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CHILDREN'S ATTITUDES TOWARD DEATH

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Most of the research relating to children and death has been psychological or psychoanalytic in nature and has employed case studies or projective methodology. This study utilized a sociological perspective and was aimed at discovering the socialization processes that shape children's attitudes in this area of inquiry. The children's attitudes were examined in terms of four variables, their definitions of death, the relationship of age and death, their reactions to self-destruction and the destruction of others, and the effects of the media on them. Findings from this study of twenty-five children provided further support for the contention that attitudes are the result of learning experiences, i.e., socialization, involving significant others. For the most part, the children's responses were reflections of dominant social values and might therefore be considered the result of socializing factors.

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CHAPTER I  
THEORETICAL ORIENTATIONS AND  
RELATED RESEARCH

Introduction

Questions by children regarding the nature of death are received in much the same way as questions relating to sex. Parents and teachers are often caught unaware and respond with embarrassed silence, try to avoid the issue, or offer vague generalizations about "the nature of things," inevitability, or religious beliefs. The difficulty encountered by adults may be the result of attempts to allay the fears of their children, or perhaps more importantly, a reluctance on the part of the adult to accept his own mortality.

A good portion of the literature pertaining to death and children is devoted to answering children's questions and counseling adults on how to help the child accept in a rational manner the harsh reality of death. In view of our society's reluctance to discuss these matters and the potential psychic harm possible to the child who forms opinions based on myths and superstition, the value of this type of literature is difficult to deny. It does not, however, contribute anything of scientific value: it tells us nothing

of a child's basic attitudes toward death or how they are formed. This task has been left to the scientific community, and it has responded with something less than uncontrolled enthusiasm. Objective, empirical research has been extremely sketchy since the pioneer work of Piaget in the late 1920's, that of Schilder and Wechsler in 1934, of Anthony in 1940, and of Nagy in 1948.

There have been a multitude of behavioral and attitudinal modifiers introduced into our culture since the research of the 20's, 30's, and 40's. Death is no longer an immediate-circle phenomenon, that is, people no longer die in their beds at home surrounded by family and friends. If the death is not sudden or violent, as in the case of an accident, then the deathbed scene will likely unfold, not in the home, but in a hospital or nursing home. The pain often associated with lingering death may be muted by drugs so it appears to the child (if he is even allowed to visit) that the individual simply went to sleep. Funeral rituals are less personal than they once were. The efficient funeral home director and his display rooms have taken the place of the traditional "laying out" of the corpse at home. Forcing the child to say goodbye and kiss or touch the corpse is no longer practiced. In sum, death is a more distant, abstract event of personal experience than it once was.

Equally important as a modifying factor is the growing influence of the electronic media. Violence and death are

a staple of prime time television; the news carries explicit verbal and visual accounts of famine, starvation, and destruction in various parts of the world. Fictional portrayals of death are omnipresent. The opinions and attitudes toward death of the child of the electronic age may be formed predominantly from the impressions he receives from radio and television.

Death, then, is a phenomenon in American society today which presents a curious dilemma to children: adults are reluctant to discuss the subject, yet children have more exposure to death, in an impersonal way, than perhaps at any time in the history of man. This suggests a rather obvious question: what are children's attitudes toward death today?

Complementary to questions regarding death are questions relating to old age. Have changing values also affected children's attitudes toward the aged? Are certain liabilities such as pain, inconvenience, and loneliness associated with old age, or have science and medical technology relieved suffering and increased the life span so much that young children no longer associate death and old age? Research in the field of aging is certainly a neglected area, but research on children's attitudes toward the aged is virtually non-existent. The lack of recent empirical research in the area of children's attitudes toward death, coupled with the desire to alleviate the paucity of



material relating to children's attitudes toward old age, has provided the impetus for this thesis.

### Review of the Literature

The literature relating to children's attitudes toward death may be categorized into three types: psychological, psychoanalytic, and pragmatically oriented, i.e., that which is addressed to those who help children relate to death situations. The only work that might have been considered sociological in nature was Vernon's Sociology of Death (28); however, the material in this book devoted to children and death was little more than a summary of psychological theories and therefore was of little value so far as a sociological perspective was concerned.

### Psychological Theories

Developmental theories.--The earliest and most widely cited research in the developmental area was conducted by Piaget with Swiss children in the late 1920's (20). Using the techniques of intensive observation and personal interview, he arrived at a theory of animism, which he related to developmental stages. Briefly stated, animism refers to the phenomenon of children's ascribing life and life-like qualities to inanimate objects, a theory evolving from the view that children see objects as extensions of themselves. If this were the case, then a child who conceived of himself

as a living entity, subject to the processes of death, should also have viewed inanimate objects as being subject to the same processes. Piaget found that this was indeed the case and identified four developmental stages which children pass through. Although he assigned age categories to the stages, he did not consider them inviolable, but emphasized that age categories would vary with cultural, individual, and training differences. However, he held that the stages followed were unmodifiable.

In the first stage, usually from age four to five, the child defined anything that was active as having life. In the second stage, ages six to eight, life was related to movement. Thus, clouds and rivers and mechanical objects such as automobiles and bicycles were alive because they moved. The third stage, age eight to nine, interpreted life as spontaneous movement, something that could move by itself. Mechanical devices were rejected in this stage because they could not function alone; they needed an operator. In the fourth stage, somewhere between eight and eleven, the child adopted the adult view of life and restricted it to plants and animals (20).

Gesell (10) also presented a stage-development theory. Using data based upon periodic, longitudinal studies of normal children by the staff of the Clinic of Child Development at Yale University, he noted stages ranging from one to three years, in which there was no understanding of the

concept of death, to age nine and above, when a biological definition was accepted. Intermediate stages were graduated in increments of one year, with the child's conception becoming progressively more sophisticated. At age four there was a very limited concept of death; at five it became more detailed and the beginnings of a recognition of its finality was developed--until then death was thought of as being reversible. The idea that death is related to old age and that older individuals often die first was also recognized in this stage. Age six brought a new emotional awareness of death. The child worried about his mother dying and leaving him, but did not believe he himself would die. Age seven was characterized by a more realistic evaluation of the death phenomena. The child began to suspect that he himself would die, yet he still denied it. At age eight he began to accept the fact that all living beings, including himself, must eventually die. This led to the last stage, in which a realistic, biological concept was accepted. Ilg and Ames, co-authors with Gesell of The Child From Five to Ten (1946), echo his developmental theories in their book, Child Behavior (12).

Empiric research by Anthony (2), Nagy (19), and Safier (23) has supported the stage-development theories. Working in pre-war England, Anthony utilized three techniques to gather her data: home records, story completion tests, and intelligence tests. For the home records, parents recorded

in a notebook the time of day, activity engaged in, name, birthdate, and subsequent behavior of any child who made any reference to death. Eleven children living in five families were the subjects of this segment of the study. The story-completion tests consisted of a series of brief story-openings which the child completed verbally. The stories made no specific references to death, yet 66 percent of the children answered with a death-oriented response. The 1937 Stanford-Binet Intelligence Test was used to determine the child's intellectual development on a standardized scale; Form L of the test was used because it included questions relevant to children's ideas about death. A total of 117 English children was used for the story-completion and intelligence tests. The sample was not randomly drawn; however, respondents were selected to include intellectual extremes.

Anthony's conclusions agreed with those of Piaget, that is, a child's ideas relating to death developed in the same manner as did all of his conceptual thoughts. There was an initial stage of ignorance with egocentric characteristics, a homocentric intermediate stage, and a mature stage which was objective and from which generalizations could be made. The child recognized the inevitability of death and began to associate it with himself.

Nagy's sample consisted of 387 children, ages three to ten, 51 percent male, 49 percent female, selected from

different religions, schools, and social classes in Budapest, Hungary. She, too, used three techniques to gather her data: written compositions, in which children ages seven to ten were told to write down anything that came to their minds about death; drawings, for which children were instructed to sketch death; and discussions, in which investigators wanted spontaneous responses so the child was told only to tell all they could think of about death, leading questions or prompting being used as little as possible. The data were 484 protocols, 294 compositions, 40 drawings, and 141 discussions.

Nagy concluded there were three developmental stages in a child's conceptualization of death. In stage one (up to the age of five) there was no biological association with death; it was not recognized as an irreversible fact. There were two groups in this stage: the first saw death as a departure, with life continued but under altered circumstances; the second recognized death but could not separate it from life and saw death as temporary or gradual. In stage two, ages five through nine, death was personified. In this stage death was a person, the reaper, the death-man, a skeleton, ghost, or spirit which may or may not have been visible but was responsible for the death of all beings. This stage was more advanced because death was accepted. Death was, however, seen as an external phenomena and not accepted as an internal reality. In stage three, nine and

over, children recognized death as an internal process, inevitable and operating within the framework of certain biological laws. When a child reached this point, his conception of death as well as his general view of the world was realistic and stable.

Similarities between the formulations of Piaget and Nagy provided the theoretical basis for Safier's study done in 1964. She presented to each child in her sample (thirty boys, ten age four to five, ten age seven to eight, and ten age ten to eleven) a list of ten stimulus words: dog, ball, tree, bike, boy, moon, mother, ocean, car, and cloud. After each stimulus word was presented she asked if the object were alive, if it hurt when hit, if it grew up, or if it could die. Those respondents who attributed life to inanimate objects were interviewed further. Results of Safier's study supported both Piaget's stages of animism and Nagy's stages of death conception. She contended that children pass through a series of developmental stages while formulating their conceptions of death just as they do while formulating conceptions of life (23, p. 294).

General psychological theories.--One early psychological study was conducted by Schilder and Wechsler in 1934 (25). They were interested in determining precisely what experiences each child in their sample had with death, what conceptions he held about death, and what part these conceptions

played in his mental life. They used a questionnaire which asked very pointed questions such as "What happens when a person dies?," "Would you like to die?," "Does it hurt to die?," and "What does a corpse look like?" to generate discussion (25, p. 412). The information derived from these discussions provided most of the material for the study. A series of eight pictures was also used: they were shown to the child one at a time, and he described what he saw, which in turn led to further discussions.

Schilder and Wechsler (25) found that children dealt with death in a very realistic, matter-of-fact manner, associating it with deprivation, i.e., they understood that the dead could neither move nor feel. This association with deprivation is responsible for their viewing death as a reversible phenomena. A child's deprivations are usually encountered within a context of punishment and are not permanent or lasting; therefore, children have no consciousness of the permanent deprivation, death. Children do not accept the possibility of their own deaths; they recognize that old people die, but their own deaths are so far in the future that they have no personal cognizance of it. Neither did the children in the study accept death by natural causes; death was caused by disease, old age (age was not considered a natural cause), violence, accidents, or God. Since they excluded the possibility of death by natural causes, it follows that death would not be seen as the natural end of

life. Indeed, this was the case: death was not natural; it was a punishment. Therefore, the author stated that while most children do not fear dying, they may have the fear of being murdered (as an extreme form of punishment). Fear of death was rare, but the word still had disagreeable connotations for most of the children, an attitude they received from adults. The study also found that children were ready to kill and engaged in some experimental killing, usually of insects, while formulating their opinions concerning death.

Generalizations from the Schilder and Wechsler study should be drawn with extreme care because of the nature of their sample. Of the seventy-six children, ages five to fifteen, who were subjects for the study, six were hyperkinetic, three had epilepsy, nine were mental defectives, and the rest had been classified as having behavior problems. The researchers noted, however, that the conclusions were based on the sixteen youngest and most nearly normal.

A more recent study utilizing much the same techniques employed by Schilder and Wechsler was conducted by Gartly and Bernascone (19). They asked their sample of sixty Roman Catholic school children, ages five and one-half to fourteen, the same pointed questions that Schilder and Wechsler used, adding some that reflected the changes of the electronic age. ("What happens to cowboys when they are shot in the



movies or on television?" [9, p. 73]). They also used unstructured interviews in which death was introduced as one of several concepts to be defined, along with such words as book, life, brother, table. A marked physical reaction was noted when the word death was introduced. This was consistent with the results of a study conducted by Alexander and Adlerstein (1). Using galvanic skin responses, they measured the reactions of 108 males, ages five to sixteen, to a set of twenty-seven stimulus words. They concluded that all groups showed significant emotional response and increased response time to the three death words included among the twenty-seven.

Results of the Gartly-Bernascone study indicated that children take death very matter-of-factly; it is too remote, too far away, to be feared. They also noted that while children can readily accept death and generally have no fear of it, fear can be introduced by observation of the behavior of adults in death-oriented situations. In these respects the study agreed with Schildern and Wechsler; in others, however, the results were quite different. Gartly and Bernascone found that all their children believed death to be a final, non-reversible phenomenon and that none were, as Schilder and Wechsler said, ready to kill. Also, they found no evidence to support Nagy's contention that there was a stage in which children personified death. They concluded by stating that children were developing death

concepts at an earlier age than before and suggested that probably religious training and television were responsible.

Kastenbaum (13), in his study of 260 southern California high school students, found that adolescents lived in the present. The past or future have little real meaning for them; everything of importance is in the present or in the immediate past or future. The adolescent sees himself at the beginning of a life-long process and is not anxious to confront the somewhat unpleasant and risky future with its inevitable old age and death. Kastenbaum noted that his subjects displayed ". . . a very low tolerance for acceptance of death-connoting experiences" (13, p. 109) and tried to put as much time as possible between themselves and the future. Exceptions to this generalization were found in approximately fifteen percent of the cases. These were individuals who had a very realistic concept of death and structured their lives in terms of their eventual death. Usually these individuals were the most religious of the students tested.

In one of the more recent studies, one hundred thirty-seven nursery and kindergarten children (seventy girls, sixty-seven boys), aged two to five, contributed 360 original, creative stories that were categorized and analyzed by Pitcher and Prelinger (21). They concluded that young children consider death a reversible phenomena. Three-

year-olds, for example, see death as a "stunning rather than a knock-out blow," something that temporarily puts people out of circulation, but a condition from which they can return (21, p. 179). At age four the concept of reversibility became dichotomous; there was a state of being dead and a state of being "really" dead. The former stage was temporary and included the possibility of people disappearing and returning, while the latter was a more permanent condition. Five-year-olds begin to see death in terms of finality, particularly boys; girls are much more reluctant to admit the finality of death. Possibly this difference is because boys ". . . have more references to the theme of death than girls, perhaps reflecting their adaptation to their masculine role of killer as it is emphasized repeatedly and in various ways by our culture" (21, p. 181). Boys more readily admit the finality of death, but are also more likely to have compromised by providing a resurrection or afterlife in the form of the offspring of the dead. This development was also noted by Anthony, who compared it to adult savages' belief that old people die and return as babies (2). Pitcher and Prelinger concluded their observations by suggesting that the tendency of children to define death as reversible might be an attempt on their part to deny or put off the total loss of self that death implies.

### Psychoanalytic Theories

The common denominator for the psychoanalytic studies was the methodology employed: all relied on clinical observations, case materials, or past histories derived from their experiences in psychoanalytic therapy. The underlying assumption of these studies was that exposure to a death situation caused children to display some sort of disturbed reaction or character distortion that affected their maturation process and personality development. Moriarty (18) stated that an early exposure to a death situation could distort the child's defense mechanisms and impede his development: "Those who suffer from exposure to death in early childhood may be haunted for the rest of their lives by those memories (18, p. 120)." Semrad (27) agreed with this statement, remarking that exposure to death was a traumatic experience for children and could scar the character functioning of the ego. Wolfenstein (30) noted the "disaster syndrome, a state of being stunned, dazed, and shocked" at the news of a loss. She stated that children faced with this type of loss tended to inhibit their emotional responses, a situation that could lead to complications later.

Complications may indeed have developed in those individuals with whom psychoanalysts have come in contact. It should be made perfectly clear, however, that the cases referred to in their studies were those of disturbed children in need of therapy, children who could hardly be construed

as an unbiased sample. Generalizations from these studies were limited, therefore, since the studies failed to consider the vast number of individuals who had lost parents, siblings, or friends during childhood and suffered no apparent ill effects.

The theoretical framework within which most psychoanalysts work when confronted with children disturbed by a loss through divorce, illness, or death was presented by Rosenblatt (22). First there is a delayed reaction; the immediate overt reaction to a loss or tragedy is but the tip of the iceberg compared to the whole reaction. A loss during the young formative years could in later life cause severe depression, preoccupation with aging and dying, and suicidal tendencies. This opinion was supported by Moriarty (18), Krinsky (14), Semrad (27), and others. Moriarty and Krinsky warned that a girl who loses her mother during the Oedipal phase, a period when girls often have death wishes toward their mothers, can become a victim of chronic depression and guilt in later life. If a child somehow feels he has caused the death through angry thoughts or wishes, it can have definite detrimental effects on him (18, p. 212; 14, p. 147). Krupp (15) explained how superstitious or magical ideas about the causes of death could lead a child to blame himself. He maintained that all children are basically egocentric and consider themselves the center of the universe and there omnipotent. Given this belief, if a parent or

sibling dies, it is easy for the child to believe he has actually caused it.

Second in Rosenblatt's theoretical framework was the importance of fantasy.

The reaction [to a loss] cannot be assessed by considering only its realistic aspect. For fuller understanding the conscious and unconscious fantasies which are dominant in the mind of the child before, during, and after the time of loss have to be taken into account (22, p. 137).

Wolfenstein and Krupp also noted the importance of fantasy. They stated that a child often verbally acknowledges a loss but continues to fantasize on the eventual return of the deceased (14, 30). Others use fantasy to hide or suppress their feelings or to block the death from their awareness.

The third and last segment of Rosenblatt's framework was the uncertainty of memory. Memory of the past is always uncertain and incomplete, so it is possible that what a patient remembers about a loss may have been somewhat distorted or colored. Psychoanalytic therapy could reveal grief or guilt feelings that have been unconsciously suppressed and have appeared as psychopathological manifestations (22, p. 138).

Both Rosenblatt and the group of Cain, Fast, and Erikson (6) indicated several factors which influenced a child's attitude toward death and his ability to adjust to a loss. Included among these are the ability of the parents, or the

surviving parent, to provide emotional support for the child; the circumstances that surrounded the death: speed, pain, old age, accident, or, perhaps most important, suicide; the impact on the family structure; and the availability of substitutes. Religious rituals and beliefs can assist the child in accepting the loss, or, in other cases, hamper his ability to realistically come to terms with the disagreeable situation. Santostefano (24) suggested that when children are faced with a loss they have certain psychological resources they use to ease the pain. A psychotherapeutic experience immediately after sustaining the loss could enable the child to better utilize these resources.

Bowlby (4) concluded that a child passes through three stages of reaction when adjusting to a loss. The first is protest, in which the child denies the loss or demands the return of the loved one. Second is despair, a transitional period in which the child recognizes that the loved one will not return. The third stage is detachment; life is reorganized, feelings of pain and loss diminish, and the child goes on about the business of living. There is a much larger body of psychoanalytic writings relating to children's attitudes toward death, but these sufficiently represent that point of view.

#### Pragmatic Orientation

This portion of the literature is composed of two types: works which report no new research but summarize and

synthesize the existing studies, presenting them in some schematic conceptualization, and those which offer advice to parents faced with the difficult task of helping a child face the loss of a loved one.

Mitchell's (17) book combined an extensive review of the literature, both literary and scientific, with an account of her own experiences as a teacher in Great Britain. She reached some interesting conclusions. She asserted that even though the world has undergone a multitude of changes in the last several decades, children's basic attitudes toward death have not been affected. Children still accept the beliefs and attitudes of adults, and religious training still conjures up images of heaven and God with a beard.

Mahler (16) noted that parents often tried to protect their children by not telling them the truth about death. She suggested this is even more harmful than the real details because of the anxiety produced when the child does not know what is happening around him. Burgess (5) and Chaloner (7) echoed this sentiment, saying that if the child is not permitted to understand the events unfolding around him, the altered manners and voices of the mourning adults will force him into reaching his own conclusions based on his limited experiences. The conclusions he reaches are often far worse than fact; the child might blame himself or decide that the death was a punishment for some misdeed. This feeling of guilt is a common reaction, particularly, as Vernon (28)



pointed out, among children who had been taught to fear God. Fraiberg (8) defended the child's right to know by pointing out that children can best endure grief when they are allowed to experience it fully. Protecting them from painful experiences deprives them of the means of mastering grief. Mahler (16) suggested that when an adult explains death to children, his emotional attitude is more important than what he actually says because it gives value and meaning to his explanation.

Social-class influences affecting attitudes and behavior in death situations were noted by Scott (26). He found that different social classes not only exhibit varying loss reactions, but that the loss of one parent might be more damaging than the loss of the other. Among the lower socio-economic class, for example, the death of the mother was of greater consequence than the loss of the father or of both parents. In the middle-class the loss of the father was more damaging, but the death of both was of greater consequence than the death of either. Scott stated that because of the lowered death rate, the loss of a parent was less common than it was once, but because it was a less frequent occurrence, the social implications of a child having only one parent were more significant now than before. Socialization institutions such as Big Brothers are an attempt to correct the damages suffered by parentless children.

Publications by Grollman (11), Wolf (24), Barron (13), and Ilg-Ames (12), to mention only a representative sample, were designed to aid the adult in explaining the death phenomenon to children. They were fairly consistent and offered suggestions to answering children's questions such as, What is dead?, Do only old people die?, Is it all right to kill in war?, or What happens to people when they die?. They also offered advice on helping children with the experience of death. Should children attend funerals, or be exposed to a parent's grief? What should be done when a pet, a brother or sister, a parent, or a grandparent dies? The majority of this literature was designed to accommodate individuals of all social classes and religious or non-religious beliefs.

#### Statement of the Problem

Since the majority of the literature relating to children and death was psychological or psychoanalytic in nature, there was clearly a need for a study employing a sociological perspective. All attitudes are learned and undoubtedly come from significant others; this investigation is aimed at beginning to uncover the socialization processes that shape the attitudes of children toward death. Further, in view of the importance of developmental theories, some basic premises of that orientation are examined.

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## CHAPTER II

### METHODOLOGY

#### Nature of the Study

This thesis was necessarily a descriptive study because, as noted in Chapter I, the state of knowledge in this area is limited and the paucity of empirical research and substantive theory precluded the formation of testable hypotheses. A thorough exploratory study was a first step, therefore, to establish priorities and locate areas of concentration for future research.

Sampling techniques that were used also dictated that the study be descriptive. The sensitive nature of the topic significantly reduced the availability of young respondents, thereby imposing the necessity of a non-random, availability sample which prevented the use of inferential statistics. Individuals in positions to offer assistance in locating respondents were reluctant to authorize or support the study in any manner, giving its subject matter as the reason for non-cooperation. Finally, a descriptive study was necessitated by the state of development of measuring instruments in the area of investigating children's reactions to death and old age.

A thorough examination of previous research in this field revealed that, predominantly, projective techniques were used. Projective methods included story completions in which the story contained no specific reference to death, writing exercises in which children put down anything that occurred to them relating to death, and pictures drawn of death or death-related scenes. The second most common method was case study, with parents recording the circumstances surrounding any mention of death by the child, for example.

Both projective techniques and case studies yielded data of questionable validity since the techniques are especially vulnerable to value judgments and generalizations made from the investigator's frame of reference. This criticism is particularly appropriate in the case of adult investigators interviewing children. Piaget has argued persuasively that the limited experiences of most children imparts to them a view of the world and causative forces that is frequently startling and incomprehensible to adults (9). Therefore, when projective techniques are utilized, the child responds relative to his conception of the world, and the adult attempts to fit these responses into his adult perception of reality. If adult and child are functioning on different levels with different definitions, then it is likely that the conclusions formed by the adult may be quite different from those the child attempts to express.

At some point in the research act, the investigator must impose order on the material. This can be accomplished in one of two ways: the investigator can categorize or structure the raw data after it has been collected; or, the researcher can impose structure beforehand by arranging the questions or stimuli in such a way as to control the context or framework of the responses. The first technique is often ambiguous and imprecise because it lacks focus, and open-ended questions may elicit responses that are altogether irrelevant to the topic at hand. A respondent may interpret a query in a way that is totally unintended or unanticipated by the investigator, yet the response is perfectly legitimate according to the subject's perception of reality. The researcher is then either stranded with an accumulation of inadequate data, much of which is useless for analytical purposes, or he must codify the material so that it "makes sense" according to his definition of reality. There can be situations in which open-ended questions are especially useful, however. For example, when the investigator is unsure of the type of response a question is likely to provoke, when he is interested in what type of information the respondent will volunteer, and when a large range of responses is anticipated.

The primary disadvantage of structured questions is that respondents are restricted to responses that were imposed by the researcher, and much of the variety and spontaneity of



the respondents' feelings are lost. However, by determining the context of responses in advance of collecting the data, the researcher is able to probe those areas which are of interest to him.

Clearly, there are advantages and disadvantages to each method. A substantial portion of this investigative effort was devoted to developing a questionnaire which would incorporate the best of both methods. In this manner the researcher would be allowed to exercise some control over the responses of the children without inhibiting the range of responses. This can be accomplished by developing a systematic questionnaire that provides direction by controlling the framework or context of the interview, yet which in no way restricts the variety of response. To this purpose, questions were designed which would illicit direct responses to particular areas followed by open-ended questions which allow the child to explain why he responded in a certain way or how he felt about a specific issue. This combination of closed and open-ended questions had the advantage of structuring the situation yet allowed the child a wide latitude in his responses. This technique also facilitated the analysis of data because categories had already, to a large extent, been provided by the investigator.

In sum, this was a descriptive study (necessitated by the lack of substantive theory and the nature of the sample) whose objectives were (1) to add to and test the results ✓

of projective research and case studies in this area of inquiry by developing a systematized and structured questionnaire; (2) to locate areas of concentration for future study; and (3) to explore the values and attitudes of a sample of children toward death. The latter was, in effect, a field test to determine the efficiency and applicability of the questionnaire.

#### Pre-Testing Experience

In view of the experimental nature of the study, much experimentation, revision, and pre-testing preceded the final questionnaire. The original questionnaire was based on developmental theories and used projective techniques. Developmental theories contend that children pass through various stages of comprehension before they arrive at a mature, permanent, and biological concept of death. The number and duration of stages vary, but most theorists agree that they begin around age five and terminate with a mature evaluation at age ten to twelve. The first questionnaire was designed, therefore, to include these ages.

The original questionnaire was divided into four parts. The first part consisted of the usual demographic data for the children and their parents: age, grade, educational status of parents, income, occupation, and religion. Part two was the animism test and consisted of ten stimulus pictures: dog, ball, tree, bike, boy, moon, mother, river,

cat, and car. The children were asked to examine the pictures, pick the objects they considered to be alive, and then were asked questions about the objects they had selected. For example, if the dog was selected, they were asked what happened to it when it was run over by a car, what happened when it died, if it came to life again, if it went somewhere else to live, etc. The same type of questions were asked for each object the child selected as "alive." Part three was composed of a series of six short death-related stories; these were read to the children, and they were questioned about each. Part four was a series of five pictures depicting elderly people in different social situations. The children were asked to describe what was happening in the pictures, what the role of the old people was, whether they were happy, sad, and why.

The questionnaire was pre-tested on nine children ranging in age from five to nine. Several flaws were immediately apparent. One, it was obvious, for reasons discussed previously, that projective techniques were inappropriate for use with small children. Two, in spite of the wealth of literature supporting the animism concept, the pre-test results seriously questioned its validity. Rather than eliciting confusion about which objects were alive, the typical response was incredulity that such an obvious question would be asked. The children had no difficulty in discerning the difference between animate and inanimate forms.

Third, the age span was too great to be accommodated in one questionnaire. Questions and problems suitable for ages ten to twelve were too sophisticated for the pre-schoolers, conversely, questions designed for the younger children were often insulting to the older group. Age differences presented few problems in a non-structured, free-association questionnaire, in which each child could respond to the best of his ability and be categorized according to his stage of development. However, when the purpose was to structure an interview, the questions had to correspond to the intellectual development of the children. It therefore appeared that a structured approach was inapplicable when a developmental study included ages five through nine.

#### Focus of Thesis

The unsatisfactory results of the first pre-test necessitated a re-evaluation of the research procedures. An entirely new questionnaire, one that would eliminate the obvious errors of the original, had to be constructed. The animism portion was deleted, projective techniques were largely abandoned, and the study was directed toward a specific age group. Ages ten through twelve, the point at which most children adopted a mature evaluation of death, were chosen as the target group. Since concepts were allegedly fixed by this time, it was decided that it might be of value to also question a group of young adults to determine if

there were, indeed, parallels between their beliefs and those of children. If this proved not to be the case, then it might be concluded that the attitudes of this age group were not permanent and there could be intervening factors which altered their conceptions before they reached maturity.

The construction of the new questionnaire was obstructed because of the paucity of substantive theory alluded to previously; there was simply no theoretical ground on which to base a questionnaire. A careful re-examination of the literature, however, indicated four areas which appeared to be of sufficient importance to justify further investigation: the child's definition of death, the relationship between age and death, self-destruction and the destruction of others, and the consequences of media exposure. A more detailed discussion of these areas follows.

Child's definition of death.--The literature suggested that children deal with death in a realistic, matter-of-fact manner because it is too remote to be feared. They recognize, of course, that everyone must die, but dying does not apply to them because they are convinced they are just beginning the long process of life (4, 10). It had also been noted that children live in the present, with only the immediate past or future having significance. They are reluctant to consider the future with its inherent risks and ultimate death, wishing instead to put as much time as possible between

themselves and their eventual destiny (5). This would suggest that the lack of fear alluded to in previous research was based on the remoteness of death, the impression that death is too far away to be feared. This fearlessness, then, was avoidance behavior, not lack of understanding, and might therefore be considered non-realistic.

While some writers agreed that fear of death is minimal, it had also been observed that fear could be introduced to children through their observations of the behavior of adults in death-oriented situations (4). Parents frequently attempt to shield their children from the effects of death by misrepresenting the facts or withholding the truth (1, 2, 3, 7). This is alleged to be potentially harmful because the altered attitudes of adults in death-oriented situations clearly indicate that something is amiss, but children are not allowed to understand what. This could produce feelings of anxiety and force the child to reach conclusions based on his own limited experiences. These conclusions are frequently more damaging than the truth, as children may blame themselves and think that the death resulted from their actions (6). This was alleged to be especially true in the case of children who had been taught to fear God (11). Children can also retreat into the world of fantasy and, while verbally acknowledging a death, continue to fantasize on the eventual return of the deceased. Others simply block the death from their awareness (6, 12). In sum, parental protectiveness often

eliminates children's personal contact and knowledge of death. They may think of death with some alarm, even fear, but the event is still too remote to be relevant; their perceptions remain unrealistic, but the damage is compounded by introducing anxiety.

What effect, if any, has religious training had on children's attitudes toward death? Since one of the functions of religion is to help individuals relate themselves to death and the unknown, an inverse relation between religious conviction and fear of death would be expected. Related to children's views of death are their impressions of the causes of death. Early research (1934) indicated that children do not think of death as being the result of natural causes. Death is caused by accidents, disease, violence, or by God (10). It would be of value to determine if children today think of death as the result of natural or non-natural causes.

The factors discussed above were synthesized into several questions. First, do the children formulate realistic conceptions of death? Second, is death remote, an abstract possibility that exists only at some faraway point in time? Third, do children actually fear death, and if so, is this fear a result of learning, i.e., adult attitudes, or of personal experience? Fourth, what is the relationship between religious training and fear of death? Fifth, what are children's perceptions regarding the causes of death?

Age and death.--Questions regarding the relationship between age, especially old age, and death were closely associated with the notion of remoteness discussed above. Children recognize that old people die, but death is too far in the future to be pertinent to them (4, 10). It would be worthwhile to determine whether or not children think people "should" die only when they are old and if they attach particular significance to the death of a young person. Also of interest here is the child's conception of "old." It may be that children have correlated size with age, in which case an adult of twenty-five might be considered "old" simply because he has reached physical maturity.

It has been frequently alleged that old people are seldom valued or respected in our youth-oriented society. This attitude has been observed in adults' reactions to the death of an old person: somehow the death seems less tragic, the loss less acute than that of a younger person. Mourners console one another by emphasizing the long, full life the deceased enjoyed. Conversely, when the deceased was young, they speak of the tragedy and injustice of one's being taken so early in life. Clearly, adults have considered the loss of a young person more catastrophic than the death of an aged person. Is this attitude also found among children? Have they, by the age of ten or twelve, been socialized into the same perspective?



A related factor which also required consideration was the matter of liabilities and age. Have children associated old age with liabilities such as weakness, inconvenience, dependence, and proximity to death? If children have associated old age with liabilities, they may wish to avoid this unpleasantness and, if they had their choice, chose to die before the infirmities of old age envelope them. On the other hand, if they see death as a remote event, yet something to be feared, then they may wish to prolong life as long as possible and chose to die at an advanced age.

Self-destruction and destruction of others.--It is likely that at times circumstances may cause children to wish for their own death. If this is the case, do they simply wish they were dead or are they capable of thinking of self-destruction. Before self-destruction could be considered, there must have been some comprehension of what the act entailed, for if they had no understanding of suicide then it could not be considered as an alternative. It would be useful, therefore, not only to determine if children have wished for their own death, but also if they are aware of suicide as an alternative.

If circumstances could cause children to wish for their own deaths, could not certain circumstances also have caused them to wish for, or at least approve of, the death of others? Some writers have suggested that children may feel

they are instrumental in causing death (7, 10), but they have revealed nothing of children's attitudes toward the destruction of other human beings. As this area of investigation has been largely ignored, it would be of some value to determine how children have viewed the death of others.

Effects of the media.--Very little research on children and death has reflected the growing influence of the electronic media. One investigator suggested that in spite of the multitude of changes in the world in the last several decades (presumably the increased pervasiveness of the media was included in these changes), the basic attitudes of children have remained unaffected (8). Another stated that the media was primarily responsible for developing attitudes toward death at an earlier age, but he took no position on the value of this influence or on what types of attitudes were being developed (4). Fictional violence in the movies and television and explicit accounts of death and disaster in news reports are likely to exert considerable influence on impressionable children. It remains to be seen whether this influence invokes sympathy and compassion for the injured or produces callousness and consequently cheapens life.

These four areas comprised the variables of the new questionnaire. The next problem was to develop a questionnaire which would incorporate them and also embrace the criteria discussed previously: systematization in the form

of closed or forced-choice questions; freedom of expression, guaranteed by the inclusion of numerous open-ended questions; and questions corresponding to the intellectual development of the age group selected. Further, since children of this age grow impatient rather quickly, the questionnaire was designed to last only twenty to thirty minutes in order to maintain interest. A discussion of the actual construction of the questionnaire is contained in the following section.

### Data Collection

#### Children's Questionnaire

Demographic data.--The following data were collected for each child: age, sex, number of brothers and sisters, living arrangements (does child live with one parent, both parents, or other relative), marital status of parents, and religious preference.

Child's definition of death.--Several issues were of interest here. First, do the children formulate realistic conceptions of death? The assumption was made that if children could provide a precise, concrete definition that recognized the inevitability and irreversibility of death, their concept was realistic. Accordingly, they were asked, "What is dead? What does it mean for something to die?" They were also asked the source of their information, where

and how they first learned about death and at what age (see Appendix A, questions 13, 30, 31).

Second, is death a remote event? The lifeline model was used to determine where the child located himself in his own life span. The child was shown a long straight line and told it represented his life--one end signified his birth, the other his eventual death. He was asked to mark the line in such a way as to indicate his current position in life. The children were also asked, "When do you think you will die?" (Appendix A, questions 17, 18).

Third, do children fear death; if so, is this a result of adult attitudes or of personal experience? The children were asked, "Are you afraid to die?" and "Why?". To determine the role of adult attitudes they were asked, "If someone explained death to you, did they seem to be afraid of it?" "Did they make you afraid?". They were also questioned about the behavior of their parents in death-related situations. Personal experience with death was measured by asking, "Has anyone you have known very well died? What did you do? Did you go to the funeral? Why?" (Appendix A, questions 32, 33, 34, 35, 39, 40, 41, 42, and 43).

Fourth, what is the relationship between religious training and fear of death? The children were divided into three groups: extremely religious, moderately religious, and non-religious. Criteria for inclusion in the first

group were as follows: (1) a response of "very" or "somewhat religious" to the question asking how religious they considered themselves to be; (2) a spiritual response to the question asking what happened to a person after death; and (3) an after-life response to the question asking what it meant for something to die, or an after-life rationale for not fearing death in the question asking if they were afraid to die. Moderately religious children were those who responded "somewhat religious" and fulfilled one of items (2) or (3) above. Non-religious children were those who responded with "slightly religious" and fulfilled none of items (2) or (3) above (Appendix A, questions 13, 19, 34, and 52). It is necessary to note, in respect to these categories, that findings that are the result of categorization procedures such as the one utilized here should be approached with caution. It was extremely difficult to determine whether one was measuring the strength of religious convictions or the degree to which the child had been socialized into conventional Christian theology.

Fifth, what are children's perceptions regarding the causes of death? The children were asked, "What are the main causes of death?" (Appendix A, question 15).

Age and death.--To discover if children think people "should" die only when they were old and if they attach particular significance to the death of a young person, they

were asked, "Do people usually die when they are old? Why? Is there any difference between a young and old person dying?" What a child considered "old" was found by asking him to complete the following sentence, "I consider a person to be old when he reaches the age of \_\_\_\_\_." What value do children place on the life of an old person relative to that of a younger individual? Is the loss of an aged person less significant because they have "already lived their lives?" This problem was approached by asking the children to respond to a short story. They were told that a boy (representing youth) and his grandfather (representing old age) were involved in a life-or-death situation in which only one could survive. They were then asked which one should be saved, if only one could be, and the reasons for their choice (Appendix A, questions 8, 9, 10, 11, 21, 48, and 49).

Do children associate old age with liabilities such as weakness and proximity to death? One indication would be the percentage of children who responded with "old age" to the question, "What are the main causes of death?". The liabilities question could also be detected by the manner in which they responded to a second short story. The children were told that two people, one young and one old, were confined in a hospital with identical ailments. One person recovered and returned home, but the other died. The children were then asked which person had died and the reasons for their choice (Appendix A, questions 15, 46, and 47).

If children associate old age with liabilities, they may wish to avoid the situation by choosing an early death. Consequently, they were asked, "Is it better to be young or old when you die?" (Appendix A, question 16).

Self-destruction and destruction of others.--Do children often desire their own deaths, and if so, under what circumstances? This could be determined by asking, "Have you ever wanted to die? Why?". To discover if children are aware of suicide, they were asked, "What does suicide mean?" and "Why do you think anyone would do that?" (Appendix A, questions 37, 38, 44, and 45).

What are children's attitudes toward the destruction of other human beings? They were asked, "Is it ever alright for one person to kill another? When? Why is this alright?" (Appendix A, questions 27, 28, and 29).

Effects of the media.--Do media presentations of violence and death invoke feelings of sympathy and compassion or produce callousness? The children were asked, "What do you think when you see people who are killed or involved in accidents on television and news reports?" (Appendix A, question 20).

#### Adult Questionnaire

The central concern of this thesis, as stated in the introduction to this chapter, was to develop a systematized

questionnaire and provide a pilot study in the area of children's attitudes toward death. A secondary consideration was an examination of the attitudes of a group of young adults to determine if they were in agreement with those of the children. This comparison was proposed as a means of checking the validity of the developmental theories. If the attitudes of both ages agreed, then it was possible that the "mature" opinions of these children were arrived at by the ages of ten to twelve. As the questionnaire You and Death from the periodical Psychology Today contained questions which were similar in nature to those developed for use with the children, it was utilized. Those portions of the questionnaire used for comparative purposes are reproduced in Appendix B.

The adults were also divided into extremely, moderate, and non-religious categories for comparative purposes. Criteria for inclusion in the first group were a response of "strongly believe in it" to the question asking to what extent they believed in an after-life, and a "very" response to the question asking how religious they considered themselves to be. Classification in the moderately religious group required a response of "strong belief," "tend to believe," or "uncertain" to the question relating to after-life, and a response of "somewhat" or "slightly religious" to the second question. Non-religious respondents were



those who doubted or disbelieved the existence of an after-life and were "anti religious" or "not at all religious" (Appendix B, questions 10 and 70).

### Sample

The sample of twenty-five children was an availability sample, i.e., any child who fulfilled the age requirements, was willing, and whose parents had no objections was included. Neighborhood children, the children of friends and relatives, and a group of ten children from the Texas Woman's University Demonstration School comprised the sample.

The young adult sample was composed of forty-three students from introductory sociology classes. Only white respondents were used. The characteristics of the samples are presented in Table I.

### Interviewing Techniques

The questionnaire for children was pre-tested on five subjects to determine if they understood all the questions or if perhaps the age span was still too great, as ages ten through twelve could include grades four through seven. The results were satisfactory, however, and the questionnaire was accepted. Each interview was preceded by a short warm-up period to relax the child and dispell any apprehensiveness he might feel. They were assured that they were not taking a formal test, which was especially important for the children interviewed at school, and could therefore not answer

TABLE I  
CHARACTERISTICS OF SAMPLE

Characteristic	Children		Young Adults		
	N	%	N	%	
SEX					
male	17	68	20	46	
female	8	32	23	56	
AGE					
10 yrs.	15	60	Under 20	7	16
11 yrs.	9	36	20-24	33	76
12 yrs.	1	4	25-29	3	6
SIBLINGS					
none	1	4	3	8	
one	11	44	13	30	
two	9	36	15	34	
three	4	16	7	16	
four	0	0	4	10	
five and over	0	0	1	2	
RELIGION					
Protestant	23	92	34	78	
Catholic	2	8	6	14	
Jewish	0	0	3	8	
MARITAL STATUS					
(for parents)			single	27	62
married	22	88	married	10	23
divorced	2	8	divorced	4	6
widowed	1	4	living with someone	2	5
LIVING ARRANGEMENTS					
both parents	22	88			
father only	1	4			
mother only	2	8			

incorrectly if they responded honestly and openly. Good rapport was essential if the interviews were to be successful: the interviewer must be comfortable and relaxed with children. Each child was interviewed privately with the interviewer reading the questions and then marking the appropriate space or recording the response. If the children were reluctant to speak, they were encouraged gently. However, all "leading" questions were avoided, and the responses on the open-ended questions were initiated by the children. Ninety percent of the interviews were conducted by the author, the remainder by a graduate student trained by the author. The young adult questionnaire was distributed to students for completion in a class period.

#### Data Analysis

The pre-coded sections of the questionnaires were simply recorded on code sheets. The open-ended questions, however, required that the investigator interpret the verbatim responses and group them into categories for meaningful analysis. The categories derived from the open-ended questions follow.

#### Child's Definition of Death

"What is dead? What does it mean for something to die?"

- (1) Absence of life, individual simply stops living.
- (2) Biological definition, absence of vital signs.
- (3) Eternal sleep.

(4) Body dies, but the spirit continues to live.

(5) Do not know.

"Where and how did you first learn about death?"

(1) Death of parent or relative.

(2) Told by parents.

(3) Church

(4) Television

(5) Do not remember.

The lifeline model was used to determine where the child located himself in his own lifespan. ". . . Where are you on the line now?"

(1) Weighted toward 0, indicating that a larger proportion of the respondent's life lies ahead.

(2) Weighted toward X, indicating that a large proportion of the respondent's life has already been lived.

(3) Position approximately one-seventh of the total distance toward X (originating from 0), indicating "real" or "proper" position for a child age ten to twelve (assuming average life expectancy of seventy years).

"Are you afraid to die? Why?"

(1) Yes, simply did not want to.

(2) No, death is a natural event.

(3) Yes, miss parents and friends.

(4) No, because of life after death.

(5) No, sometimes necessary.

(6) Yes, fear pain.

(7) Do not know.

"What did your parents do [when faced with a death-related situation]?"

(1) They were very sad.

(2) Parents did not tell child.

(3) No difference in behavior.

(4) They were very quiet.

(5) Do not remember.

"Did you [child] go to the funeral? Why?"

(1) No, parents did not allow child to attend.

(2) No, child was too young.

(3) No, did not remember why.

(4) No, child did not want to attend.

"What happens to a person when he dies?"

(1) Burial.

(2) Afterlife, heaven or hell.

(3) Funeral, burial, afterlife.

(4) Body decomposes.

(5) Do not know.

"What are the main causes of death?"

(1) Old age.

(2) Accidents.

(3) Diseases.

(4) Violence.

Age and Death

"Do people usually die when they are old? Why?"

- (1) No, an individual could die at any age.
- (2) Yes, the old are weak and ill.
- (3) Yes, they feel sorry for themselves.
- (4) Do not know.

"Is there any difference between a young and an old person dying?"

- (1) Yes, the young die because of a specific cause, the old just die.
- (2) Yes, it is more significant when a young person dies because it is expected for the old to die.
- (3) Yes, but do not know why.

"Which person should be saved, the boy or his grandfather, and why?"

- (1) Boy, the grandfather had already lived a long life, the boy was just beginning his.
- (2) Boy, the grandfather sacrifices his life for the boy.
- (3) Boy, the grandfather is old and near death anyway.
- (4) Boy, he has more to live for.
- (5) Do not know.

"Two people, one young and one old, are confined in a hospital. . . Which one dies and why?"

- (1) Old, that person was weak because of age, more difficult to cure.

- (2) Old, because of an act of God.
- (3) Old, was closer to death because of age.
- (4) Old, do not know why.
- (5) Either one could have died.

Self-Destruction and the Destruction of Others

"Have you ever wanted to die? Why"

- (1) Yes, child was in trouble.
- (2) Yes, child was mad at someone.
- (3) Yes, someone was mad at the child.
- (4) Yes, people were not treating the child "right."
- (5) No.

"What does suicide mean?"

- (1) To kill yourself.
- (2) Do not know.

"Why do you think anyone would do that?"

- (1) Hate themselves because of a bad life.
- (2) Depressed, mentally ill.
- (3) Angry at the world.
- (4) They think that they are disliked.
- (5) Caught in a crime.
- (6) To accompany a dead relative.
- (7) An external event forced them to.
- (8) Do not know.

"When is it proper for one person to kill another?"

- (1) Police.
- (2) War.

- (3) Punishment (by the proper authorities).
- (4) Self-defense.
- (5) Revenge.
- (6) Never.

"Why is this all right?"

- (1) Punishment.
- (2) To defend freedom and liberty.
- (3) Self-defense or to protect others.
- (4) Line of duty.
- (5) Revenge.
- (6) It is not.

#### Effects of the Media

"What do you think when you see people who are killed or involved in accidents on television and news reports?"

- (1) Futile and useless.
- (2) Sympathy and sorrow.
- (3) Aversion, it was wrong.
- (4) Grateful that it was not me.
- (5) Sometimes sad, sometimes happy.

The data from the open-ended questions were then recorded on code sheets and punched on standard IBM cards for sorting and cross-tabulating. The nature of the sample, non-random availability, prohibited the use of inferential statistics. The data were analyzed only in terms of percentage and proportion.



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## CHAPTER III

### FINDINGS

The results of this research were organized into two parts. Part one was composed of descriptive data for the children and was presented in terms of the four variables discussed in Chapter II. Part two was the comparative data for the children and young adults. Direct comparisons between the two were somewhat limited because of the form of the questions. A large proportion of the questions directed to children were open-ended, whereas all of the adults' were forced-choice. However, there were many questions which, although not identical in form, provided essentially the same information, so there was some basis of comparison. The two groups were compared in terms of their orientation toward death, their concepts of the relationships between age and death, their attitudes toward self-destruction and effects of religious training on them.

#### Descriptive Data

Child's definition of death.--Do children formulate realistic conceptions of death? It was assumed that if children could provide a concrete definition that recognized the inevitability and irreversibility of death, then their conceptions were realistic. The immediate reactions of the

children when they were questioned about death could be grouped into three categories: physiological, theological and unknown. Sixty-four percent responded with physiological definitions: absence of vital signs or simply absence of life. Eight percent of the responses were theological in orientation, including such responses as "eternal sleep" or "the body died and the spirit continued to live." Twenty-eight percent of the children were unable to define death or to express an opinion about the nature of death.

Those definitions which were physiological in nature were "realistic" according to the operational definition. The theological definitions were also realistic in the Christian value-system shared by most of these children. However, 28 percent were unable to provide a definition of any sort and were therefore "unrealistic" or were perhaps displaying avoidance behavior in their conception of death.

The lifeline model was used to determine where the children located themselves in their expected lifespan. The histogram in Figure 1 below illustrates the positions selected. Thirty-two percent gave a "correct" response, locating themselves in a position appropriate for their age, assuming a normal lifespan of approximately seventy years. Twenty percent were short of the expected placement, indicating they had barely begun their lives. Forty percent exceeded the expected placement, indicating they were well into their lifespan. Eight percent located themselves nearer X, thus

indicating that one-half of their lives had already been lived. Most of the children felt that death was remote since 92 percent indicated that they had lived only a small part of their lives.

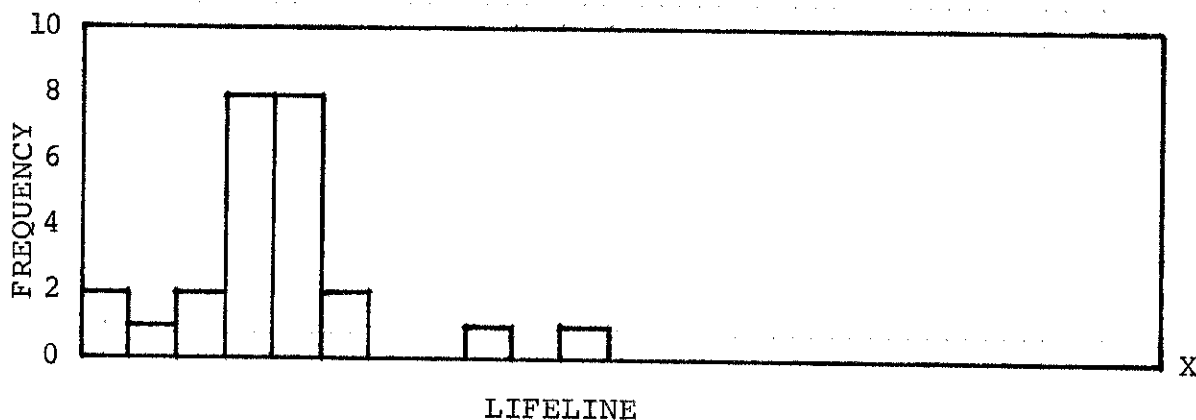


Fig. 1--Lifeline histogram

When asked when they expected to die, their optimism was somewhat reduced. Twenty percent responded that they expected to die in middle age. Seventy-two percent expected to die in old age, and 8 percent were undecided. In sum, the children viewed death as a remote event: most felt that they had a long life ahead. Almost three-fourths expected to survive to die in old age.

When asked if they were afraid to die, 52 percent responded negatively, 44 percent positively, and 4 percent were undecided. When those who had admitted a fear of death were asked the reasons for their fear, 73 percent said that they were very content and simply did not want to die, 18 percent

were afraid of the pain involved, and 9 percent did not want to be separated from their parents and friends.

Of those who were unafraid of death, 42 percent said that death was a natural phenomena and there was no point in being afraid. Twenty-one percent were not afraid because of belief in an after-life, 8 percent because sometimes death was a necessity, as in the line of duty. Twenty-one percent of those who were not afraid could offer no reason for their position. Eight percent were undecided or reluctant to commit themselves on whether or not they were afraid.

Were the causes of fear related to personal experience with death or to adult attitudes? The results were inconclusive in regard to personal experience, though it appeared that contact with the phenomena of death, in the context in which it occurred in this sample, did not diminish but rather tended to increase the fear of death. Seventy-two percent of the children had intimate contact with death through the loss of a parent, grandparent, relative, or close friend. Of these, 50 percent displayed a fear of death, 44 percent were unafraid, and 6 percent were undecided. Of those who had no personal contact with death (28 percent), 42 percent were were afraid, 58 percent were unafraid. These findings point up the importance of the role played by adults in interpreting death to children.

The children were asked where and how they had first learned about death, and, if someone had explained it to

them, if the explanation had made them afraid. Only 8 percent of the children remembered that parents had explained death to them. Sixty-eight percent did not remember where or how they first learned; they "just knew." Sixteen percent had first learned through personal contact, the death of a parent or relative, 4 percent from church, and 4 percent from television. Seventy-six percent said they had never had death explained to them by anyone. Of the 24 percent who had someone talk to them about death, one-half indicated that the explanation had made them fearful.

When asked about the behavior of their parents in death-related situations, 52 percent said that they could not remember such an experience, 32 percent indicated that their parents were very sad, 8 percent that they were very quiet and restrained, 4 percent that they knew someone had died but were not told directly of the death, and 4 percent that their parents had behaved normally. Among the 44 percent who had observed "stressed" behavior in their parents, 64 percent feared death, 36 percent did not.

An inverse relation between religious conviction and fear of death was expected. Table II illustrates the expected relationship. The hypothesis was supported; as religious conviction increased, fear tended to decrease. Conversely, in the absence of religion, fear tended to increase.

TABLE II  
RELIGIOUS CONVICTION AND FEAR OF DEATH

Conviction	Fear %	No Fear %	Undecided %	Total %
Extremely religious	4	16	-	20
Moderately religious	24	32	4	60
Non-religious	16	4	-	20
Total	44	52	4	100*

\*N = 25

What did the children think was the usual cause of death? Thirty-six percent responded to the question with "old age." The remaining 64 percent responded as follows: diseases, 36 percent; accidents, 16 percent; and acts of violence, 12 percent.

Table III presents a summary of the relationships between fear of death and the variables discussed above.

TABLE III  
SUMMARY OF RELATIONSHIPS

Variable	Afraid to Die (44%)	Unafraid to Die (52%)*
DEFINITION OF DEATH		
Physiological	40	24
Theological	0	8
Unknown	4	20

TABLE III (cont.)

Variable	Afraid to Die (44%)	Unafraid to Die (52%)*
REMOTENESS OF DEATH		
Expect to die in . . .		
middle age	4	12
old age	36	36
undecided	4	4
SOURCE OF KNOWLEDGE OF DEATH		
Personal experience		
yes	32	36
none	12	16
Received explanation		
yes	12	16
none	32	36
Parent's behavior		
stressed	28	12
unstressed	0	4
no experience	16	36
WHAT HAPPENS AFTER DEATH		
Terminal event	24	12
After-life	12	16
Do not know	8	24
ROLE OF RELIGION		
Extremely religious	4	16
Moderately religious	24	32
Non-religious	16	4

\*4 percent were undecided as to whether or not they were afraid to die. They were not included in this table.

Age and death.--It was suggested that children equate age with physical maturity; any "grown" person was defined as "old." What were the children's conceptions of old age?



The respondents were asked at what age they considered a person to be old. Their responses are presented in Table IV.

TABLE IV  
CHILDREN'S IMPRESSIONS OF "OLD"

Age Interval	Per Cent
less than 40 . . . . .	4
45-49 . . . . .	20
50-54 . . . . .	8
55-59 . . . . .	4
60-64 . . . . .	24
65-69 . . . . .	4
70-79 . . . . .	28
80-90 . . . . .	8
Total	100*

\*N = 25

Estimates for "old" ranged from 40 to 90 years, with the interval 70-79 receiving the largest number of responses. This estimate concurred with general sentiment in the United States, as most adults do not consider a person elderly until the late sixties or seventies. However, 24 percent of the children indicated that they considered a person age 49 or less to be aged. If 65, the usual age of retirement, was taken as a "benchmark" for old age, 60 percent of the children defined persons as "old" before they reached that age.

This supported the view that "old" was relative to the age of the viewer.

Do children think that people die only when they are old, and do they attach particular significance to the death of a young person? When asked if people died only when they were old, 48 percent responded yes, 40 percent answered no, and 12 percent were undecided. Fifty-eight percent of those who answered yes supported their position by noting that the elderly were weak and ill and near death, apparently ignoring the possibility that various factors could cause death to occur at any age. Eight percent of the "yesses" stated that people died when they were old because they felt sorry for themselves. One-half of those who stated that people died only when they were old also selected old age as the major cause of death. Ninety percent of those who answered no to the above question stated that a person could die at any age because of accidents, illness, or disease. Thirty-four percent who had answered yes and 10 percent who had answered no were unable to explain why they had responded as they did.

When asked if there were any differences between a young and an old person dying, 60 percent of the children said that there was no difference, 28 percent said that there was a difference, and 12 percent were undecided. Of those who responded positively, 43 percent said that the death of a young person was more significant because it was unexpected; the

old were near death, so their demise came as no surprise. Forty-three percent noted that young people died from some specific "cause" whereas old people "just died." Fourteen percent said that there was a difference, but they did not know what. One possible interpretation of these data was that by this age, 40 percent had been socialized to the dominant value system of their culture which values life of a young person more than that of an older one. This value system was observed by Sudnow in his study of death and dying in hospital settings (1). Children who were brought into emergency rooms displaying standard "signs of death" were much more likely to receive dramatic stimulation and revival procedures than elderly persons who were in similar physical condition.

Included in the questionnaire were stories of death situations involving an old and young person in which the child was forced to make a judgment about survival (See Appendix A, questions 46 and 48). In the short story depicting a boy and his grandfather involved in a life-or-death situation from which only one could be saved, 100 percent of the children said that the boy should survive. Sixty-eight percent supported their position by saying that the boy was just beginning his life whereas the grandfather had already lived his. Others (8 percent) echoed this sentiment and said that the grandfather was near death anyway because of his age. Twelve percent said that the grandfather

would sacrifice his life in order for the boy to be saved. Eight percent said that the boy should be saved but were unable to say why. This choice could be interpreted as agreement with the normative position discussed above. Older people "should" die if a choice must be made between young and old. But what about the "real" norm? Were older people more likely to die?

Evidence on this point was provided by the manner in which children responded to the short story in which two people, one young and one old, were confined in a hospital with identical ailments. The children were told one recovered and returned home but the other died. They were asked which person died and why they thought that. Ninety-six percent responded that the old person had died. Eighty-four percent of these said that the old person was weak because of his age and therefore more difficult to cure. Four percent expressed much the same sentiment, saying that the older person had died, attributing his death to a merciful act of God. Eight percent thought that the older person would die but were unable to give reasons for their position. Only 4 percent were undecided; they said either could have been the one to have died.

The belief that old people are more likely to die because of their age was reinforced by the personal contact the children had had with death. Of those children who had

had intimate contact with death, 72 percent of the incidents had been related to the death of a grandparent.

Further support for the normative view that death should and does occur in old age was provided, for 92 percent felt that it would be better to be old at the time of their own death. Only four percent said that it would be better to die in middle-age; again 4 percent were undecided.

Self-destruction and the destruction of others.--Seventy-two percent of the children had never wished for their own death. Twenty-four percent indicated that at some time in their lives they had wished they were dead, and 4 percent were undecided or could not remember. What would make a ten to twelve-year-old child have thoughts of self-destruction? Of those who had wished for their own deaths, 83 percent cited an emotional problem, either that someone was angry with them or that they were angry with someone. Less frequently they responded that people were "not treating them right." Seventeen percent said that they had thoughts of suicide when they were in trouble.

Eighty percent of the children were aware of suicide as an alternative to life; however, 20 percent were unaware of the meaning of the term. The meaning of suicide was explained to those who did not know, and all of the children were asked why they thought a person might take his own life. They offered a wide variety of responses. Thirty-six percent

felt that a person would have to be severely depressed or mentally ill, 28 percent thought that they had hated themselves and had a "bad life." Other responses included: the person was caught in a crime, 8 percent; some external event forced the person to take his own life; 8 percent; the person was angry at the world, 4 percent; the person felt that he was disliked, 4 percent; and the person wished to accompany a dead relative, 4 percent. Eight percent were unable to think of a reason for committing suicide.

When asked if it was ever permissible for one person to kill another, 60 percent were undecided. Those two-thirds who had responded negatively or were undecided were prompted by asking if there were special cases in which killing a human being might be permissible, for example, during war, by the police, or if one person was harming another. One-half of those who had said killing another person was wrong or who were undecided changed their minds when prompted, but one-half maintained their position, saying that it was never permissible under any circumstances to kill another human being. Those who had said that killing human beings was legitimate offered these reasons: in the case of police, 29 percent; during war, 29 percent; in self-defense, 24 percent; as punishment, 6 percent; and for revenge, 6 percent. Six percent agreed that taking a human life was acceptable but were unable to provide an example.

Effects of the media.--What were the effects of fictional violence on television and explicit accounts of death and disaster in news reports? When asked what they thought when they saw people who were killed or involved in accidents on television and news reports, 40 percent said that they felt sympathy or sorrow. Twenty-eight percent felt that the killing was futile and useless; 24 percent expressed aversion, saying it was bad or wrong; 4 percent were grateful they were not involved; and 4 percent were sometimes happy, sometimes sad. Based on these responses it appears that the children were uniformly compassionate and sympathetic. It was likely, however, that they were responding to that portion of the question relating to news reports rather than to the fictional violence of television. Given the popularity of early prime-time (the youth market) adventure, violence, and law and order oriented shows, it is likely that children were not as sympathetic and compassionate as the data indicated.

#### Comparative Analysis of Children and Young Adults

Orientation toward death.--The children's responses to the question "What does it mean to die?" and the young adult responses to a question asking what death meant to them were compared. The young adults were also asked to describe their childhood concepts of death. The results are presented in Table V.

TABLE V  
ORIENTATION TOWARD DEATH

Orientation	Children %	Adults %	Adults as Children %
The end, absence of life	32	10	-
Eternal sleep	4	7	14
Life after death, heaven/hell	4	71	62
Cessation of physical activity	32	-	2
Do not know	28	12	12
Do not remember	-	-	10
Totals	100*	100**	100**

\* N = 25

\*\* N = 43

The children had a more pragmatic view of death than the adults. Approximately two-thirds of the children defined death either as the absence of life or the cessation of physical activity, i.e., the absence of vital signs. Somewhat more than two-thirds of the adults, on the other hand, approached death from a theological orientation, the beginning of life after death or the joining of the spirit with the universal cosmic consciousness. The young adults, for the most part, believed that their views as children were the same as their present views; however, their childhood



conceptions were quite different from those of today's children. Two explanations were possible. There was a significant difference between children of ten to twelve and young adults in their twenties as regards their conceptions of death. An equally tenable explanation was that the young adults assumed their earlier attitudes matched their present ones, when in fact they did not.

When asked when they expected to die, 72 percent of the children selected old age, 20 percent middle age, and 8 percent were undecided. The adults responded with 67 percent in old age and 33 percent in middle age. Of course, middle age was not as remote for the young adults as for the children, but it appeared that they, too, tended to view death as a remote event. This unconcern was also evident when the adults disclosed how often they thought about their own deaths. Only 23 percent said frequently or very frequently, 53 percent occasionally, and 24 percent rarely or very rarely. Of those who were preoccupied with their own deaths (23 percent), 58 percent also indicated that they expected to die in middle age.

The data for the children indicated they were almost evenly divided regarding fear of death. Table VI shows that the same was true for adults.

TABLE VI  
FEAR OF DEATH

Attitude	Children %	Adults %
Fear	44	50
No fear	52	50
Undecided	4	-
Totals	100*	100**

\* N = 25

\*\* N = 43

The data collected for the children indicated that there was no basis for determining whether or not personal contact, adult attitudes, or the manner in which they learned of death had any relationship to fear of death among children. As expected, all adults had personal experience with death, so it would have been meaningless to have tested for an association between fear and personal contact in that case. Also, there was no question on the adults' questionnaire which would have indicated the manner in which they learned of death; again, comparison was impossible. There was, however, a question which could have been indicative of the role played by adult attitudes. The adults were asked how death was discussed in their family when they were children. Forty percent responded with "openly," 25 percent "with some sense

of discomfort," and 10 percent "only when necessary and then with an attempt to exclude children." Twenty-five percent could never recall such a discussion. Of the 35 percent who stated that there had been discomfort or attempts to conceal the conversation, 73 percent displayed a fear of death. One-fourth of the adults both feared death and had observed abnormal behavior among their parents when the subject was mentioned.

The association between fear of death and parental behavior among the adults is somewhat tenuous since it is based on the ability of the young adults to recall past events. Reliance on memory, especially, as in this case, the recollection of events long past, is methodologically defective. Respondents frequently have a tendency to "create" a past they cannot recall distinctly. For example, when the adults were asked at what age they first learned of death, all were able to remember the exact age. When the children, who were certainly closer to the age at which they first learned, were asked the same question, 68 percent stated that they could not remember. This would suggest that the adults had "created" a past they had likely forgotten.

When asked about the causes of death, 83 percent of the adults indicated that deaths were caused by events over which humans had very little control. Sixty-four percent of the children listed accidents, diseases, and violence as the primary causes of death. These, too, were events which were frequently beyond human control.

In sum, the children were much more pragmatic in their views of death than the adults. Both children and adults tended to think of death as a remote event. The groups were evenly divided in the matter of fearing death. There was no indication that adult behavior affected the children's attitudes; there was slight evidence that the adults' attitudes might have been influenced by the behavior of their parents. Both groups tended to define the causes of death in terms of events beyond human control.

Age and death.--The comparisons for the two groups on the question of what constituted old age are presented in Table VII.

TABLE VII  
CHILDREN AND ADULT IMPRESSIONS OF AGED

Age Interval	Children %	Adults %
less than 40	4	-
45 - 49	20	-
50 - 54	8	2
55 - 59	4	2
60 - 64	24	12
65 - 69	4	30
70 - 79	28	39
80 - 89	8	10
90 +	--	5
Totals	100*	100**

\* N = 25

\*\* N = 43

The adult estimations of aged were quite different from those of the children. Almost one-fourth of the children indicated ages less than forty-five were "old;" none of the adults selected these age categories. Sixty percent of the children selected ages less than sixty-five, the normal age of retirement, compared with only 16 percent of the adults. Clearly, the children's estimations of old were significantly "younger" than the estimations of the adults.

The adults, like the children, expressed a desire to die at an elderly age. The results are presented in Table VIII.

TABLE VIII  
AGE PREFERENCE AT TIME OF DEATH

Age	Children %	Adults %
Young	-	5
Middle Age	4	21
Old	92	74
Undecided	4	-
Totals	100*	100**

\* N = 25

\*\* N = 43

The children were fairly uniform in their wish to die in old age, the adults less so. A greater proportion of the adults

selected middle age. None of the children indicated a desire to die young, whereas 5 percent of the adults did so.

In sum, children's impressions of aged were significantly younger than those of adults. The children preferred to die at an elderly age, the adults likewise, but to a lesser degree.

Self-death.--Approximately three-fourths of the children said that they had never wished for their own death; one-half of the adults responded in a like manner. When asked why they had wished for their own deaths, 83 percent of the children and 82 percent of the young adults who had responded positively listed emotional problems. There were some differences in the nature of their emotional problems, however. The children's complaints centered around questions of acceptance and rejection; either they were angry at someone or someone was angry with them. The adults' problems were primarily inter-personal in nature; they centered on fears of disgrace or failure, loneliness, or family strife.

Religious training.--The data collected for the children suggested that as religiosity increased, fear of death tended to decrease. What role had religion played in the development of adults' attitudes toward death? Fifty-three percent said that it had played a rather significant role; 41 percent, a minor role; and 6 percent, no role at all. The relationship

between the role of religion on adults' attitudes and fear of death among adults is presented in Table IX.

TABLE IX  
ROLE OF RELIGION AND FEAR OF DEATH

Role	Fear %	No Fear %	Totals %
Important	24	29	53
Minor	24	17	41
None	2	4	6
Totals	50	50	100*

\* N = 43

The data were inconclusive; there was no significant difference between the categories.

The adults were also categorized in a manner similar to that used in the classification of the children to determine if the relationship between fear and religious conviction were true for them. Because the questions were not identical in form, it was impossible to use the same criteria for categorizing the two groups. However, since the classification procedure used for adults utilized one self-defining question which was identical to that asked the children and since the other criterion involved some expression of a belief in an after-life, as did the children's, the categories were deemed suitable for comparative purposes. Comparisons

between adults and children in regard to religious conviction and fear of death are presented in Table X.

TABLE X  
RELIGIOUS CONVICTION AND FEAR OF DEATH

Conviction	Fear %	No Fear %	Undecided %	Totals %
<u>Children</u>				
Extremely Religious	4	16	-	20
Moderately Religious	24	32	4	60
Non-religious	16	4	-	20
Total	44	52	4	100*
<u>Adults</u>				
Extremely Religious	10	12	-	22
Moderately Religious	26	36	-	62
Non-religious	14	2	-	16
Total	50	50	-	100**

\* N = 25

\*\* N = 43

The two groups were similar both in the proportions which composed each religious category and in their fear of death. As with the children, there appeared to be an inverse relationship between religious conviction and fear of death.

Developmental theories.--The developmental theories contended that by the time normal children were ten to twelve years of age, their conceptions of death as well as their



general view of the world were realistic and stable. If this were true, then it would be likely that the attitudes of these groups of children and adults would be similar in most respects. To determine if this was the case, the attitudes of both were compared on nine items.

There were three areas in which significant attitudinal changes were observed. First, their orientations toward death were completely different. When confronted with requests for personal feelings or reactions to death, the immediate response for most adults was theologically oriented. The children tended to respond in a more practical and matter-of-fact manner, associating death with the cessation of vital signs or the absence of life. Second, children defined an individual as being "old" at a much younger age than did the adults. Sixty percent of the children felt that a person was elderly before the age of sixty-five. Third, adults were more likely to have wished for their own death than children.

The attitudes of the two groups were in agreement on six items. The majority of both groups tended to postpone death and view it as a remote event, both expressed a desire to die at an old age, the same proportion (one-half) of both groups demonstrated a fear of death, and both felt that the causes of most deaths were beyond human control. More adults than children had wished for their own deaths, with four-fifths of both groups listing some sort of emotional complaint

as the source of their despondency. Finally, religion appeared to have an effect on fear of death for both groups.

In sum, the data appeared in part to support the contentions of the developmental theories that the attitudes of the majority of the children by the age of ten to twelve in most respects corresponded to those of adults. However, before the developmental theories may be accepted in toto, some methodological issues must be considered. First, the tendency for respondents to "create" past events they did not actually recall would indicate that methods relying on memory are risky at best. Second, attitudes and characteristics observed in children cannot be extrapolated to older age groups. Finally, it should be obvious that cross-sectional methods are inappropriate for studying developmental processes and full-scale longitudinal research must be conducted before the claims of the developmental theorists can be substantiated.

### CHAPTER III BIBLIOGRAPHY

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## CHAPTER IV

### SUMMARY AND CONCLUSIONS WITH SUGGESTIONS FOR FUTURE RESEARCH

#### Summary

The research reported in this study examined children's attitudes toward death in terms of four variables, their definitions of death, the relationship of age and death, their reactions to self-destruction and the destruction of others, and the effects of the media on them.

The literature indicated that children's attitudes toward death are realistic, but also that they tend to "put off" death, which could be interpreted as non-realistic or avoidance behavior. Most of the children interviewed were able to define death in a manner which was operationally defined as realistic, yet the lifeline model and the question asking when they expected to die indicated that they felt death was remote. It appears, therefore, that they hold realistic concepts coupled with avoidance behavior. Their concepts are realistic in that they recognize the inevitability of death, but one-half of them also maintain that people die only when they are old; thus they accept their own death, but assume that it is far in the future.

Previous research had found minimal fear of death in children but stated that fear could be introduced by adults behaving peculiarly or attempting to evade the issue in death-related situations. Fear of death was hardly minimal among these children; 48 percent expressed a fear of dying. When the life experiences of the children were related to their fears it was found that personal contact or having received an explanation of death was relatively unimportant in promoting fear. Those who had observed "stressed" behavior in their parents, however, were significantly more fearful than those who had observed "unstressed" behavior or had no such experience. Clearly, the literature was correct in attributing fear in children to the behavior of adults.

An inverse relationship was found to exist between fear and religious conviction. Thus, those who believed in an after-life and defined death in theological terms were less likely to fear death than those who considered death terminal or defined it in physiological terms.

It was suggested that the children might equate age with physical maturity. This was not the case, but there was ample evidence to support the view that conceptions of "old" were relative to the age of the viewer. Almost two-thirds of the children defined "old" as ages less than sixty-five, one-fourth as ages less than forty-nine.

Almost one-third felt that the death of a young person was more significant than that of an aged individual,

apparently having been socialized into the dominant value system of American culture which values the lives of the young more than those of the aged. Support for this conclusion was found in the story relating to survival; all of the children felt that the boy should survive rather than the grandfather. Not only did the children feel that the aged "should" die, if there was a choice, they also thought the aged more likely to die. In the story relating to hospital patients suffering from identical ailments, 96 percent selected the old person as the one most likely to die. In the question asking for the main causes of death, one-third indicated old age. These values were reinforced by the personal contact the children had had with death; three-fourths of the incidents were related to the death of a grandparent.

The literature suggested that children might feel they were the cause of a death, but it said little about their attitudes toward killing other human beings or taking their own lives. It was found that one-fourth had wished for their own death, usually because of an emotional conflict with another person. Over three-fourths were aware of suicide as an alternative to life and suggested a wide variety of reasons for someone's killing himself. Most frequent was the belief that the person was severely depressed or mentally ill. Almost two-thirds said that it was never permissible to kill others, but one-half of these changed their minds

when asked if there might not be special circumstances under which it would be allowable.

Previous investigation had indicated that the electronic media exercised considerable influence on children's attitudes. These children appeared to be uniformly sympathetic and compassionate toward those killed and injured on television and news reports. However, it was likely that they were responding to the television news reports rather than to the fictional violence.

Developmental theories had a good deal of support in the literature. In view of this importance, some basic premises of that orientation were examined by comparing the attitudes of the children and of a group of young adults. There were significant attitudinal differences in their orientations toward death; the children were more pragmatic, whereas the adults tended to be theological. When asked for definition of "old," the children's were much younger; when asked about self-deaths, the adults wished for their own deaths more often.

Both groups tended to view death as a remote event and would postpone it if possible; both expressed a desire to die at an old age. They were equally divided on fear of death, and there was an inverse relationship between religion and fear. More adults had wished for their own death, but both groups listed emotional conflicts as the source of their despondency. Finally, both felt that the causes of

death were beyond human control. The data in part supported the developmental theories, but before those contentions can be fully substantiated, full-scale longitudinal research is necessary.

### Conclusions

The results of this study provided further support for the contention that attitudes are the result of learning experiences, i.e., socialization, involving significant others. For the most part, the children's responses were reflections of dominant social values and might therefore be considered the result of socializing factors. Several examples compatible to this argument should be sufficient to demonstrate this point.

First, the reluctance on the part of parents to discuss death has been widely observed and was demonstrated in this sample by the small number of children (8 percent) who had received an explanation of death. The children's tendency to postpone death, their reluctance to view it as an immediate event, was likely a function of this avoidance behavior. The inability of people significant to the children, usually their parents, to come to terms with their own mortality was duplicated in the children's desire to postpone death.

Second, in apparent contradiction of previous investigation that had said fear of death was minimal in children, one-half of these children were afraid. It is unlikely that



they would have this fear unless they had been taught to be so, that is, unless a preponderance of social definitions suggested to them that something was fearful in death. The evidence supports this argument; personal contact with death was unimportant, whereas "stressed" behavior in parents correlated significantly with fear in children. Further, just as socialization or learning could create fear, it could also dispel or dissipate it. Strong religious beliefs, which were the result of having been socialized into a particular perspective, mitigated fear of death.

Third, previous studies had indicated that American society values the life of a young person more than that of an old person; the effects of this socializing influence were also apparent in children. When faced with a question of survival, the children unanimously chose to spare the younger person. Not only did they feel the aged "should" die, they also felt they were more likely to die, indicating that they had been socialized to the generally held notion that old age is associated with liabilities such as illness and death.

Fourth, two-thirds of the children said that it was never permissible to kill another human, yet when they were prompted by mentioning those occasions which are defined as socially acceptable--in wartime, in police situations, and in order to save someone from injury--one-half immediately changed their minds.

Last, the most significant difference noted between the two groups, the children's tendency to define death in pragmatic terms while adults defined it in theological terms, could also be attributed to socialization, or more correctly, to lack of socialization. It is quite likely that the children's inclination to view death in a factual pragmatic manner was a result of not having learned the "acceptable" responses. The socialization experience had not progressed to a level that would enable them to interpret and verbalize the dominant social values relating to death.

#### Suggestions for Future Research

The following suggestions may be useful in formulating testable hypotheses which would lead to more fruitful inquiry. In the area of methods, several findings from this study should be of considerable utility to other investigations. First, the central weakness of this study was the sampling techniques employed. If possible, a larger, randomly drawn sample should be used. This would allow the use of more sophisticated statistical methods, which would in turn increase the generalizing potential of the study. Second, in view of the hazards implicit in projective techniques, they should be avoided if at all possible. The proper method for determining how children feel about death is to ask them, and not to rely on stories and pictures that require adult interpretation. Third, if the protective circle of concerned,

well-intentioned adults can be penetrated, children have no qualms whatever about discussing death. They are open, honest, and cooperative; the hesitation and aversion is on the part of adults who wish to "protect" children.

As suggested earlier, the claims of developmental theories can be supported only through longitudinal research. Though admittedly expensive and by definition time consuming, longitudinal investigation would allow the researcher to determine the various stages children allegedly pass through and the age at which their concepts are mature. This study assumed, on the basis of research conducted thirty to forty years ago, that maturity was achieved between the ages of ten to twelve. It may be that increasing stimuli and the rapid pace of modern life has reduced the mature stage to ages eight to ten or lower. Additional research would determine if this is the case.

One of the most potentially significant socializing agents, the electronic media, was not sufficiently investigated in this study, and no conclusions could be drawn in regard to its influence. Further study which would define the extent and the type of media exposure and relate it to children and death would be an important contribution to this area of study.

Additional research into the nature of fear of death in children would also be valuable. Fear appeared to be more prevalent in the children of this sample than in the

previous studies. What are the causes and consequences of fear in today's children? Has the threat of nuclear war and the pervasive atmosphere of violence made them more fearful than their earlier counterparts?

One-fourth of these children said that at some time they had had a wish to die. This area should be explored more fully to determine if some children actively seek death or if these wishes are in fact childish threats or retorts. These children also demonstrated a considerable tolerance toward the destruction of human life; more study in this area is also warranted.

The questions relating to children and old age indicated that the young associated being old with negative characteristics. The elderly "should" die, were more likely to die, were weak and ill, and felt sorry for themselves. More research in this area should be conducted to determine if these responses are characteristic of all children.

Finally, the question of the effect of socialization factors on children's attitudes could best be answered by cross-cultural research. Investigations of this type would reveal those behavioral characteristics which are universal, if such characteristics exist, and those which are peculiar to a given culture.

APPENDIX A

QUESTIONNAIRE: ATTITUDES TOWARD DEATH AND AGING

CI-2 \_\_\_\_\_ Schedule No.

Demographic data for child

C3 \_\_\_\_\_ Age

1. 8
2. 9
3. 10
4. 11
5. 12
6. 13
7. 14

C4 \_\_\_\_\_ Sex

1. Male
2. Female

C5 \_\_\_\_\_ Brothers and sisters

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more
7. None; only child

C6 \_\_\_\_\_ Ethnic group

1. White
2. Black
3. Mexican-American
4. Oriental
5. American Indian
6. Other \_\_\_\_\_

C7 \_\_\_\_\_ Living arrangements

1. Both parents
2. Father
3. Mother
4. Grandparent(s)
5. Parents and grandparents
6. Other relatives
7. Other \_\_\_\_\_

C8 \_\_\_ I consider a person to be old when he reaches the age of \_\_\_\_\_.

1. 45-50
2. 50-55
3. 55-60
4. 60-65
5. 65-70
6. 70-80
7. 80-90
8. 90+
9. Other \_\_\_\_\_.

C9 \_\_\_ Do people usually die when they are old?

1. Yes
2. No
3. Undecided

C10 \_\_\_ Why? \_\_\_\_\_

C11 \_\_\_ Is there any difference between a young and an old person dying?

1. Yes
2. No
3. Undecided

C12 \_\_\_ What? \_\_\_\_\_

C13 \_\_\_ What is dead? What does it mean for something to die?  
\_\_\_\_\_

C14 \_\_\_ Does everyone and everything die?

1. Yes
2. No
3. Undecided

C15 \_\_\_ What are the main causes of death? \_\_\_\_\_  
\_\_\_\_\_

C16 \_\_\_ Is it better to be young or old when you die?

1. Young
2. Old
3. Middle
4. Undecided

C17 \_\_\_ Play like this line is as long as your life--the circle is when you were born, the X is when you will die--where are you on the line now?

0 \_\_\_\_\_ X

C18 \_\_\_ When do you think you will die? When you are \_\_\_\_\_  
1. Young  
2. Middle aged  
3. Old  
4. Undecided

C19 \_\_\_ What happens to a person when he dies? \_\_\_\_\_  
\_\_\_\_\_

C20 \_\_\_ What do you think when you see people who are killed in wars and accidents on TV news reports? \_\_\_\_\_  
\_\_\_\_\_

C21 \_\_\_ Have you ever killed anything?  
1. Yes  
2. No  
3. Undecided

C22 \_\_\_ What? \_\_\_\_\_

C23 \_\_\_ How did you feel afterward? \_\_\_\_\_  
\_\_\_\_\_

C24 \_\_\_ Is it alright to kill some things?  
1. Yes  
2. No  
3. Undecided

C25 \_\_\_ What? \_\_\_\_\_

C26 \_\_\_ Why is it alright to kill these things?  
\_\_\_\_\_

C27 \_\_\_ Is it ever alright for one person to kill another?  
1. Yes  
2. No  
3. Undecided

C28 \_\_\_ When? (May prompt by asking--in war, police, if one person is hurting another)  
\_\_\_\_\_

C29 \_\_\_ Why is this alright? \_\_\_\_\_

C30 \_\_\_ Where and how did you first learn about death? \_\_\_\_\_  
\_\_\_\_\_

C31 \_\_\_ How old were you?

1. 0-3
2. 4-5
3. 6-7
4. 8-9
5. 10+

C32 \_\_\_ If someone explained death to you, did they seem to be afraid of it?

1. Yes
2. No
3. Undecided

C33 \_\_\_ Did they make you afraid?

1. Yes
2. No
3. Undecided

C34 \_\_\_ Are you afraid to die?

1. Yes
2. No
3. Undecided

C35 \_\_\_ Why? \_\_\_\_\_

C36 \_\_\_ What would you miss most? \_\_\_\_\_

C37 \_\_\_ Have you ever wanted to die?

1. Yes
2. No
3. Undecided

C38 \_\_\_ Why? \_\_\_\_\_

C39 \_\_\_ Has anyone you have known very well died?

1. Father
2. Mother
3. Brother or sister
4. Grandparent
5. Other relative
6. Close friend
7. Pet
8. Other \_\_\_\_\_
9. No

C40 \_\_\_ What did you do?  
\_\_\_\_\_  
\_\_\_\_\_



C41 \_\_\_ What did your parents do? (Did they act differently?)  
\_\_\_\_\_

C42 \_\_\_ Did you go to the funeral?

1. Yes
2. No

C43 \_\_\_ Why? \_\_\_\_\_

C44 \_\_\_ What does "suicide" mean? (If child doesn't know, explain)  
\_\_\_\_\_

C45 \_\_\_ Why do you think anyone would do that? \_\_\_\_\_

Two people, one young, one old, were seriously ill with the same disease and had to go to the hospital. One got better and came home, but the other got worse and eventually died.

C46 \_\_\_ Which person died?

1. Young
2. Old

C47 \_\_\_ Why did that person die? \_\_\_\_\_

A young boy and his grandfather were fishing in a boat when it began to sink. Neither the boy nor his grandfather could swim and there was only one life jacket.

C48 \_\_\_ Who should get the life jacket?

1. Boy
2. Grandfather

C49 \_\_\_ Why? \_\_\_\_\_

C50 \_\_\_ Marital status of parents

1. Married
2. Re-married
3. Divorced
4. Separated
5. Widowed
6. Other \_\_\_\_\_

C51 \_\_\_ Religious preference

1. Protestant
2. Catholic
3. Jewish
4. Other \_\_\_\_\_
5. None

C52 \_\_\_ How religious do you consider yourself to be? (Direct this question to child)

1. Very religious
2. Somewhat religious
3. Slightly religious
4. Not at all religious
5. Anti-religious

APPENDIX B

SELECTED PORTIONS OF QUESTIONNAIRE

"YOU AND DEATH"

4. \_\_\_\_\_ To the best of your memory, at what age were you first aware of death?
1. Under three
  2. Three to five
  3. Five to ten
  4. Ten or older
5. \_\_\_\_\_ When you were a child, how was death talked about in your family?
1. Openly
  2. With some sense of discomfort
  3. Only when necessary and then with an attempt to exclude the children
  4. As though it were a taboo subject
  5. Never recall any discussion
6. \_\_\_\_\_ Which of the following best describes your childhood conceptions of death?
1. Heaven-and-hell concept
  2. After-life
  3. Death as sleep
  4. Cessation of all physical and mental activity
  5. Mysterious and unknowable
  6. Can't remember
9. \_\_\_\_\_ How much of a role has religion played in the development of your attitude toward death?
1. A very significant role
  2. A rather significant role
  3. Somewhat influential, but not a major role
  4. A relatively minor role
  5. No role at all
10. \_\_\_\_\_ To what extent do you believe in a life after death?
1. Strongly believe in it
  2. Tend to believe in it
  3. Uncertain
  4. Tend to doubt it
  5. Convinced it does not exist

13. \_\_\_ How often do you think about your own death?
1. Very frequently (at least once a day)
  2. Frequently
  3. Occasionally
  4. Rarely (no more than once a year)
15. \_\_\_ When do you believe that you will die?
1. In youth
  2. In the middle prime of life
  3. Just after the prime of life
  4. In old age
17. \_\_\_ What does death mean to you?
1. The end; the final process of life
  2. The beginning of a life after death; a transition, a new beginning
  3. A joining of the spirit with a universal cosmic consciousness
  4. A kind of endless sleep; rest and peace
  5. Termination of this life, but with survival of the spirit
  6. Don't know
23. \_\_\_ What is your belief about the causes of most deaths?
1. Most deaths result directly from the conscious efforts of the persons who die
  2. Most deaths have strong components of conscious or unconscious participation by the persons who die
  3. Most deaths just happen; they are caused by events over which individuals have no control
  4. Other (specify)
35. \_\_\_ How often have you seriously contemplated committing suicide?
1. Very often
  2. Only once in a while
  3. Very rarely
  4. Never
39. \_\_\_ Suppose that you were to commit suicide, what reason would most motivate you to do it?
1. To get even or hurt someone
  2. Fear of insanity
  3. Physical illness or pain
  4. Failure or disgrace
  5. Loneliness or abandonment
  6. Death or loss of a loved one
  7. Family strife
  8. Atomic war
  9. Other (specify)

53. \_\_\_ I consider a person to be old when he reaches the age of \_\_\_\_\_?

1. 45-49
2. 50-54
3. 55-59
4. 60-64
5. 65-69
6. 70-79
7. 80-89
8. 90 and over

70. \_\_\_ How religious do you consider yourself to be?

1. Very religious
2. Somewhat religious
3. Slightly religious
4. Not at all religious
5. Anti-religious

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