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An Investigation Of Understanding Death Education

Eugenia M. Pfeiffer

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An Investigation of Understanding Death Education

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Finally, my sincerest thanks to Dr. Anthony Colella, my dissertation mentor for his consistent patience, professional guidance and enthusiastic support throughout my doctoral research and study at Seton Hall University.
DEDICATION

This dissertation is dedicated to my parents
Francis and Eugenia
who have always been there for me
and encouraged my educational pursuits.
"Birth, the beginning of life and
death, the ending of life . . .
both a very important part of life."

(Murphy & Gifford, 1979, p. 35)
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CHAPTER I
INTRODUCTION

Since the genesis of man, death has existed. "Death is an integral part of life, most vividly shown by the change of seasons. In the Bible (Ecclesiastes 3) the often repeated statement is: 'To everything there is a season; and a time to every purpose under the heaven: a time to be born and a time to die; a time to plant and a time to pluck up that which is planted.’" (Eckstein, 1982, p. 138).

Death and dying connote the termination of life. "Death is a natural event and is the consequence of coming into being. Because it is necessary for life to continue after another's death, the need for greater modifications in society's thoughts on death is necessary" (Carson, 1994, p. 191). In present day society, they are removed from everyday experience. Therefore, people are unsure of their roles and are confused by the reactions of others when death occurs. "Many people tend to think that death is something that will happen to others, not to the ones they love or themselves" (Ledeza, 1994, p. 3).

Adults need to clarify important concepts about death and assist children in their understanding of it. "Death is a major
life event” (Crace & Crase, 1995, p. 3). “Children and adolescents cannot be protected from death” (Adams, Corr, Davies, & Deveau, 1999, p. 445). Davis and Yehieli (1998, pp. 384-387), point out that even young children think about death. If their questions go unanswered it can result in uncertainty and additional anxiety. Doka says, “that in contemplating death, we can reaffirm the value of life” (Doka, 1985, p. 92).

Education plays an important role in exposing children to issues of death and dying and assisting them through the processes of grief and bereavement (Greenberg & Elsey, as cited in Imogie, 2000, p. 445). “Death is a learning experience for children; as they mature and acquire more information, their understandings of death may evolve and change” (Adams, Corr, Davies, & Deveau, 1999, p. 445). “As people live longer and the process of dying is extended, there is a need for students to understand the part that death and dying have in life and living. Death education can help students learn coping and decision-making skills related to a topic that affects each of us” (Stricklin, 1981, p. 44).

“Feifel, an eminent psychologist and a pioneer in the death and dying movement, has stated with the utmost poignancy that ‘...all human behavior of consequence is a response to the problem of death. It is the key issue’” (Crase, 1983, p. 15). “Learning about the ending of life is no less important than knowing about
the beginning of life and other phases of development that transcend the entire lifespan" (Crase, 1981, p. 650). Enright, as cited in Berns (1997, p. 1), "concluded that since life shapes thoughts of death, for one to speak interestingly and meaningfully about death is inevitably to talk about life" Furthermore, "bringing death out of the closet (like many other potentially scary topics) does seem to bring it closer, to reduce it to more humane proportions (as opposed to the gigantic threat which it can balloon in our unrestrained imaginations), even to make us more at ease with it, and to help us appreciate life more" (Corr, 2001, p. 115). "Thus, to confront death is an encounter with life with the realization that the present moment is our only guarantee, and that is enough to experience happiness" (Eckstein, 1982, p. 138).

According to Davis, it is essential to recognize that as children and adolescents' mature and gain new information their understandings of death and what death means to them changes. Children and adolescents may repeatedly ask questions and state their concerns in order to incorporate the meaning of the death into their present level of understanding. Adults are able to assist children and adolescents to acquire the skills necessary to understand death and loss in their lives (Adams, Corr, Davies, & Deveau, 1999, p. 447).

It is important to provide planned learning experiences that
examine the concept of death rather than death education by

Background Information

According to Deaton and Berkan (1995) since the end of
World War II, people of all ages in our society have become
further removed from direct experiences with death and,
therefore, have less ability to deal with issues related to
death and their own mortality. People are uncomfortable
discussing death issues and many times lack the understanding
and skills necessary to express grief and loss (Deaton et al.,
1995, p. 2). Parents frequently do not know how to talk to their
children about death (Richardson & Weinfurt, 1996, p. 149). In
today’s society elderly family members often spend their last
days in nursing homes or extended care facilities so that their
passing is not directly shared with family members.

School-age children are currently experiencing tremendous
family change and loss (McGlauflin, 1998, p. 46). Furthermore,
"with a high percentage of today’s children coming from divorced
homes, with children committing murders at school, with the
preponderance of television violence, and with the mobility of
families, loss and grief have become a regular part of student
life" (Davidson & Doka, 1999, p. 113).

At a time when the prevalence of death in the lives of
school-age children is increasing, the reluctance on the part of
adults to discuss death is increasing as well (Oates, 1993, p. 37). Parents tend to avoid communicating with children about death since they are without guidance regarding how, what and when a child should be told (Stuber & Mesrkhani, 2001, p. 189). According to Klicker, “what students need most at this time is to be in a supportive, caring and helpful environment” (p. xix). Since adults are neither comfortable nor experienced in dealing with death and loss, they are not able to assist children in dealing with deep personal losses. Blano’s study revealed that parents do not understand their child’s comprehension of death and do not respond appropriately (Knight, Elfenbein & Capozzi, 2000, p. 202).

As Oates (1993) states with so many students affected by loss and grief each year, in a death-and grief-denying society, can there be any question about the important role schools have to play? (Oates, 1993, p. 38). “School has a built-in support system of peers, teachers, counselors, and nurses” (Klicker, 2000, p. xix). As Deaton and Berkan (1995) state “no other entity in the community has a better opportunity or the means to provide prevention, intervention, and postvention activities concerning death issues than the local school system” (Deaton & Berkan, 1995, p. 7).

Statement of the Problem

The role of the school in society has changed in the past
30 years. Issues regarding sex education, character education, for example, are no longer relegated merely to the family, church or other community institutions. "Schools are increasingly being called upon to handle a variety of issues and problems that had previously or traditionally been the province of the family, church or other community institutions" (Deaton & Berkan, 1995, p. 7). The need for developmental death education and grief support programs in schools has increased in the past 10 years. According to Kandt, as cited in Batten and Oltjenbruns (1994), "up to 90% of all adolescents experience a loss associated with death" (Batten & Oltjenbruns, 1994, p. 529). "School-based death education for adolescent age groups should be viewed as the continuation of the developmental processes that begin with birth and continue until death" (Crase & Crase, 1985, p. 346).

If education contributes to the ultimate goal of human happiness and overall well being then death education is part of the process. If according to Leviton, 'appropriate death education potentially contributes to one's joy in living by reducing fear of death; if attitudes toward death and suicide can be enlightened then formal death education is justified'. Death education is as much a requisite for a complete education as education for human sexuality, nutrition education, environmental education or drug

Eddy & St. Pierre (1978) state that "the real issue is how people cope with loss and the implications are of that loss in terms of the learning process and in terms of the emotional well-being of the youngster. That is what death education is all about" (p. 5).

Dr. David Belgum, more than 20 years ago, observed that death has replaced sex as the forbidden topic in our death-and-grief denying society (Oates, 1993, p. 37). According to Bensley (1975), Dan Leviton, University of Maryland said, "death is as much a health entity as sex education. Both have as their goal the desire to help individuals come to terms with their own feelings, attitudes, and body. In order to live a constructive life man needs to be at peace with his own sexuality and with the fact of his eventual death" (Bensley, 1975, p. 10).

According to Davidson & Doka (1999), "one of the major problems with grief and bereavement is that so little information about the process of grief is widely disseminated" (p. 5). "Adults have developed a palatable language to soften the confrontation with death. We frequently utilize such expressions as: 'he has passed on,' 'she has gone to meet her Maker,' or, 'Grandfather is sleeping.' These descriptions can influence a child's understanding of death" (Gardner & Aicklen, 1978, p.134). Death is the ultimate transformation and changes

An article in Health Letter by an anonymous author (2000) states, "at least 8 million Americans lose a relative to death each year, and the result for the survivors, is called bereavement" (p. 2). "It is estimated that 90% of junior and senior high school students have experienced a loss that was associated with death, another 40% have dealt with the death of a close friend, and 20% have witnessed a death" (Dutton, 1999, p. 10). Each year nearly 400,000 persons under the age of 25 die, leaving millions of parents, friends and siblings in a state of grief. In addition, nearly 27,000 suicides occur each year in the United States (Anonymous, 2000). Roughly one out of three adolescents have contemplated suicide and one out of six report having attempted suicide (Jones & Hodges, 1995, p. 370).

"Adolescents are encountering death more frequently than previously thought" (Kandt, 1994, p. 203). "Not one of us can escape the certainty that grief will live within our hearts at some time during our lives"(Freeman & Ward, 1998, p. 216). "All too often, the needs of children and adolescents who encounter issues related to death are not properly acknowledged or appreciated by adults" (Adams, Corr, Davies, & Deveau, 1999, p. 443). "How one responds to death, dying, bereavement, suicide, and other lethal or life-threatening behaviors can be a determinant in achieving and maintaining a state of wellness"
(Crase, 1983b, p. 15). "Understanding death and its many parameters (e.g. Causation, fears, ceremonial activities and customs, grief reactions, anxieties and consumerism) should enhance the quality of life" (Crase, 1981, p. 650).

Each year, millions of children and adolescents grieve the death of a loved one-parent, grandparent, sibling, aunt, uncle or friend. They also grieve other important losses, ranging from the death of pet to the break-up of families (Naierman, 1997, p. 62). For youngsters grief is a keen and complex emotional experience that includes fear, anger, relief, despair, peace, guilt, numbness, agitation, and sorrow. According to Naierman (1997), "they may also feel abandonment and a loss of security and control in their lives" (Naierman, 1997, p. 63). By isolating children from loss and death an unhealthy stress is created that can interrupt their growth and development.

Elisabeth Kubler-Ross (1969) in her book, On Death and Dying, refers to adolescent griever as the "forgotten ones" (Kubler-Ross, 1969). "Death is inevitable. No one can avoid it, not even adolescents" (Crase, 1989b, p. 389). "Adolescence is a time of close attachments, but adolescent loss is often minimized by adults, so adolescents feel isolated, and their grief is stronger" (Dutton, 1999, p. 5). Adolescents usually display anger, sleep disturbance, dream activity, irritability, and loss of interest in school, poor school attendance and
depression after suffering a loss. Adolescents need adult assistance in learning how to deal with grief. They generally grieve longer since death goes against their thoughts of the future (Dutton, 1999, p. 12).

The increase of violent and unexpected deaths in schools such as Pearl, Mississippi; Jonesboro, Arkansas; Paducah, Kentucky; Edinboro, Pennsylvania; Taber, Alberta, Canada and Littleton, Colorado has forced schools to look more closely at the issues of grief and bereavement (Klicker, 2000, p. xix).

Death leads to grief, so it is important that adolescents know and understand the grieving process. An adolescent’s grief differs from adult grief. Since adolescents are not usually included in the grieving process, they do not develop skills and resources needed to help in dealing with grief. "Adolescents need to be taught about grief. Adolescents need adults to teach them about death and dying so that they can work through grief" (Dutton, 1999, p. 7). Interestingly enough, young people are exposed to death issues through the media, suicide, AIDS and through dramatic literature in schools. Feifer & Strack (2001) state, "we truly cannot fully understand the human condition without considering the dimension of death" (p. 109).

Purpose of the Study

The purpose of this study is to investigate the understanding of death education. It is an overview that
explores how our current understanding of death education evolved. Currently, there are differing views on the meaning of death education and its implications for educators.

The researcher utilized qualitative methodology since the researcher was concerned with the perceptions of individuals about death education and was interested in description in words not numbers. Death education is examined by interviews with current death educators. Essentially the study investigates perceptions of death educators regarding the role of death education in schools.

A recent study by Kontogiannis (2000) investigated the evolution of the understanding grief and bereavement. Dutton (1999) determined that adolescents do have a good understanding of the definition of grief and its causes but did not possess enough knowledge of the grief process to deal with loss in a healthy fashion.

In addition to a review of the literature, six prominent death educators were asked to participate in an interview. Each death educator was asked to respond to ten questions. These questions were modified from a list of questions developed by Kontogiannis and asked of grief specialists (Kontogiannis, 2000, p. 2); a list of questions asked by Crase (Crase & Crase, 1985, p. 360) and a list of questions asked by Schvaneveldt (Schvaneveldt, 1982, p. 189).
Research/Interview Questions

Interview questions were derived from a review of the current literature covered in Chapter II. They were constructed in a sequential manner based on the researcher's design of the study. The major questions to be answered in the study are:

1. What is your understanding of death education?
2. Do you believe that death education is necessary? If so, why?
3. What are the goals of death education?
4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?
5. Has your own personal experience with death, if any, influenced your work in death education?
6. Do you think death education has a place in school curriculum?
7. How do you see the evolving role of the school in dealing with death education?
8. Do you think that schools are making progress in helping adolescents in their understanding of death and grief?
9. Briefly describe any programs you are aware of that deal with death education in schools.
10. Are there further thoughts, ideas, perceptions or comments on death education in school that you would like to
mention?

The interviews provided information on current thinking among death educators on the meaning of death education and the role of death education in schools.

Significance of the Study

Death is seldom mentioned in schools except in cases of national tragedy or local trauma. Yet generations of young people are growing up in a world where death and violence have become synonymous terms. Every form of popular entertainment is evaluated for the number and types of deaths presented (Edgar & Howard-Hamilton, 1994, p. 38).

As schools continue to be confronted with issues of death and dying, it is advantageous and beneficial for schools to have an understanding of the death education. The role of death education in lessening fear of death, death anxiety and helping develop a better understanding of grief and bereavement is essential in the overall educational mission of the school. In addition schools need to plan to assist students in dealing with issues of death, dying and subsequent grief.

Limitations of the Study

Since the study was qualitative, the data has been ascertained through interviews. The assumptions are that the respondents reported the information accurately and honestly without prejudice. There is no statistical data in the study.
The conclusions are based on the responses of six participants who agreed to be interviewed.

Organization of the Study

The study is organized as follows: Chapter I includes the introduction, statement of the problem, purpose of the study, research questions, significance of the study, limitations of the study and definition of terms. Chapter II includes a detailed review of related literature including: goals of death education, role of the school, parental views on death education, death education in the curriculum, death in literature and the media, adolescent grief and the death educator. Chapter III describes the design of the study, the methodology and the research/interview questions asked of experts in the field. Chapter IV includes biographies of the experts who consented to be named and interviewed and their answers to the research/interview questions. Chapter V summarizes the findings, conclusions and recommendations for further study.

Definition of Terms

Anticipatory Grief: "The experiencing of normal grief responses, as if the death has all ready occurred" (Klicker, 2000, p. 4).

Abnormal Grief: "Unusual or extreme reactions of normal grieving characteristics may be an indication of abnormal
grief” (Adams, Corr, Davies, & Deveau, 1999, p. 448).

Bereavement: “Both the situation and the long-term process of adjusting to the death of someone to whom a person feels close” (Lund, 1996, p. 173).

Chronic grief reactions: “Adolescent grief is prolonged, excessive in duration, and never comes to a satisfactory conclusion” (Adams, Corr, Davies, & Deveau, 1999, p. 448).

Death Education: “Formal education which deals with death, dying, grief and loss and their impact on the individual and mankind” (Stevenson, 1984, p. 10).

Delayed grief reactions: “Adolescents’ reactions are inhibited, suppressed or postponed. This may be seen in the adolescent who is told to be strong for others and takes on the care taker role” (Adams, Corr, Davies, & Deveau, 1999, p. 448).

Disenfranchised Grief: “Grief that is not openly acknowledged, publicly mourned, or socially supported” (Doka, 1989 as cited in Klicker, 2000, p. 16).

Exaggerated grief reactions: “Adolescents’ reactions are exaggerated, excessive and disabling” (Adams, Corr, Davies, & Deveau, 1999, p. 448).

Grief: “The affective or emotional responses that people often experience during the early phases of the bereavement process” (Lund, 1996, p. 173).
Masked grief reactions: "Adolescents' experience symptoms and behaviors that cause them difficulty but do not relate them to their losses (Worden, 1982)" (Adams, Corr, Davies, & Deveau, 1999, p. 448).

Mourning: "The commonly accepted or culturally patterned ways people behave and express themselves during the bereavement process" (Lund, 1996, p. 173).


Unresolved grief: "When the grief process is prolonged, obstructed, intensified or delayed" (Meshtot & Leitner, as cited in Lenhardt, A.; McCourt, B., 2000, p. 189).
CHAPTER II

A REVIEW OF THE LITERATURE

This chapter provides a review of the literature on death education, adolescent grief and the school community.

Death Education

"One of the paramount reasons for studying death is because death does exist!" (Bensley, 1975, p. 9). "One of the functions of formal education is to provide a forum for the examination and discussion of relevant and/or controversial issues. The examination of death and dying has become one of the latest concerns to surface in education" (Crase & Crase, 1985, p. 345). "In the words of Feifel: 'The time is ripe for death education to assume a rightful role in our development'" (Crase & Crase, 1985, p. 346).

"Death education is defined as that formal instruction which deals with death, dying, grief and loss and their impact on the individual and on humankind" (Stevenson, 1984, p. 10). Leviton, (as cited in Crase & Crase, 1985), an eminent health/death educator, defines "death education in a more comprehensive perspective as 'a developmental process that transmits to people and society valid death-related knowledge and implications"
resulting from that knowledge’” (Crase, 1983b, p. 16). Betty Green, as cited by Bailis and Kennedy (1977), “death education is a matter of realistic preparation in both attitudes and lifestyle for an evitability we cannot avoid” (Bailis & Kennedy, 1977, p. 63). Loren Bensley states, “death education is the process by which one explores man’s relationship with life. This process includes, but is not limited to, an accumulation of learned experience based on cultural and religious perspectives from which evolves an attitude toward death and dying” (Bensley, 1975, p. 8). Clearly death education objectives need to include both cognitive and affective dimensions (Crase, 1980a, p. 8). There is a clarification of values and a development of self-awareness for the students (Harris, 1978, p. 165).

Death education allows for parents and teachers to acknowledge and share children’s feelings about death as well as promoting a positive emotional development by assisting them in coping with a very difficult part of life. Death education provides opportunities for students to process the meaning of death and integrate it into reality (Deaton & Berkan, 1995, p. 123). It is important to provide children with role models and support as they learn to deal with death (Seibert, Drolet, & Petro, 1993, p. 4).

Death studies began in the 1950’s with the work of Geoffrey Gorer’s on the pornography of death that showed how children
were sheltered by the adult community from discussions of death and Herman Feifel's symposium on death at the American Psychological Association's meeting in 1956. As Dr. Feifel stated "death comes not to the dead but to the living" (Green & Irish, 1971, p. 12). During the 1960's there was an emergence of course on death and dying on American College campuses. In the 1970's death and death education received public attention in large part due to the work of Elisabeth Kubler-Ross. Her book, *On Death and Dying*, was published in 1969. Almost 1300 educators attended a symposium at Hamline University organized by Betty Green and Donald Irish on death education (Doka, 1985, p. 86). Shortly after the conference Richard Kalish and Robert Fulton began the publication of *Omega*. This periodical focused on death, dying and bereavement (Bleckman, 1980, p. 27).

Leviton, Kastenbaum and Doka (as cited in Doka, 1985, p. 87) have done a great deal of work on the emergence of death studies. Generally four sets of factors have been identified as critical to the materialization of death studies. These factors are the changing demographic considerations as the elderly population rises; historical perspective as researchers see that with the threat of nuclear war and similar global problems there is an increased death anxiety and death has been come a critical social concern; social and social psychological movements for the right and dignity of dying; cultural factor which seeks to
recast, reinterpret and reintegrate understandings of death within the culture in a manner that is more acceptable and meaningful to the population.

Goals of Death Education

Rabbi Earl Grollman (as cited in Klass and Gordon, 1976), outlined five goals for death education:

1. To inform the student of facts not currently widespread in the culture.
2. To help the student effectively deal with the idea of his or her own death and the death of significant others.
3. To make the student an informed consumer of medical and funeral services.
4. To facilitate basic social change through education.
5. To gain literacy, philosophical and artistic insight using the human experience of death as a focus (Klass & Gordon, 1976, p. 4).

In 1977 Gordon and Klass proposed four goals for death education. They were: "to inform of facts not currently widespread in society; to learn to deal with feelings about one's own death and the deaths of significant others; to become informed consumers of medical and funeral services and to clarify one's values on social and ethical issues" (Clark, 1998, p. 395). They made a strong argument for the teaching of basic
facts about death in the school system and then allowing parents to complete their children's death education by teaching their religious beliefs at home. A course in death education allows students the opportunity to confront their experiences, feelings and fears about death and to try and understand and verbalize their reactions to death (Doka, 1985, p. 91).

Furthermore, Corr and Pacholski (as cited in Aspinall, 1996), state:

the goals of death education are the sharing of information to enable students to make informed decisions, the development of effective coping strategies, which will enhance the students' ability to communicate and manage their emotions. By understanding the full life cycle, young people will come to appreciate life while realizing that death is a natural part of this process. On a daily basis, we must face 'little deaths' in the form of separations and losses. It is our ability to handle these endings and beginnings that enhance our life and facilitate our growth. 'Those who learned to KNOW death, rather than to fear and fight it, become our teachers about LIFE' (p. 346).

Clark (1998) states "that four goals of American Death Education are: (1) informing of facts not currently widespread in society, (2) learning to deal with feelings about one's own death and the deaths of significant others, (3) becoming
informed consumers of medical and funeral services, and (4) clarifying one's values on social and ethical issues" (Clark, 1998, p. 393).

"The overall goal for death education, regardless of the discipline it may be found in, is to enable the learners to live more fully once they have internalized the concept of death". Frederic Agastein (1980) stated, "one generally agreed upon goal of death education is changing attitudes toward death; the desired change is usually cast in terms of reduction of anxiety or the development of 'adaptive,' 'positive,' or 'favorable' attitudes (e.g., 1-3)" (Agastein, 1980, p. 323).

According to Thomas Attig (1992), "in supporting the search for self-understanding and understanding of others, person-centered death education promotes both self-respect and respect for others and deepens appreciation of the wonders and responsibilities of living in the shadow of death" (p. 370).

Deaton and Berkan (1995) state the goals of death education and suicide prevention are:

1. present age-appropriate information to students that will allow them to understand the reality of death and its reality of death and its relation to the complete life process;

2. provide students with accurate information about the causes and prevention of untimely death, including
suicide, accident, and homicide;

3. provide students with the assurance that significant adults in their environment, including their parents, are able to answer their questions about death;

4. provide students with the developmentally helpful information they need to deal with the death experiences they encounter through the death of family, friends and school staff;

5. help students to learn about resources and how to access and use them for intervention and postvention assistance.

Role of the School

Morgan says that there are basically three types of education about death. The first type is provided by most religions of the world. This philosophy is that death will come to everyone and that each person will be accountable to some higher religious being. This form of death education has been accepted for centuries. The second type of death education is providing knowledge for professionals such as physicians, lawyers, and clergy dealing with death. The third type of death education is formal education about the end of life in schools as part of the general curriculum (Morgan, 1998, p. 5).

Death education emerged as a topic for research, discussion and education in the late 1960’s and has continued to be a topic of discussion in the 1990’s. Dr. Daniel Leviton states,
“certainly the schools should provide death education” (Green & Irish, 1971, p. 41).

In the late 1960’s death education was introduced in high school. The curriculum materials that were available to teachers were either prepared units or unstructured learning opportunities or so called teachable moments.


During this time many teachers began to develop units on death for incorporation within the school curriculum. A special edition of National Elementary Principal October 1979 reflected
on the need of the school to be able to provide programs for children experiencing losses (Crase & Crase, 1985, p. 347). Berger (1977) developed an extensive bibliography that provided teachers with books dispelling false concepts and misunderstandings concerning death (Berger, 1977, p. 106). Crase (1983) ascertained that almost two-thirds of the general health education books contained chapters or sections on death (p. 15).

Rowe and Loesch (1978) conducted a study of 24 children in two fourth grade classes in Florida in order to study the effects of death education in reducing death anxiety in children. The results showed that death education did reduce death-related anxiety (Rowe & Loesch, 1978, p. 103-109).

Darrell Crase (1989) noted that death and dying education is incorporated in many different areas and is not the domain of one particular subject area. "It transcends many disciplines and interest groups and it touches us all in varying degrees at one time or another both in theory and in practice" (p. 29). A multidisciplinary approach utilizing resources from within the school sheds light on death as an integral part of life (Crase, 1985, p. 349).

Death education programs developed in three areas: prevention, intervention and postvention. Prevention programs consist of courses in death, dying, coping, loss and bereavement. It provides students with information and focuses
on the resources of the school community. Intervention programs consist of school support in times of crises. Postvention programs consist of continuing support after a death in the school community (Corr & Balk, 1996, p. 238).

However, this was followed by a sharp decline in death education in the schools during the 1980's. It was due in large part to controversy over the appropriateness of teaching about death in school. Discussions involved whether death education should be part of the regular school curriculum or should it be dealt with as students face losses in their lives (Ayalon, 1979, p. 252). This decline is especially noted at the secondary level (Weeks & Johnson, 1992).

"Death—the very topic sends educators into shock and counselors into a 'crisis-mode'. Death is seldom mentioned in schools except in situations of national trauma such as the Challenger explosion or of local tragedy" (Edgar & Howard-Hamilton, 1994, p. 38). "It has been said that death is the last stage of development" (Freeman & Ward, 1998, p. 216). However, all too often parents and educators have to help children deal with death and grief on a regular basis. "Young people need to be given more than the fears and silence of adults in relation to the topic of death" (Nelson & Peterson, 1975, p. 353). "Students need to be taught the facts concerning death and loss, helped to increase their capacity to deal with the prospect of
their own death, and helped to define their ethical values concerning death (Schvaneveldt, 1982). “High school is a particularly appropriate time to have a class dealing with death because people of this age are cognitively capable of understanding death” (Schvaneveldt, 1982, p. 193).

“School-based death education for adolescent groups should be viewed as the continuation of the developmental processes that begin with birth and continue until death” (Crase & Crase, 1985, p. 346). Since death is inevitable, it is important for schools to deal with changing behaviors concerns and attitudes on the part of the students (Hymovitz, 1978, p. 2).

One of the main reasons why children need to be taught about death is the rapidly developing medical technology in the United States that includes new and improved emergency life support systems and the reduction of death due to catastrophic diseases. “With more Americans living longer—4000 to 5000 reach the age of 65 every day—and retirement ages remaining the same or even lowering there is more time to contemplate and to plan for one’s eventual mortality” (Crase & Crase, 1985, p. 345). As Feisel (as cited in Morgan, 1998) stated, “we in the West have directed our intellectual libido towards the sciences and other positivistic ends, death is no longer accepted as a normal lifecycle event but perceived as a failure of technology” (p. 5).
In the past, death was a more common event and the funeral frequently occurred in the home. "Today death usually occurs in hospitals or nursing homes and is often a 'taboo' subject for the young. This has promoted ambivalence about the subject. Many adults try to avoid such words as 'dead' and instead substitute euphemisms such as, 'passed away' or 'departed', in hope of protecting children and adolescents" (Gale, 1998, pp. 2-3). This distancing of death makes it more difficult to confront since it is not an integral part of life.

"In adults the mature concept of death has three components: irreversibility, nonfunctionality, and universality. Irreversibility is defined as understanding that death is final. Nonfunctionality is the understanding that all life functions cease at death. Universality refers to the understanding that all living things die" (Aspinall, 1996, p. 342). According to Nagy (as cited in Aspinall, 1996), "by the time most children reach adolescence they comprehend that death is irreversible, universal and a nonfunctional biological event. However, adolescent egocentricity fosters the belief in most youngsters that it will not happen to them" (p. 342).

Many young parents today have experienced few deaths since they were children themselves and, fearful, feel unable to model grief reactions for their own children. Eddy and St.Pierre say that parents want to shield their children from the harsh
reality of death by avoiding the topic (Eddy & St. Pierre, 1978, p. 3). In a research study conducted by Ellis and Stump (2000), the findings indicate that it is necessary for parents to educate themselves about the cognitive abilities of children to better understand all the ramifications of a death experience (Ellis & Stump, 2000, p.70). In addition, “the marked decline in the United States of families participation in religious traditions results in little to no eschatology being taught in the family environment, which in turn leads to a void when there is a death experienced by both parents and children” Fulton & Owen, as cited in Edgar & Howard-Hamilton, 1994, p. 40).

According to Gordon and Klass as cited by Edgar & Howard-Hamilton (1994), “schools are not only able to be more objective about a stressful topic, but also their resources are usually more extensive than are those of most families” (Edgar & Howard-Hamilton, 1994, p. 38).

Since adolescents spend so much time in school it is only natural that school is the best place for them to receive help in dealing with death, dying and grief (Gale, 1998, p. 7). The death of Diana, Princess of Wales, focused the world’s attention on attitudes towards death, grief and mourning. In the United Kingdom schools do not have a formal Death Education program. In fact, there is a tendency for adults to avoid discussing death with children (Clark, 1998).
"School personnel have increasingly become concerned about children, who often have difficulty coping with the school environment after a loss and exhibit behaviors such as lack of concentration, inability to complete tasks, fatigue, excessive displays of emotion, withdrawal and aggressiveness" (McGlauflin, 1998, p. 46). According to Webb as cited in McGlauflin (1998), "a valid part of the school’s mission is to educate children in areas of academic and life skills and guide children through difficult life experiences" (p. 46). "Through education, schools can constructively help people experiencing a loss and lessen the taboo surrounding the issue of death" (Oaks & Bibeau, 1987, p. 420).

Furthermore, schools need to incorporate death education in the classroom. In this way the school community begins to learn and integrate the grief process into the curriculum. Children can be exposed to death and loss through a planned program. Since children spend the majority of their time in school, it is essential that school personnel understand child development and the issues of death and dying (Barbis, 1997, p. 3).

Austin Kutscher, of the Foundation Of Thanatology stresses the importance of the school carefully planning any course in death education and garnering the support of the parents and the community (Bordewich, 1988, p. 34).
Parental Views of Death Education

Most parents seem to be generally happy to have schools deal with the topic of death and dying. Some parents indicated reservations about schools dealing with a subject that includes eschatological issues. However, in a program presented to over 1000 fifth graders in a large university city in the southeastern United States, less than 6% of the parents attended scheduled parent meetings to discuss the material presented in the course (Edgar, 1994). The results over a ten-year period from this program demonstrated developmental and mental health benefits to children. The fact is that "by calmly presenting reality rather than imagination, by helping children learn the words that elucidate their experiences, and by helping them find supportive and dependable networks, children are able to deal with the reality of death" (Edgar, 1994, p. 43).

In a study conducted on parental support of death education programs in schools of parents of children in fifth and sixth grade in northeast Arkansas, 118 responses were received from 375 potential participants. This was a 31% return. The results suggested that parents of students may be supportive of death education programs. As parental knowledge of death, suicide and grieving increased, it appeared more likely that they would support death education programs. In addition the quality of
instruction in the program also influences parental acceptance or rejection. Parents who were most opposed to death education felt it interfered with parental responsibilities. The support for death education in this study was ideological support. They expressed support for the general concept of death education, but not for specific course content (Jones & Hodges, 1995, p. 375). Crase (1984) added that informed parents are more apt to see death education as a preparation for living (p. 18).

"Existing studies on death education in a North American context have underscored the critical role of parental and teacher attitudes to the development and success of children's death education programs. While the majority of studies suggest that parents and teachers are supportive of death education programs in theory, it appears that personal attitudes and anxieties concerning death and dying significantly influence their level of support. "Public schools represent parents and children of greatly diverse theological and philosophical attitudes and beliefs about death. Sensitivity to different understanding about death will shape a school's official response" (Crase & Crase, 1995, p. 3).

Jones et al. (1995) report that greater knowledge of death and grief has been found to relate to greater support for death education. They also suggest that increasing parental knowledge will, therefore, help to increase parental support
(McGovern & Barry, 2000, p. 326). "An informed parent is apt to be a more satisfied, cooperative parent who sees death education assuming a proper role in our cultural upbringing as a preparation for living" (Crase, 1984, p. 18).

However, death education programs are beyond the traditional academic subject matter currently being taught in schools. Many parents oppose the schools teaching about sex, death and other topics that have strong affective components (Wass, 1983, p. 2). Presently, organized parent groups are challenging the nontraditional school curricula, especially programs that intrude into matters of family concern. Therefore, it is essential to gain parental support regarding the inclusion of death education programs in schools. "Death education programs are one means of attempting to deal with student death in a proactive fashion. Such programs can serve as preventive measures to reduce adolescent suicide and risk taking and as a means of preparing students to cope with their grief if a death occurs" (Jones & Hodges, 1995, p. 374).

"Learning about the ending of life is no less important than knowing about the beginning of life and other phases of development that transcend the entire lifespan" (Crase, 1981, p. 650). One of the concerns of parents regarding death education in the schools is that the teachers' philosophical and religious values about death may be conveyed to the children
(McGovern, 2000). In any death education program, it is important that the teacher presents a wide variety of beliefs. If they do not explain a range of different beliefs, the students may be angry or resentful that their culture is not recognize (Seibert, Drolet, & Fetro 1993, p. 59). Further reasons include death is still a taboo subject for the classroom and cultural differences (Curl, et al., 1987, p.118).

Nevertheless, some parents feel that death education programs do not belong in school. Death education is considered “a new fad sweeping American schools” (Hatton, 1993, p. 37). Parents disagree with the pedagogical theory that death is a part of life. In some programs, children are brought to cemeteries, mortuaries and even write their own obituaries. Parents find this offensive and do not want their children participating (Chiusano, 1996). Recent studies revealed that issues of confidence and effectiveness are among the major barriers to the adoption of death education programs in schools (Bowie, 2000, p. 26). Public schools represent parents and children of varying theological and philosophical beliefs regarding death. Sensitivity is paramount in discussing death issues in schools (Crase & Crase, 1995, p. 3). Parents do not approve of teachers sharing their own personal philosophy or religious beliefs with students (Crase, 1984, p. 16).

Phyllis Schlafy and her lobbying group, the Eagle Forum have
claimed that death education is a dirty secret and death educators undermine parental authority as well as promote self-destructive behavior in students. However, she provides no research or statistical evidence for her statements or even a definition of death education. It is obvious that death educators reinforce the need for family support of students (Corr & Balk, 1996, p. 245).

Barbara Morris in her book, Change Agents in the Schools, speaks for many death education opponents citing the field trips to mortuaries, cemeteries, etc., as well as depressing reading assignments serve only to promote secular humanism. Mel and Norma Gabler of Longview, Texas oppose death education on the premise that death educator’s stress that life ends with death of the body and do not talk about life after death (Morgan, 1991, p. 194).

Fergus Bordewich stated that there is no standard curriculum for death education in grades K-12 and no acknowledged standards for death education in schools. In addition there are no standards for teachers of death education. Therefore, a wide variety of practices are in place, many which are problematic. In many cases death education is introduced without assessing its value and the possible harmful effects on young people (Bordewich, 1988, p. 31-32).

Bailis and Kennedy (1977) did a study of two groups of
secondary school students from two different schools, participating in death education programs. The research hypothesis was to ascertain if participation in a death education course, brought about positive changes in a students' fear of death and death anxiety. A control group was used in each school that did not participate in a death education course. All groups were administered the Collett-Lester Death Scale and the Templer Death Anxiety Scale as pretests and posttests. The results of the study indicated that a death education module might not be a worthwhile endeavor for students. Although the sample size was less than one hundred, this study does indicate the need for further investigation into the effects of death education programs (Bailis & Kennedy, 1977, p. 63-66).

"Unfortunately, many parents are unable to perceive or respond properly to children's needs with regard to death-related issues, and children typically do not seek out guidance in these matters on their own. School teachers are thus a prime vehicle for the delivery of death education" (Klingman, 1983, p. 339).

Death Education in the Curriculum

Gale states "death education which deals with the inevitability of death has to be part of the regular curriculum. Educators and others must be trained in this area since we
cannot shelter our youth from the 'facts of life'" (Gale, 1998, p. 3). "Educators are increasingly seeing a need for schools to provide death education to help adolescents cope with their reactions to the death of a classmate" (Jones & Hodges, 1995, p. 371). Death is an integral part of life and needs to be included in the school curriculum (Ulin, 1977, p. 15).

Death education enables students to understand their feelings and helps to reduce their level of stress. It encourages value clarification and affects students' life values. In an open forum, the exchange of thoughts and experiences assists students in knowing that they are not alone (Reisler, 1977, p. 333). In addition, most high school students will eventually become parents and will learn to guide their own children through death, loss and grief (Schvaneveldt, 1982, p. 196).

According to Betram as cited in Hetzel, Winn & Tolostoshev (1991), "the classroom provides a conducive yet structured setting in which to become aware of varied views of life and death, the different styles of coping with loss, and the grieving process" (p. 324). "Many schools have blended some of the philosophies and techniques of death education into health, social studies, gerontology, literature, and home economics courses, and others have introduced suicide-prevention programs" (Dickinson, Sumner & Frederick, 1992, p. 281). It is generally
acknowledged that responses to issues of death and dying, bereavement, suicide and other life-threatening behaviors can be a deterrent to achieving a state of well being (Crase, 1983, p. 15). "Knowing that many deaths are premature, untimely and unnecessary may lead students to search for deeper meaning in life and to strive for better physical and emotional health" (Crase, 1981, p. 650).

Molnar (1983) states, "the topic of death should be included in the curricula of schools at all levels" (Molnar, 1983, p. 12). "Because of the significant experience with death of many of today's youth, death education needs to be central to the curriculum as courses in math, reading, and science. The school can provide a forum for students to intelligently explore this mysterious and elusive subject" (Aspinall, 1996, p. 341).

A question arises as how to evaluate death education curriculum materials. Gideon (1977) developed general criteria to be used for evaluating death education materials (Gideon, 1977, p. 235-239).

Curl et al. (1987) reported that the relationship between teacher attitudes and student performance has an impact on learning. Therefore the attitude of the teacher toward death is extremely importance (p. 114). Teachers of death education need to receive appropriate training to effectively teach this course. "The parameters of death, dying, grief and bereavement
are extensive and require a knowledgeable, dedicated and sensitive approach" (Crase, 1980b, p. 568). If not, the public continues to see examples of inappropriate instruction (Crase, 1989b, p. 389).

In addition, the rapport a teacher establishes with their students is important to the success of a death education program (Mills, Reisier, Robinson & Vermilye, 1976, p. 10). The teacher needs to assess the students' feelings about death. Lang (1981) developed a ten-question attitude information inventory that he gave to his students for this purpose. Lockard (1986) points out that teachers' need to know about their students' thoughts and feelings about death.

In 1991, the Arkansas Legislature passed Act 908, The Public School Student Services Act (1991), requiring schools to provide appropriate counseling services for situations involving death or suicide, reaffirming the important role of the school in dealing with issues of death (Jones & Hodges, 1995, p. 371).

The results of a study conducted of grief counseling services in middle and high schools in Mississippi indicate that only 42% of all schools have a grief-counseling program available. However 81% of these programs are ongoing. This indicates the need for school-based services for children in dealing with issues of death and dying (Carson et al., 1994, p. 191). According to Hetzel et al. (1991), "Loss and Change," a
death education program focusing on life has been extremely successful. It differs from programs, which focus on suicide prevention or bereavement support. This Australian program explores losses adolescents experience within the context of healthy adolescent development (p. 323).

A recent study of the knowledge, attitudes and perspectives of 119 Irish parents and 142 teachers concerning children’s grief and the concept of death education provides further information. “Both parents and teachers reported high levels of understanding of the nature of children’s grief and strongly supported the view that death should be discussed with children before they encounter it” (McGovern & Barry, 2000, p. 326). Parents and teachers agreed that there is a need for death education in the school curriculum. The results of the survey were extremely positive with 72% of the parents and 70% of the teachers agreeing that death education is an acceptable subject in the life skills program. However, it should be noted that there is need for teacher training in order to effectively deal with the topic of death and dying. Of the total sample, 90% of the participants strongly agreed on the necessity of teachers gaining skills to work with grieving students (McGovern & Barry, 2000).

This is a shift from the late 1970’s when a survey of teachers, school board members and clergy in Ohio disapproved
death education in the schools. It was a topic that belonged in
the home and/or religious setting (Hass, 1983, p. 4).

Further research by Aspinall presents guidelines for the
incorporation of such topics "as explaining death to children,
attending funerals, and treating bereaved youths and their
families" (Aspinall, 1996, p. 343). A death education program,
which utilizes developmental and theoretical principles about
children's grieving process, is proposed. The curriculum's goals
are to provide students with appropriate information about the
life cycle; affective issues associated with grief and the
development of effective coping strategies for managing
bereavement reactions. "A death education program may help
students to more fully appreciate life while realizing that
death is a natural part of the life process" (Aspinall, 1996,
p. 348).

According to Ayalon (1979), there are four important aspects
of death education that should be included in the school
curriculum: cognitive aspect, anthropological aspect, emotional
aspect and social aspect (Ayalon, 1979, p. 253). The cognitive
aspect "involves learning about the biological facts connected
with the beginning and the end of life, learning about the human
body and the functions of its organs" (Ayalon, p. 253). The
anthropological aspect "enables the child to relate to the
rituals of death, mourning, burial, etc., with minimal emotional
involvement. Comparing the death rites of diverse cultures rescues the observer from his solitude, revealing to him both the universality of fear and grief and the diversity of reactions in bereavement" (Ayalon, p. 253). "The emotional learning process provides repeated opportunities for feelings to emerge either directly or symbolically" (Ayalon, p. 254). The social aspect involves two distinct skills: "the ability to receive support without either feeling humiliated or becoming dependent, and the ability to give support without becoming overprotective" (Ayalon, p. 254).

It can be easier for children to cope with death when they have received adequate education in this area. Death education can reduce a child's anxiety about death and allow them to adjust to the death of loved ones in the future. Students who see death as a part of life learn to fear it less and appreciate life more. Thus learning about death can lead to a better appreciation of life (Molnar, 1983, p. 14). According to Klickier (2000), there has been an increase in the number of schools implementing formal approaches to death education as curricular components. All too frequently schools address the topic as the result of a school crisis involving the death of a student and/or staff member. An improvement in this system is to incorporate continuous death-related activities throughout the year (Klickier, 2000).
"All too often, the needs of children and adolescents who encounter issues related to death are not properly acknowledged or appreciated by adults" (Adams et al., 1999, p. 443). It is all too clear that school must prepare programs in death education so students may have a clearer understanding of death and dying. According to Moss (2000) "education about death, dying and bereavement, both formal and informal, is an essential component of the education process at all levels. The aim of such education is to contribute to the general education of those who, as a result of personal or professional circumstances, are closely associated with dying, death and bereavement" (Moss, 2000, p. 205).

Death education is an important concern; it is a legitimate responsibility of formal schooling. Helping students to understand the myriad dimensions of what Kastenbaum calls the 'death system' should be a major commitment by educators in general and health educators in particular. Learning about the ending of life is no less important than knowing about the beginning of life and other phases of development that transcend the entire lifespan (Crase, 1980a, p. 13).

Parents and students need to realize that the public school setting is the right place to learn about death. The school curriculum discusses death of animals and plants so it is the logical place to talk about human life and death (Schvaneveldt,
Bennett (1974) did a research study focusing on the curricular potentials for a course on death and dying. A conceptual framework was developed (Bennett, 1974, p. 1).

A survey of British children aged 14-15 conducted by Jackson and Colwell in 2001 regarding death attitudes showed that the majority of children expressed a positive attitude toward the teaching of death in schools. This small survey (n=250) "acknowledges the need to understand death, and to respond to it more effectively" (Jackson & Colwell, 2001, p. 325).

According to Morgan (1998), "we must have education about death and grief in the curriculum from earliest days to the end of secondary school" (Morgan, 1998, p. 6). He describes a curriculum of primarily teachable moments based on readings at each grade level. These readings would occur as normal events in a child's lifecycle. As the child matures, formal units on death, grief, bereavement and loss would be introduced. In secondary school, topics such as suicide would be discussed. At the end of secondary school, a formal death education class would be taken (Morgan, 1998). The goals of a death education class would be: "comfortable interactions with the dying and grieving, knowledge of the normal grief process, awareness of cross-cultural variations, awareness of the values involved in end-of-life decisions, and the development of a philosophy of life" (Morgan, 1998, p. 6). It is important to remember "the aim
of death education is to help persons take seriously the fact that each time one says 'goodbye' to a loved one, it might very well be the last time. The study of death is life-enhancing" (Morgan, 1998, p. 6).

A study by Edgar & Howard-Hamilton (1994) focused on three goals of a noncrisis course on death and dying in elementary school. These goals are to provide children with information on death and learn an appropriate vocabulary, clarify life and death values and to allow children to grieve the losses they have already experienced and to learn appropriate grieving behaviors (Edgar & Howard-Hamilton, 1994, p. 39).

Schools play an important role in helping children learn about and cope with death. Schools should stop ignoring the therapeutic effects death education can have on children. The subject of death should be integrated into the K-12 curriculum and taught by well-trained teachers, with adequate support from other trained professionals. Through these activities, schools can have a positive impact on an aspect of life we all must experience (Oaks & Bibeau, 1987, p. 422).

According to Imogie (2000), "death and dying related issues need to be taught in a subject such as health education which emphasizes the wellness of an individual" (p. 57). Since death leads to grief, it is important that children know and
understand the grieving process. Grief occurs, not just from the physical loss of a person, but also from losses through divorce, moving, ending relationships, etc.

Many families choose not to discuss death and dying in the home; therefore, the school is expected to fill the gap. A study conducted in Nigeria assessed the proposed course contents of death and dying education by 208 health educators. Medical professionals, psychiatrists, curriculum experts, psychologists and health educators developed the course content. The health educators involved in the study were asked to rank the topics in the curriculum based on their degree of importance. The information obtained was used in designing a curriculum for secondary level students (adolescents) in Nigerian schools. The results among health educators indicated the following course content should be followed for curricular development:

What is death and dying?; What are the causes of death?; Different types of death; Difference between death and dying; Stages of the dying process; Effect of death and dying on the immediate relations; Objectives of the death and dying education course; Preparing one another to cope with the death and dying process; Different burial ceremonies; Life after death; Socio-economic implications of burial ceremonies/rites; Characteristics of different burial ceremonies/rites; Why death is a taboo?; Socio-cultural
differences in the discussions of death and dying? (Imogie, 2000, p. 58).

A recommendation that emerged from this study concludes that the concept of death is seen as an area to be emphasized in a Death and Dying education program. This is to be followed by explaining the difference between death and dying and the dying process. Secondary level health educators should utilize this information in development of a course on Death and Dying for Nigerian adolescents in secondary schools. According to Imogie, "since this is an area generally avoided and there is a need to learn about it, health educators in Nigeria should also regard the development and validation of a Death and Dying Education course as a challenge for national development, as is done in the developed countries of the world" (Imogie, 2000, p. 63).

"Loss and grief are, however, a normal and natural part of life and there is no valid reason for not including loss and grief education in our health and personal development program" (Milton, 1999, p. 13). While there is no best time for anticipatory education on grief and loss, it is necessary to do it in an environment of trust where children feel free to express their feelings. There are many aspects of loss and grief that can be explored in planned sessions utilizing the health curriculum.

A study of 320 home economics teachers in Oklahoma found 87%
agreed that death education should be taught in schools. However less than half actually taught such a course (Curl et al., 1987). "Death education, therefore, provides an opportunity for students to begin to face death in a supportive environment. A unit on death education can help improve a student's attitude toward self and his/her environment" (Curl et al., 1987, p. 119). "Without regular classroom teacher support and attitudinal acceptance of death education, students have no opportunities for examining their thoughts, attitudes, beliefs and fears about death" (Curl et al., 1987, p. 115).

A death education unit has been included in an elective psychology class at Enumclaw High School in Washington State since 1973. The goal of the program for students has been "a better understanding of death and grief and the ability to deal with losses more effectively" (Weeks & Johnson, 1992, pp. 275-276). Student participation and involvement have been an important part of the program.

Dr. Robert Stevenson taught a course at River Dell High School in Oradell, New Jersey for over 25 years entitled "Contemporary Issues of Life and Death." This one semester elective course has served as a model for death education programs all over the country (Stevenson & Stevenson, 1996, p. xvi). The course covered topics on coping with loss, definitions of death, stages of grief, rituals associated with
death and rites of passage and life after death (Stevenson & Stevenson, p. 103).

A mini-course included in the curriculum of middle school students in a Northern Illinois school district resulted in students and teachers being able to verbalize and understand their feelings on death. The decision to integrate death education in the curriculum was based on three prerequisites: universality of the topic, interest and lack of knowledge of the topic (Garner & Acklen, 1978, p. 136).

In 1979 Zalaznik developed a curriculum program entitled "Dimensions of Loss and Death Education" for use in secondary schools (Stevenson, 1984, p. 250).

What is the purpose of public education? "The purpose of public education is to help individuals acquire knowledge, skills and positive attitudes toward self and others that will enable them to solve problems, think creatively, continue learning, and develop maximum potential for leading productive, fulfilling, lives in a complex and changing society" (Minnesota Legislative Commission on Public Education as cited in Deaton & Berkan, 1995, p. 49). The reason why schools exist is to educate youth and give them skills, experience and perspective for a productive and responsible future (Davidson and Doka, 1999, p. 115). "There is acknowledgement that schools should offer support for students experiencing loss and that schools should
consider such support a valid part of the school’s mission to ‘educate children in areas of academic and life skills’ and ‘guide children through difficult life experiences’” (Webb, as cited in McGlauflin, 1998, p. 46). According to Davidson and Doka, “the losses experienced by children and adolescents within the school environment increase the school’s responsibility to be prepared to deal with the immediate and long-range needs of the students impacted” (1999, p. 111).

Each day schools face new crises. “The literature reflects the ways schools have responded to the needs of grieving children. Many have appropriately formed crisis action teams in case of a death or other related loss. School counselors and psychologists are offering individual and group counseling for bereaved children. Other sources suggest training and educational materials for teachers and other school staff or encourage schools to incorporate death and change education into the classroom (Considine and Steck, as cited in McGlauflin, 1998, p. 46-47).

Death education will play an important role in changing attitudes towards death just as sex education did in changing attitudes on sex (Gordon & Klass, 1977, p. 347). “The academic study of death as a high school and college subject has caused a protest over the last decade, however, particularly on television news. Yet it is exactly this type of primary
counseling and education that is needed for the stable mental health of tomorrow's adults" (Edgar & Howard-Hamilton, 1994, p. 39). Such perceptions seem to concur with Morgan's assertion previously cited "that death education can be life affirming" (Morgan, 1998, p. 6).

"Death is a relatively uncontaminated educational issue that can be used as a vehicle to develop, study, and improve strategies for introducing controversial and innovative curricula" (Bennett, 1974, p. 16). Corr and Wass, (as cited in Moss, 2000), "emphasize the importance for individuals and societies to achieve an understanding and appreciation of death, dying and bereavement, and argue that 'education about death, dying and bereavement, both formal and informal, is an essential component of the education process at all levels' (pp. 59-60)" (Moss, 2000, p. 206). Death education provides the opportunity for educators, parents and students to talk about death and open the lines of communication (Grollman, 1995, p. 193). "It is hoped that death education can help people learn about death, cope with it, and function resourcefully" (Reisler, 1977, p. 337). Furthermore in the study of death, a better understanding of a person's own life and death is developed (Harris, 1978, p. 164).

Death in Literature and the Media

Literature is a way to approach loss and grief. Children
may gain insight by identifying with situations in stories. They may find possible solutions to their problems and develop some strategies to cope with loss and grief (Milton, 1999). "Duerksen tells that one of the great strengths of using literature as a method of death education is that it does not require scientific methodology but rather emphasizes the experiential" (Doka, 1985, p. 89).

Death is a part of our media, literature; it occurs, it affects the way we approach life. It is composed of birth, struggle and death. As children watch television, movies and read books, they are storing away information on death and dying. In many cases this information is not reality based (Clay, 1976, p. 175).

Death becomes a part of their experience and must be acknowledged and discussed. "All of us who share the lives of children must share our tears as well as our joys with them—openly and without restraint. The subject of death must be excluded from oblivion. It is rightfully a part of each living day. We must read and write and talk about it whenever the opportunity naturally presents itself. Instead of being ignored, the subject needs to be included in the daily ritual of the living" (Bensley, 1975, p. 10).

Wass and Shaak (as cited in Eddy & St. Pierre, 1978) "state that due to the increase in the discussions and presentations
concerning death in the media, the taboo on death education is lifted" (p. 3).

Television and the media influence children’s understanding of death in negative ways by suggesting that death is only a temporary condition. In television a program, especially the western and the spy thriller, death is ever present but rarely discussed (Kubler-Ross, 1969, p. 174). Children receive much of their indirect death education from the media (Mills, Reisier, Robinson & Vermilye, 1976, p. 3).

It is important for schools to encourage opportunities for children to discuss death-related situations as they arise and to express their reactions to these situations (Adams, Corr, Davies, & Deveau, 1999). Art and music therapy are important means of aiding in the acceptance of death (Eckstein, 1982, p. 141). Through a wide variety of paintings and musical compositions, the subject of death can be discussed either directly or symbolically.

"Thanatechnology" refers to technological mechanisms such as computer programs, videotdiscs and the World Wide Web that are used to access information on death, dying and bereavement. In addition, on-line support groups, courses, experiential sites, narrative sites, expressive sites, commemorative sites and chat rooms are available (Sofka, 1997, p. 553-560). This is a relatively new area of education that must be monitored and
assessed. "By calmly presenting reality rather than imagination, by helping children learn the words that elucidate their experiences, and by helping them find supportive and dependable networks, children are able to deal with the reality of death" (Edgar & Howard-Hamilton, 1994, p. 46).

Adolescent Grief

Davidson and Doka (1999), "only in recent years has our society acknowledged the needs of children and adolescents in grief" (p. 100). According to Klicker, "grief is the normal, healthy and appropriate response to loss for young children, adolescents, and adults" (Klicker, 2000, p. 1). Basically there are four common responses to grief: physical, mental, feeling and spiritual. A bereaved person will experience one or more of these responses (Klicker, 2000, p.1). Children in particular may feel a loss of security and control over their lives as well as feelings of abandonment (Naierman, 1997, p. 63).


In schools some of the post-bereavement psychological or
physical problems that occur can include but are not limited to: anger, depression, withdrawal, attention-seeking behavior, reduced levels of concentration and increased absenteeism (Klicker, 2000, p. 5). Marta (1996) further expands on the outward signs of grief. In some cases it is not uncommon for grief to lead to inappropriate coping mechanisms such as substance abuse, impulsive-compulsive behavior, and car accidents.

Adolescents understand the meaning of death and acknowledge that it is irreversible and happen to everyone (Klicker, 2000, p. 21). However, "most adolescents are not equipped to handle the process of grief" (Dutton, 1999, p. 7). Glass (1990, p. 155) as cited in Klicker (2000), describes the intensity of grief as "losses such as death affect the total life of the high school students involved, their work at school, their part-time jobs, their leisure activities, their relationship with friends and family, and their concepts about themselves" (Klicker, 2000, p. 21). Grief symptoms of adolescents often have a prolonged effect, causing them to have a more difficult time in moving ahead in the grieving process (Kandt, 1994, p. 204).

"A growing body of literature regarding adolescent grief has provided significant insight about such topics as common manifestations of grief experienced by adolescents, coping strategies, relationship between grief and self-concept, and
positive outcomes of grief" (Batten & Oltjenbruns, 1999, p. 530). It is important to reach out to adolescents so that they do not become lonely and isolated.

The early teenage years are marked by rapid change and many losses. Early adolescence is an appropriate time to introduce formal death education (Mueller, 1976, p. 145). "This period is a time of intense feelings when anger is commonly manifested in tantrums, defiance or withdrawal. For young teens, peer reaction is especially important; they rarely seek help from parents or family" (Naierman, 1997, p. 64). For adolescents to admit that they need help from others, especially adults, is "counter to their task of moving developmentally toward their own autonomy" (Kandt, 1994, p. 206).

"Research of secondary school students suggests that although these students are likely to have a more sophisticated concept of death, in practice they may lack sympathetic support in schools with a large number of students" (Holland & Ludford, as cited in Klicker, 2000, p. 5). The process of adolescent mourning is very complex, attributed to the fact that it is often difficult to differentiate the characteristics of grief from the developmental grief that typically characterizes normal adolescent development. The death of a family member, friend or a pregnancy loss may be the first time an adolescent is confronted with emotional, cognitive, physical and social
changes that accompany grief. Many times an adolescent’s reluctance or inability to grieve expressively is often attributed to the lack of response by adults after a significant loss. This “unresolved grief” can make it extremely difficult for adolescents to come to accept their grief and move beyond their grief to participate again in the joy of life (Lenhardt & McCourt, 2000, p. 190).

An investigation of adolescent knowledge of the grief process studied the attitudes and perceptions of 164 middle and high school students in California public schools. The Adolescent Grief Knowledge survey was administered. This survey provided information on whether students knew: “the definition of grief, the stages of grief, what can cause grief, and how long the grief process can last” (Dutton, 1999, p. 2). The results suggested that adolescents do not have sufficient knowledge of the grief process to handle loss. The recommendation is “that grief education be added to the health curriculums in schools” (Dutton, 1999, p. 50).

Adolescent responses to death are typically the inhibition of affect and denial. “If we attempt to repress the reality of death, it will simply magnify the students’ fears and replace truth with fantasy and psychological defenses” (Garner & Acklen, 1978, p. 136). According to Bowlby (as cited in Lenhardt & McCourt, 2000), “there are two ways to deny a loss, cognitively
and affectively. Cognitive denial occurs when a person is aware of the details of a loss, yet views these details with skepticism. Affective denial occurs when an appropriate emotional response to a loss is not present; the person accepts the loss cognitively but does not express emotion that is congruent with the loss" (Lenhardt & McCourt, 2000, p. 190). In many cases adolescents give the outward appearance of handling things well, but are falling apart inside (Klicker, 2000, p. 21).

According to Klicker (2000), "a summary of reactions to death by adolescents ages 13 to 18 are:

- Have an adult understanding of death
- Can express feelings, but often choose not to
- Philosophize about life and death
- Search for meaning of death
- Death affects entire life-school, home, relationships
- May appear to be coping well when they are not
- Are often thrust into the role of comforter
- Participate in dangerous behavior like drugs and alcohol" (p. 22).

According to Kandt "awareness of the different stages of grief and the normal characteristics of each stage is helpful in trying to determine if a behavior is abnormal in duration" (Kandt, 1994, p. 207). Abnormal grief is usually characterized
by one of the following four reactions: chronic grief reactions - adolescent grief is prolonged and never comes to a satisfactory conclusion; delayed grief reactions - reactions are inhibited, suppressed and in many cases the adolescent griever takes on the role of caretaker for others; exaggerated grief reactions - reactions are excessive and disabling; masked grief reactions - symptoms and behaviors cause adolescents difficulty but do not relate to their loss (Worden, as cited in Kandt, 1994, p. 208).

As adolescents are going through grief, they are part of the school environment. The nature of the loss and how students are impacted includes many characteristics: losses must be mourned in their own way; losses must not be compared; loss creates fear; loss is universal; loss alters direction; loss erodes trust; loss causes stress; loss is isolating; loss takes time; physical, emotional, and behavioral aspects of loss in students; loss affects development (Davidson & Doka, 1999, pp. 100-110).

Research in thanatology has shown that the more positive support a griever receives, the easier it will be for him/her to recover from their loss. Since school supplies so much support in so many ways, it is the most likely place for an adolescent to seek help with grief (Klicker, 2000, p. 9). Equally important is the need for the school to provide support to teachers who
are grieving. School programs that acknowledge the grief of teachers, present a positive model for students and school community (Rowling, 1994, p. 327). Counselors need to understand adolescent development and the characteristics teenagers bring to the grieving process. The most important thing to remember when working with grieving adolescents is to listen with a loving, caring heart and be available to them throughout their loss experience" (Kandt, 1994, p. 210).

Death Educator

Since many parents are unable to effectively discuss the topic of death with their children, the schoolteacher has become the death educator (Klingman, 1983, p. 339). There has been very little training for teachers and systematic analysis of the purposes and direction of death education.

Many times teachers find themselves incapable of dealing with deep feelings that may be uncovered in discussions (Gordon & Klass, 1977, p. 39). "Discussions of loss, death and grieving between adolescents and adults can be particularly sensitive and difficult. Teachers do not feel sufficiently equipped, knowledgeable or supported to deal with these emotive issues" (Hetzel, Winn & Tolstoshev, 1991, p. 324).

It is essential that death educators explore their own perceptions of death including their personal and cultural beliefs in order to validate the efficacy of their own coping
strategies (Aspinall, 1996, p. 346). Teachers' personal philosophies can impact directly on their abilities to respond to students' questions and provide a positive environment to explore concepts of death and dying (Pratt, Hare, & Wright, 1987, p. 279).

Teachers must possess excellent communication and listening skills to work effectively with students in discussing death (Thomas, 1984, p. 15). Teachers must also be equipped with counseling and crisis intervention skills, in order to work with students seeking assistance from topics that arise in a death education course (Bensley, 1975, p. 1).

Many times an educator with minimal teaching credentials is assigned to teach death education. A study of 96 early childhood educators' by Pratt, Hare and Wright in 1987 showed that most teachers feel academically unprepared to death with death education (Pratt, Hare, & Wright, 1987, p. 279-286). The major reason for this is the lack of organized formal instruction. Teacher preparation in death education rarely exists. There is a need "to improve the professional preparation of the death educator and to guarantee more excellence in the teaching of America's school children" (Crase, 1981, p. 650). Colleges and universities need to provide courses in death and dying in order to prepare teachers (Crase, 1980, p. 568). If this is not done, the public will see miseducation
and inappropriate instruction (Crase, 1989b, p. 389). In response to this need the Association for Death Education and Counseling (A.D.E.C.) has developed a program for certification of professional death educators.

Sonja Hunt, an English researcher, pointed out that death educators must be cautious and closely examine lessons for their possible effects before introducing them into the classroom. Death and grief are traumatic events in a student’s life and educators must be well aware of all the consequences that can affect the grief process (Corr & Balk, 1996, p. 246). Death education is a multi-disciplinary field and death educators need a variety of resources in order to teach the course properly (Wass, Corr, Pacholski, Sanders, 1980, p. X). This may best be achieved with a group of instructors (Crase, 1989, p. 18).

Stillion, as cited in Bordewich (1988), states death educators must have training in dealing with their own feelings about death and dying and understand the meaning that death has to life. They must be familiar with current literature in the field and integrate that into curriculum that is appropriate for the developmental stage of the students in the course (Bordewich, 1988, p. 32). Death educators must also be prepared to modify course content based on local interests and cultural differences (Shatz, 2002, p. 429).

Reid and Dixon (1999) conducted a study of 67 public school
teachers in Oklahoma and Texas to determine their attitudes to death and dying and their ability to assist grieving students. The results indicate that teachers' feel that they are inadequately prepared to deal with these topics (Reid & Dixon, 1999, p. 219-229). The teacher-to-be who has not had an opportunity in college to take a course on death and dying and work through feelings about death and bereavement will not be comfortable dealing with these topics in the classroom (Somerville, 1971, p. 211).

A study of five hundred sixty-four counselors by Rosenthal and Terkelson in 1978 assessed counselors' and counselor educators' skills and desires to deal with death and grief. Ninety-four percent of the counselors felt that counselor-training programs needed to cover the topics of death and grief (Rosenthal, 1981, p. 203-210). Furthermore, teachers need to be aware of the problems that can arise in teaching a course on death and dying (Rosenthal, 1980, p. 95).

Mille (1997) stressed that most graduate counseling programs do not include a course on death education. This is why many counselors are uncomfortable in dealing with students facing death related concerns.

Leviton (as cited in Crase & Crase, 1985) has identified criteria that apply to the death educator:

1. The teacher must have initiated the process of
understanding his or her own death feelings, and to have admitted not only its existence, but to its full status in the dynamics of his total personality functioning.

2. The teacher needs to know about death and death education in order to teach it.

3. The teacher of death education needs to be able to use the language of death easily and naturally, especially in the presence of the young.

4. The teacher needs to be familiar with the sequence of developmental events throughout life, and to have a sympathetic understanding of common problems associated with them.

5. The teacher needs an acute awareness of the enormous social changes that are in progress and of their implications for changes in our patterns of death-related attitudes, practices, laws and institutions.

6. The teacher of death education should be able to communicate with parents of adolescents in managing grief and bereavement and in handling other sensitive issues.

7. The effective teacher should be fairly sophisticated about counseling and crises intervention techniques. Teachers will encounter students who are seeking special assistance in coming to terms with death and dying.

8. Teachers of death education should possess evaluation
skills in order to make assessments of students' progress in light of predetermined course objectives (p. 349-350).

Yarber (as cited in Eddy & St. Pierre, 1978) affirms "a teacher must come to terms with their own feelings, beliefs and attitudes before they can teach a course in death education course" (p. 11). If a teacher is anxious or nervous about discussing topics dealing with death, there is a strong possibility that similar traits can develop in their students (Molnar, 1983, p. 4).
CHAPTER III

METHODOLOGY

The intent of this descriptive study is to investigate the understanding of death education and its role in public schools. In this attempt, it is also crucial to provide for the reader information on the meaning of death education and adolescent grief and bereavement.

Leedy (as cited in Patton, 1990) writes, "the qualitative research methodology approach is concerned with human beings: interpersonal relationships, personal values, meanings, beliefs, thoughts and feelings. The researcher attempts to attain rich, real and valid data" (pp. 89-90). Educational research lends itself to qualitative methodology. Patton (1990), states "there is a very practical side to qualitative methods that simply involves asking open-ended questions of people and observing matters of interest, real-world settings in order to solve problems, improve programs, or develop policies" (pp. 89-90).

Furthermore, "the standardized open-ended interview consists of a set of questions carefully worded and arranged with the intention of taking each respondent through the same sequence and each respondent the same questions with essentially
the same words" (Patton, 1990, p. 280). The structured interview questions allowed for the participants to express their feelings and opinions in their own words.

An important understanding in qualitative research is that the researcher continually reflected on "their own values, assumptions, beliefs, biases and monitoring those as they progress through the study to determine their impact on the study’s data and interpretations" (Mertens, 1998, p. 175).

This study focused on death education. In addition to a literature review, the researcher utilized the process of a structured interview to obtain in-depth information from published authors on death education. The researcher during the literature review identified recognized individuals in the field of death education and obtained their addresses, phone numbers and e-mail addresses. These recognized professionals in death education published books, articles and/or taught courses in death education. The researcher chose death educators to ask to participate in the study. The researcher anticipated that by asking prominent death educators the questions in this study, a better understanding of current thinking on death education would be attained.

Death educators were sent a letter of solicitation (Appendix A) explaining the nature and purpose of the study and asking them to volunteer to participate in the study. The researcher
included a copy of the ten predetermined questions (Appendix B) and an Informed Consent Form (Appendix C). Each participant signed an Informed Consent Form to participate in the study with the understanding that his or her names would be used in the document. These death educators provided information on the current understanding of death education. They were able to respond in their own words and expressed their own personal opinions and knowledge of death education.

They were referred to by their names in Chapter IV. This study was determined to be exempt by the Institutional Review Board (Appendix D). Each participant completed a brief biographical questionnaire regarding his or her educational background.

Since death educators are extremely busy at all times of the year, they were given the choice of completing the research/interview questions in the following ways: an in-person interview in which the subject will be asked ten predetermined questions and the conversation recorded, with the subject’s permission, and later transcribed by the researcher or the researcher’s agent, who has been instructed as to the rules of confidentiality regarding this study to be used, as part of the dissertation and integrated within the study by the researcher; a telephone interview in which the subject will be asked ten predetermined questions and the conversation recorded, with the
subject's permission, and later transcribed by the researcher or the researcher's agent, who has been instructed as to the rules of confidentiality regarding this study to be used, as part of the dissertation and integrated within the study by the researcher; the subject will be sent a blank audiotape and a list of the ten predetermined questions, the subject will respond to the questions by recording his/her answers on the blank tape and return it in a self-addressed stamped envelope provided in the mailing by the researcher, the answers to the questions will be transcribed by the researcher or the researcher's agent, who has been instructed as to the rules of confidentiality regarding this study to be used, as part of the dissertation and integrated within the study by the researcher; the researcher will use a computer disk to word process the ten predetermined questions, the computer disk will be e-mailed to the subject, the subject will respond to the questions by word processing the answers and return the computer disk back to the research in the self-addressed stamped envelope provided in the original mailing by the researcher, the answers to the questions will be transcribed by the researcher or the researcher's agent, who has been instructed as to the rules of confidentiality regarding this study to be used, as part of the dissertation and integrated within the study by the researcher. All interviews were transcribed and reported verbatim. The
researcher will be the only person analyzing the transcripts for patterns and common themes.

Research/Interview Questions

The following Research/Interview Questions were asked of all participants:

1. What is your understanding of death education?
2. Do you believe that death education is necessary? If so, why?
3. What are the goals of death education?
4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?
5. Has your own personal experience with death, if any, influenced your work in death education?
6. Do you think death education has a place in school curriculum?
7. How do you see the evolving role of the school in dealing with death education?
8. Do you think that schools are making progress in helping adolescents in their understanding of death and grief?
9. Briefly describe any programs you are aware of that deal with death education in schools.
10. Are there further thoughts, ideas, perceptions or comments on death education in school that you would like to
The responses of death educators were transcribed verbatim in writing. This information is presented in Chapter IV. The researcher utilized a series of interview questions that were developed by the interviewer and piloted with three voluntary participants.

Summary

The first chapter of this study began with an introduction to the topic of death education. The second chapter presented a review of the literature on death education including: goals of death education, role of the school, parental views on death education, death education in the curriculum, death in literature and the media, adolescent grief and the death educator. The third chapter describes the methodology used in this study and the research/interview questions asked of experts in the field. The fourth chapter consists of biographies of the experts who consented to be named and interviewed and their answers to the research/interview questions. The fifth chapter is a critique of the questions and answers given by the experts who were interviewed in this study. It also includes recommendations for further study.
CHAPTER IV

INTERVIEWS/QUESTIONS

The topic of death education is currently being discussed throughout the world. The researcher in the preceding chapters presented a historical overview of death education. In order to better understand current thinking on death education, the researcher turned to prominent authors in the field of death education. These individuals have made significant contributions to the study of death education.

These six prominent authors generously gave of their time and expertise in answering a series of ten questions on death education. Each one agreed to be recognized by name in this study. It is through a sharing of knowledge that the researcher is able to ascertain a better understanding of death education.

Biographies of Interviewees

The individuals participating in this study are Dr. David Balk, Dr. Charles Corr, Dr. Kenneth Doka, Dr. Dennis Klass, Dr. John Morgan and Dr. Robert Stevenson.

David E. Balk is a professor and former department chairperson of the department of Human Development and Family Science at Oklahoma State University, Stillwater, Oklahoma. He
is a member of the editorial board of the following publications: *Journal of Adolescent Research, Death Studies,* and *Omega.* He is the book review editor of *Death Studies.*

Dr. Balk is a member of the Scientific Advisory Committee For the Center for the Advancement of Health, reviewer of National Science Foundation grants, chairperson of the Test Committee for the Association for Death Education and Counseling, reviewer of proposals for the Annual Conferences of the American Psychological Association, member of the Research Consortium on Adolescent Bereavement, sponsored by the William T. Grant Foundation, member of the Association for Death Education and Counseling, member of the International Work Group on Death, Dying, and Bereavement and many others.

Currently in press, Dr. Balk’s new book is *The Evolution of Mourning and the Bereavement Process in the United States.* He is the author of *Adolescent Development: Early through Late Adolescence.* He has published numerous articles in journals including: *Death Studies, Mortality* and *Journal of Adolescent Research.* He is the co-editor with Charles Corr of *Handbook of Adolescent Death and Bereavement* and co-edited several others.

Courses taught include: Adolescent Development, Coping with Life Crises, Death and the Family, Middle Childhood and Adolescence and Palliative Care. He chaired thirty Masters’ candidates’ programs of study at Kansas State University;
chaired Ph.D. candidates' programs of study at Kansas State University and at Oklahoma State University; nominated in 2001 as outstanding undergraduate advisor by students in College of Human Environmental Sciences at Oklahoma State University, recipient of the Faculty Research Excellence Award in the College of Human Ecology, Kansas State University in 1995 and recipient of the Myers-Alford Award as Outstanding Teacher in the College of Human Ecology at Kansas State University in 1992.

Charles A. Corr is Professor Emeritus, Southern Illinois University, Edwardsville, Illinois. He is a member of the Board of Directors of the Hospice Institute of the Florida Suncoast (2000-present), a member since 2002 of the Executive Committee of the National Kidney Foundation’s Transaction Council, and a member (1979-present) and former Chairperson (1989-1993) of the International Work Group on Death, Dying, and Bereavement.

Dr. Corr’s professional publications include 22 books and more than 80 articles and chapters on such subjects as death education, hospice care, and children/adolescents and death. His most recent book (co-authored with Corr, Nabe & Corr, 1997) is *Death, Dying, Life and Living*.

Dr. Corr’s professional work has been recognized by the Association for Death Education and Counseling and in awards for Outstanding Personal Contributions to the Advancement of Knowledge in the Field of Death, Dying, and Bereavement (1988)
and for Death Education (1996), and by Children’s Hospice International in an award for Outstanding Contribution to the World of Hospice Support for Children (1989) and through the establishment of the Charles A. Corr Award for Lifetime Achievement Literature (1995). In addition, Dr. Corr has received Research Scholar (1990), Outstanding Scholar (1991), and the Kimmel Community Service Award (1994) from Southern Illinois University Edwardsville, Illinois.

Dr. Kenneth J. Doka is a Professor of Gerontology at the Graduate School of The College of New Rochelle and Senior Consultant to the Hospice Foundation of America. A prolific author, Dr. Doka’s books include: Living with Grief: Coping with Public Tragedy, Living with Grief; Loss in Later Life, Disenfranchised Grief; Recognizing Hidden Sorrow: Living with Life Threatening Illness; Children Mourning, Mourning Children; Death and Spirituality; Living with Grief: After Sudden Loss; Living with Grief: Who We Are, How We Grieve; Living with Grief: Children, Adolescents and Loss; and Living with Grief: At Work, School and Worship. He has published over 60 articles and book chapters. Dr. Doka is editor of both Omega and Journeys: A Newsletter for the Bereaved.

Dr. Doka was elected President of the Association for Death Education and Counseling in 1993. In 1995, he was elected to the Board of Directors of the International Work Group on Dying,
Death and Bereavement and served as chair from 1997-1999. The Association for Death Education and Counseling presented him with an Award for Outstanding Contributions in the field of Death Education in 1998. In 2000, Scott and White presented him an award for Outstanding Contributions to Thanatology and Hospice and in 2001, his alma mater, Concordia College, named him recipient of their first distinguished alumni award.

Dr. Doka has keynoted conferences throughout North America as well as Europe and Australia. He participates in the annual Hospice Foundation of America Teleconference, hosted by Cokie Roberts and has appeared on Nightline. In addition he has served as a consultant to medical, nursing, funeral service and hospice organizations as well as businesses and educational and social service agencies. Dr. Doka is an ordained Lutheran minister.

Dennis Klass is a Professor of Religious Studies at Webster University, St. Louis, Missouri. He earned his doctorate in the Psychology of Religion at the University of Chicago. He received the 1995 Kemper Award for Outstanding Teaching at Webster University and the Missouri State Governor’s Award for Excellence in Teaching. He has been active in the study of death, dying and bereavement since 1968 when he was an assistant in the famous Death and Dying Seminar led by Elisabeth Kubler-Ross at the University of Chicago Hospitals. A licensed psychologist, Klass recently retired from a clinical practice.
with difficult and complex bereavements. He is on the editorial boards of *Death Studies*, *Omega*, and *Journal of Death and Dying*, and a member of the International Work Group in Death, Dying, and Bereavement.

Beginning in 1979, Klass focused his attention on parental bereavement in a long-term ethnographic study of a local chapter of a self-help group of bereaved parents. Klass is the professional advisor to the St. Louis Chapter of Bereaved Parents. The Compassionate Friends National Board honored him in 1992 with their Appreciation Award.

Dr. Klass is the author of *Parental Grief: Resolution and Solace* and *The Spiritual Lives of Bereaved Parents*. He is the co-editor, with Phyllis Silverman and Steven Nickman, of *Continuing Bonds: New Understanding of Grief* and the co-author of *They Need to Know: How to Teach Children about Death*. In addition, Klass has written over 40 articles or book chapters on death and grief and on the psychology of religion.

Dr. John (Jack) D. Morgan, a pioneer in the death awareness movement, brings to the podium a wide range of topics in the field of death and bereavement, drawn from his work as educator, lecturer, and program organizer. In 1997 he received an award from the Association for Death Education and Counseling for his work in Death Education. He is the founder and coordinator of the King's College Centre for Education about Death and
Bereavement, which has offered an effective death education program since 1976. He is Professor Emeritus of Philosophy at King’s College Centre for Education about Death and Bereavement.

Dr. Morgan introduced the formal study of death and bereavement to Canadian universities in 1967, when he taught at Loyola College in Montreal. It is believed to be the first regularly scheduled course in death taught anywhere. He has designed and coordinates what has become an extremely successful interdisciplinary course about death and bereavement at King’s College. For many students this course represents the first step in a career devoted to working with the dying and bereaved.

In cooperation with a community group, Dr. Morgan designed a Certificate Program in Palliative Care and Thanatology at the Faculty of Part-Time and Continuing Education at the University of Western Ontario, making this program one of only six in North America to improve skills in dealing with the dying and grieving.

Dr. Morgan is the author of more than sixty articles, reviews or book chapters. He is the Coordinating Editor of the series Death, Value and Meaning (Baywood) of which there are now 50 volumes. His books include: Readings in Thanatology, Young People and Death, The status of death education in Canada and Young People and Death.

Dr. Morgan has served on the Board of Directors of the
International Work Group on Death, Dying and Bereavement, Bereavement Ontario Network, and London Interfaith counseling Services. In addition he has been active in the Spiritual Care Committee of Thames Valley District Health Council, and the Spiritual Affairs Committee of the Southwest Ontario Cancer Centre.

Robert Stevenson has been an educator for over 35 years. He designed and taught a high school education course for 25 years and was co-founder of a bereavement-counseling center (The Center for Help in Time of Loss). He was co-chairman of the University seminar on Death at Columbia from 1984 through 1995. He currently works in a reentry program for parolees and teaches a graduate counseling course at Mercy College in New York. He has published over 60 articles on loss and grief in professional journals and texts and has published five books. The most recent of these is the 2nd edition of What Will We Do: Preparing A School Community to Cope With Crisis. He is a member of the International Work Group on Death, Dying and Bereavement (I.W.G.) and the Association for Death Education and Counseling (A.D.E.C.). He is a graduate of the College of the Holy Cross (BA) and holds master's degrees from Fairleigh Dickinson University (M.A.T.), Montclair State University (MA) and a doctorate from Fairleigh Dickinson University (Ed.D.).

He is nationally certified as a death educator and grief
counselor, has served on the A.D.E.C. board of directors and as chairman of A.D.E.C. Education Institute and on their board of certification review. Dr. Stevenson has written curricula for social studies, health and death education and has been honored for his work as an educator and counselor by: The New Jersey Professional Counselors' Association, the New Jersey Governor's Office, the Best Practice Awards of the New Jersey Department of Education, New Jersey School Boards' Association, United States Chess Federation, and the National Council for the Social Studies.

He is listed in Who's Who Among America's Teachers, Who's Who Among Human Service Professionals and Who's Who Among International Authors. He is the recipient of the 1997 Wendel Williams Outstanding Teacher Award and the 1993 A.D.E.C. National Death Educator Award for his contributions to those fields. He is in charge of an education program for Headquarters Company of the 88th Brigade the New York Guard. For his contributions during activation in NYC after September 11, 2001, he was awarded the New York State Defense of Liberty medal.

The researcher met personally with Dr. Robert Stevenson and discussed the topic of death education. The conversation was tape-recorded. Dr. David Balk, Dr. Charles Corr, Dr. Ken Doka, Dr. Dennis Klass and Dr. John Morgan responded in a telephone interview in which the conversation was recorded. The following
ten research questions were asked of all participants:

1. What is your understanding of death education?

2. Do you believe that death education is necessary? If so, why?

3. What are the goals of death education?

4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?

5. Has your own personal experience with death, if any, influenced your work in death education?

6. Do you think death education has a place in school curriculum?

7. How do you see the evolving role of the school in dealing with death education?

8. Do you think that schools are making progress in helping adolescents in their understanding of death and grief?

9. Briefly describe any programs you are aware of that deal with death education in schools.

10. Are there further thoughts, ideas, perceptions or comments on death education in school that you would like to mention?
The conversations were transcribed verbatim. The responses follow below:

Interview Questions/ Responses

Question One

1. What is your understanding of death education?

Dr. Balk.

Well, I think it is a multi-dimensional topic because of the profound impact that death has on individuals, on families and on society, so that I think that part of it is going to be simply be a matter of, I’d say, knowledge of facts, gets people to be aware of certain things that are, attend when death is in the room. I suspect some of it’s going to be trying to get more of a hard, critical thinking going on in some cases, so that you’ll get some analysis as well as evaluation of the situation. I think what’s probably the most important point of it is to look at death as part of the whole process of living and getting people to see what the implications and consequences of death are, and that goes over very quickly into a grief and bereavement.

Dr. Corr.

Well, the first thing I would say is I think death education is an unfortunate phrase, we’re not teaching people to be dead, or we’re not teaching dead people. What
I would think of is that we're talking about education about any death-related topic, so education about death, or dying, or bereavement, or suicide or AIDS, or, that's how I would understand death education; it's education about any topic related to death.

Dr. Doka.

I think, it can do a lot of things. I think it can, in some cases, provide some basic information about options and choices, again, at an age appropriate level, I think it can clarify values and support diversity when you, you know, just remind students that different people handle dying and death and funerals and things like that in different ways. I think it can help children cope with their losses and the losses of others in the same way that it helps adults cope, simply by sort of preparing them and predicting potential responses, so it can be very, very validating. I think those are the major roles of death education.

Dr. Klass.

I would say that including death as one of the realities in a child's world, or a student's world as every other reality is included. The reason that we have death education, we think of it as separate right now, is because as a culture we have not done a good job of integrating
death into anybody’s reality. We’ve been a death-denying culture. Well, we don’t know exactly why that is, but we know that it is.

Dr. Morgan.

Death education is life education, that when we spend a dollar we know that that is a dollar we are not able to spend on something else, that we accept the fact that we have limited resources. Well, time is a resource that is limited, and if I use my time properly, I will live a more full life than if I don’t use my time properly. So the awareness of the limits of life are an important part in the realization of how precious life is, and it seems to me that that’s what death education is all about, the awareness of how precious life is.

Dr. Stevenson.

I distinguish between formal death education and the type of education that students have in the world. Children encounter death in nature, they encounter death in their lives in the death of a pet, in many different ways, and they are to some degree educated by that, but it’s informal and there is no predictable result. So that death education for me is a formal instruction by professionals of young people. And professionals could also include parents and certainly would include a role for them in the
understanding of the physical and psychological and perhaps spiritual and social dimensions of loss, dying, death and the grief process of recovery.

Question Two

2. Do you believe that death education is necessary? If so, why?

Dr. Balk.

I don’t quite understand the question. I’m not sure, necessary for whom, or in what situations. I’m really puzzled about that because I’m not aware of any mandates that would make courses in death education, you know, required. I think that it’s going to be important to get people to have an appreciation for death as part of living, or dying as part of living, and I know that I’ve taken part in a considerable number of activities that fall under the over-all umbrella of death education, such as, now, I’m not just talking about courses, I’m talking about some of the smaller stuff that I’m involved in such as the eternal death studies; and I’ve taught courses in college that are clearly related to death education and I mean not just taught, but have been working on what should be our responsibilities in the university when a high proportion of students are grieved. So, in some regards, I guess I do think that death education is necessary just to get people
to think through the implications that death has in the ongoing life cycle, the activities people have and how it impinges on people's lives, but I'm not at all convinced that we need to have a course for fifth graders on death education, or a course for third graders on death education. I've been impressed by some of the work that's been done sort of, not sort of, but I've seen courses that get around what they call teachable moments, when there's been a death within a classroom, for example, of a classmate, trying to get kids to understand that and not just shove it aside, but I guess I haven't been at all convinced that we need to make sure that everybody has a course in death education from K through twelve now.

Dr. Corr.

Well, I think it's not only necessary, I think it's inevitable. I think you're going to learn things about death one way or another, you're going to learn them from the society, you're going to learn them from your parents and family when they do go to a funeral and encourage you to participate, or when they don't, and don't talk about death, but treat it as a taboo subject, and you're going to learn about your own life, about death from your own life, when you come across dead animals or pets or whatever. So, I think it's necessary and inevitable; it's about learning
about part of life. If we didn’t learn about death, we
would really be treating life as if death is not a part of
it, and that would be a misunderstanding of life, I think.

Dr. Doka.

Well, I think it’s one of those things where, it’s like sex
education; it’s going to happen, events happen, 9/11
happens. My son is thirty now, but he was in middle school
when the Challenger went down and, the Challenger imploded,
and he was in a class that was watching it at the time, a
science class, and the professor, the teacher, who didn’t
know how to cope really, turned off the set at that moment
and said well, let’s back to our regular lesson.
Meanwhile, these kids had just seen a space ship that they
had invested in and wrote letters and all this stuff to, to
explode. Happily, the next class was a two-period class
with a teacher who taught them both social studies and
English and he said you know, we need to talk about what
just happened, and they did, and he handled it very
effectively. Well, see my point would be, both classes
educated them about death and dying, but they educated them
very dramatically differently, in very dramatically
different ways, I should say. One said, this is
unspeakable, we can’t deal with this, and the other said
let’s figure out a way that we can respond and process
this. You know, I was at school when Kennedy was assassinated, and we were dismissed; you know, there was no discussion, it was a Friday afternoon; the next time we got to class was on Tuesday because the Monday was a national day of mourning, so, you know, again we learned something about how schools responded. So my point is that I think when events happen, you have to educate about death, and by failing to do so, you are also educating. Not only that, so many of the books we read, so many of the things we do, involve lessons about death and dying. You’re studying history, you’re talking about war, you’re talking about the Holocaust, and you’re talking about different events that obviously have death content. Much literature, even at an elementary and high school level, middle school level, have themes of, have death and dying, so somewhere along the line you are educating about death by omission.

Dr. Klass.

Yes. I think that if you define, if you do what I said about the first question, which is simply including death in the reality of the world that children have to deal with, that you are really skewing a child’s education if it does not include the world as the world as best we know really is. If you were to give a child an education without including the fact that there are numbers in the
world or that you can count things, or that the earth is round, or that sometimes some people are mean to other people, or that there is such a thing as child abuse, or that there are dangerous chemicals that they, that children, should not touch when they see them; if you would have an education that did not include any of those you would say that you have not given the child an adequate education. So that death is real; it's going to happen in a child's life, it's going to happen to the child, it's going to happen to everybody that the child knows, and sometimes it's going to happen in ways that impact the child's life in major ways, either in his or her own family, or in the larger world, as for example when there are shootings in schools, etc.; so it's necessary because death is real and if education is anything, it is an orientation and an ability to look at, understand and operate on the real.

Dr. Morgan.

Not only is it necessary, of course, it goes on all the time. The question is not will we have death education or not; the question is whether the death education we have will be helpful and reliable for the kids. Because, when a child asks a question about death and is told to go play, we are in fact teaching them that death is a taboo subject.
When a child sees death on television and they get an unrealistic view of death, that only old people die, or only people who look different than I do, or only people who die violently die, then they’re getting death education, they’re getting death education all the time. Fifty percent of popular songs have an implied death context, about fifty percent of nursery rhymes have an implied death context; so again, it is not a question of yes death education or no death education, it’s a question of whether the death education we give to them is reliable, that is, it’s going to help them, and whether it is age appropriate.

Dr. Stevenson.

Well, having taught it in a high school for twenty-five years and worked with it now for over thirty years, thirty-one years, yes, absolutely. It would be nice if it could all come from parents and spiritual advisors, but the fact is that does not happen in our society. Parents often do not actively educate their children in loss and death and grief because they’re afraid that it may not be necessary or they may say the wrong thing; and their fears come from their love of their children and their desire to not harm them, but unfortunately it prevents a lot of really good learning opportunities from being used fully. Death
education in schools is second best, but it supplements and works with the role of parents. It sometimes empowers parents to deal with these things because students can take notes home, and it often opens up a discussion in the family. And I always had a place for parents if they ever wanted to come in, so yes, there is a role in schools for death education, and it does put students at ease. We tend to fear that which we don’t know or don’t understand; it lowers anxiety. It doesn’t take away the pain of a loss, but it does keep it from being worse than it has to. It helps prepare them to be parents, it helps improve family communication, so there are many benefits that come out of it.

Question Three

3. What do you think the goals of death education are?

Dr. Balk.

I guess, to answer that question, it’s pretty much like trying to answer the first question. For me, it is to increase people’s awareness of not only the ways people die, but also of the ways we have of helping people who are dying as well as helping the survivors. I’m thinking of getting people aware of different resources that are available, of getting professionals to be aware and more sensitive to the needs of people who are grieving, to get
administrators and, let's say, even peers aware of the extent which death is present in and among their peers, such as the high proportion about twenty-five percent of all college students say they're in the first year of grieving the death of a family member or a friend. I think the primary goal is to increase understanding, and therefore, to try to go from that point to think, how much to be aware of this and what do we need to do to put some of this awareness into actions.

Dr. Corr.

I think education in this field has four kinds of goals: The first is cognitive, or informational; you want to give people information about death and dying, you want to help them think about, understand what is going on, and you can do that either through providing them with facts and statistics about mortality, for example, or interpretive frameworks, theories that help people to understand better. Secondly, I think death education is affective; it's about feelings and emotions and responses, so why do we have these feelings, why do we respond this way. Thirdly, I think it's behavioral; how do we behave in the face of death, how could we behave, how should we. And, lastly, I think its valuation, about values; what are our values, why do we care about dying people, why don't we just forget
them. All these questions really touch on ultimate values about life and living, and death and dying.

Dr. Doka.

Well, again, I think those goals have to be age appropriate, and I think that has to be emphasized, and I think that has to be done with consideration to the context and culture of a particular community and a particular group. But I would say some basic goals are to clarify options, to provide information on ways that individuals experience loss and cope with loss, to talk about ways that adolescents and children can be supportive to others who are experiencing loss, to clarify their own values about death and dying, to understand the death system; in other words, what happens that often alleviates anxiety to allow them to understand that different cultures cope in different ways.

Dr. Klass.

Well, you may know that I wrote a book in 1979. I've only changed my mind slightly. First goal: To teach children, to teach students the facts of what is death, what happens when people die, what happens when people grieve, what happens to bodies, what happens in the funeral home, what happens in hospitals, what happens in cemeteries, what happens when people feel so depressed that they feel like
they need to kill themselves, etc., etc., etc. So there are facts that are not generally available in the wider culture or that are available in the wider culture that need to be part of the education. Second goal: To teach the children about the emotions, both in themselves and in others, that death and grief may occasion, and so that in one sense here death education is part of a more general education about feelings and about changes that people go through at age appropriate levels. The third is to teach children, or the students, to become better consumers and decision-makers at the time of death or when death is possible, so that includes the decisions that the modern medical system forces on us. For example, the whole question of euthanasia is not about mercy killing; the question of euthanasia is about what the ethical decisions we make, we may need to make when people are brain dead, or when they will not recover. The whole question of informed consent, what rights do people have and do people not have. What are the sorts of things, what are the sorts of questions that affect the logical world, or technological medicine put on to people in the medical system, they need to know that. And then with funerals, what sorts of choices do we have in funerals? We teach kids how to be good consumers of automobiles and other things, well, you know. I just
planned and bought a funeral for a friend for whom I am her trustee and executor. We dropped $7,000.00 for the simplest one available. So you know, children should, people should know, kids should know about what sort of decisions they’re going to be there. Well, okay, that’s enough on that. And then the last one, so that’s facts, feelings, consumers’ decisions and the fourth one is death. If we really understand death and grief, we understand our world in a far deeper way, and so we ought; the kids should, as they read literature, or watch films, or learn psychology, philosophy, meaning of life sorts of things, know how people are responding to death. This is going to make each of those studies deeper. How can a high school student read Hamlet, as most high school students have to do, without understanding that (a) he's depressant, (b) he’s dealing with the death, he’s dealing with an important death in his world; and as he holds that skull in the air, he’s someone just a little older than them dealing with the reality of death? That would hold true of a lot of other literature. So I think death adds a dimension, a death dimension to all of the students’ studies of man. Well, or just old fairy tales, after all, Cinderella’s mother had died, her father married a woman whose husband had died—she was a widow—and then Cinderella imagines the good
mother, the fairy godmother, so that, you know, there's, just in children's fairy tales we need to really say, well what's going on in them. Oh, my gosh, I have a student that did a video of just the death scenes in Disney movies. It just starts, you know, with Bambi, Snow White, The Lion King, move your way up, move your all the way up. Death is a common theme in Disney, and dealt with in very interesting ways, and so that students in the upper grades we could really deal, for example, in media education; we could really deal with that as a death, what's really being said here and how is that different, for example, than death that we might find in some of the novels the kids might have to read. (I don't know if they still have to read Great Expectations, like I did, or even the poetry of T.S. Eliot, for example.) So in other words, Disney is a piece of literature, a body of literature that they know. But they know all their bodies of literature. What is the nature of death in "Star Trek"? What is the nature of death in the "Star Wars"? Or in "Lord of the Rings"? I mean these kids know this literature and it contains death; it can be very well, the issues of death and death education are in good teaching that literature.

Dr. Morgan.

Well, the main goal, of course, is to live fully, and
the way we do that is to remove the taboo aspect of language, that people will use the word "died" rather than "passed away", they will talk about death rather going to the great beyond, or something like that, that death is an appropriate word to use. Secondly, to realize that a dying person is a living person and has all the needs of a living person, and so there are many ways in which we care for dying people, protecting their needs to live fully at the same time. Thirdly, we should make sure that we know that children learn that grief is normal, that loss is a normal part of life and loss hurts, and that it's okay to hurt. So to accept one's feelings, to accept one's hurt and live and grow from one's feelings, and grow from one's hurt, so that would be the third part of death education. The fourth is to realize that everybody does it in their own way, that no two people grieve alike and certainly people who are of different cultures don't die and grieve the same way that a white Anglo-Saxon North American might die or grieve. We know that boys and girls grieve differently and die differently; this is to realize the cross-cultural aspects of death and to realize the gender specific aspects of death. It is important to learn suicide prevention, to watch out for the signs of suicide. But most importantly, then it is important to develop a philosophy of life, to
learn to live fully in the moment, to learn to appreciate the people that we have. The example that you mentioned, 9/11, and the example that I like to use is when people went to work that morning, sometimes they might have slammed out of the house because they were annoyed, they might have been too busy to say I love you, they might have been too busy to hug their kids, because we go on the assumption we've got all the time in the world. And so we have to realize that we don't have all the time in the world and that we have to hug the people we love.

*Dr. Stevenson.*

Well, they vary depending on the discipline in which the death education takes place. One of the problems in death education is it doesn't have a standard location. It's offered in science classes, in health and family living classes, in history classes, in sociology classes, in guidance programs in-group guidance, and because there are so many different venues for it, the goals sometimes vary, but generally speaking it would be first of all to impart knowledge. As with any educational program, knowledge about loss, death, dying, grief, and what happens connected with that, what rituals are connected with it, what are the purposes of it, and the increase in student knowledge is enormous. The second one is communication about topics
that might otherwise be taboo because when you can talk about things in one area that might make someone uncomfortable and understand that you can get answers and find people who would be willing to answer your questions, who can be a resource; then students are able to talk about things in one area that might make someone uncomfortable and understand that you can get answers and find people who would be willing to answer your questions, who can be a resource, then students are able to talk about difficult areas throughout their lives. Also skills, when you have successfully been able to grieve and recover from one loss, you can use those same skills over and over again with the losses we encounter in life. And solid academic work. Because of the high motivational levels of students, I found students who in other subject areas were performing at low-grade level, average grade level, actually performing at or above college level. In fact, some of my students who were mainstream special education students attended and successfully participated in post-doctoral graduate seminars at Columbia Presbyterian, so that they performed at very high levels, and by using their high motivation, I was able them to get them to take on reading assignments or do very challenging work that they might have been intimidated by in other circumstances.
Question Four

4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?

Dr. Balk.

I bet they’re desired; whether education can do it to them is a different story, and my experience has not been that education does much to change behavior unless it’s something of considerable importance to people to change. I know that in the palliative care movement they’ve made it very clear that to try to make change, even on a palliative care team, if all you try to do is educate people, you’ll get no change to occur at all; you’d have to have a plan of action. So that I think what you get most is, you get increased understanding, I guess you could call that a change in behavior, if you think of behavior as increased knowledge, but I’ve not at all been aware that death education, or any kind of education, produces much in change in behaviors or attitudes, if you don’t have some sort of program going along with it that produces some kind of end in themselves. It’s sort of like, people can be, let’s say, given, for example, a weight watch, because I suppose you could give all kinds of information to people about how they can lose weight, but until they take on a
program that actually produces weight loss, there’s not
going to be any weight loss, although they’ll know all
about how to do it. I think that’s my basic attitude
towards that.

Dr. Corr.

Yes, I do, but I think sometimes we expect them to come
quickly. I’m not sure that if you give people a pretest,
and I saw one example of somebody who did that and then
gave a weekend course on death and dying based on Kubler-
Ross’s theory, and then gave a posttest, and she didn’t
discover much change. Well, I wouldn’t have expected much
change. Death and dying touch feelings and attitudes and
values that are very deep in the human psyche, so I think
yes, teaching about death, dying and bereavement will
ultimately lead to changes in attitude and to changes in
behavior, but those attitude and behavioral changes may
take a long time to manifest them.

Dr. Doka.

Well, hopefully in education about anything, there are
behavioral and attitudinal changes. Hopefully, the most
significant behavioral change that occurs is that students
are more comfortable in identifying support and in being
supportive to one another as they experience loss.
Hopefully, they understand more about their own losses and
the ways that those losses may be influencing them, and the ways in which they’re coping with those losses. What I was saying is that, certainly I think some of the behavioral changes should be that they are more comfortable, you know, I think we described the behavioral changes. Attitudinal changes are that they’re a little less anxious toward death, but still respectful of death, and what I mean is that one of the dangers, I think, of death education is that death should be feared. And, you know, I always kind of laugh when I read book titles that talk about overcoming the fear of death; you know, I don’t know that I want my adolescent son to overcome the fear of death, I want him to have a healthy respect for death. You know, I always tell my class when I teach my counseling course, the only people who lead guilt-free lives, we call them sociopath; in the same way, you know that I think yes, there are attitudinal and behavioral changes you would like to hope occur.

Dr. Klass.

I think we need to be very careful about predetermining behavior and attitudinal changes. There’s one part of the death and dying movement which is really very ideological, the right way to die and how it should end, and dying should end in acceptance, whatever that means, that hospice is always good. It seems to me that we should be more open-
ended, that we should trust the children to form their attitudes, but we need to be very careful that the teacher, or teachers, have done a good job of coming to terms with it themselves because attitudes and behaviors are not what we teach; children are much more likely to model what we do than to listen to what we say about attitudes and behavior. So I think that attitudes and behaviors need to come out of modeling, need to come out of honest discussion of some difficult realities. I don’t think that we should be aiming to indoctrinate them into certain kinds of behaviors or feeling; that will come on its own. Hospice is for a minority of the deaths, because it, you know, it’s basically for cancer and other prolonged deaths. But again look, there’s nothing wrong with that; it’s just that we need to be very careful about indoctrination, to know the difference between education and indoctrination, and because death is so scary for a lot of people, instead of educating and allowing freedom, we tend to want to give a lot “should’s” and “ought to’s” and “have to’s” and I don’t think that’s good education. We need to trust children, and we need to trust children inside of families to come to terms with this stuff, but, you know, that doesn’t mean we don’t deal with it; it just means that we don’t have predetermined behaviors and attitudes that we’re aiming
for. If they write about death, I expect them to write well. That doesn’t mean that I predetermined what they write about it. Certain things we’re looking for, you know, that kind of oversees what our thinking is. And they recognize, for example, in drug education, they recognize the hypocrisy or even in sex education, they recognize the hypocrisy, and if we are honest with them, honest about our own doubts and fears, honest about the difficulty society has with certain kinds of death, for example, suicides and mass murders, if, and how some deaths are good, some deaths are acceptable and good. You know people in old age what Weissman called appropriate deaths and how some deaths are very problematic. If we’re honest with them, they will, (1) model on our honesty and model on the fact that we don’t have to have all of the answers, because if anybody says they have all of the answers to life in the face of death, they shouldn’t be teaching because they’re basically dishonest. All of us should approach this with a good deal of humility and let the student’s model on that; all of us should be humble in the face of death. Let’s explore together.

Dr. Morgan.

Well, I’ve been doing this for forty years so it’s very hard for me to pinpoint, but certainly many, many, many
students and almost monthly someone will write to me and say your course was the most important thing I ever took. So certainly my students tell me that having taken a course about death and grief was one of the most important things that they ever did in their life; their attitudes and their behavior changed. When they are exposed to the death of a loved one, or they get a job as a teacher, or as a nurse, or simply as a parent, and then these normal human events occur, they’ve got some arms, they have some knowledge, they know what’s normal and not, and so all of that is very helpful in their understanding of death education.

Dr. Stevenson.

The wording of this one...are there changes? Yes, for many students, there are. Are there changes most wanted, I’m not quite sure. I think people would like students’ anxiety to be less, I think that they would like behaviors to be more productive and positive and life-affirming; I think they would like to see less attempted suicides and less self-injurious and self-destructive behavior so those things are certainly desired. Now, whether we can prove that they happen or not, well that’s very difficult. I had over three thousand students take my course, which was a semester elective in the years that I taught it in high school for twenty-five years, and not one of those students
ever attempted suicide after taking the course. But circumstances being what they are, that could have changed in a moment, in a heartbeat. Can I prove that that was a reason for the lower incidence, or actually the zero factor? No, I can’t. The only way to do it would be to teach another thirty years, not have the course, and see how many students attempt suicide. We know that the ASAP program, the Adolescent Suicide Awareness Program that Diane Ryerson started at River Dell using the students there, when she was at South Bergen Mental Health Center. It’s used throughout New Jersey, it’s used around the country, and we do know that in Bergen County the suicide rate and the number of attempted suicides have gone down; ever since the program started and been maintained at a very low level. New Jersey suicide rate has gone down, in other neighboring states it has gone up at the same time. Now again, scientifically, we would have to drop the course and see if the numbers went back up, but that’s not a price I don’t think that people would wish to pay. Now even with that success, there are some people who still deny the programs are out there, so yes, I think they would like to see positive behavior and attitudinal changes. I think there is concern that unless the programs are continually and effectively monitored, behavior and attitudes could
change in a negative way. The Eagle Forum and Phyllis Schafly contend that death education causes people to kill themselves. She has never produced anything that substantiates this. The BBC, when they interviewed her, elected not to include any of the material in their show because they felt that none of it had any merit, so this was a third party coming in from outside as an objective observer. So, again, there are fears and she plays on people’s fears, but I don’t know that they are necessarily valid. One of the things she showed was a couple whose son had committed suicide and the father’s comment, which was on television, was, ‘When we saw what he studied in school, how could he have gone any other way?’ And what he was talking about was not a death and dying class but a sociology class, and in a chapter on studying abnormal human behavior one of the topics in one chapter in this entire course was suicide. When the young man committed suicide, these parents, who were hurt and troubled and very religious, needed to find an answer as to why this happened, and they seized on this as the easy answer. But there were also chapters in there that dealt with many other topics, which their son paid no attention to. It was not wrong of them to say that; these are people in pain who are looking for an answer. I think it was
wrong for ABC to use it and for Phyllis Schafly to use it as they did. So there are other people with different agendas who may disagree with this. Those people who continually study it and want to be sure that what we’re doing has merit for the students, they’re very positive critics and criticism performs an important role. It helps things maintain a positive level and prove because if we become complacent there is the possibility that anything that has great potential to help also has great potential to hurt, if we become careless with it.

Question Five

5. Has your own personal experience with death, if any, influenced your work in death education?

Dr. Balk.

I’m fairly convinced that it was the primary reason I did my doctoral, or my dissertation, because my father became ill with what’s called squamous cell cancer when I was in the midst of having to figure out a doctoral, a dissertation topic, and I eventually settled on the topic of sibling death through adolescence, and I didn’t know what I was going to do. I was in a counseling psych program at the University of Illinois and I just remember I was in that process of I’ve got to figure out a topic and it has to be something that I’m interested in. About a
month after my father had told me that he had squamous cell cancer, we pretty much figured out that meant that he was going to probably die within the next couple of years. After learning that I became aware of something that I had known for almost ten or fifteen years, because I’d been in earlier situations with counseling education. I became aware of the link between the crisis intervention movement and bereavements, which was what Lindeman started back in the forties with his work with the survivors of the Coconut Grove fire, and that, that much of what goes on in the crisis intervention movement started with people who are bereaved; and that led to my working on a dissertation that had to do with sibling death during adolescence, and I suspect it was one way to somehow stay in touch with what my father was experiencing without becoming too close. I mean, I didn’t decide to study how sons deal with the death of their fathers; I didn’t look at that topic.

Dr. Corr.

Well, sure, anything that goes on in your own life influences what you do as an educator. My experience is a little different from some other people; some people got into this field because they had a major death-related experience and trauma in their own lives, for example, the death of a child. That wasn’t the case with me; I just had
an opportunity to help propose and teach a course on death and dying, so my opportunity was purely academic. But, of course, then experiences that go on in your life affect what you do. My father died, I worked in a British hospice, I came in contact with lots of bereaved parents, professional friends, and donor families. All of those things affect you, of course.

Dr. Doka.

Well, I think like many people in the field, I got interested in this field with some of my at least initial professional experiences with death. I was working in a children’s hospital as part of a training program and, of course, had to deal with children who were dying, so obviously in that sense, very much so. And I think over time, it’s really helped me as I have dealt with losses, in understanding my own reactions, and in acknowledging my own ways of coping and helping me to maximize my own coping strengths.

Dr. Klass.

Initially, no. I got into death education because I needed the money. I was at University of Chicago, and I had my tuition paid, but I didn’t have any living expenses for my Ph.D. work and I saw a sign on the bulletin board that said research associate wanted, Chaplain’s Office, University of
Chicago Hospital, and $3,000.00. In those days, you could live on $3,000.00, and it turns out that one of the tasks that I had, as part of that fellowship was to be the assistant in Kubler-Ross's seminar at University of Chicago. I was there in 1968, the year that *On Death and Dying* came out in December, the year I was there, so what that meant is that I was thrown into working with dying patients because one of our jobs, was to find people for the seminar (find patients for the seminar), and then work with the patients afterwards as long as they were in the hospital after the seminar; I was, if you will, thrown into it, as it happened in a wonderful pioneering place. That meant that I was cast in the role of somebody who could talk about it when I became a college professor, and I began teaching classes in it, and students began bringing their experiences to me and then I was asked to be the professional advisor to a group of parents whose children had died. Then my career has grown subsequently, but how do I say, it was not a personal experience that brought me in, because I was in and ready to deal with it. I've had a lot of experience with people dying, people especially coming to terms with incredibly difficult griefs and I've tried to be open and to learn from that, it's one of the things Kubler-Ross taught me, to listen. But my life is
very blessed, I have to say that. In home, my folks are both gone now, but I’m also sixty-two years old. You know, both of them, were relatively difficult deaths, but all in all, I’m very blessed.

Dr. Morgan.

Absolutely. I entered the death awareness movement simply as another way to teach philosophy courses, but then life intervened, and my wife and I had had five children, but only two of them survived. In the meantime, my parents, my sisters, my in-laws have died, so I’ve been exposed to a lot of death. A very, very close friend of mine just died over the weekend. There’s no way that you can talk about death all the time and not be affected by it, and there’s no way that you can take seriously the events in life that go on and not bring that into your relationship to other people. I’m quite open in the classroom about my losses, about what is important to me, and I think that that has been very helpful for my students to realize that they’re not being taught by a machine; they’re being taught by a real human being who has lived these experiences.

Dr. Stevenson.

It’s why I got into it. When I was young I knew all of my grandparents and was there when they all died. My great-grandmother was my first encounter with death and there’s
kind of a long, involved story with that one, but we were
good buddies, and when she died I was not allowed to go
near the room; I wasn’t allowed to see her, like there was
some great secret, and so I snuck in to see the body. And
when I saw her, I couldn’t figure out what this terrible
thing was. I knew she was dead because she didn’t have her
false teeth in; she’d never let me see her without her
false teeth, if she were alive. But I kept thinking that I
was kind of stupid because there must be this awful thing
that people are trying to shelter me from and at the wake
the next day--Irish Wakes with the whole family present--I
guess that’s when my curiosity about this started. My
father died when I was six months old, my mother died when
I was twenty-two and just married, and so I was an only
child; so basically there weren’t an awful lot of people
left and Berg and Daugherty had a course called
“Perspectives on Death,” which I always went to at the
Teachers’ Convention in Atlantic City; and I saw some of
the materials and we were exploring in ’72 or ’71 the
possibility of electives and that the required courses in
social studies would consist of four nine-week modules. In
theory, it looked very good; ultimately, it was an
unmitigated disaster because students would have in-depth
knowledge of the Revolution, in-depth knowledge of the
Civil War, in-depth knowledge of the 1960s and upheavals in this country and Vietnam and not have any clue what happened in between or how we got from one place to another. So we went back—and college had hurt them—we went back to a more traditional history program, but the death course stayed. And I think I got into it because I tried it once, because this program happened to be there and I put it on the table, and we’d say let’s see what the students signed up for and almost the entire class signed up for this course and I thought if there’s that much of a need, then maybe it should continue; and not only did it continue, it was the students who continually petitioned to have it changed from nine weeks to eighteen weeks and that was finally granted; but to do, it we worked. Well, we had to drop sociology because social studies in our district were not highly valued. In fact, a Board member once said we have to keep math and science classes small and to do that we can put forty or fifty in a class in places like social studies where it just doesn’t matter. I do remember that! But it grew, and the students took it. After my two masters, I went on to get a doctorate. It was in the area of death education and psychology because the students kept coming up with really, really good questions, and I was able to find answers for some of them, but I wanted to find
out what was behind the answers and do more research and so
my own experience with the death of my parents,
grandparents, family members, other important people in my
life really led me into this field, I think; I had gone
through all of the rituals and grieving and talked about it
and did all the things the book said were supposed to
really help one deal with it and when my mother died, I
remember waking up with nightmares and seeing her alive,
knowing that she wasn’t alive and sometimes during the day
acting as though she were simply on another long business
trip and having prolonged denial that went on for a number
of years. And I thought, you know, with all I’ve had with
the religious background, spiritual, the open dialogues, if
I had this much trouble with it, what about kids who aren’t
being raised in such an open atmosphere? And it turned out
that they had enormous difficulties with it and very much
wanted to try and change things. So, yes, my own personal
background strongly influenced me and it’s been my
experience that most of the people who work in this field,
the starting point for it was not just curiosity; it was
often some level of involvement in personal loss.

Question Six

6. Do you think death education has a place in school
curriculum?
Dr. Balk.

Well, I haven’t become convinced that there should be a specific course devoted to death, but I do think that there are times when it could be perhaps part of an over-all course perhaps on the human life span, or it, maybe something like that, I know that we talked earlier about teachable moments; I’m thinking that it’s in there, but I don’t have the Phyllis Schafly approach that it’s something dreadful from Satan, and all that. I just haven’t been sold on the notion that we have to have a course on death education for K through twelve, although I do think that, as in the sense of a mandated set of courses, that people have to add, I hadn’t even thought about what you said earlier about there are so many other demands going on—sex education, drivers education, on the basics in education, you know, basic skills—I never even thought about the greater load that would even place on people in including death education. But, anyway, I think that it has a place, but I don’t think of it as something that a specific course. It could fit into as a topic within some courses, I think that.

Dr. Corr.

Yes, I do, I think it’s going to be there informally in the sense that when you teach about biology, or when you teach
about history, you teach about wars and death, but I think it can have a formal place. A kindergarten teacher can read a book about the death of a pet; for example, an English teacher in an older class can read about *Charlotte’s Web*. What kind of place it has in the curriculum depends on what the curriculum is, who you’re trying to teach, what you’re trying to teach them. I know that some people in high school death education courses have progressed, teaching about suicide and teaching about AIDS and have thought of that mostly as a preventive, in terms of behaviors for those high school students, so I would say, sure, it has a place in the school curriculum. It’s probably going to be there one way or another; it can have a more formal place, if we design programs that are suited to specific school settings.

*Dr. Doka.*

Well, as I said, I think it would be, you know. I think it has three places. I think that one place certainly is, that there definitely is a need for sensitive death education in those teachable moments, the kinds of things that we talked about when an event occurs where death inevitably intrudes, in a big way or in a small way. In a classroom, when, for instance, a student or a teacher dies, so those are those teachable moments. Second of all, I think it certainly has
a role integrated into the curriculum of other material; so, for instance, if you’re in a course on health, it might be effective to have a module on grief, or if, certainly, for instance, if you’re reading *Romeo and Juliet*, to talk about suicide and suicide prevention, to incorporate that as part of the lesson. Lastly, I think, the secondary school level, there is an opportunity for specialized electives that allow students to look at death. You know, senior students or junior students, more upper level students, as an option, in a more standardized study of the field just as they might take a sociology or a psych course as a way of envisioning, and a way of enlightening them on different areas of study and maybe even helping them assess different careers. But, for instance, even in career education, it’s perfectly great to have a funeral director come and to integrate that in there.

Dr. Klass.

In the best of all possible worlds, no. Because death would be death. Look, death would be part of what, just what the society deals with and the society knows how to do, and so that if we should, you know, we should be building death education in a way that, if you will, it becomes increasingly less necessary, it becomes simply part of life. It should be eventually, if you teach about how
things are born or how things develop in the womb in biology, well then you also teach about old age and dying and what happens, you know in science class, what happens to bodies after they die. If you teach about romance, love and romance and the joy of the profundiety of that in literature classes, then you would also teach about the profundiety of dying and grieving in the same literature classes. You would, in the pre-school, when you say who are the people in your neighborhood, you go to visit the fire department and you go visit the McDonald's and you go visit the places in your neighborhood, you would go visit the funeral home, too. In the best of worlds, death education should be integrated into the whole curriculum. I think that will be a few years, but I have seen major changes since I've been in and so I think that what we ought to, always ought to think of as death education in the schools as a self-conscious thing is making up for what society does not have yet. But it should always be aimed at helping the society to integrate the reality of death into the culture narratives, into the repertoire of what we know how to deal with and deal with well; and so the question is should it, does it have a place in the school curriculum? And may I say this, only as a remedial thing for a society that's way behind. We should be working toward getting it
in a way that we can work toward getting it out as a special thing. It should be, we should end up with it integrated in the whole curriculum, not a separatist course. We don’t have to teach them how to do romance, they know how to do that on their own, and their parents talk about it with them and their peers talk about it with them, and, because it’s something that’s real in their life. We may need to teach them a little bit about safe sex, but that’s kind of just one little part that the society really needs. We’re not very good about teaching them that in the homes or in other places and so, you know, that’s a good idea to include that, but that’s not all there is to romance, so we have to do it. But on the other hand, we have to do that with sensitivity to what is going on in the home. You know, if you have a majority Muslim, if you have Muslims and Jews and Christians and atheists and religious, and that then we need to say okay, how does death fit in by listening to what’s going on in each of those families, to what’s going on in each of those sub communities that come, that send their kids to that school. It’s a really good vehicle for learning about each other and how different families deal with it and different cultures deal with it. So, you know, yes, it needs to be there but it should not be there as a distinct thing with
really tight parameters, it's still a remedial thing. But we also need to be honest. Look, I'm an Orthodox Jew. I would say, I'm teaching about my community and I cannot step out of my community and be completely neutral, but I can say, well, let me tell you about me, why don't you tell me about you. An honest exchange. Nobody, nobody owns death.

Dr. Morgan.

Absolutely, right from kindergarten, or junior kindergarten, right on up to grade twelve and then on into the university, but certainly through normal public schooling, yes. It has to be age appropriate, obviously, and the aims of death education that we talked about a moment ago, some of those you begin right away, that certainly a five or six year-old child can learn how to say I'm sorry your grandma died, a ten year-old child can learn to write a condolence note. So that they can learn how to be a supportive listener, how to be supportive to the grieving people, how to be supportive to dying people. They can learn those things right from day one, and obviously by the time they graduate from high school, we expect that they will have a more sophisticated knowledge, attitude and behaviors, but that doesn't mean that you can't start in junior kindergarten.
Dr. Stevenson.

Yes, I do. I believe that death education programs should be elective and not required, because although the information may be needed by all students at some point, they don’t all necessarily need it right now and some may have just suffered a loss and the pain of the loss can be very fresh. If they choose to take it, that’s fine, but they should not be forced to do so. I also think the family very much has to be involved and should know everything that’s going on in the classroom. Well, just one last point there. Where it goes in the curriculum is the trick. My course was a social studies course; there have been English courses using literature as a basis, there have been family and health courses as I mentioned and guidance programs. All of them actually have a basic core body of information that they use, but I think it’s important that a school district decide where they want it and really have a rationale so that parents and other interested parties would know why here and why these people, and that’s important.

Question Seven

7. How do you see the evolving role of the school in dealing with death education?
Dr. Balk.

You, I guess, touched on that in some of your remarks that more and more is being expected of schools and of teachers, the number of things that before would have been covered by parents and extended families and churches. I know that one time when I made a presentation to fourth and fifth graders at my daughter's school, it was about the whole issue of how do siblings deal with, I mean with the death of their siblings. You had to get the permission of parents to do it, and I was surprised to find out the major concern they had was how were they going to handle religion. I'd never even thought about that as it was going to be an issue. They were very concerned about how I was going to bring religion into that whole topic, so I suppose that, that's going to be an interesting issue for the evolving role of schools. If they're going to do death education, how are they going to bring the whole issue of religion into it. What else do I think? I know that there's going to be a whole group of people, even in with some of the organizations which I belong to that are probably going to be pushing that there should be more and more emphasis upon death education in schools. I have not joined that bandwagon. I see it as part of life, I don't think that it's something that I would have ever have thought would be
part of the curriculum for schools, to have a whole course on death education.

Dr. Corr.

Well, I worry about the role of the schools; I think in this society we've tended to dump many burdens on the schools, give them responsibilities for many things that parents and society used to do in previous times, however, I think schools do have a role. I think they can teach people about death and dying, they can care; people, even little children, can be helped to understand separation and loss and grief, they can prepare for possible catastrophes. We've just had the shuttle blow up; of course, how do schools deal with that? In my own children, when they were in grade school, a very important person in their school life died, he was the janitor. I don't think they knew who the principal of the school was, but they sure knew the janitor, and when he died that made an impact on a lot of them. And so, schools can prepare themselves through that; after a crisis occurs, they can think about crisis response teams. Some schools can run support groups for bereaved children, and they can have educational roles, so schools have many kinds of opportunities. I guess the question is what do their resources allow them to do and what kind of situations are they confronting that this might help.
Dr. Doka.

Well, I don't know that I can add anything more on that. I see schools, hopefully, very intentionally, examining the ways they look at death within their existing curriculums, maybe offering options for expansion and saying, well, we ought to deal with it here and there. I would also like to think of school counseling programs and guidance programs as offering support for students who are actively coping with losses like death or divorce.

Dr. Klass.

Well, I think the first thing that the school, if we talk was hit by a car and killed in front of the school at lunchtime. This was a place where people went home for lunch. The kid was killed at noontime. It was never mentioned, nothing was ever said, the kid's stuff just disappeared from his cubby. Now it wasn't my wife's room so, you know, but that seems to me to be about as bad you can get. On the other hand, it seems to me that some schools have done a very good job, which I have observed, when death comes to school, when teachers have died, when students have died. We tend to think of when its catastrophic death, like you know when somebody comes into, some kid comes into school with a gun and shoots people, but children are experiencing death all the time. There
are grandparents that die, there are parents that are sick and dying; that should be part of who that kid is at school, the kid should not have to put on a mask to be at school when very sad things are happening in their lives. When the school is a community and the community includes people who die—teachers, students—when somebody dies in the school community or when somebody in the school community has a significant death, the first thing, the first part of death education is helping the school community to be a healthy community in terms of death, to help people memorialize, to help support people during their grieving, especially during the early grief. The kids should be doing things too; like neighbors have always done, bringing food in, mowing the grass, helping out. You know, in other words, the first step is to make the school a healthy community, and there are a lot of schools that are very healthy that don’t quite know how to do that; they do other things pretty well. So that that’s the first steps in evolution. After that, then it becomes well okay what is there about this culture that has to do about death that kids don’t know, where are the remedial aspects that we need to do? And then after that the question, that’s the second step in the evolution, and the third step in the evolution is what specific parts of our curriculum are we
not including death where it should be included for example, in biology, for example in literature, for example in the study of community services, or even studies of potential professions. And if you do, and if you do that, some other things will just fall into place naturally.

Dr. Morgan.

You mentioned suicide education and, of course, in the United States, because it is such a litigious society, that’s where most of the education began. The School Boards were being sued by parents because they were not protecting their kids from suicide. In addition to that, crisis intervention teams started being developed because kids were being exposed to the death of parents, the death of school personnel, and then they were being exposed to the death of other people in the local community. And then finally, of course, people were realizing that kids are exposed to death all the time. Certainly no one who lived in the New Jersey-Washington-Virginia area can pretend that kids didn’t watch CNN each day and didn’t know that there was a sniper out there who was killing people. So what are the alternatives? The alternatives are to pretend that if we don’t talk about it to the kids, it will just go away, and we know that that’s not true; we know that nothing we can say to kids will be as awful as what they will imagine,
so the other only alternative is to protect kids. And every parent says they want to protect their kids, but what they don’t realize is that the best protection is knowledge and that by giving kids knowledge, we will be protecting them.

Dr. Stevenson.

Well, death education is a name of convenience that’s been around for quite a while. It has actually evolved into loss education because we know that the models, the Kubler-Ross model of death and dying, the coping behaviors of Gullo and others, these really are ways in which we deal with loss, death being a major loss, but we deal with the same coping with every loss that we identify as a major loss. So I think what we are doing is evolving into loss education and coping better with loss. I once asked a group of students, ‘How do you deal with stress and loss?’ And the three most common answers from a mixed group of high school students, after denial, just pretend it doesn’t exist, I drink, I get in a car and drive very fast, or I get very angry and hurt someone else or myself. And I remember asking them if they could think of any worse ways to deal with it, and they said really no, but it’s really all we have, and of course there are many, many, many ways that are much better. So I think to show positive coping,
to show alternatives, to show choices that they have, even at very, very difficult times, is a really important lesson that the schools can teach through death education, and therefore there is a place in the curriculum the one quote that drives me crazy is 'I do what I gotta do.' And you know you hear that from students all the time of all different ages and they do what they choose to do, not what they have to do and this helps them to see that they have choices. Suicide is a tragedy because for the person attempting, it's not a problem, it's a solution to some other problem, it's a choice that they've made. They see it as having no choice. If we can show students that there are choices, we can prevent them from doing things that could be really injurious to themselves or others.

Question Eight

8. Do you think schools are making progress in helping adolescents in their own understanding of grief and death?

Dr. Balk.

I haven't a clue, I think that would take some considerable research to find out what their understanding is now and whether their understanding has improved or, I, really don't know how a person would be able to answer that question other than saying about the research needed. I don't know the answer.
Dr. Corr.

That's a very broad question. I guess you'd have to ask yourself what are schools doing at the high school and junior high school, or middle school level, and probably we don't have a good survey of what's going in that area with respect to death-related education. I think there's more attention, however, my sense is, that there's more attention to issues of loss and grief and coping and peer counseling and support group. I'd like to think that's going on. Certainly in the time I've been teaching, in the last twenty-five years, the resources for doing that, a handbook to help children or help teens deal with these things, the materials are much more available now and much more helpful, so I would hope that schools are doing better in that area.

Dr. Doka.

I'm really going to decline to answer that simply because one of the things I really believe is that, you know, you need data to do that and I really don't have any data, I'm editor of a journal. I'm not sure that anyone has done studies. One would like to think that's the case, but I have no way to support that opinion.

Dr. Klass.

No. It seems to me that the culture right now is, you
know when I look at the long term and you know I'm, again, I'm in my sixties so I've been in this a long time. When I look at the culture, the culture has made some real advances. It seems to me that we are less of a death denying culture than we used to be; I think the hospice movement has done an incredible job of educating people at very teachable moments about what to do. I think it's too bad that the culture is not able to really come to terms with the questions Jack Kevorkian has made us ask, would like us to ask, you know, the whole question of euthanasia. The fact is that it happens; we need to be more honest as a culture about that. But the schools are not the leaders, the school have been, if I do say so, the ones coming behind, and so the culture has changed and, to some extent, the schools have caught up with the culture in some parts of coming to terms with death, but I don't know how else to answer that. I don't think the schools are making progress, the culture is making progress and the schools sometimes reflect that well. I mean there are other parts of, there are other parts of places, where the schools lag behind as well; for example, as a culture, you know, as a culture or as a nation we're becoming very multicultural, but the schools were teaching, until very recently, as if Ward and June and the kids were the average family. Well,
that's simply not true any more; our multiculturalism is moving into the schools as it comes into the culture, so that this is not the only place where the schools play catch-up, and maybe schools always have to do that. Schooling cannot get too far ahead of the community in which the school is. So that, you know, I don't think we should get upset about that. We just need to be honest and say that the school I don't think will ever be the leader here.

Dr. Morgan.

I don't think I'm qualified to answer that, cause I don't deal directly with kids. Certainly, the level of sophistication of the students who come to me at university is much greater today than it was twenty-five, thirty years ago when I started this; so kids are much more aware of death and grief today than they were, they're allowed to talk about it more. So I'm assuming that there has. The schools have been very helpful; people like Rob Stevenson, of course, are going to give you much better information about what goes on concretely. Now in the last month I've been dealing with teachers a great deal because of this project with the Ontario Funeral Service Association, and I can tell you that every teacher I have met is extremely keen on making sure that this project goes ahead, so the
teachers are certainly keen.

Dr. Stevenson.

Across the board universally, yes, because there are so many programs now nationwide that did not exist previously. Counselors are better trained in this area because originally there was little or no training given to counselors in dealing with issues of grief and loss; they knew more about SAT scoring than dealing with loss. On the other hand, one of the sad things in our schools is once we've solved a problem to our own satisfaction and the problem has not reoccurred for a certain period of time, we start to act like the problem no longer exists. People, for example, today that do not get their children immunized because they believe in group immunity, well, once enough children are not immunized, the immunity disappears and the disease will reappear. The same thing happens with many of the things connected with grief and loss. The school where I taught a death education course for twenty-five years continued it briefly after my retirement, but it no longer has any programs related to death, grief or loss.

Question Nine

9. Briefly describe any programs that you might be aware of that deal with death education in school?
Dr. Balk.

I knew about Rob Stevenson’s course. I’ve heard about that, he’s written about that. There was a wonderful article that was written back in the, guess it was in the eighties, but I can’t remember the name of it anymore, about a woman who, it was a grade school, and they had a classmate die, and she tried to figure out ways to incorporate issues of death and bereavement into the entire curriculum. It wasn’t, I think as a course, or a lesson, but she tried to incorporate it throughout the entire curriculum. I just can’t remember the name of that program. I know that there have been some efforts made on the whole area of postvention following such things as a dreadful car accident that takes the lives at some schools of students at a school, or a suicide, something like that, or a death, but on the whole, I don’t know of any other programs that have looked at this issue.

Dr. Corr.

Well, you probably interviewed Rob Stevenson, who was the most knowledgeable high school educator, I think, in the field of death education. I don’t know that I have any special knowledge of school-based programs, I know there are some support groups, I know there are the occasional units in classes at the elementary or secondary level, but I don’t
think I’m in a good position to describe, you know, to give a kind of sociological survey what’s actually being done.

Dr. Doka.

Well, you’re talking about the primary and secondary schools. No, I know of different students who work with it; I don’t know of any national models that I would, that I would say, oh, yeah, you have to look at this, and again, primarily, because that’s not my area. My area is more on grief, and while I do some work in death education, more of my work is in hospice so I would not be fully aware. I mean, I would say the River Dell schools under Robert Stevenson would be one of the schools that I would point to, but obviously since Robert Stevenson’s left, that’s not necessarily the case. So, no I couldn’t pinpoint an example of an elementary or a secondary school that I think is doing an expert job.

Dr. Klass.

I’m really aware of only Rob Stevenson’s program, because he wrote so much about it and was such a national leader in this area of, you know, publicizing his program among Association for Death Education and Counseling, etc., but I am really not personally aware of any others.

Dr. Morgan.

Well, I just told you about the one that I’m helping
develop, and I can send you a copy of that.

Dr. Stevenson.

Okay. There are many. There are programs, like the Rainbows Program, which deals with loss and is used in death education. In Rainbows for all God's Children, death education is placed in a religious context. You have "Perspectives on Death," the Berg and Daugherty course that I mentioned; you have my own which is in fairly wide use, which is contemporary issues of life and death. Most of these programs have a solid academic curriculum. They deal with behavioral objectives and testing, they talk about assignments, they talk about information content, but what you also see in many of these better ones, however, is the affect, the emotional impact, the intended emotional consequences of these programs dealt with consciously because they don't ignore the feelings element; they deal with that as well as the intellectual element. Sometimes young people want to take these courses and use intellect to try and get the illusion of control of their feelings, so it's important both dimensions be covered, and death education has moved to a point where it's age-appropriate. They've identified going back a number of years, you know, what are the developmental stages and what is appropriate at different ages for students. Even issues related to suicide
can be dealt with in third, fourth and fifth or fourth, fifth and sixth grades. A program that I put together with Sally Miller was for children at that age. It only mentions suicide once in passing, but it talks about the difference between permanent losses and temporary losses, and so it was age-appropriate developmentally, and it's not just chronological age. When we deal with people with special needs, they may be physically older but emotionally at a younger level, and I think that the programs now are really very successful in doing things in an age-appropriate fashion.

Question Ten

10. Are there any further thoughts, ideas, perceptions or comments on death education in school that you would like to mention?

Dr. Balk.

One thing that does surprise me is you can get people, I don't know, up through, into their middle ages right now, who, who somehow their whole understanding of death education and death and dying has to do with Kubler-Ross's five stages. I find that astounding that she's had that incredible impact on society. I suspect that, that has been both good and bad because I think that it's very misleading to tell people that there are these stages of grief that
you’re going to experience; in fact, she didn’t even call it that, she called it stages of dying. So that that’s my only other thing, that if we’re going to do something on death education, I think we should at least get people to be somewhat weaned from Kubler-Ross, and that’s basically all I have to say.

Dr. Corr.

I guess I just go back to the beginning and say our issue is not shall we teach, or will we teach children about death, dying, bereavement, any kind of death-related subject; our real issue is when will we do it, how will we do it, who will do it, will it be done well, will children get wrong messages. If we don’t teach them accurate things about these subjects, will they run around with mistakes and rumors and misinformation? So, for me, the issue is how can we do well what we ought to be doing anyhow.

Dr. Doka.

Well, I think the key is that it needs to be done carefully, it needs to be sensitively, and it needs to be done in culturally aware ways. It needs to be done in ways where parents are very much a part of the process, and it needs to be done in a way that begins, like anything, with an assessment of what is our school and what is it our community really needs, what do our kids really need.
Dr. Klass.

Yes, that's the question of the teachable moment. The teachable, in terms of death and grief, the teachable moments happen when it touches people's lives, whether that be when Princess Di dies, or whether that be when we have something like Columbine, which may not be in our school but it's in somebody else's, or, and especially, when it happens in the lives of one of the, of one of the kids. When a child, and I know this is an actual case, when a child, a high school sophomore, writes an essay about what's happening in my life, and she writes about her mother's dying, and the teacher hands it back with only the grammar graded, there was a teachable moment that was missed there. I think that, and I think that we have taught that child where death belongs, and it doesn't belong in school, I think that's the lesson. So that I think we need to really focus on teachable moments, and that teachable moments happen in the school community and they happen in the individual lives of their students. What do we do, what do individual classes do when one of the class members has an important death in his or her life? At the very least, the class members should go to the funeral or send flowers, or, you know, in other words be, in other words it should be acknowledged and discussed to some extent. Talk about remedial education, we're a culture that doesn't even know how to write a sympathy card. How about when somebody dies, we just make part of
our writing assignment what should we say on a sympathy
card. I do this as an exercise in a college class I teach
on death and dying, and then we just talk about what do you
say on a sympathy card, and I’ve very often had students
say, “Oh, that’s how you do it.” You know, I mean you just
don’t buy a Hallmark card and then sign your name; you say
something. Well, what do you say? And we don’t even know.
In other words, think about that as a teachable moment.
Well, you see, we teach them to write resumes; I hope we
teach them how to write other things. This is just one of
those things. It’s a really good writing exercise, that a
sympathy card should have good grammar, just like any other
card, the spelling should be right. Now the question is,
what is communicated; that’s the teachable moment. School
communities need to be very careful that people understand
that every death is important. One school that I am aware
of had a couple of deaths that year. One was a football
star and the other was a kid who was kind of the quiet kid
in class that, you know, just didn’t get, just kind of the
one that hardly anybody knew. The football player got
pictures in the hall, got, you know, all sorts of, even an
assembly devoted to him, and the quiet kid got nothing.
Yeah, and we need to be very careful. Very often the
school administrators become supporters of a certain kind
of society, the jock, what I think of as the jocks and
cheerleaders society, and they forget. You know, the
people who get elected kings and queens of junior proms,
popular kids. We need to make sure that one of the things that we teach is that every death is important. Let me do one other thing. One of the things that maybe this should have been the first point is we are doing death education at every moment. If we do not mention it, we have educated, and it’s real and we don’t mention it; we have taught the children that it’s, that we, we have given a lesson there, haven’t we? The lesson is don’t talk about it. It’s that’s something we don’t talk about. In other words, whether we be conscious of it or not, the children learn from everything we do and everything we say. So death education, is there death education in the schools? You betcha. Is it the death education we want? Probably not.

Dr. Morgan.

No, other than the general principle that death education is life education, and that the only way to protect kids from the terrible things that go on in life is to give them knowledge. We can’t stop terrible things from happening, but we can give them the knowledge that they need in order to be prepared for them.

Dr. Stevenson.

Well, a few years ago somebody who had read some of my work wanted to get in touch with me and I had just retired, and they called the Department of Education in Trenton to ask how they could reach the people who taught death education in New Jersey and the State Education Department said there
were no courses in New Jersey on death education and if there were, they'd certainly know about it and put a stop to it quickly. They had been going on actually in the state for twenty-five years and the people in the Department of Education were blissfully unaware of anything that was going on in the schools. That's kind of a sad commentary. I think that many schools, usually because it's forced upon them, that those that do this spontaneously on their own without need are few and far between, but it does happen, but most times it's because of a major tragedy or a major loss, and trying to struggle through. People start asking professionals and parents start asking: Could we have done this in some other way? Is there a better way of dealing with it? Could we have been prepared? And once you start asking those questions, there's a huge body of information out there now that says yes, you could, and so that part of it has been terrific. However, as I say, unless we stay on top of this, because of constraints of cost and time and cutbacks and other issues, it could disappear tomorrow, and if it does that would be a tremendous loss. The Death Education Program that existed also had the Adolescent Suicide Awareness Program in our school, and it was originally a day, than four half-days, then it became two half-days, and then after a while it became two short assemblies, and then it became two days of small groups, and one day of small groups, and it has pretty much disappeared. As they were
cutting back, there were suicide attempts by students after I had left the school—I was asked to support some of the families—but until something awful happens, the cutbacks will probably stay in place and that’s sad, but that’s the reality of the way priorities are set in our schools. Counselors, for example, are assigned very full days of paper work and processing and standardized tests and yet most of the training of counselors is to sit one-on-one and counsel students, but you can’t set up time for that because people think that’s time wasted. What if you have that hour set up and a student doesn’t come in, that’s time that isn’t being used productively, write some college recommendations. What about students who don’t go to college? Many students go through life and don’t make choices like that; they have other goals, differently oriented. A graduate professor one time asked me why I thought anyone needed death education, and his point was that people used to think everyone had to read Charles Dickens and he wasn’t right and why did I think I was, and I being young, and stupid, and a little too quick of tongue said, ‘I know of many people who have lived long and full lives without ever reading Charles Dickens, I don’t know of anyone who has lived a full life without at the end of it dying, even Jesus of Nazareth, so this information would probably be important.’ He didn’t like the answer. Another Board member said to me, ‘Clearly, not everyone needs death education.’ And I said, ‘You know you’re right Phil.
Death education should only be given to those people to whom the topic may one day apply.' And he nodded his head and said, 'I'm glad you agree with me' and never understood what I was talking about. My students who took it felt, in their opinion, not mine, that it was the most important course they took in school, whether they were science or music or history majors; it didn't matter. They just felt that it was a life issue that they all benefited from.
CHAPTER V
DISCUSSION

Introductory Comments

Ancient death education dealt with preparing a person for what happens after one dies. Current death education focuses on preparing a person to cope with death in the midst of life (Kastenbaum, 2001, p. 436). In 1970, Psychology Today reported the results of 30,000 questionnaires entitled "You and Death" showed death is avoided as a topic of discussion (Mills, Reisier, Robinson & Vermilye, 1976, p. 4).

Rabbi Earl Grollman (as cited by Morgan, 1991, p. xvii), says, "the question is not if we are going to provide death education—we do that by our actions and often by our silence. The question is whether the education about death and bereavement that we do provide will be helpful" (Morgan, 1991, p. xvii).

Unfortunately, very few schools provide programs on death education. A major reason for this is that we are a death and grief denying society. In so doing, we are not helping young people to express their feelings and emotions (Oates, 1993, p. 94). "Death education can be an important means of
supplementing the efforts of all thinking parents, teachers, counselors, clergy and caregivers as we work to raise our children well and to provide for them a healthy present and a more secure future” (Morgan, 1991, p. 202).

Summary of the Problem and Methodology

The purpose of this study was to conduct a qualitative analysis of the understanding of death education. It is an overview that explores how our current understanding of death education evolved. Currently, there are differing views on the meaning of death education and its implications for educators. The researcher utilized qualitative methodology to explore the perceptions of individuals about death education. The researcher was also interested in descriptive rather than quantitative data. Death education was examined by interviewing six prominent death educators. These recognized professionals in death education have published books, articles and/or taught courses in death education.

The individuals who agreed to participate in this study are Dr. David Balk, Dr. Charles Corr, Dr. Kenneth Doka, Dr. Dennis Klass, Dr. John Morgan and Dr. Robert Stevenson. Biographical information on each of these six people can be found in Chapter IV.

The methodology involved a set of ten predetermined interview questions. These questions were derived from a review
of the literature contained in Chapter II. The following questions were asked of all participants:

1. What is your understanding of death education?
2. Do you believe that death education is necessary? If so, why?
3. What are the goals of death education?
4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?
5. Has your own personal experience with death, if any, influenced your work in death education?
6. Do you think death education has a place in school curriculum?
7. How do you see the evolving role of the school in dealing with death education?
8. Do you think that schools are making progress in helping adolescents in their understanding of death and grief?
9. Briefly describe any programs you are aware of that deal with death education in schools.
10. Are there further thoughts, ideas, perceptions or comments on death education in school that you would like to mention?

The interviews lasted an average of one hour for each participant. All interviews were transcribed verbatim and
included in Chapter IV.

Critique of Responses to Interview Questions

The subsequent material is a response and analysis of the research questions developed and presented in Chapter II.

Question 1

What is your understanding of death education?

The responses to this question proved to be very interesting. There is no clear-cut definition of death education. Rather, it is an encompassing term that has several important concepts. Dr. Corr and Dr. Doka affirm that death education is a general term that covers any topic related to death. Feifel (1959) and Crase & Crase (1985) support this position in their belief that all human behavior is a response to the problem of death. It is important to know about life from the moment of birth until the moment of death.

Dr. Stevenson distinguishes between formal death education and education in the world about death. For him, the term death education refers to formal education by professionals of young people. Davis & Yehiel (1998) reaffirm that it is important to provide a program of planned learning.

Dr. Morgan, in the broadest sense, states “death education is life education.” Dr. Balk concurs, “death is part of the whole process of living”. Martin (1983) concurs that death education should be called “life education”. Dr. Klass is in
agreement that it is part of every student’s world. Deaton & Berkan (1995) and Seibert & Drolet (1993) agree that death education allows students to process the meaning of death and integrate it into their reality. This is supported in the work of Crase & Crase (1985), that death education is a continuation of development from birth to death.

**Question 2**

Do you believe that death education is necessary? If so, why?

Dr. Balk, Dr. Corr, Dr. Doka, Dr. Klass, Dr. Morgan and Dr. Stevenson are all of the same opinion that death education is necessary. This is in agreement with Feifel (1959), Crase & Crase (1985), Bailis & Kennedy (1977), Berg & Daugherty (1976) and Ayalon (1979). It is important to recognize that death education has its place in human development.

However, they differ on the reasons why death education is necessary. Dr. Balk explains “death education is necessary just to get people to think through the implications that death has in the ongoing life cycle.” Dr. Corr adds that it is important to treat death as part of life. This is supported in the work of Green and Irish (1971) who recognize that death education prepares us for the eventuality of death.

Dr. Doka and Dr. Klass indicate the importance of educating about death through events in young people’s lives. This can be through literature, history or other subjects in the school
curriculum in which death is integrated. It can relate to experiences in the reality of a student's life such as shootings in schools. Gale (1998), Ulin (1977) and Jones & Hodges (1995) concur that death education needs to be part of school programs.

Dr. Morgan stresses that students receive death education all the time. However, death education must be reliable, helpful and age appropriate. Aspinall (1996) states that appropriate death education is needed at all grade levels.

Dr. Stevenson supports the necessity of death education since parents are not actively educating their children about death. Klingman (1983) recognizes that parents do not take a proactive role in educating their children about death. McGlaflin (1998) and Oates (1993) concur. Death education in schools opens the channels of communication between children and their parents. They are able to discuss, at home, the material that was covered in the classroom. Jones & Hodges (1995) states that death education programs are a proactive means of dealing with death. Death and dying programs also assist students in developing a philosophical perspective on the richness of life (McLure, 1974, p. 484).

Question 3
What do you think the goals of death education are?

Dr. Balk lists the goals of death education as increasing people's awareness of the ways people die, increasing the ways
of helping people who are dying and their survivors and making people aware of resources available to help them. This is similar to a set of five goals proposed by Rabbi Earl Grollman (Klass & Gordon, 1976).

Dr. Corr states four goals of death education: first, cognitive or informational - giving people information on death and dying; second, affective - about feelings, emotions and responses; third, behavioral - how we behave in the face of death; fourth, valuation - in terms of what are our values as we care for dying people. Corr and Pacholski, as cited in Aspinall (1996), support these goals and acknowledge that it is important to know about death. Ayalon (1979) supports four important aspects in death education: cognitive, anthropological, emotional and social. Jeffrey (1977) affirms that the main goals of death education are to acquire knowledge and information; clarify personal values and goals; and to develop coping and helping skills.

Dr. Doka reiterates that goals need to be age appropriate and considered within the culture of a community and a group. Basic goals include clarifying options, providing information on ways individuals experience loss and cope with loss, how to be supportive to others experiencing loss, clarify individual values about death and dying and understanding the death system. Gale (1998) restates that death education has to deal with the
Dr. Klass (1976) recounted from his book *Goals about Teaching about Death* four goals. The first is to teach students the facts about death; second is to teach about emotions associated with death; third is to teach students to become better consumers and decision makers at the time of death; fourth is to understand death so we can understand our world in a deeper way. Reisler (1977) supports the importance of death education in assisting students to come into contact with their feelings.

Dr. Morgan expressed that the main goal of death education is to live life fully by removing the taboo aspect of death. Rosenthal (1981) emphasizes that by internalizing the concept of death learners are able to live more fully. Further goals include: realizing that a dying person is a living person and has all the needs of a living person, grief is a normal part of life and it hurts, everybody grieves in their own way. Edgar & Hamilton (1994) stress that a student must be allowed to grieve losses in an appropriate way. Attig (1992) states “death education is in many respects a process of care of the dying” (Attig, 1992, p. 366).

Dr. Stevenson states that the first goal of death education is to impart knowledge about loss, death and dying. The second goal is to communicate about difficult topics and understand
that you can get answers to these difficult questions and find resources to help you. Milton (1999) affirms that loss and grief are a normal part of life and must be included in the personal development of a child. Grollman (1995) stresses death education can open the lines of communication between educators, parents and students.

Dr. Balk, Dr. Corr, Dr. Doka, Dr. Klass and Dr. Stevenson support the primary goal of death education as informational. Dr. Morgan relates that death education assists individuals in living life more fully.

**Question 4**

Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?

Dr. Balk, Dr. Corr, Dr. Doka, Dr. Klass, Dr. Morgan and Dr. Stevenson all agree that behavioral and attitudinal changes are desired from education about death and dying. Curl et al. (1987) collaborates that a unit on death education can improve a student’s attitude about themselves. Agatstein believes that death education courses allow for the opportunity to exam various cultural and literary attitudes towards death as well (Agatstein, 1980, p. 330).

Dr. Balk states that increased knowledge and understanding about death and dying are the desired outcomes of further
education. Nonetheless, to effectively bring about any change, a program of some sort must be in place. Dr. Corr further adds that changes in attitude and behavior will take a long time to surface since they are deep in the human psyche. Dr. Doka feels that students would be better able to understand their own losses and to be supportive of one another. In addition, they would be less anxious about death.

A study conducted by a group of pediatricians at the University of Nebraska School of Medicine in 1978 validated that a child's attitude about death is reflective of his/her values in life (Garner & Acklen, 1978, p. 135).

Noland, Richardson & Bray (1980) examined the effectiveness of a death education unit on ninth-grade girls. One hundred twenty-eight girls, ages 14-16 in five health education classes participated in the study. Three groups participated in an eight-day death education unit while the other two groups served as controls. The results supported that the incorporation of units on death education in the curriculum can result in student learning, changing attitudes related to death issues (Noland, Richardson & Bray, 1980, p. 43-58).

Abengozar, Bueno & Vega (1999) did a study on the intervention on attitudes toward death along the life span. The aim of this study was to describe change in attitudes, anxiety and depression toward death and to explore the effects of two
different types of interventions on levels of death anxiety and fear of death. Weeks & Johnson (1992) found that death education enables students to deal with losses more effectively. Harris (1978) feels that death education helps a person understand his or her own life.

A study by Mansfield, Privette & Bilbrey (1982) concluded that students’ participation in a course on death clearly indicated a more comfortable attitude on the part of the students toward death.

The Santa Barbara Community College offers a course entitled “The Hospice Approach to Death and Dying” to promote attitudinal changes regarding death and dying. The effectiveness of the program is evaluated by feedback concerning attitudinal changes. The results of an 11-week course, with 93 participants ages 20-80 supported the theory that specific attitudinal changes occur in participants who complete the course (Shoemaker, Burnett, Hosford & Zimmer, 1981, p. 217-218).

Dr. Klass reiterates that modeling attitudes and behaviors for students allows them to develop their own without indoctrination and predetermination. Dr. Morgan reflects on forty years of teaching, in which students continually state, that taking a course on death and dying has brought about attitude and behavioral changes in their lives.

Dr. Stevenson concurs that positive behavioral and
attitudinal changes come about through structured programs that are continually and effectively monitored. Stefan (1978) found that student awareness of death and open communication about death increased after participation in a structured course on death and dying (Stefan, 1978, p. 144).

Agatstein (1980) states that the desired change from death education is usually cast in term of reduction of anxiety or the development of "adaptive, positive, or favorable attitudes" (Agatstein, 1980, p. 323). Knott & Prull noted that many times death education courses do not meet the intended attitudinal objectives (Knott & Prull, 1976, p. 177).

Unfortunately, there are not many studies that address attitudinal and behavioral changes in students toward death education after taking a course for a specific number of hours (Crase, 1980a, p. 10). Research in death education needs to focus on how students that participate in a course on death education change and in which ways, as the result of which instructional techniques (Durlak & Risenberg, 1991, p. 58).

**Question 5**

Has your own personal experience with death, if any influenced your work in death education?

Dr. Balk, Dr. Morgan and Dr. Stevenson had personal losses in their lives that brought them into the field of death education. Jordan (2000) expresses the fact that individuals are
usually drawn to this work, since they are dealing with loss in their own life.

Dr. Corr had an academic opportunity to help propose and teach a course on death and dying. Dr. Doka became interested in the field of death and dying, while he worked with dying children in a hospital during a professional training program. Dr. Klass took a research associate opportunity to pay his living expenses, which resulted in his working with Kubler-Ross in her beginning days. He has been working in the field of death and dying, since that time.

Effective teachers in the field of death education have a solid knowledge base and are able to deal with their own death experiences (Deaton & Berkan, 1995, p. 123).

**Question 6**

Do you think death education has a place in school curriculum?

Dr. Balk believes that death education has a place in the curriculum. However, he believes that it does not necessarily have to be a separate course given each year a student is in school. It could be part of an overall course on life or part of “teachable moments.” Dr. Klass concurs that death education should be integrated throughout the curriculum. Dr. Morgan agrees and adds that it is necessary that it be age appropriate through formal schooling.

Dr. Corr relates that death education is going on
informally throughout courses in the curriculum, such as biology, in teaching about life and death or history, where you teach about war and death. It can become more formalized through specific programs in the schools.

Dr. Doka conveys three ways that death education has a place in the curriculum. First, "teachable moments"; second, curriculum integration such as a talk about suicide and suicide prevention, while reading Romeo and Juliet; and lastly, a specialized elective course on death for secondary students.

Dr. Stevenson supports elective death education programs at the secondary school level. They need to be developed with a rationale for their content and placement.

Jones & Hodges (1995) sees the increasing need for death education in schools, as does Molnar (1983). Moss (2000) states that education about death is essential at all educational levels.

*Question 7*

How do you see the evolving role of the school in dealing with death education?

Dr. Balk sees schools becoming more involved in teaching death education. However, an important concern is the issue of religion and how schools are going to deal with that aspect of death education. Seibert, Drolet, & Petro (1993) and Crase & Crase (1995) concur that any death education program must be
sensitive to a wide range of religious beliefs.

Dr. Corr emphasizes that schools can teach students about death and dying and ways to care and understand issues of separation, loss and grief. Schools can be involved in crisis response teams and in the running of support groups for bereaved children. McGlauflin (1998) mentions the work of Guthrie, Oates, Webb and Wenschtern in forming crisis action teams. Dr. Doka reiterates the importance of school counseling and guidance programs to support students coping with losses. Glass, McGlauflin, Moore and Herilihy as discussed in McGlauflin (1998), strongly support this position.

Dr. Klass repeats that the first step is that the school needs to come together as a community. Hargreaves, Earl and Ryan (as cited in Osterman, 2000) state, “one of the most fundamental reforms needed in secondary or high school education is to make schools into better communities of caring and support for young people” (Osterman, 2000, p. 323). Once this occurs, the school can deal with answering the questions the students have regarding death. Eventually, the goal is for the school to review its curriculum to see that death is included in all areas.

Dr. Morgan confirms that much of death education begins with suicide prevention programs. Eventually, it evolves into the development of crisis prevention teams. However, most
suicide prevention programs are for short-term intervention. It is important to develop long-range plans for students who have been affected by death (Ringler & Hayden, 2000, p. 218).

A study by Rowling and Holland in 2000 of secondary schools in Australia and England investigated programs on grief education and suicide prevention and intervention. Nearly 94% of 145 Australian schools had programs in place, while only 15% of 200 British schools had programs (Rowling & Holland, 2000, p. 35). Hopefully, people soon realize that children are exposed to death all the time and the best protection is knowledge.

Dr. Stevenson sees the term death education as a term of convenience. It has actually evolved into loss education and coping better with loss. Dean confirms the fact that death education should be renamed “life and loss education” (DeSpelder & Strickland, 1999, p. 35). Hetzel, Winn & Tolostoshev (1991) affirm that the classroom provides a setting for learning about different methods of coping with loss. The emphasis is on finding alternatives to a problem and to be aware that choices exist. By so doing, “we can prevent students from doing things that can be injurious to themselves or others.”

Question 8
Do you think schools are making progress in helping adolescents in their own understanding of grief and death?

Dr. Balk states that he is unable to answer the question;
other than saying research is needed. Dr. Doka concurs with that as well. Dr. Corr agrees that research, perhaps in the form of a survey is needed on death-related education in schools, to see what is happening. He senses that more attention is being given to issues of loss and grief; coping skills as well as peer and counselor support groups. Many materials/resources are now available to schools.

Dr. Morgan does not feel qualified to answer the question. However, he is currently involved in a project with the Ontario Funeral Service Association on developing a death education curriculum for the schools in conjunction with teachers. He indicates that the teachers are firmly committed to the project and see a great deal of value in it.

Dr. Klass seems to feel that we are less of a death denying culture at the present time. The hospice movement has done much in educating society about death, as has "teachable moments." However, schools are lagging far behind.

Dr. Stevenson taught an elective course for twenty-five years in death education. Sadly, one year after his retirement it ceased to exist. If a problem stops occurring in school, it appears that schools start to act as if the problem no longer exists.

According to Klicker (2000), there is an increase in the number of schools utilizing formal death education programs.
Question 9

Briefly describe any programs you are aware of that deal with death education in schools.

Dr. Balk, Dr. Corr, Dr. Doka and Dr. Klass are most familiar with the program on death education that was taught by Dr. Robert Stevenson entitled "Contemporary Issues of Life and Death." Dr. Morgan is currently working on a program with the Ontario School District.

In addition to his own program, Dr. Stevenson mentioned the "Rainbows Program" that deals with loss and is used in death education and "Perspectives on Death," a course developed by Berg and Daugherty.

A review of the literature indicates that very few programs exist. According to Hetzel et al. (1991), "Loss and Change," a death education program used in Australia has been successful. The passage of The Public School Student Services Act (1991) by the Arkansas Legislature requires school to provide services to students' in situations regarding death or suicide. This reaffirms the role of the school in issues involving death. Carson et al. (1994) in a study conducted in Mississippi showed the need for school based programs for students on death and dying.

Baxter and Stuart (1999) developed A Resource Handbook for Bereavement Support Groups in schools dealing with death and the
adolescent.

Question 10

Are there any further thoughts, ideas, perceptions or comments on death education in school that you would like to mention?

Dr. Balk stresses the importance of people moving away from the Kubler-Ross model of the five stages of death and dying. It is apparent that this has become a basis for death education. The publication of Dr. Kubler-Ross's book On Death and Dying placed the topic of death and dying in front of the public. It was no longer relegated to the closet. However, further research by Worden, Bowlby and Rando propose other views (Kontogiannis, 2000).

According to Dr. Corr, perhaps the most significant issues that we need to deal with in death education are: when will we teach it, how will we teach it and who will teach it. It is extremely important that children receive accurate information.

Dr. Doka adds that the key to death education is sensitivity to the school and the community. This is supported by Crase & Crase (1995). Aspinall (1996) points out "a death education program needs to include community resources. There should be collaborations with family, school and community groups" (Aspinall, 1996, p. 346). Parents are an essential part of the process. A study of parental support for death education programs in northeast Arkansas suggested that as parental
knowledge of death increased, their support of death education programs increased (Jones & Hodges, 1995).

Dr. Morgan strongly feels that death education is "life education." In this way, children are better prepared for the terrible things that can occur to them in life. Educators prepare student for life and in so doing must prepare them for death as well (Ratner & Song, 2002, p. 15). Dr. Stevenson adds that death education is a life issue that benefits everyone. Everyone is going to die someday and death education helps prepare students for a better understanding of what will occur.

Dr. Klass feels that death education has its greatest meaning in the "teachable moments." These "teachable moments" occur both inside the school community and in individual lives of students. Corr (as cited in Aspinall, 1996) feels that "teachers who are astute for 'teachable moments' will stimulate intellectual growth, around the subject of death, in a non-threatening manner" (Aspinall, 1996, p. 348). Deaton & Berkan (1995) concur that many times the "teachable moment" is important than the lesson plan (Deaton & Berkan, 1995, p. 123). Shatz (2002) reiterates the importance of the "teachable moment." While teaching a course on death education in China, the sudden death of 39 people in a fire led to an immediate discussion on accidental death and mourning rituals (Shatz, 2002, p. 425-430).
Personal Reflections on the Study

Reflecting on the words of Dr. Morgan "death education is life education," the researcher came to realize the powerful meaning of those words. Each and every day in our lives we are coming closer to the moment of our own death. Is life but a preparation for death? What lies beyond the moment of death for each and every one of us?

Death education has enlightened the researcher on the meaning and purpose of life and preparation for death. Armed with knowledge, the researcher will be better able to understand and assist not only themself, but also others in dealing with death, dying, loss and grief.

Conclusion

The purpose of this study was to investigate the understanding of death education. The findings indicate that death education is an all-encompassing term. Based on interviews with prominent death educators, I can state that the main purpose of death education is to impart knowledge on death, dying, loss and grief and to bring about attitudinal changes.

An integrated program in Grades K-12 taught by well-trained teachers and with support from other trained professionals can have a positive impact in helping students learn about and cope with death (Oaks & Bibeau, 1987, p. 422). Death education allows students to begin to learn about death in a supportive
environment (Curl et al., 1987, p. 119). Students are encouraged to verbalize and discuss their feelings. They are able to confront their fears of death (Doka, 1985, p. 90). By informing students about death, the goal is that subsequent deaths will be less unfamiliar to them (Mahon, Goldberg & Washington, 1999, p. 101).

Much work needs to be done in order to better understand the role of death education in schools. "It would be a tragic lost opportunity for our educational system if the schools refused to accept the challenge of death education" (Reisler, 1977, p. 337).

Schools need to confront the issues of religious and cultural values surrounding death education; teacher preparation; placement of death education in the curriculum; methods for dealing with psychological problems that can arise from a course on death and dying.

However, it is apparent that the attitude of society is changing from "let us pretend that no one dies to death is a part of life" (Stricklin, 1981, p. 44). Although, death may never be fully accepted as a part of American life, attitudes are beginning to slowly change for the better. Generally, researchers in the field of death education conclude that the opportunities for student growth far outweigh problems that can occur (Wass, 1983, p. 86).
Death education programs should address preparation by developing and implementing student courses, staff and parent education programs, crisis preparation plans, and clear lines of communication; intervention by implementing a plan of action for use in the school community during and immediately after a death or similar crisis; and follow-up by developing appropriate rituals for staff and students, and by offering long-term support for members of the school community after the immediate crisis (Adams et al., 1999, p. 463).

Recommendations for Further Study

Recommendations for further research are based on findings of this study and/or research indicated in a review of the literature in Chapter II.

1. Six prominent authors were included in the interview process. It is recommended that interviews be conducted with a larger number of authors to determine if there is a variance in responses.

2. A review of the literature indicated that research should be conducted of teachers in elementary, middle and secondary schools in order to obtain a basis of information regarding programs currently being utilized on death education. A quantitative study would provide statistical information.
3. A review of the literature indicated that research should be conducted on teacher perceptions on the role of death education in the curriculum. A qualitative method utilizing focus groups at various grades levels is suggested.

4. A review of the literature indicated that research should be conducted on the attitudes of elementary, middle and secondary administrators as to the role of death education in the curriculum. A quantitative method utilizing a survey is suggested since there are usually very few administrators in a building.

5. A review of the literature indicated that research should explore the role of the counselor in dealing with issues of death, dying, loss and bereavement in the school. Development of a survey instrument would allow for information to be collected at elementary, middle and secondary levels.

6. A review of the literature indicated that research should investigate the role of the parent in death education programs in the schools. A qualitative method such as focus groups would allow for an overall perspective on parental feelings.

7. A review of the literature indicated that research should be undertaken to try to establish the effects of a death education program on students. The development of a pretest
and posttest followed by statistical analysis could serve as a basis for establishment of the validity of a death education program.

8. A review of the literature indicated that there is very little information on the evaluation of existing death education courses. Development of a rating instrument would be invaluable in death education courses.

9. A review of the literature indicated that further research is needed on the relationship between death education and the reduction of death anxiety.

10. A review of the literature indicated that further research is needed about adolescent bereavement and appropriate intervention in a school setting.

11. A review of the literature indicated that further research is needed to determine if students display specific attitudinal changes after completing a course on death and dying.

12. A review of the literature indicated that further investigation is needed to measure the long-term effects of attitudinal change resulting from a death education course.

13. A review of the literature indicated the need to investigate and evaluate sites on the web providing information on death education.
References


   *Alberta Report/ Newsmagazine*, 20(33), 36.
   65, 41-42.
   directions in death education for adolescents. *Journal of 
Hymovitz, L. (1978). Teaching about death--a discipline: The 
Imogie, A. (2000). Health educators' assessment of the course 
   content of a proposed Death and Dying Education curriculum. 
   *Research in Education*, 64, 56-63.
   and dying*. San Francisco, CA: Annual meeting of the American 
   Psychological Association. (ERIC Document Reproduction 
   Service No. ED 147 689)
   education programs in the schools. *School Counselor*, 42(5), 
   370-376.
   between research and practice in thanatology. *Death Studies*, 
   24(6), 457-467.


New York: The Guilford Press.


Sofka, C. (1997). Social support 'Internet works,' caskets for sale, and more: Thanatology and the information... *Death Studies, 21*(6), 553-574.


Appendices
Appendix A
Eugenia Pfeiffer  
Tenafly High School  
19 Columbus Drive  
Tenafly, New Jersey 07670  
201-816-6604 (Phone)  
201-871-9184 (Fax)  
epfeiffer@tenafly.k12.nj.us

Date

Name/Address of Death Educator

Dear Death Educator:

My name is Eugenia Pfeiffer and I am the Vice-Principal at Tenafly High School located in Tenafly, New Jersey. I am a doctoral candidate in the Executive Ed.D. Program at Seton Hall University, College of Education and Human Services, working on my dissertation, “An Investigation of Understanding Death Education.”

The purpose of this study is to provide an overview of how our current understanding of death education evolved. Death is seldom mentioned in schools except in cases of national tragedy or local trauma. Yet, generations of young people are growing up in a world where death and violence have synonymous terms. They are surrounded by death and violence in our society. The role of death education in lessening fear of death, death anxiety and helping to develop a better understanding of grief and bereavement is essential to the overall mission of the school. In addition, schools need to plan to assist students in dealing with issues of death, dying and subsequent grief. It is anticipated that by asking prominent death educators a series of ten predetermined questions in this study, a better
understanding of our current thinking on the subject will be attained. I anticipate that participation in this study would involve approximately one hour of your time.

I am inviting you, a prominent death educator, to participate in this worthwhile study. I will be using the interview process that will involve answering ten predetermined questions, which will be recorded with your permission, transcribed, and included in a chapter of interviews with prominent death educators in my dissertation. Enclosed you will find a copy of the ten questions for your review. The interview can take place in one of the following ways:

- Telephone (mutually agreed time)
  I will ask the ten predetermined questions and tape-record with your permission and transcribe your responses.

- Word processing
  I will send you a computer disk that will contain the ten predetermined questions. You will be asked to respond to the questions and return the disk in a self-addressed stamped envelope provided in the mailing.

- Audiotape
  You may record your responses to the ten predetermined questions on a blank audiotape that will be sent to you. You will be asked to respond to the questions and return the tape in a self-addressed stamped envelope provided in the mailing. I will then transcribe your responses to use in the study.

- Personal meeting (mutually agreed time and place)
  I would conduct the interview in person, ask the ten predetermined questions and with your permission tape-record your responses, and transcribe your answers to use in the study.

Your participation is obviously voluntary, but would be most appreciated. Due to the nature of this study, there will be no anonymity. I intend to interview recognized professionals
in the area of death education. Therefore, by agreeing to participate in this study, you would be asked for your permission to be identified in the study.

With your permission to be identified, your name will appear next to each question to which you respond. I will be the only person with a copy of the transcription. The data and any materials used will remain with me and stored in a locked cabinet. The data will be destroyed three years after the completion of the study.

This project has been reviewed and by the Seton Hall University Review Board for Human Subjects Research and categorized as exempt. If you have any question, you may contact my mentor Dr. Anthony J. Colella, Ph.D. at 973-761-9397 or Anthony130@aol.com.

In approximately one week I will be contacting you by phone to answer any questions you may have and to see if you are willing to participate. I have enclosed an Informed Consent Form for your signature and a self-addressed stamped envelope for its return. If you decide to participate, upon receipt of the Informed Consent Form, I will contact you by phone to see which of the above methods you would like to follow for your interview. Appropriate materials will than be sent to you with a self-stamped address envelope for their return.
If you chose an in-person or telephone interview or send an audiotape, after transcription you will receive a complete transcript of your interview for your approval prior to inclusion in the study. A self-addressed stamped envelope will be included for returning the transcript in addition to a form requiring your signature, indicating your approval of the transcript and/or any changes/corrections to be made or you may decide to withdraw from the study at that time with no penalty or loss. If you chose to withdraw the tapes and transcriptions will be destroyed.

I appreciate your time and attention in this matter. If you have any questions, please feel free to call, fax, or E-mail me.

Sincerely,

Eugenia Pfeiffer
Seton Hall University
Appendix B
Dissertation Topic: An Investigation of Understanding Death Education

Dissertation Questions

1. What is your understanding of death education?
2. Do you believe that death education is necessary? If so, why?
3. What are the goals of death education?
4. Do you believe there are behavioral and attitudinal changes desired from education about death and dying? If so, what are they?
5. Has your own personal experience with death, if any, influenced your work in death education?
6. Do you think death education has a place in school curriculum?
7. How do you see the evolving role of the school in dealing with death education?
8. Do you think that schools are making progress in helping adolescents in their understanding of death and grief?
9. Briefly describe any programs you are aware of that deal with death education in schools.
10. Are there further thoughts, ideas, perceptions or comments on death education in school that you would like to mention?
Appendix C
Informed Consent Form

I have agreed to participate in a study being conducted by Eugenia Pfeiffer on "An Investigation of Understanding Death Education". I understand that this research is part of her doctoral work at Seton Hall University in New Jersey.

I understand that my participation involves an interview conducted by Eugenia. I am aware that she will report her findings in the written form of a dissertation and might refer to her findings at future workshop(s)/conference(s). I understand that the interview will be audio taped and transcribed. I am aware that Eugenia’s dissertation will include a chapter devoted to interviewing several authors/experts in the area of death education. I have agreed to participate in this study and authorize Eugenia to identify me by name.

I understand that participation in this study is voluntary, and that I have the right to refuse to respond to any of the questions asked and/or completely withdraw from the study at any time without prejudice.

I understand that this study will be available for my perusal in summary form following its completion. I may request a copy of this summary by contacting Eugenia Pfeiffer.

If I have any questions, I know that I can contact Eugenia Pfeiffer (201-816-6604) or e-mail (epfeiffer@tenafly.k12.nj.us) or her dissertation advisor, Dr. Anthony J. Colella (973-761-9397) or e-mail (Anthony130@aol.com).

_________________________  __________________________
Signature                                            Date
Appendix D
January 23, 2003

Eugenia Pfeiffer
34 Andrea Drive
North Caldwell, NJ 07006

Dear Ms Pfeiffer:

Thank you for submitting your proposal entitled "An Investigation of Understanding Death Education" to the Seton Hall University Institutional Review Board. Your study has been categorized as exempt.

Thank you for your cooperation.

Sincerely,

[Signature]

Giuliana Mazzoni, Ph.D.
Associate Professor
Director, Institutional Review Board

cc: Anthony Colella, Ph.D.

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