ideas about some school-related incidents involving children. All your answers will be anonymous.

Please sign this consent form to verify that your participation is entirely voluntary. You may withdraw your consent to participate at any time, or you may simply not answer anything you choose. Naturally, the more complete the information you can supply, the more meaningful the research will be.

To assure your free participation please read the following statement before signing:

"I have read and I understand the procedure described above. I agree to participate in the procedure and I have received a copy of this description."

 Subject

 Witness

(Sr.) Trudie L. Atkinson, Principal Investigator	3439 Audubon Street
Xavier University	New Orleans, LA 70125
New Orleans, LA 70125	488-5325
486-7411	

Please return one signed copy of this consent form with your questionnaire to the contact person designated for your school. If you wish to learn more about this study, its results, and its implications for your work with children, please check below:

 Yes, I want to learn more about this study. My address is:

Summary Sheet for Contact Persons

Please complete this sheet when returning the questionnaires.
Try to return as many of the questionnaires as possible, whether they
have been completed or not.

Thank you for all your help.

_____ teachers were given the opportunity to complete
(Number) the survey.

_____ returned the surveys completed.
(Number)

_____ returned blank surveys for the following reasons:
(Number)

_____ forgot

_____ didn't have time

_____ didn't understand the questions

_____ didn't like the questions

_____ other

Name

School

APPENDIX D

POPULATION AND SAMPLE CHARACTERISTICS

SMSA population figures for race and sex of elementary and prekindergarten teachers in selected cities (1970 Census figures):

City	Race		Sex	
	Black	Non-Black	Female	Male
Washington, D. C.	68.2	31.8	86.2	13.8
Charleston	46.0	54.0	90.9	9.1
Memphis	39.4	60.6	92.2	7.8
New Orleans	32.4	67.6	91.5	8.5
Atlanta	21.9	78.1	93.0	7.0
Houston	19.9	80.1	93.2	6.8
St. Louis	14.9	85.1	86.6	13.4
Chicago	14.0	86.0	84.4	15.6
Los Angeles	10.5	89.5	86.5	13.5
New York	7.3	92.7	80.4	19.6
Milwaukee	5.7	94.3	82.9	17.1
Phoenix	2.6	97.4	80.1	19.9
Boston	2.1	97.9	86.1	13.9

Teachers in the Nineteen Largest Public School Systems by Racial Percentage^{a,b,c}

City	Black	Non-Black	City	Black	Non-Black
Washington, D. C.	84.6	15.4	Dallas	28.5	71.5
Baltimore	59.3	40.7	Indianapolis	23.9	76.1
New Orleans ^d	57.3	42.7	San Antonio	15.9	84.1
St. Louis	53.7	46.3	Milwaukee	14.8	85.1
Detroit	46.5	53.5	Los Angeles	14.5	85.5
Memphis	42.9	57.1	San Francisco	9.8	90.2
Cleveland	40.2	59.8	Phoenix	8.5	91.5
Chicago	37.7	62.3	Boston	7.2	92.8
Houston	36.0	64.0	San Diego	6.0	94.0
Philadelphia	33.7	66.3			

^aFrom U. S. Department of Health, Education, and Welfare, 1972.

^bIncludes elementary and secondary schools.

^cNew York City cumulative statistics unavailable.

^dOrleans Parish only.

Distribution of Schools in Sample

	Postal Code	No. of Schools	No. of Teachers
Jefferson	70001	1	6
Civil Parish	70002	1	2
	70003	2	13
	70005	2	22
	70036	1	4
	70053	3	37
	70058	5	80
	70072	2	21
	70094	1	21
	70121	1	22
	70123	3	28
	Unknown	-	<u>15</u>
			271
Orleans	70113	2	17
Civil Parish	70114	2	9
	70115	3	19
	70116	4	40
	70117	5	70
	70118	4	45
	70119	3	38
	70122	2	19
	70125	5	27
	70126	3	20
	70128	1	8
	70130	1	12
	70179	1	6
	Unknown	-	<u>4</u>
			334

Selected Characteristics of New Orleans Area Teachers by Percent

Schools	<u>Population^a</u>						
	Total	Race		Sex		Lay	Vowed Religious
		Black	Non-Black	Male	Female		
Public	67.5	28.3	39.2	7.8	59.8	67.5	0.0
NonPublic	32.4	4.0	28.4	3.6	28.8	25.3	7.1
	99.9	32.3	67.6	11.4	88.6	92.8	7.1

Schools	<u>Sample</u>						
	Total	Race		Sex		Lay	Vowed Religious
		Black	Non-Black	Male	Female		
Public	66.9	30.2	36.8	5.6	61.3	66.9	0.0
NonPublic	33.1	4.9	28.2	3.2	29.9	27.1	6.0
	100.0	35.1	65.0	8.8	91.2	94.0	6.0

^aFrom: Orleans Parish Division of Finance and Planning Department of Research and Evaluation. New Orleans Public Schools 1976-77 Facts and Finances; Jefferson Parish Public School System Office, private communication, March, 1978; New Orleans Archdiocese Education Office, private communication, March, 1978.

CHARACTERISTICS OF THE SAMPLE (PERCENT, n = 605)

<u>Age</u>		<u>Marital Status</u>		<u>Education</u>	
Below 20	None	Single	25.7	High School	6.1
20-29	34.9	Married	60.5	Associate (2 yr.)	7.4
30-39	27.4	Separated	2.6	Bachelor's	64.3
40-49	22.8	Divorced	6.6	Master's	17.2
50 and above	14.0	Widowed	4.1	Master's + 30	4.6
No answer	0.8	No answer	0.5	Doctor's	0.2
				No answer	0.2

Role

Administrator	4.0		
Classroom teacher	74.8	<u>Years Elementary School Teaching</u>	
Coach	0.3		
Counselor, social worker, other guidance personnel	1.0	Less than 1 year	7.3
Itinerant, part-time	1.7	1-4 years	25.3
Subject matter specialist, other professional	6.6	5-9 years	23.1
Tutor, aide, other paraprofessional	7.8	10-14 years	16.0
Special Education teacher	3.8	15 or more	26.9
No answer	0.2	No answer	1.0

Guidance/Counseling Education

None	55.5
Some	42.7
lecture	8.6
workshop	9.6
course	23.0
more than	1.5
1 course	
No answer	1.8

Death Education

None	88.4
Some	9.9
lecture	6.3
workshop	1.5
course	2.1
No answer	1.7

Belief in Life After Death

Definitely yes	58.5
Fairly sure	19.5
Unsure	13.2
Think not	3.8
Definitely no	2.6
No answer	2.3

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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.


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