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A COMPARISON AMONG SELECTED GROUPS OF DAY CARE
DIRECTORS, EXAMINING THEIR LEVELS OF DEATH
ANXIETY AND RESPONSES TO SIMULATED
DEATH SITUATIONS

DISSERTATION

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This study compared three groups of day care directors with regard to their levels of death anxiety and their responses to situations involving death that affect children in the day care center. In addition, the study compared the variables of age, years of experience in day care, parental status, and self-reported degree of religiosity with the directors' levels of death anxiety and their responses to simulated death situations. A possible relationship between the levels of death anxiety of the directors and their responses to simulated death situations was also investigated.

The population of licensed day care centers from a county in North Central Texas was stratified according to type of center: commercial, nonprofit, and church-related. A total of 300 centers and their directors were selected as subjects of the study by a random sampling technique. A questionnaire consisting of two instruments was used to gather data for the study. The Death Anxiety Scale by Templer was used to quantify the levels of anxiety of the directors toward death. The Death Situation Questionnaire, developed and validated by the researcher, was used to

assess the responses of directors to simulated situations involving death. The Death Situation Questionnaire consists of nine situations involving death, each with four possible responses reflecting various attitudes toward death. A consensus of authorities consider one response to be the more appropriate behavior for adults wanting to nurture the healthy emotional development of young children at the time of a crisis involving death. A total of 180 respondents participated in the study.

One-way analysis of variance procedure and Duncan's Multiple Range Test were used to locate statistically significant differences at the .05 level among the mean scores of the directors on the two instruments. Directors from nonprofit centers were found to have significantly higher mean scores on the Death Situation Questionnaire when compared to the mean scores of directors from the other two types of centers. The same statistical procedure was also used to analyze the directors' ages and years of experience in day care and their mean scores on the two instruments. Directors who were fifty-one and older had significantly lower mean scores on the Death Anxiety Scale when compared to the mean scores of younger directors between the ages of twenty and thirty, and between the ages of forty-one and fifty. A two-tailed t-test for independent samples was used to analyze the sample means and variables of parental status and

self-reported degree of religiosity. No significant differences ($p \leq .05$) were obtained in these analyses. Pearson's product-moment correlation coefficient indicated no systematic relationship between the total mean scores for all directors on the two instruments.

It was concluded that the type of center which directors serve does not significantly affect their level of death anxiety, yet it does affect their responses to situations involving death. The variable of age does influence the anxiety of the director toward death as measured by the Death Anxiety Scale. Parental status, years of experience in day care, and self-reported degree of religiosity are not significant factors in determining the directors' levels of death anxiety or in determining their responses to situations involving death. The level of death anxiety of the director did not, by itself, significantly affect the responses of the director to situations involving death.

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CHAPTER I

INTRODUCTION

The basic concept of the inevitability and finality of death is understood as a reality by most adults. Yet, many authorities contend that Americans constitute a "death-denying" society in which confrontations with the topics of death and dying are frequently avoided (7, 17, 43). Adults often erect barriers in their attempt to shield themselves from the harsh realities of death (7). For this reason, death has replaced sex as the forbidden, unmentionable subject in society (36). The complex nature of death-related attitudes and behaviors of the individual has provided the impetus for exploration into man's orientations toward death. As a result, the public has witnessed within the past decade a dramatic increase in the systematic study of death and dying.

At birth, neonates have no understanding of death (10). As children grow, they confront a variety of situations involving death. Through word, song, the world of plants and animals, and relationships with family and friends, young children are exposed to the realities of separation, loss, and death. As with any new experience, situations involving death usually stimulate the natural

curiosity of children (23). They are eager to investigate any new phenomena. While exploring situations involving death, children gradually develop feelings and attitudes about death and comprehension of the process of death. In studies of attitudes of children toward death, researchers have found that perceptions of death are dependent on the stage of development of the child (13). Children think of death within the limits of their experiences. Well-meaning adults often attempt to protect young children from events that deal with death. In so doing, adults deprive children of opportunities to experience a most important part of life, while oftentimes interfering with the normal development of the child (26). Adults who care for young children have a tremendous responsibility toward fostering the total development of the child. This responsibility includes the development of the understanding and acceptance of death by the child as an integral part of the life cycle.

The attitude of the adult toward death is closely associated with personal experiences, feelings, and emotions (30). This attitude directly influences reactions to events involving death that may occur while the adult is caring for children (35). As caregivers establish attitudes toward certain situations, individuals, or objects, they react in a particular manner or behavior when involved with each of these: an unfavorable attitude may cause a

reaction of avoidance or aggression; a neutral attitude may cause indifference; and a favorable attitude, a seeking behavior (30).

The caregiver serves as a model to the young child. Since concepts and attitudes are culturally learned (42), the attitude of the caregiver toward death and reaction to situations involving death must enhance the ability of the child to deal realistically with crises. By contributing to the developing understanding of death in young children, the caregiver strengthens their foundation of sound mental health.

Statement of the Problem

The problem of this study was an analysis of the death anxiety of selected day care directors and an analysis of the responses of these directors to situations involving death.

Purposes of the Study

The purposes of the study were to

1. Compare and analyze the death anxiety of day care directors from three types of day care centers;
2. Compare and analyze the responses of day care directors, from three types of day care centers, to simulated situations involving death;
3. Compare and analyze the day care directors' ages, years of experience in day care, parental status,

and self-reported degree of religiosity with death anxiety and responses to situations involving death;

4. Determine the relationship between the death anxiety of day care directors and responses of these directors to simulated situations involving death.

Hypotheses

To carry out the purposes of the study, the day care directors were grouped as follows.

Group A - Directors of church-related day care centers

Group B - Directors of commercial day care centers

Group C - Directors of nonprofit day care centers

The following hypotheses were tested.

1. There will be no significant difference in the group mean scores on the Death Anxiety Scale among directors of Groups A, B, and C.

2. There will be no significant difference in the group mean scores on the Death Situation Questionnaire among directors of Groups A, B, and C.

3. There will be no significant difference in the group mean scores on the Death Anxiety Scale for all directors in the following age categories: 20-30, 31-40, 41-50, 51-60, and 61+.

4. There will be no significant difference in the group mean scores on the Death Situation Questionnaire for

all directors in the following age categories: 20-30, 31-40, 41-50, 51-60, and 61+.

5. There will be no significant difference in the group mean scores on the Death Anxiety Scale for all directors with the following years of experience in day care: 0-5 years, 6-10 years, 11-15 years, 16-20 years, and 21+ years.

6. There will be no significant difference in the group mean scores on the Death Situation Questionnaire for all directors with the following years of experience in day care: 0-5 years, 6-10 years, 11-15 years, 16-20 years, and 21+ years.

7. There will be no significant difference in the group mean scores on the Death Anxiety Scale for day care directors who consider themselves to be highly religious or not highly religious.

8. There will be no significant difference in the group mean scores on the Death Situation Questionnaire for day care directors who consider themselves to be highly religious or not highly religious.

9. There will be no significant difference in the group mean scores on the Death Anxiety Scale for day care directors who are or are not parents.

10. There will be no significant difference in the group mean scores on the Death Situation Questionnaire for day care directors who are or are not parents.

11. There will be no significant correlation between the total scores on the Death Anxiety Scale and the total scores on the Death Situation Questionnaire for all day care directors.

Background and Significance

The current trend of examining the attitudes of the individual toward death and dying has enabled researchers to gain valuable insight into man's orientation toward himself, religion, and society. Attitudes of the individual cannot be observed directly. Instead, an "attitude denotes a variable within the individual that affects his behavior in a pertinent situation" (35, p. 19). The subject of death elicits either a conscious or unconscious response from individuals. This response is a direct reflection of their attitudes toward death.

Attitudes toward death have been described by a variety of authors utilizing different operational definitions. Feifel (4) contends that the range of attitudes toward death includes strong avoidance, anxious hope, uneasy resignation, and calm acceptance. Collett and Lester (2) refer to the attitude toward death as the fear of death, while Templer (38) refers to this attitude as death anxiety. These attitudes toward death can change for any person at any time, under any circumstance. Interviews by Kübler-Ross (18) confirm that avoidance or

denial is the initial reaction of adults facing their own death or that of someone close to them. Glaser and Strauss (11) report that adults may be willing to talk about a particular death, but are unwilling to talk about death in general. While various dimensions of the fear of death have been investigated and described (2), the fear of death of self remains the major death concern of most individuals in American society (13). A realistic examination of one's personal attitude toward death creates a better understanding of how life and death operate in and influence our lives. This process of examination is essential for adults as they attempt to cope with the realities of life and death.

Using questionnaires, projective tests, interviews, rating scales, and psychophysiological measures, researchers have examined several variables as they relate to the attitude of the individual toward death. Age of the individual is one such variable that has been investigated. A number of researchers have reported the lack of a significant correlation between age and attitude toward death among healthy adults (32, 37, 39). In contrast, some researchers found that age was positively related to various dimensions of death (5, 22, 29). Therefore, not all researchers (5, 22, 29) support the conclusion that "age is influential in the attitudes of children toward death only until their mental development is complete" (20, p. 31).

The variable of religion has also been examined as it relates to attitude of the individual toward death. Feifel (7) proposed that it is fear of death that leads individuals to espouse religious viewpoints. Anxiety about death, he concluded, is lessened by the belief in afterlife. An examination of religious affiliation and attitude toward death revealed no significant differences in attitudes among the members of the Church of Christ, Methodist, and Christian Church (22). Diggory and Rothman (3) found that religious affiliation was related to different types of death fears. Researchers have reported on the degree of religious participation of individuals and its effect on their attitude toward death. Swenson (37) found that frequent religious activity resulted in less fear of death. Feifel (7), however, reported that the reverse may be true.

Religion as a variable affecting the attitude of the individual toward death is difficult to assess because of the multitude of dimensions that it encompasses. Based on a variety of populations, research results in this area are often confusing and contradictory. Lester reported that the conflicting results of the studies made it appear that "religious belief does not affect the intensity of the fear of death, but rather channels the fear onto the specific problems that each religion proposes" (20, p. 33).

The occupation of the individual and its influence on personal attitude toward death has been examined by several researchers. Feifel (6) developed the hypothesis that one of the major reasons certain physicians enter medicine is to govern their own above-average fears concerning death. Subsequent research results indicated that physicians were more afraid of death than any of the other control groups (8). Ford, Alexander, and Lester (9) compared the attitudes toward death of policemen and mailmen and concluded that the choice of occupation was not related to the fear of death of the subjects. Elementary school personnel were found to exhibit an avoidance attitude toward death in the school setting (14, 23, 25). This avoidance attitude was reflected in their behavior when faced with an experience involving death.

Age, religion, and occupation are but a few of the many factors that have been examined with regard to attitude of the individual toward death. Based on contradictory research results, investigators suggest that additional inquiries need to be conducted regarding the relationship between these variables and attitude of the individual toward death. Such inquiries can help to establish more substantial conclusions which will contribute to the body of knowledge regarding the integrated and healthy adult personality.

Modern society has witnessed the increase in numbers of working mothers, the changing attitudes toward the role of women, and the growing proportion of single parents. Because of these phenomena, greater numbers of infants and children attend day care centers. While these children are under the supervision of a caregiver, they will inevitably encounter experiences dealing with death. Kliman (15) reports that the following events occurred within a two week period in a school for young children: a tonsilectomy, the injury of a relative in a car crash, sudden hospitalization of a sister in the middle of the night, a brother's operation, the death of a grandmother, a prolonged parental absence, the death of a turtle, the death of a cat, and the revelation to a child's family that an uncle had died during the preceding months. Adults caring for children in the day care center have the responsibility of nurturing the ability of the child to cope with such crises. As leader of the day care center, Nelson (28) stated that the director should exemplify the following behaviors during crisis situations: support the staff and children, respect the judgments and decisions of the staff, display an attitude of calmness and confidence, clarify the crisis, and prepare the staff for future crises.

While helping children deal with situations involving death, caregivers must be aware that the behaviors and

attitudes of the children are enhanced by the adults around them (19, 21, 24). Zeligs (44) observed that children absorb the attitudes of the adult toward death. Therefore, adults should confront and explore their own feelings and attitudes toward death so that they are better able to relate to children with understanding and compassion during a crisis involving death. Schowalter (34) noted that the reactions of the adult to death also influence the responses of children to death. It is therefore imperative for adults to accept the reality of death as a part of life. By avoiding confrontations with death, adults force children into coping with their fears and fantasies by themselves. By honestly and openly dealing with situations involving death, adults serve as positive role models and help children clarify their attitudes toward death.

Children often confront their feelings about death through play. Acting out death and dying with their accompanying emotions is a healthy and desirable outlet for the child. Kübler-Ross (17) observed that children who have fears of death, and who are not able to express them in word and action, tend to view death more positively after they are allowed to express their feelings. By encouraging role-playing and verbalization of feelings, the caregiver can help children build a framework of values on which they can rely for support during future crises.

It is important for the caregiver to have knowledge of the developmental nature of a child's growing awareness about death. This knowledge of the reality of death as perceived by young children at different stages of development enables the caregiver to assist children more effectively as they cope with crises involving death.

Schilder and Weschler (33) found that while children can believe in the death of others, their own deaths seem improbable. They concluded that young children deal with death in a matter-of-fact way. In 1948, Nagy (27) determined that children pass through stages in their awareness and understanding about death. She noted that children from three to five years of age believe that death is like sleep. These young children deny death as a regular and final process. Nagy also found that children from five to nine years of age think of death as a person. They perceive death as someone of human form who comes to visit those who are dying and takes them away. Children about age nine finally recognize the irreversibility and inevitability of death (27). In 1971, Childers and Wimmer (1) replicated the study by Nagy and agreed that children's perceptions of death are dependent upon their particular stage of development.

The work of Piaget (31) on the conceptual development of death is limited, but according to his general view of cognitive development, the finality and universality of

death does not occur in children until the level of abstract reasoning has been reached. This level is usually attained during early adolescence. Koocher (16) studied the attitudes of children toward death from ages six to fifteen. Using the theory of Piaget concerning cognitive development, he found that children's ideas about death are quite different at different age levels. He concluded that thoughts about death and attitudes toward death are based on the levels of cognitive development rather than on the stage of development of the child.

As indicated by the initial review of literature, this study is significant in that it examined certain variables in relation to death anxiety and responses to situations involving death. The resulting information adds to the present body of knowledge regarding death and dying. This study is also significant in that it examined implications for conducting future training seminars on death and dying for adult caregivers working with young children.

Definition of Terms

For the purposes of this study, the following definitions were used.

Attitude. The predisposition or tending to react specifically towards an object, situation or value; usually accompanied by feelings and emotions (12, p. 49).

Caregiver. A person who provides direct care to children in a day care setting (41, p. 208).

Church-related Day Care Center. Day care facility affiliated with a church or synagogue.

Commercial Day Care Center. Day care facility serving children that is totally supported by fees collected from parents. This care is provided on a for-profit basis by an individual or business concern (41, p. 219).

Day Care Director. Administrator of the day care center. In addition to administrative responsibilities, directors must have an understanding of children and the ability to get along with adults as well as children (40, p. D2).

Licensed Day Care Center. A facility which meets the minimum licensing standards for child care in Texas. The day care center provides care for more than twelve children under fourteen years of age for less than twenty-four hours a day (40, p. 7).

Nonprofit Day Care Center. Day care facility serving children that may receive support from federal, state, and/or local funding. This care is provided by a public or private agency or organization not organized for profit (41, p. 218).

Instruments

Two instruments were used for gathering data in this research study. The Death Anxiety Scale (38) was used to assess the death anxiety of each subject in the study. A second instrument, the Death Situation Questionnaire, was developed by the researcher.

The Death Situation Questionnaire was used to gather data on the responses of day care directors to situations involving death. The instrument was composed of nine situations, each with four possible responses. The items and responses on the questionnaire were derived from literature on death and dying, child development, psychology, religion, and early childhood education.

Content validity of the questionnaire was established by a panel of five experts who had experience with day care, psychology, theology, child development, death education, or early childhood education. Revisions of the questionnaire were made based upon the subjective appraisal of items by the panel. Internal consistency of the questionnaire was determined using item-statistics.

A pilot survey for the questionnaire was conducted with a sample of sixty day care directors and sixty parents of young children. The questionnaire was revised on the basis of the results of the pilot study.

Population

The sample was drawn from directors of licensed day care facilities in one county in North Central Texas. The day care centers were stratified according to the type of center: commercial, nonprofit, and church-related. Ninety subjects were randomly selected from the nonprofit and church-related day care centers, and 120 subjects were randomly selected from the commercial day care centers. The total sample was composed of 300 day care directors from three types of day care centers.

Procedures for Collection of Data

The questionnaire was mailed to each of the 300 subjects with a cover letter explaining the purposes of the study. A follow-up telephone call was made and questionnaires were mailed to those respondents who had not replied within the deadline established in the cover letter. A response of sixty subjects for each of the three types of centers, a total of 180 responses, was required and received before an analysis of the data was conducted.

Procedures for Analysis of Data

The following procedures were used in the analysis of the data.

1. One-way analysis of variance was employed to test for significance of difference among the groups' mean

scores on the Death Anxiety Scale and Death Situation Questionnaire respectively, and the group variances of age and years of experience in day care. Duncan's New Multiple Range Test was used to locate any significant differences between groups.

2. The two-tailed t-test for independent samples was used to test the sample means and group variances of parental status and self-reported degree of religiosity.

3. The Pearson product-moment correlation technique was utilized to examine the relationship between death anxiety and responses to situations involving death.

A computer was used to process the data. The .05 level of significance was selected as the rejection criterion for testing the null hypotheses on all computations.

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CHAPTER II

REVIEW OF THE LITERATURE

Historical Perspectives of Death

Experiences involving death affect people of all ages, young and old alike. Yet, Western culture has been described as "death-denying" (16, 46, 159). To trace this flight from facing death, it is necessary to examine the breakdown of the old-fashioned family unit as well as the mechanization of medicine (96).

In the eighteenth century, death was recognized as a natural, inevitable, commonplace reality. People died at home where several generations of a family lived together. In this way, family members shared in the processes of dying, death, grief, and bereavement. The body was laid out in the home where family members received the condolences of friends and relatives. The entire family attended funeral services held in the church and subsequent interment of the deceased. The many tasks associated with death were dispersed among family members, relatives, neighbors, clergy, and craftsmen in the community. Young people were able to view the processes of dying, death, grief, and bereavement as natural elements of the total life cycle. A recognition and acceptance of death became an

integral part of the informal education of young children.

As the United States became an industrialized, urbanized nation, taking care of the dying became a more specialized routine. Blauner (20) suggests that modern society has bureaucratized its death-related behaviors. The personnel at the hospital began to care for the terminally ill and to manage the crisis of dying. The mortuary industry assumed the responsibilities of preparing the body for burial and making many of the funeral arrangements. The outcome of these societal changes was that direct exposure to death became minimized for many individuals in contemporary Western society. Some historians argue that progress has caused the act of dying to lose its dignity and normalcy (10, 86, 96). In 1976, Shneidman (146) reported that 60 to 70 per cent of all Americans were expected to die in a hospital, compared to 80 per cent of the deaths that took place in the home at the turn of the century. This condition has caused a gradual disengagement of most individuals from direct contact with death. This reality is compounded by the fact that fewer people in American society live on farms where birth and death are everyday occurrences.

As most members of society grew to disassociate themselves from death and dying, these subjects were not only avoided, but appeared to be, by comparison with

other topics, increasingly ignored or disguised (54). Aries (10) contends that the phenomenon of dying in the hospital, beginning about 1930, instigated the beginnings of the "hush-up" process regarding death. By being separated from dying and death, the surviving family members were forced to rely on myths and mysteries as coping mechanisms. These attitudes relegated death to the taboo status where it had remained until the last two decades (46, 66, 148).

With the concerns of war, abortion, nuclear energy, aging, euthanasia, growing teen-age suicide rates, violence in the media, the ever-growing drug problem, and the entire ecological question came the stimulus to investigate the topics of death and dying. More has been written about death and dying in the past twenty years than ever before (72, 165). No longer exclusively a matter of religious or philosophical examination, various scientific disciplines are empirically investigating the topic of death and its ramifications in modern society. The current increase in literature, multi-media materials, publications, and articles in professional journals attest to this widespread interest in the field of thanatology. Professional organizations aid in the expansion of scientific and humanistic inquiries into death and dying. The multitude of courses in death education at the high school and college levels (36) provide students

with a better understanding of the dimensions and complexities of death. The need for continuing empirical research in this area becomes obvious because of the very inevitability of death and because of the significance of the topic for the individual and society.

Dimensions of Attitudes toward Death

Researchers have often measured the attitudes of adults toward death. Death attitudes can be objectively measured with psychometric devices (152). Ambiguity results because of the wide variety of terms that are used to describe the orientations of the adult toward death. These orientations have been described by different researchers as Fear of Death (23, 34, 99), Death Concern (38), Death Anxiety (122, 155), and Death Acceptance (97). Nonresearch orientations toward death include sorrow, curiosity, and even a sense of joyous expectancy (83). It is obvious that attitudes toward death comprise a complex area of concern with individual, subcultural, and cultural ramifications.

Psychoanalysts refer to the attitude of fear as that which is experienced in reference to specific environmental events or objects (144). Collett and Lester (34) categorize attitudes toward death into four dimensions: fear of death of self, fear of death of others, fear of dying of self, and fear of dying of others. The fear of

death of self is considered to be the major death concern of most individuals (84). Choron (31) describes three different types of death fears: fear of what comes after death, fear of the event or process of dying, and fear of ceasing to be. Becker (16) and Wahl (163) base their philosophy of death on the universality of the fear of death. Hinton (74) argues that fear is the most common reaction of adults in reference to death. Many theorists (39, 96, 148) believe that American society denies death as a strategy for dealing with the fear of death. This point of view is supported by the research of Feifel and Branscomb (47). Their investigation of 371 individuals concluded that the dominant conscious response to death is one of denial and repudiation. At a deeper level, they suggested that a strong aversion and dread of death is salient, indicating intense anxiety and concern with death at the unconscious level.

Anxiety is another term often used to characterize the orientation of the individual toward death. Anxiety is considered to be a negative emotional state that lacks a specific object (144). It is free-floating. Anxiety toward death produces behaviors in the individual which are geared toward self-preservation. Most often, anxieties are repressed, enabling the individual to function normally. Anxieties which become too overwhelming often manifest themselves in neurotic and psychotic behaviors (16, 110).

Zilboorg (173) argues that many heroic achievements attributed to man represent their attempt to master death anxiety.

Kastenbaum and Costa (85) contend that fear of death and death anxiety are two independent phenomena because of the level of attitude examined by each construct. Other researchers (47, 133, 144) argue that the distinction between fear of death and anxiety toward death has not been empirically researched, thereby allowing for the interchange of the two terms. Difficulties in the selection of an appropriate measurement instrument arise because of the failure of researchers to distinguish between these differing dimensions of attitudes toward death.

In addition to the problems inherent in determining the exact dimension of death attitude to be examined in a research study, investigators are faced with the need to determine the level of anxiety to be analyzed within the subjects of the study. Individuals can possess conscious and unconscious levels of anxiety. Questionnaires (57, 70, 112, 147), interviews (8, 32, 120), and a variety of rating scales and checklists (23, 38, 155) are most often used to assess the conscious, verbalized death attitude of the subject. Fulton (55) believes that these surface level attitudes are the only ones that can be assessed by measuring instruments. Kastenbaum and Costa (85) question whether self-report measures can be used as indicators of

conscious death anxiety. They argue that individuals may say what is expected of them according to the standards of society rather than what they actually feel. Rheingold (136) argues that these kinds of instruments can only measure attitudes that have been acquired from culture or religion, and completely ignore attitudes and feelings existing at the unconscious level.

To analyze the unconscious death anxiety of the individual, a variety of indirect measuring techniques are available. Projective tests (137), measurement of galvanic skin response (2, 156), and word association tasks (3, 32) all provide for the objective measurement of unconscious death anxiety in the subject.

In his examination of earlier death anxiety research studies, Lester (98) determined that the inconclusive results were in large part attributable to discrepancies in the construct of death anxiety examined and in the level of death anxiety assessed by the investigators. He also concluded that many of the testing measures lacked reliability and validity which accounted for contradictions in the research results. More recent research studies consider the multidimensionality of death, thereby recognizing the importance of emotional, intellectual, cultural, and developmental determinants in shaping the attitude of the individual toward death (80). The need for further research on the dimensions of death is essential

because the investigation of attitudes toward death can enrich and deepen our grasp of adaptive and maladaptive reaction to stress and of personality theory in general (43). Researchers, however, must be sensitive to the complexity of their task if future confusion in research is to be avoided.

Factors Related to Death Attitudes

Many variables have been examined as they may relate to attitude of the individual toward death. Through the use of a variety of measurement instruments, the relationship between age and death anxiety has been explored for every age group.

Hall (70) attempted to assess death anxiety in children by asking adults to recall their earliest experiences with death. He concluded that the view of death of the young child is characterized by specific objects and feelings associated with a specific death. Nagy (120) interviewed 378 children, ages three to ten, to determine their death anxieties. She discovered that children enter into phases or stages in their development of a concept regarding death. According to her research results, the association between death and anxiety is established as early as three years of age, when death is viewed as separation. Lester (98) concurred with Nagy that age is influential in the attitudes of children

toward death. He added however, that this fact applies only until the "mental development of the child is complete" (98, p. 31).

Conducting research using older subjects, Nelson (121) found that age was not associated with the dimensions of avoidance, fear of death, and reluctance to interact with the dying. Age was, however, positively related to the dimension of the denial of death. This denial reflects a reluctance on the part of the adult to confront the reality of death in society and its consequences for the individual. Feifel (43) observed that normal people tend to state that they feared death more during their forties than in any other period during their lives. In addition, they were least concerned about death during their adolescent years. Rothstein (139) found that death anxiety peaks in the middle adult years. He concluded that anxiety is relatively low throughout young adulthood, but as individuals mature, their anxieties increase as they become aware of their own vulnerability. Martin and Wrightsman (106) found that when different age groups were compared in their study of fifty-eight adults, the older members of the study reported less fear of death than the younger members. Middleton (112), in a study of 825 college students, found that more than 90 per cent of the students stated that they rarely thought about death in a personal way. In studies

involving 240 elderly subjects, Feifel (44) and Swenson (152) found only thirty to forty respondents who reported that they avoided thoughts of death. Thus it would appear from the findings of the studies by Middleton (112), Feifel (44), and Swenson (152), that young students are more fearful of death than elderly persons.

In contrast to the research results described above, Christ (32) concluded that for his sample of sixty-two psychiatric ward patients, fear of death was not related to age. This finding is supported by the results of several research studies that examined the attitudes of elderly respondents (79, 137, 152) and college age respondents (64, 100, 133, 158) toward death. The researchers of these studies found that attitude toward death was not related to the age of the respondents.

It is evident that many of the findings from research studies pertaining to the relationship between age and attitude toward death, derived fifteen or more years ago, conflict with findings from more recent research studies. Part of this conflict is due to the wide range in ages examined as well as to the confusion in terminology and measurement techniques utilized. Investigators can hope to clarify the extent of the relationship between the variable of age and attitude toward death by conducting additional research in this area.

Researchers have examined the influence of religious belief on death anxiety. The lack of a consistent definition of religiosity is partly responsible for the inconsistencies found in the results of several research studies. Religiosity has been conceptualized by different researchers as frequency of church attendance, religious affiliation, religious creed, or religious self-rating.

To determine the critical nature of religion in regard to attitudes and feelings about death, Alexander and Adlerstein (2) examined two groups of male college students; one group was areligious and the other group very religious as measured by the Josey (1950) scale of religiosity. They found that for religious students, death anxiety was much closer to consciousness, but that religion did not dissipate their death anxiety. Kalish (81) observed no relationship between the fear of death and a belief in God or in a life after death. The study by Christ (32) of sixty-two psychiatric patients found that fear of death was not related to degree of religiosity; all groups were equally afraid of death. Templer and Dotson (157) proved that the variables of religious belief, affiliation, and activity did not highly relate to the level of death anxiety of college students. Of healthy and terminally ill persons, Feifel (45) concluded that the religious as well as the nonreligious subjects

equally exhibit a minimal conscious fear of death. The researchers of these aforementioned studies concur that a religious predisposition does not significantly relate to death anxiety for the general population.

Several studies dealing with religiosity and fear of death employ no statistical analysis of data (106). Feifel (42) conducted one such study to examine religious and nonreligious individuals. He found that religious persons feared death more than the nonreligious persons. His rationale for this conclusion was that religious persons are concerned with afterlife matters as well as with the cessation of earthly experiences whereas non-religious persons are concerned with what would be left on earth after their death rather than what would happen after death. Faunce and Fulton (41) studied 104 college students and found that the fear of death was more characteristic of the spiritually-oriented group of students than of those students not so oriented.

Many researchers report a reduction in the fear of death in individuals due to their religious predisposition. Martin and Wrightsman (106) found that persons with more religious activity fear death less than those with little religious interest or activity. Likewise, Swenson (152) concluded that for his sample of 200 adults over age sixty, frequent religious activity evidenced a positive attitude toward death while little religious activity or

interest resulted in an avoidance attitude, or even a fear of death. In his study of ministers, Templer (154) showed that religiosity is correlated with low levels of death anxiety. The discrepancy between these results and his earlier findings (157) is justified by the researcher according to the degree of religiosity measured in the two different studies (154). Shearer (145) conducted an investigation of Christian and non-Christian subjects and found that Christians exhibit less death anxiety than non-Christians.

Belief in afterlife has been examined as a possible variable in reducing death anxiety in religious people. Jeffers, Nichols, and Eisdorfer (79) found that individuals with strong religious commitments were more likely to believe in afterlife and also to have less fear of death. Golburgh, Rotman, Snibbe, and Ondrack (64) found that college students who believed in some sort of afterlife approached death with less fear than those students who held no belief in afterlife.

Another facet of the relationship between religious belief and anxiety about death has been observed. Allport (5) and Feifel and Heller (49) found that those persons who are self-motivated and have religious values that are intrinsic will be less afraid of death than those whose religious values are extrinsic or race and nationality-motivated.

Investigators examining the relationship between religiosity and death anxiety report contradictory findings. In every situation, religion does not serve to reduce the fears of the individual regarding death. Attitudes appear to vary in intensity and content as the various dimensions of religiosity are examined.

Prior to 1967, little research had been conducted on the relationship between occupation of individuals and their attitude toward death. Feifel, Hanson, Jones, and Edwards (48) studied eighty-one physicians to determine their attitude toward death. They found that the physicians were more fearful of death than the control groups which consisted of medical students, healthy persons, and terminally ill persons. However, Lester, Getty, and Kneisl (101) reported that fear of death and dying decreased in undergraduate and graduate nursing students who received additional academic preparation and professional experience. Perlman, Stotsky, and Dominick (129) concluded that nurses in nursing homes utilize avoidance as a common reaction when faced with coping with their feelings about the dying. Other nurses (124, 174) described their own desires to avoid talking about death with the terminally ill patients. Ford, Alexander, and Lester (50) found no differences in general attitudes toward death between policemen and mailmen. They concluded that choice of occupation was not related to fear of death and dying.

Similar findings were reported by Alexander and Lester (4) for a sample of parachute jumpers.

Attitude toward death was not a significant factor in the selection of the medical or dental profession by graduate students (151). Once in their chosen profession, however, the dental students evinced a greater fear of death of self and death of others than the medical students. The medical students were generally more fearful of the process of their own dying than were the dental students. Using a questionnaire for their research study, Stacey and Markin (150) concluded that law students were more preoccupied with death than were engineering students and that forestry students fell between these two groups. They also found that penitentiary inmates were most preoccupied with death and were more depressed by death situations. Elementary school personnel often exhibit an avoidance attitude toward death in the school setting (6, 18, 33, 87, 114, 115). This attitude is manifested in their behavior and actions within the school. Various investigators (121, 137, 152) have reported that no demonstrable relationship exists between death attitudes of elderly people and their occupational status.

Several researchers have investigated the influence of the parents' attitudes toward death on the attitudes of their children toward death. Templer (158) found a significant correlation between the level of death anxiety

of children, ages thirteen to twenty-one, and level of death anxiety of the parents of the same sex. He reported that adolescent females tended to have the same death anxiety level as their mothers, whereas adolescent males had death anxiety levels similar to their fathers.

Golburgh et al. (64) determined that communication between parent and child has an effect on the attitude of the child toward death. They found that children who had the benefit of a discussion about death with their parents were more likely to feel that they could die comfortably as compared to those children who did not discuss death with their parents.

In summary, the variables of age, religion, occupation, and parental influence have been investigated by researchers in relation to the attitude of the individual toward death. A host of additional variables have also been researched as possible correlates of death anxiety. The demographic variables of sex, level of education, residence, marital status, race, interests and health, and socioeconomic status have been examined as they relate to death anxiety. The personality variables of competence, sense of well-being, self-actualization, and need for achievement as well as the environmental variables of death education and previous contact with death have also been investigated. A review of these variables is not relevant to this study, but the literature is

replete with research describing the effects of these and other variables on attitudes toward death (64, 85, 97, 98, 133, 144, 152).

Developmental Concepts of Death in Children

Children's views of death and attitudes toward death are different from those of the adult (30, 92, 114, 120). Children are not born with an understanding of life and death. Knowledge of this and other subjects comes gradually from experience and from what the children are taught (29, 70). Types of investigations concerned with measuring the attitudes of children toward death are similar to studies utilizing older age groups. Questionnaires, drawings, written compositions, play behaviors, case studies, and interviews have provided the basis for the interpretation of the attitude of the child toward death.

The first study concerning death in general was conducted in 1897 by G. S. Hall (70). He examined the fears of children and concluded that young children appear to have no instinctive feeling about death. He determined that as the ages of children increase, so does their fear of death. In a more recent study of the fears of children conducted by the National Institute of Mental Health (135), investigators revealed that 80 per cent of the fears of children were concerned with death; the children worried about dying or being killed, or about someone in

their families dying. Schilder and Weschler (142) examined the attitudes toward death of children between the ages of five and fifteen. Utilizing observation, direct questioning, and spontaneous stories given to pictures, they concluded that while children can believe in the death of others, their own deaths seem improbable. For the children in the study, death was viewed primarily as deprivation of movement.

In 1948, Nagy (120) conducted research similar to the investigation of Schilder and Weschler. She questioned 378 children, between the ages of three and ten, and consequently formulated three stages that children pass through as they develop a more realistic understanding of the concept of death. She noted that each stage is marked by a different view of death that correlates with a particular biological stage of development. Children who are five years old or younger usually see death as reversible. They see life in death and are unable to separate life from death. They often view the dead as living in some limited state, either within the grave or in another place. Death is not final but simply a type of separation.

Nagy (120) reported that children between the ages of five and nine begin to see death as an irreversible process. However, these children do not conceive of their own deaths as inevitable. Death is personified as

an angel, boogey man, or death clown. Children understand death as both inevitable and irreversible at about nine years of age. At this more mature stage of development, death is viewed as a natural part of life.

In 1971, Childers and Wimmer (30) replicated the study conducted by Nagy. Their results supported her earlier conclusion that the perceptions held by children about death are dependent upon their stage of development or age. They did disagree with Nagy regarding the precise age at which children thoroughly understand the meaning of death. They reported that children experience a progression in their understanding of death, but that death was not seen as irrevocable until age ten (30).

Several investigators (77, 88, 114, 172) corroborate the research findings reported by Nagy. The works of McIntire, Angle, and Struempfer (109) and Rochlin (138), however, demonstrate the need to examine variations of her model within cultural groups. McIntire et al. found that children from lower socio-economic groups were more likely to see death as a result of various forms of violence: stabbing, shooting, burning, bombing, and suicide. In addition, they found that middle-class children thought of death as due to old age or disease. These researchers emphasize the importance of social experiences and cultural background as determining factors in the developing concept of death in young children.

Alexander and Adlerstein (1) studied the affective responses of children to the concept of death. Their study combined a word association task with a physiological stress measurement, the galvanic skin response. They found that all groups of children, ages five to sixteen, took significantly longer to respond to death words than to basal words. In addition, the skin resistance of the children decreased, indicating a change in stress or emotion at the unconscious level. The authors concluded that death words generally elicited some indication of increased emotional involvement or anxiety for the children in the study. The researchers noted that some periods of childhood are subjected to greater increases in psychological stress. It is at such times, they reported, that a decrease in ego stability is likely to be reflected in an increase in affective responses to death (1).

The theoretical framework for conceptualizing cognitive development, as developed by Piaget, has provided the foundation for several reports regarding children and death (76, 82, 92). Koocher (92) tested seventy-five children, ranging in age from six to fifteen, to examine their understanding of death. The level of cognitive development of the children was first determined using the classification criteria suggested by Phillips (130), based on Piagetian theory. Each child was then asked a

series of four questions regarding death: "What makes things die?"; "How do you make dead things come back to life?"; "When will you die?"; and "What will happen then?". Koocher found that the responses of children to questions about death are related to their levels of cognitive development rather than to their age. Changes toward a more realistic appraisal of death by the children were noted as levels of cognitive development advanced from the preoperational to the concrete-operational, and finally, to the formal-operational stage.

Koocher (92) observed that children at the preoperational level of development believed that dead things can come back to life. This observation coincides with the theories of Piaget concerning animism. The famous words of young John Kennedy, "When is my Daddy coming back?", said after returning from the funeral of President Kennedy, illustrate the inability of the three-year-old child to understand the finality and irreversibility of death. Young children in the study were asked, "What makes things die?" Children at the preoperational level gave answers that were egocentric, often magical. Egocentrism literally means the self is the center of the universe. Typically, such answers included "eating a dirty bug" or "going swimming alone when your mother says no." Death is viewed by children at this level of development as temporary and reversible. When asked how

dead things can be brought back to life, children at the preoperational level replied "keep them warm" or "give them hot foods." Television cartoon characters that miraculously rise up again after having been blown apart reinforce this notion of reversibility for the children. At the preoperational level, children attribute to dead persons or animals all the qualities they had when they were alive; they can see, hear, and feel (118). Death merely becomes an absence of movement. The egocentric thinking of young children gives them the notion that they have the ability to make something die by their behavior or by a wish.

Koocher (92) reported that children at the concrete-operational level of cognitive development can consider two aspects of a situation simultaneously. They are able to divorce the idea of death from their own death or the death of their parents. Death is understood as final, but it is far away. The ideas of old age and death are now causally related. Children at this level exhibit a great curiosity in the aspects that surround death: funerals, burials, and rituals. When asked "What makes things die?", children at this level are more concrete in their reasoning and will cite cancer, guns, narcotics, or poison as causes of death (92).

Koocher (92) reported that children at the formal-operational level of cognitive development have ideas

about death that are comparable to those of the adult. Children at this level are able to hypothesize, think logically, and express emotions and anxieties similar to that of the adult. They are able to apply specific causes or factual events to death. Life and death are viewed as part of the natural process. Philosophic interest in the meaning of death arises at this level of development. Children question social customs and rituals associated with death. The irreversibility and inevitability of death are now incorporated into their thinking processes.

Kastenbaum and Aisenberg (84) support the developmental theory regarding children and their understanding of death, but assert that any model regarding the views of death of children must begin with the period shortly after birth. While verbal expressions are beyond the comprehension of the infant, they contend that this does not mean that infants have no ideas about death. Adah Maurer (107) suggests that the experiences and behaviors of the infant such as separation and reunion, dark and light, and sleep and wakefulness are the building blocks on which the concept of death develops for the young child. It is these types of alternations which give a child a basic understanding of the differences between being and nonbeing (107). Once children become aware of the existence of other people as individuals distinct

from themselves, they begin to be aware of loss or absence. The very game of peek-a-boo, derived from an Old English term meaning "alive or dead," illustrates the anxiety of the young child over the possible loss of the adult.

Young children learn to distinguish quickly between separations that are short term or of long duration. Bowlby (22) contends that young children are commonly attracted to themes of separation, loss, change, deterioration, and death. The young child faced with a long term separation from a parent or primary caregiver seems to experience, at least, some of the same features of grief and mourning as shown by adults experiencing the death of a loved one (22). The highly significant work of Bluebond-Langner (21), with terminally ill children, clearly showed that children as early as eighteen months of age come to know that they are dying and that this is a final and irreversible process. Child psychologist Rochlin (138) observed that young children do realize that death is inevitable. He found that children bring all their resources to bear upon this reality. Children understand enough of death to organize their thoughts and feelings protectively against any threats that may end their own lives (138).

Anthony (8) found that contrary to popular belief, young children like to talk about death. Her study in 1940 (8) and subsequent research (9) illustrated that

death is a common theme for young children. She observed school-age children at play and found that death was a common theme among the play of children. Their discovery of death is simply an incident in the normal day-to-day process of exploring the environment. Kastenbaum and Aisenberg (84) assert that the curiosity of children about death contributes much to their curiosity about everything else. Piaget (131) maintains that curiosity only begins with the child's cognizance of death.

As young children grow, they encounter a variety of situations in their environments that increase their awareness about death. Opie and Opie (125) reported that of 550 English nursery rhymes examined, 11 per cent dealt directly with death. The very rhymes that children chant and sing provide an early introduction to an awareness about death. Many myths and fairy tales likewise have a theme of death. Snow White dies as a result of the evil witch, but with the kiss from the prince, she is alive and well again. The erroneous concept held by the child of the reversibility of death is reinforced by such tales. Moller (115) believes that the happy ending in fairy tales and children's stories expresses the need of children and adults to deny the reality of death.

Television also provides children with many views of death, some realistic, but most of them distorted. Children will see 18,000 deaths on television by the age

of fourteen (75). Cartoons show people and creatures blown up, shot, cut in half, and run over, only to be restored to life in the next scene. Arlen (11) studied the way death is presented on television and concluded that Americans are a violent people, seemingly entranced by violence, who have no serious regard for death. Safier (141), Gartley and Bernasconi (62), and Tallmer, Formanek, and Tallmer (153) report a concern over the impact that television makes on the orientation of the child toward death.

Helping Children Cope with Death

Parents and other authoritative figures who come into contact with children are key instruments in shaping and molding the attitudes of children toward death (12, 18, 162, 166, 170). Childhood events and experiences also greatly influence the attitudes of children toward death (24, 29, 64, 71). Zeligs (171) stated that children absorb the attitudes of the adult toward death. Gartley and Bernasconi (62) determined that children acquire a fear of death by observing the behavior of adults. Often, adults will avoid mentioning the death of a friend or relative because they want to protect the child from the painful aspects of loss, or because they are afraid to discuss the subject of death. Kolls (91) found that by trying to protect her children from the knowledge of

the death of their grandparents, she was, in fact, leaving them alone to cope with their fears and fantasies.

Anthony (9), Becker and Margolin (15), Maurer (107), Nagy (120), and Wahl (163) revealed that adults do not protect children by attempting to shield them from death. Jackson (77) indicated that children are more able to withstand stress brought on by their limited understanding of death than they are able to withstand mystery and implied desertion. Children can be affected by avoidance behaviors of adults and may respond by repressing their fears or by experiencing guilt and confusion (172). These responses may lead to emotional problems in later life (15, 94, 169).

Children can be helped as they attempt to deal with their feelings and thoughts about death by having a model to follow. Children need to observe how authoritative figures handle sorrow. Open, honest communication and sharing of feelings between children and adults contribute much toward making losses more bearable as well as toward helping children build more accurate concepts about death (86, 166). Kübler-Ross (95) emphasized that children who are given the opportunity to express and discuss their feelings of death openly are more likely to view death more calmly and serenely than children having no opportunity for communication with others. The process of

learning about death in childhood is preparation for the mature task of coping with death in adulthood.

Many negative aspects of communication exist for the adult who tries to help the young child cope with death. For example, children are often told that Johnny, a close friend who died, "went to sleep." This explanation of Johnny's death might possibly make children afraid to go to sleep, fearful that they, too, will die (69, 161, 162). Additionally, adults tell children that "God took Johnny away because he loved him." This explanation of Johnny's death may be frightening rather than reassuring to children who may worry that God might decide to come and get them just as he came to get Johnny (69, 113, 160, 164). Adults also tell children that "grandmother went on a long journey" to explain her death. When grandmother never returns, children may believe that they caused grandmother to leave. They may also wonder why she left without saying good-bye. This may cause children to react with anxiety and resentment toward grandmother who deserted them (69, 113, 162). The writings of Arthur and Kemme (13), Galen (61), McDonald (108), and Plank (132) provide evidence of the bewilderment that euphemisms can cause young children.

Religion is a prime source of strength and sustenance to many people when they deal with death. The religious beliefs of the adult, as well as any previous

socialization experiences involving death, will influence their responses to children's experimentations, questions, and concerns about death (160, 162). Any form of communication about death, however, must be geared to the special characteristics of the child. Sharing religious beliefs may help the child, if done with sensitivity to how the child perceives and understands death. Kohlberg and Turiel (90) observed that children can expand their understanding to include concepts that are one level beyond their own. This observation can assist adults as they attempt to help children cope with experiences involving death.

Experiences that involve death can begin at a very early age for children. It is important that these experiences be handled in a manner that is beneficial, rather than harmful, to the developing concept of death in the child. Casual remarks about the dead flowers, trees, insects, and bugs can provide a low grief death experience for the young child. A low grief death is defined as one which evokes little or no reaction because the death has little consequence on the life of the individual (58). In contrast, a high grief death is occasioned by the death of a person or animal upon whom the individual has had some emotional or physical dependency (58). By experiencing such low grief deaths as a seed failing to sprout, an egg failing to hatch, or a

fish dying in the pond, young children are able to witness death without investing much emotional attachment to the dead object. Encountering situations that involve death can easily become a simple extension of the real world of the child. By mastering minor death experiences, children will be better prepared to cope with the feelings and emotions at the time of a high grief death occurrence (67, 93, 96, 126).

The death of a pet is most likely to be the first exposure of a high grief death for the young child (51, 53, 65, 86, 102). The child is brought face to face with the finality of death and the grief it inflicts. Many children experience some guilt at this time, because they feel that they are in part responsible for the death of the pet (148). Children may choose to conduct an elaborate funeral and burial for the dead animal. Such actions should be encouraged for they provide an outlet for the young child (93, 127). Fears and feelings are eased when children are given the opportunity to engage in rituals and ceremonies (12, 65).

The loss of a loved pet, friend, or family member evokes feelings of grief in children and adults. Psychologists admonish all people, young and old alike, to avoid stifling grief (15, 66, 170). Displaying emotions is perfectly normal and is considered a healthy expression of one's feelings (12, 63, 168). Adults should encourage

bereaved children to recognize and express their grief. Very often, however, open expressions of grief are viewed as culturally unfashionable. Boys are warned "big boys don't cry" and adults are told to "pull yourself together." As Simpson notes, "Grief is neither a disgrace--needing to be hidden, nor a disease--needing to be cured" (148, p. 177).

Bowlby (22) described three stages in the grief response of children and adults. After the death of a loved one, individuals first protest vigorously and cannot fully believe that the deceased is dead. They may try angrily to find ways of getting the deceased back. The second stage of grief involves pain, despair, and disorganization. This stage occurs when individuals begin to accept the fact that the loved one is actually dead. Finally, there is hope. During this final stage, individuals begin to reorganize their lives, despite their loss. Bowlby noted that these three phases are not experienced entirely separately, as feelings do swing back and forth from yearning to rage to despair. It is when all hope for recovering the deceased has disappeared that individuals can begin to build their new lives.

The period of grief for a child is different from that of an adult because children are not able to sustain feelings of grief for as long as adults (105). Wolfenstein named this period of grief for children the "short sadness

span" (168, p. 69). She explained that children become preoccupied with normal living, rather than with grieving, because the sadness is so huge that it would be overwhelming and intolerable to continue for a long period of time. Children may grieve in interrupted periods of time, separated by hours, days, and weeks from the actual death (65). Adults who want to help young children cope with a death must be cognizant of the grieving behavior of children.

Guilt is another common mourning reaction of both children and adults (148). The death of a loved person or animal may promote guilt feelings in the child. In their world, bad things happen to them because they are naughty. They therefore conclude that the death of a person or animal must be a punishment for their wrongdoing. They search their minds for the "bad deed" they committed that caused this particular death (12). The egocentric thinking of children also forces them to believe that "bad thoughts" might have caused the death. The verbal expression "I hate you. I wish you were dead" said by an angry child to a parent may evoke feelings of guilt when the parent actually dies and the child feels he wished the parent's death (171). The impact of guilt on the lives of bereaved children has been observed in several studies (13, 27). Again, adults must be aware of the guilt reactions of children and do all they possibly

can to assuage the guilt by reassuring the child that his angry wishes did no harm to the deceased.

Bereavement can have serious effects on children. Lindemann (104) found that physical and psychological reactions accompany bereavement and mourning. Levinson (102) noted that bereavement presents a seriously traumatic event in the life of a child, frequently resulting in insecurity, anxiety, fear, distrust of the world, and physical discomfort. Nagera (119) observed that the mourning reactions of children depend on their level of emotional development. He cited vast differences in types of mourning reactions at different levels of development. Gorer (66) found three types of behavior among bereaved people who, for one reason or another, were unable to face death, to grieve, or to recuperate. These behaviors hid grief through busyness, mummification, and despair. All three behaviors are examples of pathological mourning (66).

Brown (25), Furman (59), and Moriarty (116) found that people with psychiatric problems later in life have frequently lost a parent early in their lives. Statistics revealed that in 1976, 3.5 million children in the United States lost one or both parents before the age of nineteen (89). The Barr/Harris Prevention Center for the Study of Separation and Loss During Childhood in Chicago represents a concern and willingness of one group to help

children deal with the loss of a parent. The belief of the people in the Center is that, by helping children express their feelings at the time of the death of their parent, they may prevent an arrest in the emotional growth of the child (89).

When a child experiences the death of a family member, relative, or friend, authorities representing a variety of scientific and theological disciplines advocate that the child be allowed to participate in the mourning rites and funeral (12, 15, 43, 56, 65, 78, 86, 88, 95, 140, 143, 166, 171). In fact, young children should be encouraged to attend the funeral (65, 68). Attendance at funerals and other death rites helps children and adults accept the reality of death. It compels the individual to acknowledge the loss of the deceased. It is a way of saying good-bye. The funeral provides an opportunity for release and for sharing among family members and friends. The individual nature, temperament, and development of each child must be considered before any final decision is made regarding attendance at the funeral. Gordon and Klass (65) noted that if a child does not wish to attend a funeral, he or she should not be coerced into attending. For the most part, however, children ultimately benefit from attending the funeral and graveside rituals (56, 68). Schowalter (143) recommends that someone explain the funeral procedure to the child beforehand and that a

relative or good friend be assigned to stay with the child constantly throughout the service. Empirical research findings in this area are very limited (161).

Somerville (149) noted that man is a being who buries his dead with ceremony. So, too, should children be allowed to play at conducting funerals and burial ceremonies. This kind of game has meaning for children. It is a chance for them to express their feelings and emotions in their attempt to master the experience of death (33, 61, 102). Berg, representing the viewpoint of the counselor, emphasized the importance of allowing children the opportunity to inquire about death and to share their memories and anxieties about death with others (18). Adults should maintain a supportive environment in which death play is accepted as healthy and desirable (61).

Caregivers, day care directors, nursery school teachers, and elementary school teachers are faced with the responsibility for facilitating the optimal development and mental health of a young child. These mediating agents must consider the crisis of death as a resource for helping children (117). The period of time surrounding a crisis leaves children in turmoil, seeking resolutions to their problems and anxieties. Caplan (28) proposed that intervention is most effective at the time of the crisis because the individual is more susceptible

to being influenced by others than in times of relative psychological equilibrium. Parents are often unable to meet the needs of their children at this time (15, 33, 67, 102, 105, 172). The helpfulness or harmfulness of the crisis to the emotional and intellectual development of the child is then related to the ability of the mediating agent to help the child cope with the crisis. Since children are influenced by the attitudes and behaviors of the adult (62, 73, 172), the importance of their responses and behaviors cannot be underestimated.

Researchers have described how crises involving death have been handled in the child-care and educational setting (87, 88, 108, 111, 140). Such crises revolved around the deaths of students, classmates, animals, parents, teachers, and other authoritative figures. To provide significant support and positive intervention at such a time, a variety of theologians (68, 77, 86), psychologists (88, 171), psychiatrists (92, 96), educators (35, 60, 103, 126, 128, 134), and child development specialists (6, 26, 61) have provided generalizations, based upon their experiences and knowledge, which may guide adults as they strive to develop within the child a healthy mental attitude toward death.

The first guideline for mediating agents attempting to aid young children at the time of a crisis is that they must have developed a personal, wholesome attitude

toward death (18, 19, 26, 33, 37, 123, 128). Bensley adds that the "Adult must have not only admitted to the existence of death, but to its full status in the dynamics of his total personality functioning" (17, p. 4). Although attitudes toward death fluctuate and may not have yet finalized in the adult, a mature understanding of death as a part of the life process promotes positive interaction with children at the time of a crisis. Ames (7) reported that if individuals and society can come to terms with death, then they could do a better job in telling children about the facts of death. Crase and Crase (35) conducted a statewide survey of Tennessee early childhood educators to examine their perspectives on death education for young children. All 505 educators were convinced of the need for self-development of teachers with regard to their attitude toward death. This finding implies that educators should explore and confront their own feelings about death before attempting to comfort a child at the time of a crisis.

The second generalization is that mediating agents should develop open, honest, positive communication with children in response to their individual needs (15, 67, 88, 114, 123, 166). Moller (115) observed that adults should not avoid the subject of death by rationalizing that they do it "to spare the child grief." The most powerful hindrance to effective communication is the

denial by the adult of the capacity of the child to cope with death (87). Erikson (40) noted that when stress or tension-producing situations are talked about, adults as well as children are likely to relieve their fears. For children, words may not always be as important as some other indication of the acceptance by the adult of the feelings of the child (52). Adults should encourage but not force children to express their feelings in order to facilitate the successful completion of the mourning process (53, 111). Information imparted by the adult must be appropriate to the level of emotional and intellectual development of the child. Balkin, Epstein, and Bush (14) observed that effective communication must also take into consideration the racial-ethnicity and socio-economic status of the child.

The third generalization is that mediating agents should make positive use of experiences with the death of plants and animals as they occur in the environment (6, 21, 65, 126, 166). Such incidental experiences can do much to foster a healthy awareness and understanding of death, without causing the child to experience undue anxiety and fear.

The final generalization is that the mediating agent should cooperate with parents in support of children who have experienced a significant loss. Green and Irish (67) noted that the American family fails to utilize its

opportunities to educate its children for facing death. The mediating agent can provide assistance and guidance to families as they cope with a crisis involving death.

According to Grollman (68), we cannot protect ourselves from death. Neither can we protect children. The traumatic experiences of life belong to everyone. Adults, however, can do much to build within children the intellectual, emotional, and social resources that help them grow toward independence and strength rather than toward dependence and helplessness. These qualities of independence and strength will provide the most assistance for children as they cope with crises involving death.

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CHAPTER III

PROCEDURES

This study was designed to compare and analyze the death anxiety of day care directors and their responses to situations involving death.

Subjects

The subjects of this study were drawn from the population of day care directors of licensed day care facilities in one county in North Central Texas. The Texas Department of Human Resources (DHR) furnished a list of licensed child care facilities in the area. This population was stratified on the basis of type of day care center: commercial, nonprofit, and church-related. These three types of centers reflect diversity based upon the financial structure of each type of center. The commercial center is a for-profit business enterprise, supported by fees from customers. The nonprofit center may receive some form of local, state or federal support for its services. Care is provided by a public or private organization not created for profit. The church-related center is affiliated with a church or synagogue.

A sample of day care directors of licensed day care centers was selected on the basis of stratified, disproportionate, random sampling. To assure randomization, a table of random numbers was utilized (36). The resultant sample consisted of three groups of day care centers: 120 commercial centers, 90 nonprofit centers, and 90 church-related centers, for a total of 300 day care centers and their directors.

Instrumentation

For the purposes of this investigation, two different instruments were utilized. The Death Anxiety Scale (Appendix) was used to assess the death anxiety of the individual. The Death Situation Questionnaire (Appendix) was developed by the researcher to assess the responses to situations involving death.

Death Anxiety Scale

Templer (54) devised forty items on a rational basis to measure death anxiety in a variety of life experiences. Seven judges rated the face validity of the original forty items. As a result, nine items were discarded and the remaining thirty-one items were embedded in the Minnesota Multiphasic Personality Inventory. Internal consistency of these items was determined through item-total score point biserial correlation coefficients using

three independent groups of subjects. The fifteen items retained constitute the Death Anxiety Scale (DAS).

Reliability of the DAS was established by a test-retest correlation procedure. The Pearson product-moment coefficient of .83 demonstrated acceptable test-retest reliability (54). Nunnally (43) reports that the reliability coefficient of .80 is considered a satisfactory level of reliability for measures used in basic research. A coefficient of .76 as demonstrated by the Kuder-Richardson Formula 20 procedure indicated reasonable internal consistency for the items on the Scale (54).

Validity of the DAS has been established by several procedures. Construct validity was determined by comparing the death anxiety scores of sixteen psychiatric patients in a state mental hospital who spontaneously verbalized death anxiety with similar scores of patients matched for age, sex, and psychiatric diagnosis. The psychiatric patients had higher death anxiety scores than the control group (54). Additional validity assessment was conducted utilizing college students. It was found that the DAS correlated substantially ($r=.74$, $p\leq.01$) with the Boyar (7) Fear of Death Scale, which is another questionnaire measuring death anxiety. Kurlycheck (31) contends that the DAS has the most normative data available of all the death attitude measures.

The DAS purports to measure conscious, verbalized death anxiety. This is anxiety that one is aware of and willing to acknowledge. Templer fails to distinguish between dimensions of death and refers to fear of death or death anxiety as if it were a unidimensional entity (54). However, Templer (55) found a modest but significant ($r=.30$, $p\leq.05$) correlation between the DAS and nonconscious death anxiety as measured by galvanic skin response (GSR) to death related stimulus material. The GSR is employed by investigators as a measure of un verbalized death anxiety. This slight positive correlation suggests that the two levels of death anxiety are not totally independent.

The score of the individual on the DAS is determined by the number of items answered in the keyed direction of the DAS. The higher the score, the greater the conscious anxiety toward death.

Death Situation Questionnaire

A review of sources of information on tests and measures revealed no appropriate instrument for assessing the responses of the subjects of this study to situations involving death in the day care center. It was therefore necessary to formulate a measurement device appropriate to the purposes of this study.

The Death Situation Questionnaire (DSQ) was developed by the researcher to assess the responses or behaviors of day care directors as they encounter situations involving death while caring for young children. The adult behaviors or responses used to develop the DSQ were selected from professional literature on death and dying, child development, psychology, religion, and early childhood education. Nine situations were developed to represent various experiences involving death that frequently occur in centers which provide care for young children. The four optional responses for each situation were developed because they demonstrate behaviors that reflect various attitudes toward death. A consensus of authorities considered one response for each situation to be the more appropriate behavior for adults wishing to nurture the healthy mental and emotional development of young children. The score on the DSQ for each subject in the study was computed by totaling the number of situations to which they selected the appropriate response.

The rationale and documentation for each appropriate response to the nine situations involving death are described below.

1. The first situation deals with the ability of day care directors to face the reality of their own death (21). This ability is considered essential if directors are to help children cope effectively with experiences

involving death (9, 10, 45). Authorities (4, 5, 8, 12, 19, 20, 44, 47) agree that the more appropriate response would be for the director to respond by saying "We will all die someday. It is a part of life." This response illustrates the mature understanding by the adult that death is a part of the life process. This response also reinforces the truth about the inevitability of death for everyone. Also expressed in this situation is the understanding held by children, as described in Schilder and Weschler (51), that they can believe in the death of others, but their own deaths seem improbable. The appropriate answer given by the director verifies the fact for the child that death is inevitable for everyone and can occur at any time.

2. The second situation in the DSQ deals with the death of a pet animal in the day care center. Deaths of animals are significant events in the lives of children (3). Authorities (5, 8, 9, 10, 11, 13, 28, 29, 45, 47) contend that the more appropriate response for the day care director in this situation would be to "Leave the mouse in the cage so you can conduct a burial ceremony on Monday with the children." By allowing the children to witness the death and burial of the pet mouse, the director can create a learning experience beneficial to their developing concept of death. The burial of the mouse is visual recognition of the finality of death. The process

of burying the mouse facilitates the mourning process for the children in the center (3, 5, 8, 19, 45).

3. The third situation in the DSQ deals with the play activities of young children that frequently include themes of death (21). Such activities may include war or cowboys and Indians. Authorities (5, 8, 17, 25, 44) contend that the appropriate response for adults in this situation is to "Let them continue playing since this type of game is but one part of their growing curiosity." In selecting this response, the adult recognizes that death is a common theme for children while at play (2). Games involving death are not to be considered unhealthy or bizarre (24, 34), but are rather to be accepted as an effort by the child to come to terms with the meaning of death. Children should be allowed to play games involving death, because this provides them with an opportunity to express their feelings about death. Such expression is considered healthy for their emotional development (5, 44, 58).

4. The fourth situation in the DSQ deals with the death of the first pet of a young girl in the day care center (21). This experience represents a high grief death for the young girl. A high grief death is one that involves the death of a person or animal upon whom the individual has had some emotional or physical dependency (15). Authorities (9, 10, 13, 14, 19, 28, 29, 33, 46,

47, 56) contend that the appropriate behavior in such a situation would be for the director to "Sympathize with the child. Allow her the time to grieve over the loss of her pet." Grieving is an essential component of the mourning process (3, 18). Mourning can continue for an indefinite period (28). Children who are mourning need support, understanding, and permission to display their feelings openly and honestly. Suppressed grief can lead to psychological problems later in life (59), so there is a great deal of benefit derived from letting children have the opportunity to grieve over their losses.

5. The fifth situation in the DSQ involves the death of one of the children in the day care center. Authorities (3, 14, 19, 20, 27, 28, 30, 46, 47, 58) believe that the appropriate behavior of the director would be to "Explain to the children that people usually die when they are very old or when their bodies are tired and worn out. But, once in a while a boy like David can get very sick and die. Explain that this is not usually from colds or measles or any of the sicknesses we get at school. Follow with a general discussion, answering any questions that may arise." It is important that young children be included in discussions and events surrounding the death of a classmate or playmate (27). The death of a classmate provides an opportunity for the director to explore with the friends of the child who died what

death means to them. The death of a classmate must never be ignored for it provides the director and the other children in the center with an opportunity to grow in their understanding of the true meaning of death (14).

The feelings of children about the death of a classmate are lessened if they are allowed to discuss the phenomenon of death with a model that is significant in their lives (28, 58). Children observe how trusted adults behave and handle sorrow. Sharing feelings and talking honestly together can do much toward making the loss more bearable. Euphemisms for explaining the death of the classmate, such as "passed on" and "went to sleep," should be avoided as they can cause uncertainties for the children and can lead to later complications (38, 46, 49).

Children tend to apply events in their world directly to themselves (3). For this reason, children should be assured that most everyday illnesses, such as colds, measles, and chicken pox, do not usually result in death. Explanations ease the possible anxiety of children concerning their death and the death of members of their family when a common illness occurs (3, 14).

6. The sixth situation in the DSQ involves a television newscaster reporting on a hurricane and the subsequent loss of lives (21). Children viewed corpses being placed on stretchers when the day care director

arrived in the room. Most authorities (1, 8, 9, 10, 19, 26, 28, 41, 45) believe that the appropriate behavior in this situation would be to "Let the children watch the rest of the news story and then turn the television off. Discuss with the children how hurricanes can cause people to die from rain, winds, and falling buildings. Discuss what it means to be dead."

Television is the great educator of children in our society. This particular news story supplied a visual report on some of the harsh realities of death. Often, television gives distorted views of death and dying which serve to reinforce the inaccurate concepts that children have regarding death. This situation afforded the director an excellent opportunity for discussion with the children, thereby enabling them to voice their feelings, concerns, and comments about what they had seen on the television regarding death.

This experience reflected a low grief death for the children and the day care director. The atmosphere at the center was such that effective, open communication about death could have occurred between the children and the director. Several educators (1, 10, 45) believe that death education is most effective when it becomes a part of the daily life of the child. This situation in the center provided the director with one opportunity for

discussion that could help prepare children for coping with significant losses prior to their occurrence.

7. The seventh situation in the DSQ deals with the mother's concern of whether or not she should take her five-year-old daughter to the funeral of the girl's grandmother. Many authorities (3, 19, 20, 23, 26, 35, 45, 57, 58, 60) believe that the appropriate response for the director would be to suggest that "Rachel should attend the funeral. The mother should discuss with Rachel what they might expect to see at the funeral."

Attendance at funerals compels people to accept the reality of the death of a loved one (20). The funeral is a time for sharing among all the members of the family, and the five-year-old child should not be excluded from this experience (26). Vogel (57) believes that children, at least by age five, should participate in the services for the dead. Parents often attempt to shelter their children from the funeral experience by sending them to stay with friends during the funeral. By being excluded from the funeral, children are forced to suppress their pain, sorrow, and grief. Adults are models for young children. Children need to observe the behaviors of grieving adults in order to facilitate their grieving process (19). Open displays of emotion demonstrate to children that they need not be afraid of expressing their feelings.

Children, at different developmental stages in their understanding of death, are curious about funerals, the deceased, and other events surrounding death. Adults should be understanding of the natural curiosity of children regarding death and death-related rituals (2, 19). However, children should never be forced to go to a funeral if they voice a strong aversion to attending the service. Any child needs some preparation before attending a funeral (52, 58). Children should be told what is going to happen at the funeral and what they might expect to see. They should be supervised by a trusted adult who should remain with the child during the entire funeral service (52).

8. The eighth situation in the DSQ involves the developing understanding of the concept of death in young children. Six-year-old children may still believe in the reversibility of death, but as Nagy (40) noted, this concept has usually been mastered by most five-year-old children. It is evident that Frederick is having difficulty understanding the concept of irreversibility. For this reason, authorities (3, 9, 10, 14, 20, 46, 47) believe that the more appropriate response for the director would be to "Tell Frederick that the gerbil is dead and will never eat or move again. Invite him to touch and observe the dead animal with you."

This situation provided the day care director with the opportunity to help the confused child come to terms with the finality and irreversibility of death without the element of fear. Young children attribute lifelike characteristics to the dead (39). For this reason, Frederick felt that the gerbil needed to eat. Touching, observing, and discussing the dead gerbil provided Frederick with multisensory proof of the finality and reality of death. These activities between the director and child provided the most expansive and conclusive means for explaining to Frederick why the gerbil did not need to eat.

9. The ninth and final situation in the DSQ involves the death of Tammy's parent and the subsequent appropriate behavior for the day care director on seeing Tammy for the first time after her absence. Many authorities (1, 16, 25, 28, 37, 53, 59) believe that the appropriate response would be for the director to "Express your sorrow and sympathy to Tammy. Tell her that you are there if she ever needs to talk to you."

Bereavement for Tammy over the loss of her father will continue for a long while. Directors need to be aware that after a family death, many children need special attention in the school setting (1). The process of bereavement can lead to immediate changes in behavior (25). Wolfenstein (59) contends that suppressed grief

can distort a child's development toward becoming a fully functioning adult. Tammy needs every opportunity to discuss this tragedy at the center and at home. Open communication between adults and children makes the mourning task easier for the child. As Kliman stated, "The goal is to create a climate in which communication can occur without forcing the child" (28, p. 7). To benefit the bereaved child, the director should be available, know when to listen, and know when to speak. Furman (16) reported that adults caring for young children should never ignore the death of a parent. At opportune times, the director should encourage bereaved children to express their grief, their uncertainties and their questions (26). The director should extend help to the bereaved child as well as to the other children in the day care center (16).

To insure readability of the DSQ, the Fry Readability Formula was utilized (36). By measuring sentence and word length, the readability of the DSQ was found to be at the fifth grade reading level. This level suits the readability criteria of authorities who believe that it is best to gear the wording of questionnaires toward the lower educational level of an adult random sample distribution (32, 36).

Content validity of the DSQ was established by a panel of five experts. In Educational Research: An Introduction, Borg and Gall state,

One type of content validity is face validity, which refers to the evaluator's appraisal of what the content of the test measures Unlike the other types of validity, the degree of content validity is not expressed in numerical terms as a correlation coefficient. Instead, content validity is appraised usually by a subjective comparison of the test items with the content and skills that they purport to teach (6, p. 136-137).

The panel consisted of a professor of child development, a child care consultant with previous experience as a day care director, a theologian, a professor of psychology, and a specialist in early childhood education. Two of the panel members have expertise in the areas of death and dying. The theologian counsels families regarding experiences involving death and dying. He has studied with Elisabeth Kübler-Ross, a noted psychiatrist in the area of death and dying. The psychology professor on the panel is involved in education and research dealing with the aged, death, and dying. The remaining panel members have knowledge in the areas of child development and education appropriate to young children.

The DSQ was delivered to each panel member with instructions for completing the instrument. The panel rated each item as appropriate, appropriate with modifications, or inappropriate. If three out of five panel members agreed on the appropriateness of the item, it was

retained. If three out of five members agreed on the appropriateness of the item with modifications, it was revised as suggested. If three out of five members agreed that the item was inappropriate, the item was deleted. Upon recommendation of the panel members, the nine original situations and four original responses for each situation, were retained. Minor revisions were made in the wording on some of the items.

In order to determine other psychometric properties of the DSQ, a test analysis was conducted. This analysis included the calculation of item-total correlation coefficients and item difficulty levels. The results of this item analysis are presented in Table I.

TABLE I
RESULTS OF ITEM ANALYSIS FOR DSQ

Item	r for Item-total	p for Difficulty Level
1	.353	48.50
2	.215	13.77
3	.079	32.93
4	.403	61.68
5	.203	48.50
6	.246	10.18
7	.091	52.10
8	.195	40.72
9	.142	85.63

The results of the item-total analysis indicate that the overall correlations are somewhat low, yet every item in the DSQ contributes to the total test score. Sax (50) defined the difficulty level (p) of an item on a test as the proportion of correct responses to the item. The higher the proportion, therefore, the easier is the item. The difficulty level does not indicate that an item on the instrument is good or bad, only that it is difficult or easy. The overall reliability correlation coefficient of the DSQ, as determined by the Kuder-Richardson Formula 20 procedure, was $r=.49$. A projected test of 100 items yields a reliability coefficient of $r=.91$.

A personal profile form was developed to collect demographic information concerning the sex, age, parental status, number of years of day care experience, and perception of the degree of religiosity of respondents. The resultant instrument (Appendix) consisted of three parts: the personal profile, the Death Anxiety Scale, and the Death Situation Questionnaire.

A pilot study of the DSQ was conducted. According to McCallon (36), the pilot study should resemble the planned study as closely as possible, in order to check the survey procedures. The pilot study group should be a subset or be closely akin to the population in the overall survey. The procedures followed should be as close as possible to the actual procedures used in the survey so

that the pilot study becomes a miniature survey, checking the questionnaire and procedures.

For the pilot study, a List of Licensed Child Care Facilities was obtained from the DHR for a county in North Texas not included in the actual research study. The population was stratified according to three types of day care centers: commercial, nonprofit, and church-related. A random selection of day care centers from each of the strata was gathered using a table of random numbers (36). The resultant sample included three groups of twenty day care directors each, for a total of sixty day care directors. An additional sixty parents of young children were included in the pilot study to ascertain whether or not the day care director group was a significantly more knowledgeable population than the parent group based on their mean scores on the DSQ. The parent group was selected, using a table of random numbers (36), from a population of seventy-five parents of young children.

The questionnaire, cover letter, and self-addressed stamped envelope were delivered to the 120 participants in the pilot study. Ten day care directors responded from each of the three types of day care centers, for a total of thirty day care directors. Thirty parents of young children also responded to the questionnaire. A t-test for independent samples was conducted to determine whether or not day care directors were a significantly

more knowledgeable group than the parents as evidenced by their mean scores on the DSQ. A t value of .39 was obtained which is not statistically significant at the .05 level. This value indicated that there was no statistically significant difference between the mean scores of the group of day care directors and the group of parents, thereby showing that the DSQ was an acceptable instrument for use with the population in this study.

Minor revisions were made in wording for three of the situations on the DSQ as a result of the pilot study. A note of appreciation was sent to each respondent in the pilot study.

Procedures for Collection of Data

During the spring of 1980, a copy of the final questionnaire was mailed to 300 day care directors from three types of day care centers. A cover letter (Appendix) was sent with the instrument, explaining the purposes of the study and requesting cooperation. A self-addressed stamped envelope was provided for the responses of the directors.

The use of rewards is seen as a promising approach toward increasing the response rate of subjects in a survey study (32, 36). For this reason, a brochure entitled "Helping Children Understand Death" (42) was mailed to each respondent upon receipt of their

questionnaire by the deadline established in the cover letter. A note of appreciation was sent with the brochure. Follow-up telephone calls were made to those subjects who had not replied by the three-week deadline. Follow-up letters and questionnaires were mailed to those subjects indicating a need for additional materials.

A record of responses of each day care director was maintained noting the date of return of the questionnaire, date of mailing of the brochure, and whether or not the respondent requested the results of the study. Follow-up telephone calls were also noted in the record. Six weeks after sending the initial questionnaires, the required sixty responses for each type of day care center were obtained, for a total of 180 responses. Of these 180 responses, 142 directors requested the results of the study. A summary of the study was mailed to these 142 directors.

Procedures for Analysis of Data

A one-way analysis of variance as described by Roscoe (48) was used to compare the three day care director groups in terms of their mean scores on the DAS and DSQ respectively. A one-way analysis of variance was also used to test the sample means and group variances of age and years of experience in day care. In order to locate any significant differences, the Duncan New Multiple

Range Test (22) for multiple comparisons was employed. A two-tailed t-test for independent samples (48) was used to test the sample means and group variances of parental status and self-reported degree of religiosity. For the purposes of this study, the .05 level of significance was used for acceptance or rejection of the null hypotheses.

The Pearson product-moment correlation coefficient (48) was used to determine any significant correlation between the total scores on the DAS and total scores on the DSQ. The Pearson correlation coefficient is a parametric technique using continuous data. According to Borg and Gall (6), the Pearson coefficient provides a more stable measure of relationship than the other correlational techniques.

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CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The purposes of this study were (1) to compare and analyze the death anxiety of selected day care directors, (2) to compare and analyze responses of selected day care directors to situations involving death, (3) to compare and analyze the ages, years of experience in day care, parental status, and degree of religiosity of directors with regard to death anxiety and responses to situations involving death, and (4) to determine if there was a significant relationship between the death anxiety of day care directors and their responses to situations involving death.

Rate of Response

Usable questionnaires were received from 50 per cent or sixty of the 120 day care directors from the commercial day care centers; 66 per cent or sixty of the ninety day care directors from the nonprofit day care centers; and 66 per cent or sixty of the ninety day care directors from the church-related day care centers. The total number of usable questionnaires was 60 per cent or 180. Babbie (1) reports that a response rate of at

least 50 per cent is adequate for analysis and reporting, but a response rate of 60 per cent is good. Erdos (2) contends that no mail survey can be considered reliable unless it has a minimal 50 per cent response. This survey conforms to these standards.

Demographic Characteristics of Respondents

Of 180 respondents, 84 per cent or 152 were females and 16 per cent or twenty-eight were males. Information concerning the ages of the respondents and their number of years of experience in day care is presented in Table II. Seventy-nine per cent or 143 respondents were parents and 20 per cent or thirty-six respondents were not parents.

TABLE II

AGES OF DAY CARE DIRECTORS AND THEIR NUMBER OF YEARS OF EXPERIENCE IN DAY CARE

Characteristic	n	Per Cent
Ages		
20-30	42	23
31-40	56	31
41-50	44	25
51-60	32	18
61+	5	3
Years of Experience		
0-5	73	41
6-10	56	31
11-15	26	15
16-20	15	8
21+	9	5

One respondent failed to indicate his age, years of experience in day care, and parental status. A report on degree of religiosity showed that 88 per cent or 159 respondents considered themselves highly religious while 12 per cent or twenty-one respondents considered themselves not highly religious. Upon inspection of these characteristics, the sample is predominantly female, between the ages of 31-40, with 0-5 years of experience in day care, a parent, and with a self-reported high degree of religiosity.

Tests of Hypotheses

Hypothesis 1 was that there would be no significant difference in the group mean scores on the Death Anxiety Scale (DAS) among directors from Groups A, B, and C. A one-way analysis of variance procedure was employed to test this hypothesis. The results of this test, presented in Table III, indicate that there is no statistically significant difference among the day care directors from three types of day care centers and their scores on the DAS. Therefore, null hypothesis 1 is retained at the .05 level of significance.

Hypothesis 2 was that there would be no significant difference in the group mean scores on the Death Situation Questionnaire (DSQ) among directors from Groups A, B, and C. A one-way analysis of variance procedure was also

TABLE III

RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN TYPES
OF DAY CARE CENTERS AND DAS TOTAL SCORES

Source	df	SS	MS	F	p
DAS Total Scores					
Type of Center	2	24.34	12.17	1.68	.19
Within-groups	177	1285.98	7.27		
Total	179	1310.33			

* $p \leq .05$.

employed to test this hypothesis. The results of this test, presented in Table IV, indicate that there is a statistically significant difference among the day care directors from three types of day care centers and their scores on the DSQ. Therefore, null hypothesis 2 is rejected at the .05 level of significance.

TABLE IV

RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN TYPES
OF DAY CARE CENTERS AND DSQ TOTAL SCORES

Source	df	SS	MS	F	p
DSQ Total Scores					
Type of Center	2	23.68	11.84	3.76*	.03
Within-groups	177	557.85	3.15		
Total	179	581.53			

* $p \leq .05$.

A multiple comparison test between cells was conducted using Duncan's Multiple Range Test in order to determine where the statistically significant differences were located. The results of this test are presented in Table V. The three types of day care centers were grouped as follows: Group 1, commercial centers ($\bar{X}=3.53$); Group 2, church-related centers ($\bar{X}=3.68$); and Group 3, nonprofit centers ($\bar{X}=4.36$). Duncan's Multiple Range Test rank orders the means on the DSQ for day care directors from these three types of day care centers. Means are considered significantly different if the mean difference between two groups exceeds the range product value (W_r) as determined by the Test.

TABLE V
RESULTS OF DUNCAN'S MULTIPLE RANGE TEST FOR
DIFFERENCES AMONG CENTER GROUPS' MEANS
ON THE DSQ

Ranked Groups	Mean Difference	W_r
3 - 1	.83	.669*
3 - 2	.68	.635*
2 - 1	.15	.635

* $p \leq .05$.

The results presented in Table V indicate that responses to the DSQ of day care directors from nonprofit centers differ significantly at the .05 level from responses of directors from commercial and church-related centers. Upon inspection of the means, it can be seen that directors from nonprofit day care centers have significantly higher scores on the DSQ than directors from the other two types of day care centers.

Hypotheses 3 and 4 were that there would be no significant difference in the group mean scores on the DAS and DSQ respectively, for directors in the following age categories: 20-30, 31-40, 41-50, 51-60, and 61 years of age and older. A one-way analysis of variance procedure was employed to test hypothesis 3. The results presented in Table VI indicate that there is a statistically

TABLE VI

RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN AGE OF DAY CARE DIRECTOR AND DAS TOTAL SCORES

Source	df	SS	MS	F	p
DAS Total Scores					
Age	4	89.18	22.30	3.22*	.01
Within Groups	174	1205.54	6.93		
Total	178	1294.73			

* $p \leq .05$.

significant difference among ages of the directors and their scores on the DAS. For this reason, null hypothesis 3 is rejected at the .05 level of significance.

A one-way analysis of variance procedure was also employed to test hypothesis 4. The results presented in Table VII indicate that there is no statistically significant difference among ages of the directors and their scores on the DSQ.

TABLE VII

RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN AGE OF DAY CARE DIRECTOR AND DSQ TOTAL SCORES

Source	df	SS	MS	F	p
DSQ Total Scores					
Age	4	16.93	4.23	1.32	.26
Within Groups	174	554.69	3.19		
Total	178	571.62			

* $p \leq .05$.

Therefore, null hypothesis 4 is retained at the .05 level of significance.

To locate where the significant differences were between age group means on the DAS, a multiple comparison test was used. The results presented in Table VIII indicate that there are statistically significant differences at the .05 level as located by Duncan's Multiple Range

Test. The five age categories were grouped as follows: Group 1, ages 20-30 ($\bar{X}=5.66$); Group 2, ages 31-40 ($\bar{X}=4.82$); Group 3, ages 41-50 ($\bar{X}=5.43$); Group 4, ages 51-60 ($\bar{X}=4.00$); and Group 5, ages 61 and older ($\bar{X}=2.60$). The DAS mean scores for the directors who are fifty-one years of age and older differ significantly from the mean scores of directors who are between the ages of twenty and thirty, and between the ages of forty-one and fifty. Upon inspection of the means, it can be seen that younger respondents in Group 1 and the middle-age respondents in Group 3 scored significantly higher on the DAS than the older respondents in Groups 4 and 5.

TABLE VIII
RESULTS OF DUNCAN'S MULTIPLE RANGE TEST FOR
DIFFERENCES AMONG AGE GROUPS' MEANS
ON THE DAS

Ranked Groups	Mean Difference	W_r
5 - 1	3.06	2.72*
5 - 2	2.22	2.53
5 - 3	2.83	2.65*
5 - 4	1.40	2.48
4 - 1	1.66	1.32*
4 - 2	.82	1.14
4 - 3	1.43	1.26*
3 - 1	.23	1.11
3 - 2	.61	1.04
2 - 1	.84	1.11

* $p \leq .05$.

Hypotheses 5 and 6 were that there would be no significant differences among the group mean scores on the DAS and DSQ respectively, for directors with the following years of experience in day care: 0-5 years, 6-10 years, 11-15 years, 16-20 years, and 21 years or more. A one-way analysis of variance procedure was employed to test hypothesis 5. The results presented in Table IX indicate that no statistically significant difference is found for years of experience in day care and scores on the DAS.

TABLE IX

RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN YEARS OF EXPERIENCE IN DAY CARE AND DAS TOTAL SCORES

Source	df	SS	MS	F	p
DAS Total Scores					
Years of Experience	4	8.65	2.16	.29	.88
Within Groups	174	1286.08	7.39		
Total	178	1294.73			

* $p \leq .05$.

Therefore, null hypothesis 5 is retained at the .05 level of significance.

A one-way analysis of variance procedure was employed to test hypothesis 6. The results presented in Table X indicate that no statistically significant difference is

found for years of experience in day care and scores on the DSQ.

TABLE X
RESULTS OF ONE WAY ANALYSIS OF VARIANCE BETWEEN YEARS
OF EXPERIENCE IN DAY CARE AND DSQ TOTAL SCORES

Source	df	SS	MS	F	p
DSQ Total Scores					
Years of Experience	4	7.22	1.80	.55	.70
Within Groups	174	573.01	3.29		
Total	178	580.22			

* $p \leq .05$.

Therefore, null hypothesis 6 is retained as the .05 level of significance.

Hypothesis 7 was that there would be no significant difference in the group mean scores on the DAS for day care directors who consider themselves to be highly or not highly religious. Hypothesis 9 was that there would be no significant difference in the group mean scores on the DAS for day care directors who are or are not parents. A two-tailed t-test for independent samples was employed to test these hypotheses. The results presented in Table XI indicate that no statistically significant differences are found between degrees of religiosity or parental status and scores on the DAS. The resultant

TABLE XI
RESULTS OF t-TESTS BETWEEN THE VARIABLES OF
RELIGIOSITY AND PARENTAL STATUS AND
DAS TOTAL SCORES

Variable	n	DAS		
		\bar{X}	SD	<u>t</u>
Religiosity				
High	159	4.86	2.65	
Not high	21	5.52	3.08	1.05
Parental Status				
Yes	143	4.76	2.71	
No	36	5.56	2.55	1.59

* $p \leq .05$.

t-values are not significant at the .05 level. Therefore, null hypotheses 7 and 9 are retained.

Hypothesis 8 was that there would be no significant difference in the group mean scores on the DSQ for day care directors who consider themselves to be highly or not highly religious. Hypothesis 10 was that there would be no significant difference in the group mean scores on the DSQ for day care directors who are or are not parents. A two-tailed t-test for independent samples was employed to test these hypotheses. The results presented in Table XII indicate that no statistically significant differences are found between degrees of religiosity or

TABLE XII
RESULTS OF t-TESTS BETWEEN THE VARIABLES OF
RELIGIOSITY AND PARENTAL STATUS AND
DSQ TOTAL SCORES

Variable	n	DSQ		
		\bar{X}	SD	\underline{t}
Religiosity				
High	159	3.82	1.77	
Not high	21	4.14	2.03	0.76
Parental Status				
Yes	143	3.76	1.78	
No	36	4.31	1.85	1.64

* $p \leq .05$.

parental status and scores on the DSQ. The resultant \underline{t} -values are not significant at the .05 level. Therefore, null hypotheses 8 and 10 are retained.

Hypothesis 11 was that there would be no significant correlation between total mean scores on the DAS and the total mean scores on the DSQ for all day care directors. This hypothesis was tested using Pearson's product-moment correlation technique. A correlation coefficient of .05 with an N=180 was obtained. This indicates that there is no systematic relationship between the total mean scores

on the two instruments. Therefore, null hypothesis 11 is retained.

Additional Data

The frequency distribution of the responses to the nine items on the DSQ is reported in Table XIII. The four response values correspond to the four responses provided for each situation on the DSQ (see Appendix for item responses). The keyed response indicates that response

TABLE XIII
DSQ ITEM RESPONSE FREQUENCY DISTRIBUTION

DSQ Item	Response Values			
	1	2	3	4
1	1	81*	24	61
2	3	5	136	23*
3	0	74	55*	38
4	103*	10	16	38
5	6	42	81*	38
6	11	17*	41	98
7	87*	8	37	35
8	0	25	74	68*
9	8	143*	14	2

*Keyed response, N=167.

which a consensus of authorities consider to be the more appropriate behavior for adults wishing to nurture the healthy mental and emotional development of young children.

For item 1, 49 per cent or a majority of eighty-one day care directors selected the keyed response; for item 4, 62 per cent or 103 directors selected the keyed response; for item 5, 49 per cent or eighty-one directors selected the keyed response; for item 7, 52 per cent or eighty-seven directors selected the keyed response; and for item 9, 86 per cent or 143 directors selected the keyed response.

In contrast, a majority of directors did not always select the keyed response. For example, for item 2, 14 per cent or twenty-three directors selected the keyed response while 82 per cent or a majority of 136 directors selected an alternate, less appropriate response. Likewise, for item 3, 33 per cent or fifty-five directors selected the keyed response, while 44 per cent or seventy-four directors selected an alternate, less appropriate response. For item 6, 10 per cent or seventeen directors selected the keyed response, while 59 per cent or ninety-eight directors selected an alternate, less appropriate response. Finally, for item 8, 41 per cent or sixty-eight directors selected the keyed response, while 44 per cent or seventy-four directors selected an alternate, less appropriate response.

Discussion

The results of the data which were gathered to analyze and compare the death anxiety of selected day care directors and their responses to situations involving death were presented in this chapter. Nine of the eleven null hypotheses were retained while the remaining two were rejected at the .05 level of significance. Additional related data pertaining to the DSQ were analyzed and reported.

Hypothesis 1 pertained to the differences among the death anxiety scores of day care directors from three types of day care centers: commercial, nonprofit, and church-related. Although the directors differ with regard to the type of day care center in which they are employed, no statistically significant differences among the death anxiety scores of the directors were found. Consequently, the type of day care center in which directors in this study are employed does not reflect a significant difference in their personal anxiety toward death.

Hypothesis 2 pertained to the differences among responses of day care directors, from three types of centers, to situations involving death that may occur in the day care center. A statistically significant difference was found among the responses of the directors from nonprofit day care centers as compared to directors from church-related and commercial day care centers. These

directors scored significantly higher on the DSQ than directors from the other two types of centers. The findings of this research study fail to provide precise information relating to the cause of this difference, yet it may be theorized that these higher scores reflect a difference in educational level of the director, a difference in personal experiences of the director involving death, or a difference in the knowledge of the director regarding child growth and development. These and other variables could be examined in future studies to determine the reasons for the higher scores on the DSQ for directors serving nonprofit day care centers.

Hypotheses 3 and 4 pertained to the ages of the respondents and their scores on the DAS and DSQ respectively. A statistically significant difference was found between older day care directors as compared to younger day care directors and their mean scores on the DAS. Published research presents contradictory results concerning the relationship between age of individuals and their attitudes toward death. The results of this research study support those findings (4, 6, 7) that indicate there is a significant relationship between age and death anxiety. In this study, the respondents who were fifty-one and older had significantly lower DAS scores than the younger respondents who were between the ages of twenty and thirty, and between the ages of forty-one and fifty.

This indicates that on the conscious level, the younger respondents exhibit a greater anxiety toward death than the older respondents. No statistically significant differences were found for ages of the directors and mean scores on the DSQ. Age, therefore, has little or no effect on the responses of directors to situations involving death that may occur in the day care center.

Hypotheses 5 and 6 pertained to the years of experience in day care of directors and their scores on the DAS and DSQ respectively. No statistically significant differences were obtained between years of experience in day care and these scores. Assumptions are often made that experience alone provides adults with knowledge that is appropriate for promoting the optimal development of the young child. This assumption was not substantiated in this research study. Years of experience in day care is not a statistically significant fact in determining the ability of the adult to help children cope effectively with situations involving death that may occur in the day care center.

Hypotheses 7 and 8 were concerned with the variable of religiosity and scores on the DAS and DSQ respectively. No statistically significant differences were obtained. Therefore, the directors' own perceptions of their degree of religiosity did not significantly affect their reported anxiety toward death or their responses to situations

involving death. Published research presents contradictory results concerning the relationship between religiosity and attitude toward death. Some researchers (3, 5, 9) report that degree of religiosity is unrelated to death anxiety for the general population. The results of this research study support this contention. The self-reported degree of religiosity of day care directors did not significantly affect their anxiety toward death or their responses to situations involving death.

Hypotheses 9 and 10 pertained to the parental status of the directors and their scores on the DAS and DSQ respectively. No statistically significant differences were obtained. Often adults conclude that directors who are parents, because of their previous experiences raising their own children, may be more able than directors who are not parents to help children at the day care center cope with crisis situations. The results of this research study indicate that this conclusion is not justified with regard to situations involving death that occur in the center. Parental status of the directors does not significantly affect their selection of the appropriate responses to situations involving death in this particular study.

Hypothesis 11 pertained to the possible relationship between death anxiety and responses to situations involving death. The low correlation coefficient indicated that there is no systematic relationship between death

anxiety as measured by the DAS and responses to situations involving death as measured by the DSQ. Sherif et al. state that "an attitude denotes a variable within the individual that affects his behavior in a pertinent situation together with other motives operative at the time and the properties of the situation itself" (8, p. 19). The results of this research study indicate that death attitude alone does not affect the behaviors or responses of directors to situations involving death. Other factors operative at the time of the incident probably influence the responses of the director to situations involving death. A few of these factors may include race, socioeconomic status, level of education, previous contacts with death experiences, parental influence, sense of personal well-being, and self-actualization. Further research is needed to determine the extent to which these variables, in combination with the personal attitude of the director toward death, affect the responses of the director to situations involving death.

An examination of the nine items on the DSQ and frequency of responses is helpful in evaluating the overall responses of the day care directors to situations involving death that may occur in the day care center. A majority of day care directors chose the more appropriate, keyed responses to five of the nine simulated death situations presented in the DSQ. Of the remaining

four situations, the majority of directors selected responses to the situations that are considered to be less appropriate than the keyed response as determined by a consensus of experts in the fields of psychology, child development, early childhood education, death education, and theology.

These results indicate a possible need for training in the area of death education for adults working with young children. Such training could further educate and sensitize caregivers to the advantages of positive responses to crisis situations involving death that benefit, rather than hinder, the mental health of the young child. These research findings may also indicate a need for training individuals who eventually plan to work with young children. Theories regarding the development of the death concept in young children and the practical applications of these theories are valuable to individuals who hope to become a source of strength for young children during crisis situations.

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CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

This study compared and analyzed the death anxiety of three groups of day care directors and their responses to situations involving death. Differences between these factors and selected demographic variables were explored. A possible relationship between the death anxiety of day care directors and their responses to situations involving death was investigated.

In the spring of 1980, a sample was drawn from the population of day care directors serving licensed day care centers in a large metropolitan area of North Central Texas. The population was stratified according to three types of day care centers: commercial, nonprofit, and church-related. A total of 180 subjects participated in the study. The instrument used to quantify the anxiety toward death of the respondents was the Death Anxiety Scale (DAS). The instrument used to assess the responses of day care directors to situations involving death was the Death Situation Questionnaire (DSQ),

developed and validated by the researcher. The reliability of this instrument was determined using the method of item-statistics. The questionnaire consisted of nine situations involving death that may occur in the day care center and four possible responses or behaviors to each situation. One response was viewed by a consensus of authorities as the more appropriate response for adults wanting to nurture the healthy mental development of the child. The final questionnaire, which was mailed to the directors, was composed of the Death Anxiety Scale, Death Situation Questionnaire, and a personal profile form. Demographic information collected for each subject included the sex, age, number of years of experience in day care, parental status, and self-reported degree of religiosity.

One-way analysis of variance was used to compare the mean scores on the DAS and DSQ respectively for three groups of day care directors. Duncan's Multiple Range Test was used to locate the significant differences among the groups. A significant difference was found among the mean scores on the DSQ for day care directors serving nonprofit day care centers as compared to directors serving commercial and church-related centers. One-way analysis of variance was also used to compare the mean scores on the DAS and DSQ respectively for three groups of day care directors and the variables of age and years

of experience in day care. Duncan's Multiple Range Test was used to locate the significant differences among the groups. A significant difference was found among the mean scores on the DAS for day care directors, ages fifty-one years and older, as compared to younger day care directors between the ages of twenty and thirty, and between the ages of forty-one and fifty. A two-tailed t-test for independent samples was used to compare the mean scores on the DAS and DSQ respectively for three groups of day care directors, and the variables of parental status and self-reported degree of religiosity. No statistically significant differences were found between these variables and the mean scores of the three groups of directors on the two instruments. Pearson's product-moment correlation technique was used to test for a relationship between the total scores for all day care directors on each of the two instruments. No statistically significant relationship was found between the mean scores on the DAS and the DSQ.

Findings

The findings alluded to in this section apply solely to the subjects used in the study. The validity of the findings were contingent upon the variables considered, the instrument used to collect the data, and the conditions under which the data were collected. The following findings resulted from the study.

1. No significant differences were found among the mean scores of the three groups of day care directors in their anxiety toward death.

2. A significant difference was found among the mean scores of day care directors from nonprofit day care centers, as compared to the directors from other types of centers, in their responses to situations involving death.

3. A significant difference was found among the mean scores of older day care directors, as compared to younger directors, in their anxiety toward death.

4. No significant differences were found among the mean scores of three groups of day care directors in their responses to situations involving death and the variable of age.

5. No significant differences were found among the mean scores of three groups of day care directors in their anxiety toward death and in their responses to situations involving death and the variables of parental status, self-reported degree of religiosity, and years of experience in day care.

6. No significant relationship was found between the total mean scores for all day care directors on the instruments measuring death anxiety and responses to situations involving death.

Conclusions

The following conclusions are based upon the findings from the sample in the study.

1. The level of death anxiety of day care directors cannot be expected to differ with the type of day care center served by the director.

2. The responses of day care directors to situations involving death can be expected to differ with the type of day care center served by the director.

3. Some differences can be expected between age of day care directors and their anxiety toward death whereas no differences can be expected between age of directors and their responses to situations involving death.

4. Parental status, years of experience in day care, and self-reported degree of religiosity are not factors, by themselves, in determining the death anxiety of day care directors and in determining their responses to situations involving death, as measured by the instruments in this study.

5. Personal anxiety of the day care director toward death did not appear to make a difference in how the directors perceived that they would respond to situations involving death that may occur in the day care center.

Implications

The information gained through the analysis of the data in this study suggests the following implications.

1. In-service training on the theories regarding the development of the concept of death in young children, and the practical applications of these theories in general, could be beneficial for day care directors and other adults caring for young children.

2. Information and training in theories regarding the development of the concept of death in young children, and the practical applications of these theories, could be beneficial to adults at the pre-service level of training. Such education could benefit adults with regard to their personal awareness of death, as well as benefit the children whom the adult would eventually guide.

3. Communication about experiences involving death between day care director and parent should be encouraged so that children in the day care center can benefit developmentally from such crises when they occur.

Recommendations

The following recommendations are based upon other research reported, and upon the data collected in this study.

1. Further development and refinement of the Death Situation Questionnaire is recommended to provide for a more reliable instrument for measuring the behaviors and responses of day care directors to situations involving death.

2. The Death Anxiety Scale measures conscious, verbalized death anxiety. This study should be replicated, using another instrument involved with measuring the death anxiety of the subjects at the unconscious, rather than conscious, level.

3. The Death Anxiety Scale measures anxiety over one's own death. This study should be replicated using another instrument that measures anxiety toward a different focus of death, such as anxiety over the death of others.

4. The type of day care center in which day care directors are employed does not appear to make a significant difference in their levels of death anxiety. Additional variables such as socioeconomic status, previous contacts with death, and level of education should be examined to determine their significance in affecting the levels of anxiety of day care directors toward death.

5. Continued investigation should be directed toward identifying variables other than age, parental status, years of experience in day care, and self-reported degree of religiosity which may significantly affect the

selection of the more appropriate responses of day care directors to situations involving death.

6. Further research is recommended to compare interview or observational data with the responses of day care directors to simulated situations involving death as reported in the Death Situation Questionnaire.

7. Death is only one crisis that involves separation and loss for young children. Another area, divorce, should be examined with regard to the role of adults who care for young children as they attempt to help children cope with this type of crisis.

8. Future studies which examine the role of the mediating agent during crisis situations should include the responses of caregivers or teachers from other types of facilities that care for children. These facilities would generally have different policies regarding the education and development of young children, and would serve children of varying age groups.

9. Further investigation utilizing intercorrelational statistical analysis is recommended to determine the interrelationships of the variables examined in the present study.

APPENDIX

COVER LETTER

Dear Day Care Director:

Because of the important work you perform as Day Care Director, you have been selected to help with a study which examines how the subject of death and dying is handled in the Day Care Center. Your opinions and reactions will help others learn more about the best ways to help young children deal with situations involving death.

You can help me by completing the enclosed questionnaire. Do not sign it; no names of individuals or Day Care Centers will be used in any part of the study. Your answers will be kept in strict confidence.

Your ideas are very important. Please fill out the questionnaire today - right now if you can - and mail it to me in the envelope provided. If I receive your answer on or before May 28, I will mail a pamphlet to your Day Care Center which deals with helping young children understand death.

Thank you for your help in this study and especially for all the care you give to young children. Please write or call if you need any further information.

Sincerely,

Barbara Blythe
Project Director

Dr. Velma Schmidt
Project Coordinator

PERSONAL PROFILE FORM

DIRECTIONS: Please check one item for each question.

1. What is your sex?
 Female
 Male
2. What is your age?
 20-30
 31-40
 41-50
 51-60
 61+
3. Are you a parent?
 Yes
 No
4. How many years of experience do you have in day care?
 0-5 years
 6-10 years
 11-15 years
 16-20 years
 21+ years
5. How many years have you been a day care director?
 0-5 years
 6-10 years
 11-15 years
 16-20 years
 21+ years
6. How religious do you consider yourself to be?
 Very religious
 Generally religious
 Slightly religious
 Not at all religious

DEATH ANXIETY SCALE

DIRECTIONS: Please check either True or False in the space provided.

	TRUE	FALSE
I am very much afraid to die.	_____	_____
The thought of death seldom enters my mind.	_____	_____
It doesn't make me nervous when people talk about death.	_____	_____
I dread to think about having to have an operation.	_____	_____
I am not at all afraid to die.	_____	_____
I am not particularly afraid of getting cancer.	_____	_____
The thought of death never bothers me.	_____	_____
I am often distressed by the way time flies so very rapidly.	_____	_____
I fear dying a painful death.	_____	_____
The subject of life after death troubles me greatly.	_____	_____
I am really scared of having a heart attack.	_____	_____
I often think about how short life really is.	_____	_____
I shudder when I hear people talk about World War III.	_____	_____
The sight of a dead body is horrifying to me.	_____	_____
I feel that the future holds nothing for me to fear.	_____	_____

DEATH SITUATION QUESTIONNAIRE

The following situations may occur in your Day Care Center. Please read each situation and check the one response that best describes how you would respond.

1. As you walk past a group of children playing in the block area, you overhear Mary saying to Jeff, "You're gonna die, but I'm not." Jeff sees you walking by and asks "Are you going to die?" You ...

- Keep on walking and ignore the question.
- Respond by saying "We will all die someday. It is a part of life."
- Respond by saying "Yes, we will all die sometime, but you don't have to worry about it now. Mary didn't really mean what she said."
- Respond by saying "Yes, someday God will want me to join him up in heaven."

2. You walk into the Day Care Center one weekend to catch up on some paper work. You discover the pet mouse lying dead on the floor of his cage. You respond by ...

- Removing the cage and getting rid of the mouse. You do not mention the incident to anyone on Monday.
- Replacing the dead mouse with a live one so on Monday no one will notice the change.
- Getting rid of the mouse and telling the children and staff on Monday that the mouse had died.
- Leaving the mouse in the cage so you can conduct a burial ceremony on Monday with the children.

3. A favorite playtime activity with the children in the Day Care Center is war, with "deaths" occurring frequently. As you witness this type of play, you ...

- Scold the children for playing such morbid games and tell them to play a new game.

- () Introduce the children to other, more wholesome games or activities.
- () Let them continue playing since this type of game is but one part of their growing curiosity.
- () Talk about the realities of war with the children. You hope that this will influence them to play a different game.

4. Latoyia, a girl in the Day Care Center, has a pet parakeet that she has talked about constantly with her friends and teachers. It is her first pet. This morning, when Latoyia's mother brings her to the Day Care Center, she is crying. As the mother leaves, she tells you that Latoyia's parakeet has died, and she just didn't know what to do. You express your sorrow to Latoyia and ...

- () Sympathize with her. Allow her the time to grieve over the loss of her pet.
- () Tell her that the parakeet would not want to see her crying. Direct her to join the other children.
- () Tell her the parakeet is now very happy in pet heaven.
- () Direct her attention to a favorite activity to take her mind off the loss of her pet.

5. Before leaving for the Day Care Center one morning, you get a telephone call telling you that David, a child who attends the Center, died during the night from an acute appendicitis attack. When the children arrive at the Center, you ...

- () Avoid any mention of the death. Remove David's belongings when the children are busy outside the room. If the children ask about David, tell them he has moved.
- () Explain to the children that God loved David so much that he took him away to heaven. Follow with a general discussion answering any questions that may arise.
- () Explain to the children that people usually die when they are very old and when their bodies are tired and worn out. But, once in a while a boy or girl like David can get very sick and die. Explain that this is not usually from colds or measles or any of the sicknesses we get

at school. Follow with a general discussion, answering any questions that may arise.

- () Tell the children that David has passed away and will not be with us anymore. Follow with a general discussion, answering any questions that may arise.

6. One rainy morning, some children arrive at the Day Care Center earlier than usual. You take them into the room to watch television, turning the channel selector to what you thought was Mister Roger's Neighborhood.* As you leave the room to greet new arrivals, the television is warming up. Upon returning to the room, the children are staring at the morning news. You had selected the wrong channel. The news report is about a hurricane that resulted in hundreds of deaths. The children are watching corpses being placed on stretchers. You ...

- () Turn the channel to Mister Roger's Neighborhood and ignore the newscast. You sit with the children as they watch their program.
- () Let them watch the rest of the news story and then turn the television off. Discuss how hurricanes can cause people to die from rain, winds and falling buildings. Discuss what it means to be dead.
- () Notice the reactions of the children before changing the channel. As you watch Mister Roger's Neighborhood with the children, move close to any child that seemed upset while watching the news program.
- () Let them watch the rest of the news story and then turn the television off. Discuss what people should do for safety when bad weather or hurricanes come into the area. Discuss bad weather safety procedures for use in the Day Care Center.

7. A mother of one of the children in the Day Care Center, with whom you have good, open communication, confides in you that Rachel's grandmother died last evening. As of yet, Rachel has not been told of the

*If your Center has no television, please respond as if you did have one.

death. The mother wants your opinion as to whether Rachel, age five, should attend the grandmother's funeral. You suggest that ...

- () Rachel should attend the funeral. Advise the mother to discuss with Rachel what they might expect to see at the funeral.
- () Rachel should come to the Day Care Center as usual. Children who are five years old are too young to attend funerals.
- () Rachel be told about the funeral, but advise the mother to send Rachel to stay with friends or relatives during the funeral.
- () This is too difficult a question on which to offer advice. Suggest that the mother seek advice from her church or synagogue.

8. A pet gerbil in the Day Care Center dies. The children insist on a funeral, burying the gerbil in a box in a shallow grave. They are told that the gerbil died because it was sick. The following day, Frederick, age six, is seen digging up the grave and poking at the gerbil. Frederick tells you he wants to feed the gerbil. You ...

- () Scold Frederick for disturbing the grave. Tell him to fix the grave like it was and then direct him to play with the children.
- () Explain to Frederick that the gerbil is dead. Tell him that death is forever. Have him fix the grave like it was before.
- () Explain to Frederick that the gerbil is dead and doesn't need to eat. Ask him to bury the gerbil again in the grave.
- () Tell Frederick the gerbil is dead and will never eat or move again. Invite him to touch and observe the dead animal with you.

9. Over the weekend, Tammy's father suddenly dies of a heart attack. During her absence, you explain to the children in the Center that Tammy's father died. When Tammy, age four, returns to the Center, you ...

- () Avoid mentioning the loss to Tammy. Discussing the death of her father will only add to the sadness she is already feeling.

- () Express your sorrow and sympathy to Tammy. Tell her that you are there if she ever needs to talk to you.
- () Express your sorrow and sympathy to Tammy. Make no further mention of her loss.
- () Discourage any conversation that may arise in the Center about the death of Tammy's father. It is too unpleasant a subject to discuss with the children.

THANK YOU.

Check if you would
like a copy of the results
of the study.

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