

CHILDREN'S CONCEPTIONS OF DEATH

By

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Bachelor of Science in Education

Central State University

Edmond, Oklahoma

1974

**Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
MASTER OF SCIENCE
July, 1977**

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ACKNOWLEDGMENTS

The author of this study wishes to express sincere appreciation to the following people who helped to make this study possible:

To my major adviser, Dr. Judith A. Powell, for her guidance and encouragement throughout my graduate work.

To the other members of the advisory committee, Dr. Frances Stromberg and Dr. Nick Stinnett, for their help and suggestions during the study.

To the administrator and the head teachers of the Oklahoma State University Child Development Laboratories for their willingness to cooperate throughout the study.

To the Principal of Lone Star School, E. Dean West, for his cooperation and support throughout the study.

To the 162 subjects and their parents who participated in this study.

To the five early childhood educators who served as a panel of judges to classify the children's responses.

To my husband, Ken, who gave understanding and support.

And finally to my parents, Hugh and Lucille Hedger, who offered love and supportive understanding.

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CHAPTER I

INTRODUCTION

Children's concepts of death is an important area of concern for childhood educators. Today although many children must deal with death on television, they are not allowed to deal with it in real life situations (Cruse and Cruse, 1976). For most children, death and dying have been removed from the home where it previously took place within the family unit. Many researchers believe that in the early years of life it is important to help children develop realistic concepts about death in an honest and open way (Koocher, 1972; Hansen, 1972; Cruse and Cruse, 1976). In order to be able to do this, it is necessary to know what concepts children now have and how these concepts are developed. Previous research indicates that children's conceptions of death seem to occur in a developmental sequence (Koocher, 1972; Hansen, 1972). These sequences are believed to range from ignorance of the word "death" to an understanding of the finality and irreversibility of death. On the other hand, many researchers believe that children's concepts of death are related to age level (Nagy, 1948; Melear, 1973; Anthony, 1940). To be able to help children at home and at school, it is necessary for educators, family members, and childhood psychologists to have a realistic idea of how children develop death concepts, what their concepts are, and how we can help them deal with death in their lives more effectively.

General Attitudes Toward Death

There has been a growing interest in including death education in the curriculum of public schools and colleges. McLure (1974) feels that education about death and dying has promise for balancing the curriculum and making it a more complete education for life. All events of human life are significant for the child, particularly the beginning and the end of life. Von-Hug-Hellmuth (1965) feels that once a child is aware of the riddle of life he pursues it as the goal of investigative play. Recent publications stress the importance of facing death. Pearson (1969) states that there is a growing interest in the study of death as a legitimate area for study and research, and we have developed more of an open attitude to enable us to examine the significance of death.

Currently, death attitudes and conceptions are popular topics for research and discussion. Knott and Prull (1976) found that numerous popular media cited many curriculum courses on death and dying and their related themes. One of the major problems with these courses was that there was no means of evaluation. The research has indicated a need to put more effort into the evaluation of an educational program for the living about death (Knott and Prull, 1976). In order for people to be able to set up educational programs for the living on the topic of death, there is a need for more research in the area of the development of concepts about death. One needed area of research is how adults who work with young children can help children deal with the subject of death.

According to Balkin, Epstein, and Bush (1976), a central issue in planning death education, particularly for children, is a concern about

the way in which the concepts of death develop and the child's existing concepts about death. Their research suggests that there are differences in children's abilities to discuss death in the classroom. The factors related to their ability to discuss death are racial, ethnic, and socio economic. Teachers should be particularly sensitive to these factors as well as to differences according to cognitive levels of development.

The majority of research on children's concepts of death has been based on the child's age as the determining factor. Nagy (1948), Anthony (1940), and Childers and Wimmer (1971) stated that each child passes through sequential stages in developing his or her concepts about death. The first stage is ignorance of the meaning of the word death. In the second stage, the child develops some meaning of the word but an unrealistic one. One example of reasoning in this stage would be that the child thought of the dead person as being able to eat or not being able to get up because the sand was too heavy. Finally, the child reaches a stage where he or she has a realistic view of death including an understanding of the finality and irreversibility of death. Previous research indicated that the child has to reach the age of nine before he or she could have a realistic view of death.

In more recent years, researchers have concentrated on how children's concepts about death were related to their cognitive level of development. The question of whether the growing child's concepts about life and death follows a cognitive developmental pattern was studied by Steiner and Koocher. Steiner (1965), in a study of 60 white non-Catholic, suburban children, aged 4 through 12, investigated the child's attitudes about death for himself and others, the child's

ability to discriminate between living and dead objects, and how these concepts related to his or her cognitive levels of development.

Koocher (1972) has studied 75 children aged 6 through 15. Using standard Piagetian techniques and the Wechsler Intelligence Scale for Children, he tested the children to determine their cognitive level of development and intelligence level. Both Steiner (1965) and Koocher (1972) found that children's concepts of death were usually more consistent with their level of cognitive development than with their age. There are insufficient studies to deal with the viewpoint of a child's cognitive level of development rather than age as the major determinant of the child's concepts of death. There is also lack of information on the death concepts of children in the pre-operational and concrete operational levels of development, as well as a lack of information on the relationship between a child's close personal experiences with death and their death concepts. Therefore, studies of young children who have had experiences with death and those who have not are needed in order to provide more information on the relationship of chronological age and cognitive level to the young child's concepts of death.

The Purposes of the Study

The purposes of this study were: (1) to determine the relationship between the child's level of cognitive development and his or her perceptions about death, (2) to determine the relationship between age and the child's concepts of death, (3) to determine the relationship between sex and the child's concepts of death, and (4) to determine if there are differences in concepts of death between children who have closely experienced death and those who have not.

Research Hypotheses of this Study

1. There is no relationship between a child's level of cognitive development and his or her concepts of death.
2. There is no significant difference by age in children's concepts of causes of death.
3. There is no significant difference by sex in children's concepts of death.
4. There is no significant differences between death experienced and non-death experienced children in their concepts of causes of death.

Definition of Terms

Several terms have specific meanings as applied to this study. In order to avoid misinterpretation of these terms the following definitions are given:

1. Concept - "An idea, especially a generalized idea or thought; general notion" (Webster, 1968, pp. 302).
2. Conception - "The act, process, or power of conceiving mentally, formulation of idea" (Webster, 1968, pp. 302).
3. Concrete Operational Thought - "He possesses a solid, flexible, consistent cognitive structure. He believes that the single is only an abstraction from the total system. The concrete operational child considers more than one" (Munsinger, 1971, pp. 137, 138).
4. Cognitive Development - "Refers to the process by which children acquire knowledge and thinking skills and utilize them in

problem solving" (Evans, 1975, p. 2).

5. Death Experienced - Those children who have had a known close relationship with a person who has died within the past year.
6. Non-Death Experienced - Those children who have had no known experience with death.
7. Pre-Operational Thought - "Preoperational thought is ego-centric. The preoperational child cannot consider more than one perceptual event at a time. The pre-operational child responds to successive patterns rather than to transformations by which one state changes into another. The preoperational child cannot reverse his logic" (Munsinger, 1971, pp. 134-136).

CHAPTER II

REVIEW OF THE LITERATURE

Concepts of Death

Little has been written about the child's concepts of death. Many authors have attempted to explain how man learns about death and comes to grip with this universal phenomenon. For all the writing that has been done in this area, there is little in the area of empirical research, and what exists is of survey or opinion poll variety (Mitchell, 1976). Early research in this area, as illustrated by the now classic works of Nagy (1948) and Anthony (1940) was fraught with methodological problems that greatly limit its generalizability. Nagy (1948) investigated how children from age 3 through 10 thought about death. Through written compositions, drawings, and discussion, Nagy determined that thinking was in three stages: (1) for children ages 3 through 5 denial was the first stage, (2) for ages 5 through 9 death was personified, (3) around 9 years of age, it was recognized that death was a process which takes place in all of us (dissolution of bodily life) (Nagy, 1948).

To assess the influences of death on people's lives, Melear (1973) suggests the logical starting point was to explore the child's conceptions of death. Among the 41 children interviewed in Melear's study (1973), it was concluded that concepts held by these children would be

classified into four categories: (1) relative ignorance of the meaning of death, (2) death was a temporary state, (3) death was final, but the dead function biologically, (4) death was final with the cessation of all biological functioning.

Existing Death Studies

Several psychologists have indicated the need for research in the area of children's concepts of death. Alexander and Adlerstein (1958) hypothesized five stages in children's thoughts about death. These range from ignorance of the word to a clear definition. They found that it was the fifth or sixth year before a meaning was attached to the word death. Nagy's study (1948) seemed to support the idea that the child's perceptions of death are dependent on his or her age level of development. Nagy's conclusion was that only after age nine does the child understand that death is the cessation of corporal life, and the process has the distinction of being universal. Another study on concepts of death in early childhood by Childers and Wimmer (1971) indicated that children's understanding of death was dependent on their age. Results of this study tended to support Nagy's earlier findings.

Koocher's (1972) research was based on Piaget's theoretical framework for conceptualizing cognitive development. In his study, children's answers to questions about death were clearly related to their level of cognitive development. In order for Koocher (1972) to gather this information, he used the following technique. He determined first if the child was of average intelligence by administering the Similarities Subtest of the Wechsler Intelligence Scale for Children. If the child was not of average intelligence, that child was not used

in Koocher's study. The child's level of cognitive function was then assessed by Koocher (1972) using Piagetian techniques. The three areas in which the children were tested were conservation of mass, number, and volume. Koocher (1972) classified the child who failed one or more areas as pre-operational, the child who passed all three areas but failed the final task of hypothesis testing and theory formation as detailed by Phillips (1969) as concrete operational, and the child who passed all of the areas plus hypothesis testing and theory formation was placed at the level of formal operations. To assess children's concepts about death Koocher (1972) asked these questions: "(1) What makes things die? (2) How can you make dead things come back alive? (3) When will you die? (4) What will happen then?" A panel of judges classified the responses of the children to question 1, "What makes things die?", into one of these three classes:

Class 1 (Relatively egocentric responses): This group includes fantasy reasoning, magical thinking, and/or realistic causes of death which are marked by egocentric reasoning as demonstrated in one or more special cases. The symbolism used here is closely tied to the child's experiences and may require extended explanation. Example: 'You die when God reads your name in his book,' or 'if you go swimming alone.'

Class 2 (Specific or concrete reasons): This group includes specific means of inflicting death, with or without intention. Naming specific weapons, poison, or assaultive acts are included in this group. Example: 'guns, bows and arrows, rat poison, and getting beat up.'

Class 3 (Abstract or generalized reasons): This group includes relatively abstract clusters of more specific possibilities. The child who states or implies that death is a natural process is in this group. The idea of physical deterioration or naming classes of potential causes also belongs here. Specific causes may be named as illustrations of the broader classes. Example: 'old age, illness, or a worn out body,' 'it happens to everyone when they get real old,' or 'accidents like getting hit by a car or falling off a roof' (pp. 371).

Koocher correlated children's concepts of death with their developmental level. He found a significance relationship ($p < 0.05$) between children's developmental level and their concepts of death.

The majority of the studies on death and dying come from medical experts, and this information is very subjective in nature. Larsen, Klar, Rex, and White (1974) reported on the development of a Likert-type scale measuring attitudes of adults toward death. The scale did not predict differences in the adult population between doctors and professors. It did, however, show a negative correlation with religiosity and the level of education and a positive correlation with exposure to death of a non-intimate person. They also found that positive attitudes toward death were indicated by a non-religious outlook, low investment in self-relevant goals, and exposure to non-intimate (and less traumatic) deaths.

Wolfenstein and Kliman (1965) investigated the impact on children of a death of a president. The significant results of the study were that adults acknowledged more grief than children and that adults underestimated the children's reactions.

In 1972, Hansen investigated the development of cognitive aspects of the concept of death in normal children. She used three age groups of 12, (2) 4 through 5 years of age, (b) 7 through 8 years of age, and (c) 11 through 12 years of age. She found a significant difference between the three age groups and these differences were partly consistent with the following predictions: (a) the preschool child sees death as a nonpermanent state, (b) the middle age group understands death as a definite state with the termination of life, and (c) the preadolescent has acquired a full understanding of dissolution.

Hansen's (1972) results indicated three levels of conceptualization of death consistent with Piaget's theory. Beauchamp (1974) focused on the awareness of the concept of universality, irreversibility, causality and fear of death as a function of age, sex, social class and social maturity. In a study of 3- and 5-year-old children, he found that their perceptions of death differed according to their age. The 5-year-olds differed significantly from the 3-year-olds in their perceptions of the universality, causality and fear of death. No significant differences were found according to sex or social class for either age group.

In summary, the existing studies show both age and cognitive levels as defined by Piaget as significant indicators of children's concepts of death. Nagy (1948), Anthony (1940), Alexander and Adlerstein (1958), Childers and Wimmer (1971), and Melear (1973) found that children's concepts were a process of age and their concepts could be classified into categories. Koocher (1972) and Hansen (1972) found that children's concepts were developed according to developmental level. The researchers must now look at both factors which might influence children's concepts of death. Existing studies have not dealt in significant numbers with preschool children nor have they seriously looked at children's experiences with death.

Childers and Wimmer (1971) reported that many researchers have investigated the children's approach to life and its important dimensions, but few have tried to assess the perceptual awareness of death a child might have apart from and independent of his or her emotional responses. In view of the need for knowledge about a child's perceptions of death, a comparison of the death concepts of children who

have and have not closely experienced death and more knowledge about whether age or developmental level is the best determinant of concepts of death would be beneficial to teachers, educators, counselors, parents, and people who work with young children.

CHAPTER III

METHODS AND PROCEDURES

Introduction

The major purposes of this study were: (1) to determine the relationship between the child's level of cognitive development and his or her perceptions about death, (2) to determine the relationship between age and the child's concepts of death, (3) to determine the relationship between sex and the child's concepts of death, and (4) to determine if there are differences in concepts of death between children who have closely experienced death and those who have not. To achieve the purposes of this study, three types of instruments were used: (1) a parent questionnaire to determine what close personal experiences the child has had with death, (2) an instrument to determine the child's cognitive level of development, and (3) an instrument to determine the child's concepts about death.

Descriptions of Research Instruments and Procedures

Death Experience Questionnaire

A parent questionnaire was used to determine the child's known close personal experiences with death. The questionnaire developed by the investigator used both fixed alternative and open-ended questions.

A copy of the parent letter and questionnaire are in Appendix A. On the basis of the parent's responses the child was classified into either the death experienced group or the non-death experienced group. The death experienced group were those children who had known close relationships with a person who had died within the past year. The non-death experienced group were those children who had no known close personal experiences with death of persons.

Cognitive Developmental Level Test

The Cognitive Developmental Level Test used to determine the child's level of cognitive development was a modification of the Piagetian test detailed by Phillips (1969). This test classifies each child's performance according to the developmental levels (1) Pre-Operational and (2) Concrete Operational. These levels have been defined by Munsinger (1971) as

The pre-operational child's thought is egocentric; he cannot consider more than one perceptual event at a time; he responds to successive patterns rather than to transformations by which one state changes into another; he cannot reverse his logic.

The concrete operational child possesses a solid, flexible, consistent cognitive structure; he believes that the single class is only an abstraction from the total system. The concrete operational child considers more than one aspect of an operational event (pp. 134-138).

For the purposes of this study a technique outlined by Koocher (1972) was used to classify the subjects into cognitive levels of development. This technique consisted of testing the children in the three areas of conservation: (1) mass, (2) number, and (3) volume. Following the classification method used by Koocher (1972), if the child failed one or more of the conservation tests he or she was

classified as concrete operational. A copy of the instrument and the procedure followed by the investigator is in Appendix B.

Death Attitudes Test

The Death Attitudes Test was a modification of the four questions used in Koocher's (1972) study. The questions and Koocher's interpretations of how to classify responses into the two cognitive levels are:

- (1) 'What makes things die?'
It was predicted that children at the pre-operational level would be limited to providing reasons consistent with egocentricity and adherences to animism. This level would include fantasy reasoning, magical thinking, and the sort of special cases which are directly linked to the child's idiopathic thought processes. Children at the concrete operational and formal operational levels would be expected to draw on the experiences of others in evaluating their environment given more realistic and naturalistic explanations.
- (2) 'How do you make dead things come back to life?'
Children at the pre-operational level would be expected to detail one or more means to accomplish this. Since the child at this stage has yet to develop the reciprocity of interaction that comes with concrete operations, and since he has no personal experience of death, he can draw only from his own fantasies. The pre-operational child should be unable to tap the experiences of others, the child would be quite limited in terms of what his cognitive schemata would be able to accommodate. Children at the concrete operational or formal operational levels, on the other hand should have the capability to learn from the experiences of others via their newly acquired reciprocity skills. By being able to note that others are different from the self, and have different experiences, they should be able to express the permanence of physical death even though they have never experienced it, nor perhaps even had direct contact with it.
- (3) 'When will you die?'
The pre-operational child would be expected to deny future death or reply with a grossly unrealistic estimate (e.g., '10 years old' or '500 years old'). This response would be anticipated because the child

at the pre-operational level, who is still establishing his own basic self-concept, is unable to accommodate his observations of the experience of others in making his estimates. The mean and range of children's estimates of how long they will live would be expected to decrease for concrete operational and formal operational children, respectively. These predicted decreases should reflect the more realistic appraisals of the world which become possible as distinct others and one's own ideals become usable sources of data for the child.

(4) 'What will happen then?'

This would be helpful in exploring attitudes with a fantasy or projective component (pp. 369-370).

For the purposes of this study Koocher's (1972) original questions 1 and 3 are retained. Question 2 was modified to read "Can you make dead things come back to life?" because the investigator felt that the original question was misleading. Koocher made the assumption that all children believed that things could be brought back to life. Question 4 was modified to read "What will happen when you die?" because the investigator felt that the revised wording was clearer for the children.

The child's answer to question 1 was classified according to the level of development which his or her answer projected. The level of development was determined according to the three classes set up by Koocher (1972);

Class 1 (Relatively egocentric responses): This group includes fantasy reasoning, magical thinking, and/or realistic causes of death which are marked by egocentric reasoning as demonstrated in one or more special cases. The symbolism used here is closely tied to the child's experiences and may require extended explanation. Example: 'You die when God reads your name in his book,' or 'if you go swimming alone.'

Class 2 (Specific or concrete reasons): This group includes specific means of inflicting death, with or without intention. Naming specific weapons, poison, or assaultive acts are all included in this group. Example: 'guns, bows and arrows, rat poison, and getting beat up.'

Class 3 (Abstract or generalized reasons): This group includes relatively abstract clusters of more specific possibilities. The child who states or implies that death is a natural process is in this group. The idea of physical deterioration or naming classes of potential causes also belongs here. Specific causes may be named as illustrations of the broader classes. Examples: 'old age, illness, or a worn out body,' or 'accidents like getting hit by a car or falling off a roof' (p. 371).

Specific responses of the children in this study are listed according to response classification level in Appendix D.

Subjects

The subjects were 162 children, aged 3 through 5 who were enrolled in the Oklahoma State University Child Development Laboratories, and aged 5 through 9 who were enrolled in Lone Star Public School, Sapulpa, Oklahoma.

The criteria used in assigning children to age groups were:

- (1) Children from 48 months through 59 months were assigned to the age group of 4-year-olds.
- (2) Children from 60 months through 71 months were assigned to the age group of 5-year-olds.
- (3) Children from 72 months through 83 months were assigned to the age group of 6-year-olds.
- (4) Children from 84 months through 95 months were assigned to the age group of 7-year-olds.
- (5) Children from 96 months through 107 months were assigned to the age group of 8-year-olds.
- (6) Children from 108 months through 119 months were assigned to the age group of 9-year-olds.

Research Procedures

One parent or guardian of each child completed the Death Experience Questionnaire. Their responses to the questions were used to determine if the child should be classified as death experienced or non-death experienced.

The method for administering the Cognitive Developmental Level Test and the Death Attitudes Test were those outlined by Koocher (1972). The examiner introduced herself to each subject as a person who was interested in finding out their opinions and playing some games with them. The investigator administered the Death Attitudes Test and the Cognitive Developmental Level Test during the same testing period in a quiet area of the child's school. Each testing session of approximately 10 minutes was audio taped and all testing was done by the investigator.

As discussed earlier, if the child passed all three sections of the Cognitive Developmental Level Test, the child was classified as concrete operational. If the subject failed one or more sections of the Cognitive Developmental Level Test he or she was classified as pre-operational.

The Death Attitudes Test was administered with no elaboration other than asking the child, "Anything else?" or "What else can you tell me?". The children were not pressured to answer any of the questions.

A panel of judges evaluated the answers to Question 1 on the Death Attitudes Test and classified each child into one of the three classes set up by Koocher (1972). The panel of five judges was selected from people who were experienced early childhood educators. The judges were asked to listen to the tape recordings of the testing sessions and to

evaluate the child's responses to Question 1, "What makes things die?", on the Death Attitudes Test and to place that response into one of the three classes. A copy of the judges' check list is included in Appendix C. In order to place a child's response into a certain class, four out of five judges had to agree on the classification for that response.

Analysis of the Data

The Chi square test was used to examine the following major hypotheses:

1. There was no relationship between a child's level of cognitive development and his or her concepts of death.
2. There was no significant differences by age in children's concepts of death.
3. There was a significant difference by sex in children's concepts of death.
4. There were no significant differences between death experienced and non-death experienced children in their concepts of death.

CHAPTER IV

RESULTS AND DISCUSSION

This research was concerned with children's concepts of death and the relationship of these concepts to their cognitive level, experiences with death, sex, and age level. This chapter includes results of Chi square analysis of main hypotheses related to children's concepts of causes of death and summaries of children's perceptions of (a) finality of death, (b) when they might die, and (c) what will happen after death.

Children's Concepts of Causes of Death

Children's responses to Question 1 "What makes things die?", were classified according to the three classes set up by Koocher (1972). Responses of the total sample of 162 children aged 3 through 9, were classified as follows: 39 (24.07%) were Class 1, egocentric responses; 100 (61.73%) were Class 2, specific or concrete responses; and 23 (14.20%) were Class 3, abstract or generalized responses (Table I).

Of the 162 subjects, 141 (87.04%) were classified as pre-operational and only 21 (12.96%) were classified as concrete operational. Chi square analysis indicated that there were no significant relationships between a child's level of cognitive development and his or her level of concepts of death (Table II). These results do not support the findings of Koocher (1972) and Hansen (1972) that children's

TABLE I
 CLASSIFICATION OF CHILDREN'S RESPONSES TO
 "WHAT MAKES THINGS DIE?"

Response Classification	<u>N</u>	Percentage of Total Responses
Class 1 (Relatively Egocentric Responses)	39	24.07%
Class 2 (Specific or Concrete Responses)	100	61.73%
Class 3 (Abstract or Generalized Responses)	23	14.20%
Total	162	100.00%

TABLE II
 CHI SQUARE VALUE REFLECTING DIFFERENCES IN
 COGNITIVE LEVEL AND RESPONSE
 CLASSIFICATION LEVEL

Cognitive Level: Pre-Operational or Concrete Operational Level	χ^2	<u>p</u>
Class 1 (Relatively Egocentric Responses)		
Class 2 (Specific or Concrete Responses)	1.57	N.S.
Class 3 (Abstract or Generalized Responses)		

concepts of death are related to their cognitive level of development. One of the reasons for the variation may be that Koocher's (1972) sample consisted of 75 children ages 6 to 15, and Hansen's (1972) sample consisted of 36 children ages 4 through 5, 7 through 8, and 11 through 12 years, compared to this study of 162 children ages 3 through 9 (Table III). Since the former studies included a broader age range, they included more children at the concrete operations level and some children at the formal operations level. With the much larger sample of younger age children in this study, the majority were pre-operational and no significant relationship between cognitive level and concepts of death were found.

TABLE III
COMPARISON OF SAMPLE SIZE AND AGE RANGES OF
STUDIES OF CHILDREN'S CONCEPTS OF DEATH

Investigator	<u>N</u>	Age Range
Koocher (1972)	75	6 - 15
Hansen (1972)	36	4 - 12
Flesner	162	3 - 9

In this study 141 of 162 children were classified as pre-operational compared to Koocher's (1972) study where 20 of 75 were

classified as pre-operational. When comparing classifications of Koocher's (1972) subjects in the age range of 6 through 9 with this study's subjects ages 6 through 9, 19 or 65.52 percent of Koocher's subjects were classified as pre-operational, nine or 31.03 percent were classified as concrete operational and one or 3.45 percent was classified as formal operational, while in this study 59 or 74.68 percent were classified as pre-operational, and 20 or 25.32 percent were classified as concrete operational.

Chi square analysis indicated no significant differences between death experienced and non-death experienced children's concepts of causes of death (Table IV). These findings are consistent with those of previous researchers (Nagy, 1948; Alexander and Adlerstein, 1958; Koocher, 1972; and Melear, 1973). One of the problems in this study was the small number of children who had a close personal experience with death, since only 21 or 12.96 percent of 162 were death experienced.

Analysis of the data allowed for the rejection of the hypothesis that there are no significant differences by sex in children's concepts of causes of death. Chi square analysis indicated a significant difference ($p < 0.05$) in the relationship of sex to response classification levels (Table V). Responses of 50 (71.42%) of the boys were Class 2, specific or concrete responses, while only 50 (54.35%) of the girls' responses were Class 2. Of the Class 1, egocentric responses, 29 (32.52%) of the girls' responses were in this class, while only 10 (14.29%) of the boys' responses were Class 1. In the highest level of response, Class 3, abstract or generalized responses, there were approximately equal percentages of boys and girls responses (Table VI).

TABLE IV
 CHI SQUARE VALUES REFLECTING DIFFERENCES IN
 EXPERIENCES WITH DEATH AND RESPONSE
 CLASSIFICATION LEVEL

Death Experienced Vs. Non-Death Experienced	χ^2	p
Class 1 (Relatively Egocentric Responses)		
Class 2 (Specific or Concrete Responses)	.50089	N.S.
Class 3 (Abstract or Generalized Responses)		

TABLE V
 CHI SQUARE VALUE REFLECTING DIFFERENCES IN
 RESPONSE CLASSIFICATION LEVELS BY SEX

Sex	χ^2	p
Class 1		
Class 2	7.06	p < 0.05
Class 3		

TABLE VI
FREQUENCY AND DISTRIBUTION OF CLASSIFICATION
RESPONSE LEVEL BY SEX

Classification Level	Sex					
	M			F		
	N	%		N	%	
1	10	14.29		29	31.52	
2	50	71.42		50	54.35	
3	10	14.29		13	14.13	
Total	70	100.00		92	100.00	

In comparing the Class 2 responses for males and females, the researcher found 50 (71.42%) male responses in Class 2, 34 (68%) of those responses described some type of violent death, such as "sharks", "knives", "guns", and "hunters", 8 (16%) of the responses were "poison", and 8 (16%) of the responses were other responses such as "cold", "no food", "no water", and "blood stops". Of the 50 (54.35%) female responses in Class 2, 23 (46%) of the responses were "poison", 21 (42%) of the responses were violent and 6 (12%) of the responses were other. Analysis of the audio-tapes indicated that males in this study were more verbal in their responses, and they gave a larger number of responses to the question "What makes things die?" than females. Of the male responses 53 (75%) gave more than two responses to Question 1, and they were more willing to elaborate on their responses, while only 46 (50%) of the females gave two or more responses to the same question.

Chi square analysis indicated no significant differences by age in children's concepts of causes of death (Table VII). Of all subjects' responses, 100 (61.73%) were Class 2, specific or concrete responses, and every age level except age 6 had 50 percent or more responses in Class 2. This is an indication that children from ages 3 through 9 are in a similar stage of thinking about death. Contrary to popular belief, 21 (58.33%) of the 8- and 9-year-olds in this study were in the pre-operational stage. The 3- and 4-year-olds gave the same type of answers as the 8- and 9-year-olds. The majority of subjects were able to give a listing of concrete things which cause death such as "guns", "knives", and "poison", but only 23 (14.20%) of all subjects could state or imply that it was a natural process.

TABLE VII
CHI SQUARE VALUE REFLECTING DIFFERENCES IN
RESPONSE CLASSIFICATION LEVELS AND
AGE LEVELS

Level of Response by Age Classification	χ^2	p
3- and 4-year-olds		
5-year-olds		
6-year-olds	8.24	N.S.
7-year-olds		
8- and 9-year-olds		

Children's Concepts of the Finality of Death

When the subjects were asked "Can you bring dead things back to life?", 120 (74.07%) of the 162 subjects responded "no", and only 42 (25.93%) responded "yes". Of the 42 "yes" responses, 10 could give no answer when asked "How can you bring them back to life?"; 14 responses were of a medical nature such as, "hospital", "medicine", "doctors", and "push heart"; 10 responses were religious such as, "God", and "heaven"; and 8 were classified as other responses such as, "just bring back", "get water", "put skin on", and "when we roll" (Table VIII).

Children's Concepts of When They Might Die

When the children were asked, "When will you die?", the responses

TABLE VIII
 RESPONSES OF CHILDREN ON "HOW TO BRING DEAD
 THINGS BACK TO LIFE"

Classification of Responses	Frequency of Responses	Percentage of Responses
Religious Responses		
God	8	
Heaven	<u>2</u>	
Total	10	23.81%
Medical Responses		
Hospitals	7	
Medicine	1	
Doctor	5	
Push Heart	<u>1</u>	
Total	14	33.33%
Other Responses		
Just Bring Back	2	
Get Water	4	
Put Skin On	1	
When We Roll	<u>1</u>	
Total	8	19.05%
No Reason Given	10	23.81%
Total	42	100.00%

by age were quite varied. However, 74 of the 162 subjects could give no estimate of when they might die. Table IX indicates the range of responses given and the number of subjects who gave no response for each age level. Each answer was given only once or twice and there was no answer given more than three times. The preschool age children gave more unrealistic answers than the school age children.

TABLE IX
CHILDREN'S ESTIMATES OF WHEN THEY WILL DIE

Age	Range of Age in Years	Number Giving No Responses
3-year-olds	3 - 65	9
4-year-olds	5 - 140	13
5-year-olds	6 - 100	15
6-year-olds	50 - 100	14
7-year-olds	20 - 100	9
8-year-olds	50 - 100	10
9-year-olds	6 - 170	4

Children's Concepts of What Will Happen

After Death

When the subjects were asked "What will happen when you die?",

their responses could be classified according to the following categories: (1) factual, (2) religious, (3) other, and (4) no response. As Table X illustrates, 54 (33.33%) of all responses were factual responses, 53 (32.72%) were religious responses, 41 (25.31%) gave no response, and 14 (8.64%) were classified as other.

TABLE X
CHILDREN'S CONCEPTS OF WHAT WILL HAPPEN
AFTER DEATH

Responses	Frequency	Percentage
Factual Responses		
Just Die	12	
Get Buried	30	
Never Come Back	5	
Dissolve	4	33.33%
Can't Move	2	
Feel Nothing Again	<u>1</u>	
Total	54	
Religious Responses		
Go to Heaven	40	
Go to God	<u>13</u>	32.72%
Total	53	
Other Responses		
Bones and Blood Come Out	4	
Get People Up	3	
Vibrate	1	
Heart Attack	1	8.64%
Doctor	3	
Hospital	1	
Turn into Oil	<u>1</u>	
Total	14	
No Responses	41	25.31%
Total	162	100.00%

CHAPTER V

SUMMARY

Purposes of the Study

The purposes of this study were: (1) to determine the relationship between the child's level of cognitive development and his or her perceptions about death, (2) to determine the relationship between age and the child's concepts of death, (3) to determine the relationship between sex and the child's concepts of death, and (4) to determine if there are differences in concepts of death between children who have closely experienced death and those who have not. To determine the child's concepts of causes of death, a modification of Koocher's (1972) instrument was used; to determine the child's experiences with death, a questionnaire developed by the researcher was used; and to determine the child's cognitive level, a modification of the Piagetian test detailed by Phillips (1969) was used.

Methods of Study

The subjects were 162 children aged 3 through 9 years, who were enrolled in the Oklahoma State University Child Development Laboratories and the Lone Star Public School, Sapulpa, Oklahoma. There were 70 males and 92 females in this study. A questionnaire was administered first to the parents in order to identify children who were death

experienced and non-death experienced. The researcher interviewed each child at school, administering the Death Attitudes Test and the Cognitive Developmental Level Test. A panel of judges classified each child's responses to the question, "What makes things die?", into one of the three classes set up by Koocher (1972). These three classes were: (1) Class 1, relatively egocentric responses; (2) Class 2, specific or concrete responses; (3) Class 3, abstract or generalized responses. The children's responses to "What makes things die?" are listed in Appendix D.

Results and Conclusions

Chi square analysis was used to determine the significant differences in children's concepts of death according to (1) cognitive level, (2) experiences with death, (3) sex and (4) age. There were no significant differences in children's concepts of causes of death according to cognitive level, experiences, or age. However, there was a significant difference ($p < 0.05$) in concepts of causes of death according to sex. A greater percentage of boys' responses were classified as Class 2, whereas girls' responses were divided between Class 1 and Class 2. The boys gave more than one cause for death, and more boys than girls gave violent answers. In this study, 100 (61.73%) of the subjects gave Class 2, specific or concrete responses of causes of death rather than egocentric responses or abstract responses.

Contrary to previous studies (Koocher, 1972; Hansen, 1972; Nagy, 1948; Anthony, 1940), 120 (74%) of the children in this study when asked "Can you bring dead things back to life?", were able to state that death was final. Of the 162 subjects, only 42 said that dead

things could be brought back to life. When asked "How can you bring dead things back to life?", 10 of the 42 could give no response; 10 referred to God; 14 gave medical responses such as "hospitals", "medicine", "doctors", and "push heart"; eight gave other responses such as "just bring back", "get water", "put skin on", and "when we roll".

On the basis of the results of this study it can be concluded that educators of very young children could plan similar learning experiences for children in the early childhood years three through nine. Teachers need to be alert to children's religious beliefs and plan learning experiences which would not conflict with their beliefs. Also, in planning for learning experiences related to death, teachers need to be aware that 50 percent of the responses of 8- and 9-year-old children in this study were classified as pre-operational and gave similar responses as 3- and 4-year-olds.

Recommendations for Further Research

The results of this study indicate the need for further research in the following areas:

1. A study should be done with varied ethnic groups.
2. A study should be done with equal numbers of males and females.
3. A study should be done with an equal number of death experienced and non-death experienced children.
4. A study should be done which includes death experiences with pets in the definition of death-experienced children.

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APPENDIX A

DEATH EXPERIENCE QUESTIONNAIRE


OKLAHOMA STATE UNIVERSITY • STILLWATER

 Department of Family Relations & Child Development
 (405) 372-6211, Ext. 6084

74074

march, 1977

Dear Parents,

Some recent experiences with children have indicated that there is a need to help teachers of young children understand more about how children develop concepts concerning death. Therefore, I am conducting a study which I hope will help to determine how children's concepts about death are developed. I also hope to be able to determine how their experiences relate to their attitudes.

If you give your permission, your child will be interviewed using an adaptation of Piaget's test to determine his or her level of cognitive development and a death attitudes test which has been developed by Dr. Gerald P. Koocher, Developmental Evaluation Clinic, The Children's Medical Center, Boston, Mass. This test is very general in nature, and we feel that it is non-threatening. If you are concerned about the type of questions which will be asked, I will be glad to visit with you about the questions. All testing sessions will be audio-taped for research purposes and you will be able to listen to your child's interview if you wish. All testing will take place during nursery school hours. The children's names will not be included in the final results.

To be able to determine how the child's experiences relate to his or her attitudes about death it is important to know what type of experiences your child has had. For this reason, it is important that you answer a few questions about your child's experiences. It will only take a few minutes to answer the attached questionnaire.

Thank You for your cooperation,

Sincerely,

 Laura Flesner, Graduate Student
 Family Relations and Child Development.

 Judy Powell, Ed. D.
 Adviser.

_____ Yes, my child has permission to participate in this study.

_____ No, my child can not participate in this study.

If you have any questions feel free to call Laura Flesner at 372-6874.

DEATH EXPERIENCE QUESTIONNAIRE

Name of Child _____

Age _____

Sex _____

Date _____

Birthday _____

Please answer the following questions by circling the answer that best fits.

1. Has there been a death in the family with in the past year?

Yes No

2. What was the relationship to the child?

grandparent
aunt
mother

uncle
cousin
father

brother
sister
other _____

3. How close was the child to this person?

very close
close

semi-close
know of the person

4. What was the approximate age of this person? _____

5. How often did the child see this person?

daily
frequently
moderately

infrequently
never

6. What kind of reaction did the child experience? _____

7. Within the past year, has the child experienced the death of a person other than a family member with whom he or she had a close relationship? Example: Babysitter, friend, teacher etc.

yes _____ relationship _____

No _____

8. How long had the child known this person?

0-6 months _____

6 months - 1 year _____

1 year - 2 years _____

2 years - 4 years _____

4 years and over- _____

9. What was the approximate age of this person? _____

10. How often did the child associate with this person?

daily

frequently

moderately

infrequently

never

11. What was the reaction of the child to the death of this person? _____

APPENDIX B

COGNITIVE DEVELOPMENTAL LEVEL TEST

COGNITIVE DEVELOPMENTAL LEVEL TEST*

Name _____
 Age _____
 Sex _____
 Date _____

Group _____
 Birthday _____
 Cognitive Domain _____

Mass

Investigator: "I have two balls of clay for you to look at." Place before the child two balls of clay of equal size. Ask the child, "Are the balls of clay the same size?" If the child does not feel that the balls are equal, ask the child, "Which one is bigger?" Take a little off of the bigger one and place it on the smaller one until the child agrees that they are the same. Then in front of the child roll one of the balls out into a sausage shape. Now ask the child, "Are they still the the same size?" Yes, "How do you know?" No, "Which one is bigger?"

Scoring: When the one ball of clay is rolled out into a sausage shape the pre-operational child will say they are not equal. The concrete operational child will be able to say that they are still equal.

Number:

Investigator: Place before the child four red disks in a row and then just below that row in one to one correspondence another row of four blue disks. Ask the child, "Do these two rows have the same number of disks?" Then the investigator will take the red row of disks and put them into a pile in front of the child. Now ask the child "Do they still have the same number?" Yes, "How do you know?" No, "What one has more?"

Scoring: The pre-operational child will not be able to say the rows

are the same after one has been made into a pile. The concrete operational child will be able to say that they are the same even after the shape is changed.

Volume

Investigator: Place before the child two beakers of water, the same size beakers and the same amount of water in each. Ask the child, "Do these two beakers have the same amount of water?" If the child doesn't think they are equal ask the child "Which one has more?" Adjust the beakers until the child agrees that they are the same. In front of the child pour one beaker of water into a taller and smaller cylinder type container then ask the child, "Do they still have the same amount of water." Yes, "How do you know?" No, "Which one has more?"

Scoring: The pre-operational child will not be able to say that the amount of water is equal after the shape has been changed. The concrete operational child will be able to agree they are still equal even after the shape has been changed.

*Adapted from:
Phillips, J. L. The Origins of Intellect: Piaget's Theory. San Francisco: Freeman, 1969.

APPENDIX C

JUDGES' CHECK LIST

JUDGES' CHECK LIST

To: Panel of Judges
 From: Laura Flesner

Judge: _____
 Position: _____

I need your help in evaluating the childrens responses to the Death Attitudes Test that each child took. Please listen to their responses on the four questions which they were asked on the tape. Classify the child's answers into one of the following groups.

Class 1 (Relatively egocentric responses): This group includes fantasy reasoning, magical thinking, and/or realistic causes of death which are marked by egocentric reasoning as demonstrated in one or more special cases. The symbolism used here is closely tied to the child's experiences and may require extended explanation.

Example: "You die when God reads your name in his book," or "if you go swimming alone."

Class 2 (Specific or concrete reasons): This group includes specific means of inflicting death, with or without intention. Naming specific weapons, poison, or assaultive acts are all included in this group. Example: "guns, bows and arrows, rat poison, and getting beat up."

Class 3 (Abstract or generalized reasons): This group includes relatively abstract clusters of more specific possibilities. The child who states or implies that death is a natural process is in this group. The idea of physical deterioration or naming classes of potential causes also belongs here. Specific causes may be named as illustrations of the broader classes. Examples: "old age, illness, or a worn out body," "it happens to everyone whenthey get real old," or "accidents like getting hit by a car or falling off a roof."(Koocher, 1972, pp. 371)

Judges, please classify each of the responses to the first question into one of the following groups by placing an X in the group where you feel it belongs.

Name of Child _____

Name of Judge _____

Question 1 Classification

Class 1 (Relatively egocentric responses)

Examples: "You die when God reads your name in his book, or if you go swimming alone."

Class 2 (Specific or concrete responses)

Examples: "guns, bows and arrows, rat poison, and getting beat up."

Class 3 (Abstract generalized reasoning)

Examples: "old age, illness, or a worn out body, it happens to everyone when they get old," or "accidents like getting hit by a car or falling off a roof."

Question 2 response _____

Question 3 response _____

Question 4 response _____

Questions: 1. What makes things die? 2. Can you make dead things come back alive? 3. When will you die? 4. What will happen when you die?

Comments: _____

APPENDIX D

CHILDREN'S SPECIFIC RESPONSES TO "WHAT MAKES
THINGS DIE?"

CHILDREN'S RESPONSES

Children's responses to "What makes things die?" classified by response classification level:

Class 1 Responses

disappear	water too much
just die	hit down in the river
when you do the wrong thing	cold die
go to Jesus	people blood
go to heaven	God wants you
go to God	God makes things die
God wants you back	

Class 2 Responses

spear	hunters, cold, no food and water
bow and arrows	car wreck, getting run over
matches, guns	poison
bullets, fire	killing somebody
shot, poisonous snakes	sharks
smoking, run out of air	spear gun
eating poison	knives, saw

Class 3 Responses

get old	getting sick for a long time
disease	not taking care, getting old
heart attacks, flu, cancer	

VITA²

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