A SURVEY OF PARENTAL ATTITUDES CONCERNING THE ACCEPTANCE OF DEATH EDUCATION IN THE CURRICULUM AT CASHTON HIGH SCHOOL, CASHTON, WISCONSIN

A Seminar Paper Presented

to

The Graduate Faculty

University of Wisconsin - La Crosse

In Partial Fulfillment

of the Requirements for the

Master of Science Degree

---

by

Gary Hanson

August 1978

ABSTRACT

HANSON, GARY. A survey of parental attitudes concerning the acceptance of death education in the curriculum at Cashton High School, Cashton, Wisconsin. M.S. in Health Education, 1978. 48 p. (Dr. Jack Jordan)

The purpose of this study was to investigate the attitude toward death of 100 randomly selected parents of Cashton High School students. A two part questionnaire was used which also investigated the Ss' attitude toward the acceptance of death education in the curriculum. Part I of the questionnaire contained 7 questions concerning death education and 3 questions pertaining to age, educational level, and recency of a death experience in the family. Part II utilized a 20 statement attitudinal scale ranging from extremely favorable to extremely unfavorable attitudes toward death and dying. The Ss participating ranged from 30 to 60 years of age; 65% had a death experience in the past 5 years; 10% believed that death education should be a required class; and 65% believed that death education should be an elective class. One extremist attitude toward death was found with 68% of the Ss having a favorable attitude toward death. The Ss' responses to the first 7 questions were also compared to their attitude toward death and dying. It appeared that the parents' attitude toward death had little influence on their acceptance or rejection of death education being taught in high school.

UNIVERSITY OF WISCONSIN - LA CROSSE
School of Health, Physical Education and Recreation
La Crosse, Wisconsin 54601

Candidate: Gary Hanson

I recommend acceptance of this seminar paper in partial fulfillment of this candidate's requirements for the degree:

Master of Science in Health Education

The candidate has completed his oral report.

Seminar Paper Advisor — Date: July 19, 1978

This seminar paper is approved for the School of Health, Physical Education and Recreation.

Dean, School of Health, Physical Education and Recreation — Date: 7-20-78

ACKNOWLEDGEMENTS

I wish to express my appreciation to Dr. Jack Jordan for his advice and encouragement and also the faculty in the Health Education Department of the University of Wisconsin-La Crosse for their assistance in my graduate work. I would also like to express my thanks to my wife, Linda, for her support during my years in graduate school.

TABLE OF CONTENTS

CHAPTER PAGE

APPENDICES

LIST OF TABLES

TABLE PAGE

CHAPTER I

INTRODUCTION

In recent years educators have become increasingly aware of the need for death education in the schools. Young people have become aware and inquisitive about the process of death, therefore death education should be a viable topic of health education (Crase, 1974).

Many authorities in the area of death and dying have noted a need for death education in the schools.

> The saying is that everything changes with time. As man must adapt to a changing environment to survive so must professions if they are to meet their goals, if they are to continue to exist. Health education is no exception. We need to be sensitive to the changing health needs of our students and establish priorities accordingly. Surely, helping people come to terms with their eventual death, helping them cope with the death of loved ones and their own fears, and the prevention of suicide are legitimate health education concerns (Leviton, 1969, p. 46).

According to the literature the acceptance of death education and changing attitudes toward death are becoming a reality. It was pointed out by Kubler-Ross (1969) that to many people death is still a fearful, frightening experience and this fear is universal even though people think they have mastered it. "What has changed is our way of coping and dealing with death and dying and our dying patients" (Ross, 1969, p. 5). In the modern Western world

man's attitudes concerning death and dying have been changing over the last 300 years and " ... these changes have been one of the consequences of the contemporary progressive recession, in the West, of the belief in the tenets of Christianity" (Toynbee, 1968, p. 122).

It is believed primitive people were intensely afraid of death probably as a result of a deep-seated instinct which was common to animals and man (Segerberg, 1976). Leviton (1969) found it ironic that the beginning and end of life should be taboo and mythological subjects, rendering man unsure, afraid and embarrassed when in a death or sexual connoting situation. If death is to remain mysterious then all of our rigid defenses against death become defenses against life and man is then denying life (Segerberg, 1976).

Crase (1974) pointed out that although society is changing its attitudes toward death these changes are slowly becoming a reality in the schools. She stated there is a need for death education experiences for children that are growing up in a society that still denies death and avoids evidence of aging. Crase reminds us that in the past dying and death were a natural part of family life. Families lived together and the dying process and the funeral took place within the family circle. Then young people were subjected to dying, death, grief, and bereavment. Today these processes are removed from the family experience and many times young people have been excluded

from the experience altogether. She believed this void must be filled if society is to retain a proper perspective toward the value of life.

Fulton (1963) agreed that the avoidance of death is seen in the practice of relegating the duties and ceremonies after death to individuals trained and paid to regard it impersonally. He stated that by assigning professional people the responsibility for traditional roles the family once played, modern society not only avoids unsettling contact with death itself, but also permits society members to avoid disturbing confrontations with inconsistencies in traditional views.

It was pointed out by Fredlund (1977) that the goal of education is to prepare young people for life, and death is certainly a dimension of life. He believed death education belongs in the church and the school, but many children do not go to church, and schools have the faculties who are knowledgeable in curriculum development and have the skills to prepare themselves to teach this important subject.

Berg (1973) believed teachers should be free to formulate subject matter in the schools. Death education meets the criteria for today's education which must " ... have universality, must be intrinsically interesting, must be intellectually challenging, must have both personal and social relevance and must prepare students for

life" (Berg, 1973, p. 46). Hollis (1975) agreed stating that the rise of death education courses are a result of increased expertise of teaching professionals and the recognition of human needs.

According to Leviton (1971) a death education unit should include education concerning death and dying; education concerning the bereavement process; and education concerning suicide and suicide prevention. He also stated a death education teacher must come to terms with his own feelings toward death; should know the appropriate subject matter to be able to use the language of death easily; and must possess an acute awareness of the enormous social changes in societies attitudes, practices, laws and institutions concerning death.

Before teaching about death teachers must come to grips themselves with the topic of death and dying according to Green (1971). As recently as 1971 she believed that teachers were not able to cope with death any better than anyone else in society.

Many people have coped with death by having " ... such strong defenses against death that they are unwilling to make a full commitment to any person or cause or vocation and protect themselves by turning away from life and never live" (Segerberg, 1976, p. 105). "Ideally, every human being ought to live each passing moment of his life as if

the next moment were going to be his last" (Toynbee, 1968, p. 259). Kubler-Ross (1974) believed that an acceptance of peoples own death meant they should be ready to die whenever the time comes. She also stated she will at least try to live every day as if it were her last and hope for a thousand more days like today.

The researcher is convinced that a structured death education class is within the realm of the field of health education. The development and implementation of a death education unit is the responsibility of health educators.

It was this concern for the content and the acceptance by the parents of a death education unit that prompted the researcher to conduct a study of the parents of the students at Cashton High School. The study was designed to survey parental attitudes concerning death and dying before implementing a death education unit.

Statement of the Problem

It was the intent of the researcher to determine the attitudes of the parents of Cashton High School students toward death and dying and to determine their attitudes toward the inclusion of death education into the curriculum at Cashton High School.

Purpose of the Study

It was the purpose of the study to determine through the questionnaire method whether parents approve or dis-

approve of death education being a part of the curriculum and to what extent. It was also a purpose of the study to compare parental attitudes toward death and dying to the responses to the personal questions on the questionnaire developed by the researcher.

Need for the Study

With today's changing educational needs of students, teachers are continually in search of materials to aid in the development of a relevant curriculum. Kastenbaum (cited in Twomey, 1977) conducted a poll that showed most parents felt there was a place for discussing aspects of death and dying in the classroom.

Twomey (1977) believed one of the main reasons for school involvement in teaching death education is that parents themselves are sometimes confused and frightened about death and are often of little help to their children when dealing with the topic of death and dying. He believed another reason was that children spend a majority of their time in school where the subject of death often arises. Some students feel more comfortable talking about this sensitive subject with their peers rather than with their parents.

It was the goal of this investigator to make this study of value to all educators when developing a health education unit concerning death and dying. Hopefully, the

data will contribute to the knowledge of people's attitudes concerning death.

The researcher strongly believes it to be relevant to be aware of parental attitudes concerning death and death education before developing a death education unit. In relation to attitudes toward death and dying, people accumulate awesome misinformation, unhealthy attitudes, false facts and spooky fears between infancy and adulthood (Brantner, 1971).

With the increased emphasis of death education this study has significance to the field of health education to assess the parents' willingness to accept death education into the curriculum of their respective schools. As early as 1973 this increased emphasis was pointed out by Berg (1973) who estimated that over 200 junior high teachers used a teaching unit on death that he developed.

Assumptions

The researcher made the following assumptions: (1) the parents answered the questionnaire honestly and accurately; and (2) all parents answering the survey had an interest in the total education of their children.

Delimitations

The study was delimited to only those parents with students in grades nine through twelve at Cashton High School, Cashton, Wisconsin. Parents in the study were

defined as either or both parents cooperatively answering the questionnaire. Parents were counted in the random sample of 100 once whether they had one student or many attending high school.

Limitations

The result of the study was limited by the time of the year (May and June) the questionnaire was mailed to the parents. The study was also limited to a random sample of 100 parents of which 73 were engaged in farming or other agricultural pursuits. The study was limited also by the researcher's inexperience in the development of a questionnaire.

Definition of Terms

Attitude - "the sum total of man's inclinations and feelings, prejudices or bias, preconceived notions, ideas, fears, threats, and convictions about any specific topic" (Thurstone and Chave, 1929, p. 6).

Bereavement - coping with the death of a loved one.

Curriculum - the complete range of courses and subject matter to be taught in a school system.

Death Education - education based on cognitive and experiential learning including historical, religious, scientific, philosophical and psychological aspects to introduce the acceptance of death as part of the growth process (Kutscher, cited in Sterud, 1975).

Extremist Attitudes - those attitudes on death and dying averaging below 1.9 or above 4.1 on the attitudinal scale developed by Dr. Dale Hardt.

Health - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Otto, 1967).

Health Education - education designed to help young people make independent, informed decisions concerning their physical, mental, and social well-being (Miller, 1974).

CHAPTER II

REVIEW OF RELATED LITERATURE

The researcher found no specific study done to determine the attitudes toward death of parents of high school students and the relationship of those attitudes to the acceptance of the teaching of death education. Although, with the increased interest in the field of death education the researcher found several studies relating to attitudes toward death.

Leviton (1969) stated that people have many crises in life. Coming to terms with one's identity is the most important to the child and adolescent and needs to be resolved for optimal health to be achieved. He continued by saying that how we view our existence is determined, to a great extent, by how we view death.

In a study by Kastenbaum (1951) he found a majority of 260 adolescents kept thoughts of death separate from their daily lives and lived for the present, although for them death was real and did influence decisions they made while in adolescence.

Hardt (1975) studied the attitudes toward death of 692 subjects between the ages of 13 and 26 using a 20 statement attitude scale he developed. The scale included five social positions, church attendance, age, sex, and

recency of a death experience to make correlations to the participants' favorable or unfavorable attitudes toward death. Results of the study indicated that age, sex, social position, church attendance and recency of a death experience had little effect on attitudes toward death. Hardt implied the ability to adapt to death was a positive component of emotional health.

The results of a study of 10,000 major urban householders in the U.S. by Fulton (1963) pointed out that people seemed to experience a greater fear of dying than they did of death itself. Most people also expressed a desire to die at home. About 40% of the respondents reported that they rarely or never thought about dying or death while 14% frequently thought about dying and death. The study also found that the public's attitude toward modern funeral practices was negative in nature but varied along religious, regional, educational, occupational and income lines. The study as a whole showed that favorable responses toward funerals varied strongly with religious affiliation with Catholics most often reporting favorable replies followed by Protestants, Jews, non-affiliated, and Unitarians, in that order.

Rees (cited in Brantner, 1971) studied everyone in Wales who had suffered a death in the first degree of relationship and matched each one with someone of the same age and sex living in the same town who did not suffer a

bereavement. He followed them for a twelve month period after the death. Death occurred more frequently in those who had suffered a loss and the rate of mortality was higher as the relationship was closer.

Brantner (1971) stated that studies such as the one above point out a positive need for death education and that we cannot know life to its fullest without knowing death.

In a questionnaire sent to 30,000 subscribers of Psychology Today (Schneidman, 1971), people thought about death occasionally causing them to feel resolved about life and a joy in being alive. Thirty-nine percent tended to postpone death thoughts, 42% accepted the thought of death, and 14% feared the thought of death.

Larsen, Klar, Rex, and White (1974) investigated attitudes toward death using a 32 item Likert-type scale. They believed the fear of death was chiefly induced by unknown factors involved in dying. Therefore, they hypothesized that " ... the more intimate experience a person has had with death (provided the experience has not traumatized the individual) the more he will be desensitized and accepting of death" (Larsen, Klar, Rex, and White, 1974, p. 687). They also believed a feeling of having failed in achieving self-relevant goals was a factor which made death unpleasant.

Two studies were conducted by Larsen, Klar, Rex, and White (1974) to test their hypothesis. The first study involved 44 male and 37 female undergraduate college students ranging in age from 16 to 28. The results revealed positive attitudes toward death tend to be related to low religiosity. The correlations were not significant between sex and age and attitudes toward death.

The second study by Larsen, Klar, Rex, and White (1974) related attitudes to sex, age, educational level and number of deaths the 29 males and 29 females were exposed to. The correlations between sex, age, satisfaction, self-esteem and attitudes toward death were not statistically significant. However, when death attitudes were correlated with level of education it was shown that the higher the educational level, the more negative the attitudes toward death. These researchers speculated that people at higher levels of education have invested a great deal in their future and death at this stage in life would be experienced as frustrating important self-relevant goals.

In summary, the results of the two studies suggest " ... that positive attitudes toward death are indicated by a non-religious outlook, low investment in self-relevant goals, and exposure to non-intimate (and less traumatic) deaths" (Larsen, Klar, Rex, and White, 1974, p. 687).

CHAPTER III

METHODS

Setting and Sample

The participants of the study consisted of 100 parents randomly selected from the 177 parents who had one or more students attending grades nine through twelve at Cashton High School, Cashton, Wisconsin. The list of parents was compiled from the students' files in the Cashton High School principal's office. The parents were listed alphabetically from those student files and a random table of numbers was used to obtain the sample population of 100 used in the study. The addresses and phone numbers were also obtained from the students' files as the list was compiled.

A large majority (73%) of the subjects' occupations were farming or farm related. Also, most of the sample population were of the Catholic or Lutheran faiths.

Selection of Test

The questionnaire used to collect data for the study consisted of two parts (see Appendix A). Part one consisted of seven questions designed by the researcher to gather information on parents' attitudes toward teaching death education and to what extent it should be taught. The last

three questions pertained to the respondents' age, level of education, and recency of a death experience in the immediate family.

The second page of the questionnaire consisted of a Thurston Equal-Appearing Interval attitude scale developed by Hardt (1975). The attitudinal scale was tested by Dr. Hardt for validity and reliability. Concurrent and construct validity requirements were accepted at .84 and .98 respectively. A reliability coefficient of .87 was produced using the split half method of reliability with the Spearman-Brown Prophecy Formula serving as an adjustment formula.

The researcher decided to employ this test because of the simplicity of scoring. The statements were also very understandable when read by the subjects and were easy to respond to.

The scale consisted of 20 attitude statements in which a check mark was made by the subjects in front of each statement with which they agreed. To score the test odd numbers ranging from 1.1 to 4.9 were placed in front of the statements (see Table 2). The statements checked were then averaged to determine the subjects' death attitude quotient. This was the same procedure followed by Dr. Hardt (1975).

The top half of the scale (3.0-4.9) was considered a favorable response and the bottom half of the scale (1.1-2.9) was considered an unfavorable attitude toward death.

Procedures

After the questionnaire was completed it then was mailed to the 100 parents who had been randomly selected from the listing of all parents of Cashton High School students.

The investigator mailed the questionnaire to the parents on May 12, 1978, with a return request of May 19, 1978. This early return date was requested as school was still in session. The interest and response of the parents would be greater at this time than during the summer vacation period.

The letter mailed to the parents contained the cover letter (see Appendix A), the two part questionnaire, and a stamped, self-addressed return envelope. The questionnaires were coded by numbering the first page of the questionnaire and the return envelope to tell who had not returned them if a second mailing was necessary.

On May 24, 1978, the researcher mailed a second survey to those not responding with a return request of June 2, 1978. To those that still had not returned the questionnaire, a postcard requesting their cooperation was mailed on June 3, 1978. In 11 instances a phone call was

made five days later as a third follow-up requesting the assistance and cooperation of the parents.

When the researcher had determined that the optimum number of questionnaires were returned, the results of Part II were totaled noting the number of parents at every point on the attitude toward death scale (see Appendix B, Table 3). The mean, median and mode scores of the parents concerning this attitude on death scale were also calculated.

Part I was first computed totaling the number of responses to each item on that part of the questionnaire (see Table 1).

The mean death attitude quotients were computed for the parents in each age group, level of education group, and also the group that had experienced a death in the immediate family in the last five years. The results are shown in the graphs in Appendix C, Tables 4-6.

Then the number of parents at each score on the death attitude scale were tallied in comparison to their answers on the first seven questions of the death education questionnaire. The results are shown in Appendix C, Tables 7-20.

CHAPTER IV

RESULTS AND DISCUSSION

The two part questionnaire was mailed to 100 parents of Cashton High School students. The original mailing obtained a return of 58 questionnaires. The second mailing of the questionnaire resulted in 15 more being returned. The postcards mailed to those still not responding and the 11 phone calls yielded another 9 questionnaires for a total of an 82% response. Considering the sensitive nature of the subject of death and the personal questions asked of the subjects, the researcher concluded that an 82% response rate was acceptable for the study.

The parents surveyed ranged in age from 30 to 60 years. Specifically, there were 9 in the 30-35 age group; 17 from 36-40 years; 22 from 41-45 years; 16 from 46-50 years; 13 from 51-56 years; and 5 from 57-60 years of age.

Twelve of the subjects had completed only elementary school; 50 had completed high school; 11 had completed vocational school; and 9 were college graduates.

The range of responses on the attitude toward death questionnaire (see Table 3) was from 3.9 or "I find it fairly easy to think of death" to one extremist attitude of 1.3 which reads "I hate the sound of the word death."

A large number (68%) of the respondents had a favorable attitude toward death which was defined as a 3.0 or above score by Dr. Hardt (1975). A 3.0 death attitude score falls between "To think of death is common" and "I don't fear the thoughts of death, but I don't like them either."

The mean response on the attitude toward death scale was 3.04 with the median being 3.15. The statement occurring the most frequently was 3.2 which is between "I can accept the thought of death" and "To think of death is common."

The study by Hardt (1975) and also the one by Larsen, Klar, Rex, and White (1974) showed that age had little effect on one's attitude toward death. Although no statistical correlations were made, this researcher found some difference in the mean attitudes of the groups surveyed, but no trends were noted. The mean death attitude scores for each age group were as follows: 30 to 35 years, 3.15; 36 to 40 years, 3.01; 41 to 45 years, 3.2; 46 to 50 years, 2.91; 51 to 55 years, 3.15; and the lowest being 2.8 in the 56 to 60 year group (see Appendix C, Table 4).

Concerning the educational level of the subjects, this researcher found that elementary and college level graduates had the lowest mean death attitude scores with 2.90 and 2.98 respectively. The high school graduates' mean death attitude score was 3.01 and the vocational school graduates' was 3.23 (see Appendix C, Table 5).

According to Hardt (1975) a favorable attitude toward death is 3.0 or above on the scale; therefore, the elementary school and college graduates in this study were considered to have an unfavorable attitude toward death.

A considerable number of parents (65%) had experienced a death in the immediate family in the last five years. Comparing those who had a death experience in the immediate family in the last five years to those who did not, the researcher found a considerable difference in their attitudes toward death (see Appendix C, Table 6). Those who had a recent death experience had a favorable mean death attitude quotient score of 3.16 which falls between "To think of death is common" and "I can accept the thought of death." The group of parents who had not experienced a death in the last five years had an unfavorable death attitude quotient mean of 2.35 which falls between "Thinking about death is over-valued by many" and "I don't fear the thoughts of death, but I don't like them either."

In response to the death education questionnaire designed by the researcher, 16 parents agreed that it was the responsibility of the school to teach death education. Sixty-one disagreed and 5 did not answer. (See Table 1 on the following page.) Despite the fact that only 16 parents believed it was the responsibility of the school to teach death education, 8 parents felt death education should be

Table 1

RESPONSES TO THE
DEATH EDUCATION QUESTIONNAIRE
N=82

1. It is the responsibility of the school to teach death education.
   Agree 16 Disagree 61 No answer 5

2. Death education should be a required high school class.
   Agree 8 Disagree 72 No answer 2

3. Death education should be an elective high school class.
   Agree 53 Disagree 28

4. Only the church should assume the responsibility of teaching death education.
   Agree 15 Disagree 66 No answer 2

5. Children should discuss death and dying topics with their parents.
   Agree 80 Disagree 1 No answer 1

6. Death education is related to a student's mental health.
   Agree 56 Disagree 24 No answer 2

7. An understanding of death helps a person lead a richer, fuller life.
   Agree 72 Disagree 8 No answer 2

8. Has there been a death experience in your immediate family in the past five years?
   Yes 53 No 29 No answer 1

9. Please check your age group.
   30-35 9 36-40 17 41-45 22 46-50 16
   51-56 13 57-60 5

10. Please check the grade you completed in school.
    Elementary 12
    High School 50
    Vocational School 11
    College 9

a required class and 53 believed that death education should be an elective class. Several parents noted a concern about the usage of the term "responsibility" in the first question of the questionnaire. Many parents underlined the term or wrote a question mark over the word responsibility.

Eighty (97%) of the parents agreed with the statement that "Children should discuss death and dying topics with their parents."

Fifteen parents agreed with the statement that "Only the church should assume the responsibility of teaching death education." Sixty-six disagreed with that statement.

Fifty-six parents (68%) agreed with the statement that "Death education is related to a student's mental health." Also, a large number (88%) agreed that "An understanding of death helps a person lead a richer, fuller life."

When the parents' death attitude scores were compared to their answers to the first seven questions on the death education questionnaire, it seemed that the parents' own attitude toward death had little influence on whether or not they believed that death education should be taught or to what extent (see Appendix C, Tables 7-20).

As pointed out by Tables 7 and 8, only 16 parents believed that teaching death education was the responsi-

bility of the school. Five of those 16 had an unfavorable attitude toward death.

Question two asked parents if death education should be a required high school class. Of the 7 agreeing, 1 had an unfavorable death attitude score of 2.7. Forty-nine of the 56 with positive death attitudes did not think death education should be a required class (see Tables 9 and 10).

Fifty-three of the parents believed that death education should be an elective course. Among those 53 were 37 who had a favorable attitude toward death and 16 who had an unfavorable attitude. Nineteen with a favorable attitude toward death and 8 with an unfavorable attitude said it should not be an elective (see Tables 11 and 12).

Question four, which stated that "only the church should have the responsibility of teaching death education," had only 15 parents agreeing. Nine of those had a favorable attitude toward death and 6 an unfavorable one. Forty-six people with a favorable attitude and 20 with an unfavorable attitude toward death disagreed with the statement that "only the church should have the responsibility of teaching death education" (see Tables 13 and 14).

The responses to question five point out that the parents believed they have a major responsibility in teaching their children about death. All but one parent

agreed that "children should discuss death and dying topics with their parents." The parent who disagreed had an unfavorable death attitude score of 2.3 which is "I find it difficult to think of death" (see Tables 15 and 16).

Of the 56 parents who agreed with the statement that "death education is related to a student's mental health" 40 had a favorable attitude toward death and 16 had an unfavorable attitude. Fourteen with a favorable attitude toward death did not think that death education and mental health were related. Nine with an unfavorable attitude did not think they were related (see Tables 17 and 18).

When the parents were asked if "an understanding of death helps a person lead a richer, fuller life," 72 said yes and only 8 did not agree. Of those 8 parents who disagreed, 4 had a favorable attitude toward death and 4 had an unfavorable attitude (see Tables 19 and 20).

The above data collected from the parents of Cashton High School students seems to indicate that there is little relationship between people's attitude toward death and their acceptance or rejection of death education being taught in the high school.

CHAPTER V

CONCLUSIONS

Summary

The purpose of this study was to determine whether the parents of Cashton High School students would accept or reject the inclusion of death education into the curriculum and to what extent. To help determine some influential factors toward the subjects' acceptance or rejection of death education, their individual attitude toward death was computed and compared to their answers to the questionnaire on death education.

In general, the data collected was analyzed to determine if there was a relationship between parental attitudes toward death and their acceptance of death education being taught in the high school.

Only 1 extremist attitude toward death was found in the 82 parents who returned the survey. Sixty-eight percent of the parents had a favorable attitude toward death and a majority believed that death education should be an elective class.

Age, educational level, and recency of a death experience in the immediate family were also compared to the parents' attitude toward death score. This was done to

help determine if these factors had any influence on parental acceptance of death.

Conclusions

Although no statistical analysis was done, it appeared in this study that there was little relationship between parental attitudes toward death and their acceptance or rejection of death education being taught in high school. As pointed out by the graphs and by re-examining the individual questionnaires, it was found that many with an unfavorable attitude toward death believed death education should be an elective class, and many with a positive attitude believed it should not be taught.

The researcher believes the first question stating that it was the responsibility of the school to teach death education should have been worded differently. Only 16 agreed, yet 61 stated that death education should be either a required or an elective class. This points out an acceptance of death education in the school but an unwillingness of the parents to say it should be a responsibility of the school. It is believed that many parents feel it is a mutual responsibility of the school, the church, and the family. Perhaps that is why most parents disagreed with question one.

The above is also supported by the fact that most parents disagreed with the statement that death education

is the sole responsibility of the church. Also, almost all parents believed that children should discuss death and dying topics with their parents. When it was found that a large percentage of the parents agreed that an understanding of death and dying is related to a student's mental health, it was concluded that parents in this study have an awareness of the importance and need for an understanding and acceptance of death by the students.

The subjects' attitudes in this study appear to coincide with previous studies in the literature when referring to age and attitude toward death. No trends were found when comparing age and attitudes toward death.

Although a study by Hardt (1975) indicated that the recency of a death experience had little effect on attitudes toward death, it appears in this study that a death experience in the family does improve one's attitude toward the acceptance of death. A study by Larsen, Klar, Rex, and White (1974) did indicate that an exposure to non-intimate and less traumatic deaths did improve one's attitude toward death. The community surveyed is a close-knit one and a death experienced in the community is shared by a large number of the inhabitants. This may explain the acceptance of death by the parents in the Cashton area.

A final conclusion indicated by the data is that the parents, regardless of their own personal attitude toward death and dying, are aware of the need and value of death education and would accept the inclusion of it in the high school curriculum.

Recommendations

The researcher recommends that this study be duplicated in other school districts wishing to study the opinions of parents before teaching death education. It is strongly recommended that a further study of this nature should be analyzed statistically to test significance.

It is further recommended that a future study be conducted to test a larger and more diverse segment of the population concerning attitudes toward death and the acceptance of death education in the high school. Other studies have suggested that attitudes are regional and a study such as this would have validity to the general population and not just to the Cashton area.

The researcher also believes that a future study should include in the questionnaire specific areas of death education that the parents believe should be included in a health education unit on the acceptance of death.

It would also be of interest to measure the students' attitude toward death and compare their scores to their respective parents' scores in an attempt to measure parental influence on student attitudes in the area of death and dying.

From reviewing the related literature it was noted there is a need for more research toward a more reliable and valid test to measure attitudes toward death and dying.

REFERENCES CITED

Berg, David W. and Daugherty, George G. Teaching about death. Today's Education. March 1973, 62, 46-47.

Brantner, John P. Death and the self. In Betty Green and Donald Irish (eds.) Death education: Preparation for living. Cambridge, Mass.: Schenkman Publishing Company, Inc., 1971.

Crase, Dixie R., and Crase, David. Live issues surrounding death education. The Journal of School Health, February 1974, 44, 70-73.

Fredlund, D. J. Children and death from the school setting viewpoint. School Health, November 1977, 47, 533-537.

Fulton, Robert L. A compilation of studies of attitudes toward death, funerals and funeral directors. Los Angeles, Author, 1963.

Green, Betty R., & Irish, Donald P. Death education: Preparation for living. Cambridge, Mass.: Schenkman Publishing Company, Inc., 1971.

Hardt, Dale V. Development of an investigatory instrument to measure attitudes toward death. The Journal of School Health, February 1975, 45, 96-99.

Hollis, James. The relevance of death. The Chronicle of Higher Education, May 27, 1975, 10, 24.

Kastenbaum, Robert. Time and death in adolescence. In Herman Feifel (ed.) The meaning of death. New York: McGraw-Hill Book Company, 1951.

Kubler-Ross, Elisabeth. On death and dying. New York: Macmillan Publishing Company, Inc., 1969.

Kubler-Ross, Elisabeth. Questions and answers on death and dying. New York: Macmillan Publishing Company, Inc., 1974.

Leviton, Daniel. Education for death. Journal of Health, Physical Education, and Recreation, September 1969, 16, 46-51.

Leviton, Daniel. The role of the school in providing death education. In Betty Green and Donald Irish (eds.) Death education: Preparation for living. Cambridge, Mass.: Schenkman Publishing Company, Inc., 1971.

Miller, Benjamin. Investigating your health. Boston: Houghton Mifflin Company, 1974.

Otto, James H. Modern health. New York: Holt, Rinehart and Winston, Inc., 1967.

Segerberg, Osborn, Jr. Living with death. New York: E. P. Dutton and Company, Inc., 1976.

Schneidman, Edwin S. You and death. Psychology Today, June 1971, 5, 43-46; 74-80.

Sterud, Peter W. A survey of Wisconsin Public School Superintendents' reactions to the inclusion of death education in their district's curricula. Unpublished seminar paper, University of Wisconsin-La Crosse, 1977.

Thurstone, L. L., & Chave, E. J. The measurement of attitude. Chicago: University of Chicago Press, 1929.

Toynbee, Arnold. Man's concern with death. St. Louis: McGraw-Hill Book Company, 1968.

Twomey, Steve. Enlightened schools now exploring death and its mysteries. The Updater, March 1977, 1, 3-5.

APPENDIX A

TWO PART QUESTIONNAIRE

LETTER OF INTRODUCTION

May 12, 1978

Dear Parent,

This survey of parents is being conducted in partial fulfillment of the requirements for the Master of Science at the University of Wisconsin-La Crosse.

The purpose of this study is to determine the attitudes of students' parents toward teaching death education in schools and also to survey parental attitudes toward death.

This survey is limited to a small random sample of Cashton parents. Your response will greatly affect the final outcome of the study. I ask your cooperation in this matter. Your response will be strictly confidential and will be greatly appreciated.

Enclosed is a self-addressed, stamped envelope. Please return the questionnaire by May 19, 1978. Thank you for your assistance.

Sincerely yours,

Gary Hanson
R. 1, Box 205
Cashton, Wisconsin 54619

Part I

DEATH EDUCATION QUESTIONNAIRE

Please check the answer that best describes your opinion.

1. It is the responsibility of the school to teach death education.
   Agree ____ Disagree ____

2. Death education should be a <u>required</u> high school class.
   Agree ____ Disagree ____

3. Death education should be an <u>elective</u> high school class.
   Agree ____ Disagree ____

4. Only the church should assume the responsibility of teaching death education.
   Agree ____ Disagree ____

5. Children should discuss death and dying topics with their parents.
   Agree ____ Disagree ____

6. Death education is related to a student's mental health.
   Agree ____ Disagree ____

7. An understanding of death helps a person lead a richer, fuller life.
   Agree ____ Disagree ____

8. Has there been a death experience in your immediate family in the past five years?
   Yes ____ No ____

9. Please check your age group.
   30-35 ____ 36-40 ____ 41-45 ____ 46-50 ____
   51-56 ____ 57-60 ____

10. Please check the grade in school you completed.
    Elementary ____
    High School ____
    Vocational School ____
    College ____

Part II

ATTITUDE TOWARD DEATH QUESTIONNAIRE

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

_____ The thought of death is a glorious thought.

_____ When I think of death I am most satisfied.

_____ Thoughts of death are wonderful thoughts.

_____ The thought of death is very pleasant.

_____ The thought of death is comforting.

_____ I find it fairly easy to think of death.

_____ The thought of death isn't so bad.

_____ I do not mind thinking of death.

_____ I can accept the thought of death.

_____ To think of death is common.

_____ I don't fear thoughts of death, but I don't like them either.

_____ Thinking about death is overvalued by many.

_____ Thinking of death is not fundamental to me.

_____ I find it difficult to think of death.

_____ I regret the thought of death.

_____ The thought of death is an awful thought.

_____ The thought of death is dreadful.

_____ The thought of death is traumatic.

_____ I hate the sound of the word death.

_____ The thought of death is outrageous.

Please mail this questionnaire back to me in the enclosed, stamped envelope by May 19, 1978, or sooner. Thank you for your cooperation and assistance.

APPENDIX B

VALUES AND RESPONSES

FOR DEATH ATTITUDE STATEMENTS

Table 2

SCALED VALUES FOR EACH DEATH ATTITUDE STATEMENT IN RANK ORDER

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

Table 3

THE FREQUENCY OF RESPONSES FOR EACH ATTITUDE STATEMENT IN RANK ORDER

Attitude Scale	Number of Parents	Percent
4.9	0	0.0
4.3	0	0.0
4.2	0	0.0
4.1	0	0.0
4.0	0	0.0
3.9	1	1.2
3.8	2	2.4
3.7	3	3.7
3.6	3	3.7
3.5	6	7.3
3.4	6	7.3
3.3	8	9.8
3.2	12	14.6
3.1	8	9.7
3.0	7	8.5
2.9	3	3.7
2.8	5	6.1
2.7	3	3.7
2.6	2	2.4
2.5	2	2.4
2.4	2	2.4
2.3	3	3.7
2.2	1	1.2
2.1	1	1.2
2.0	2	2.4
1.9	1	1.2
1.3	1	1.2

APPENDIX C

GRAPHS

Table 4

AGE COMPARED TO MEAN ATTITUDE ON DEATH

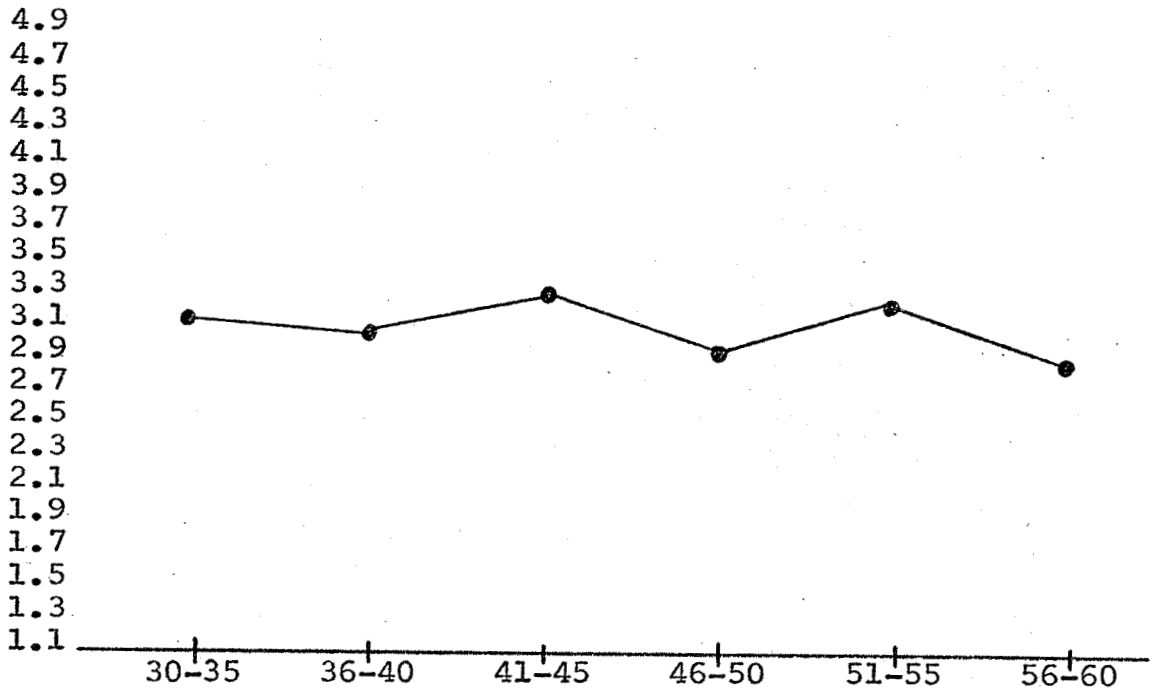


Table 5

EDUCATIONAL LEVEL COMPARED TO MEAN ATTITUDE ON DEATH

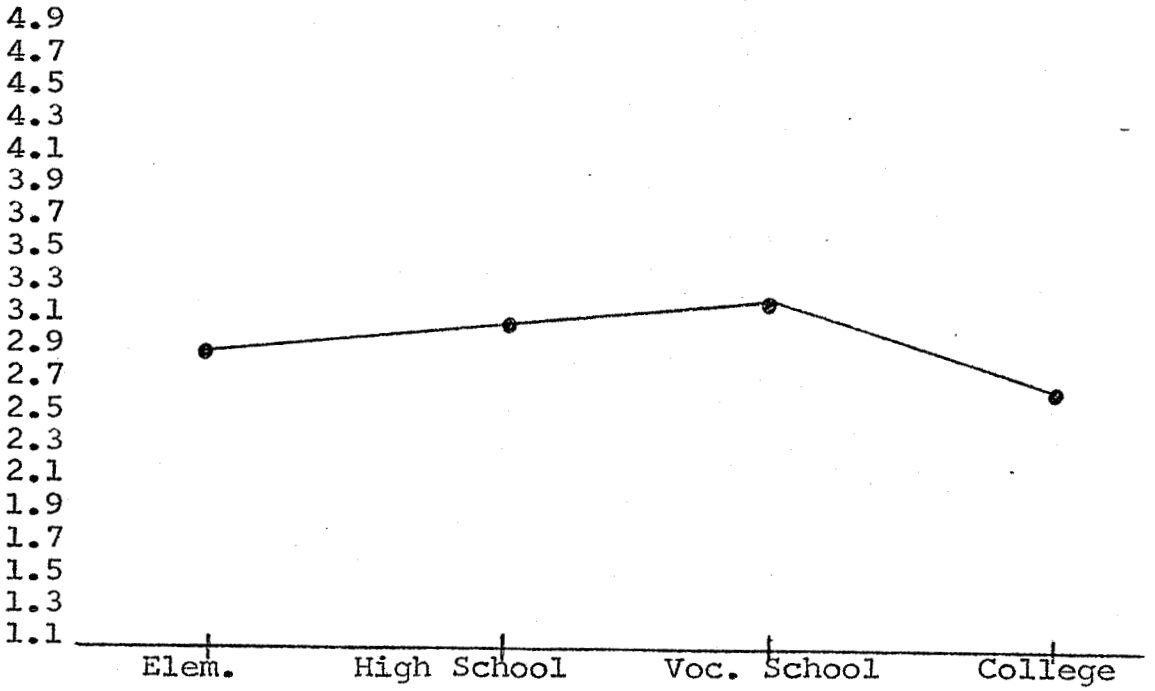


Table 6

DEATH EXPERIENCE IN THE PAST FIVE YEARS

COMPARED TO MEAN ATTITUDE ON DEATH

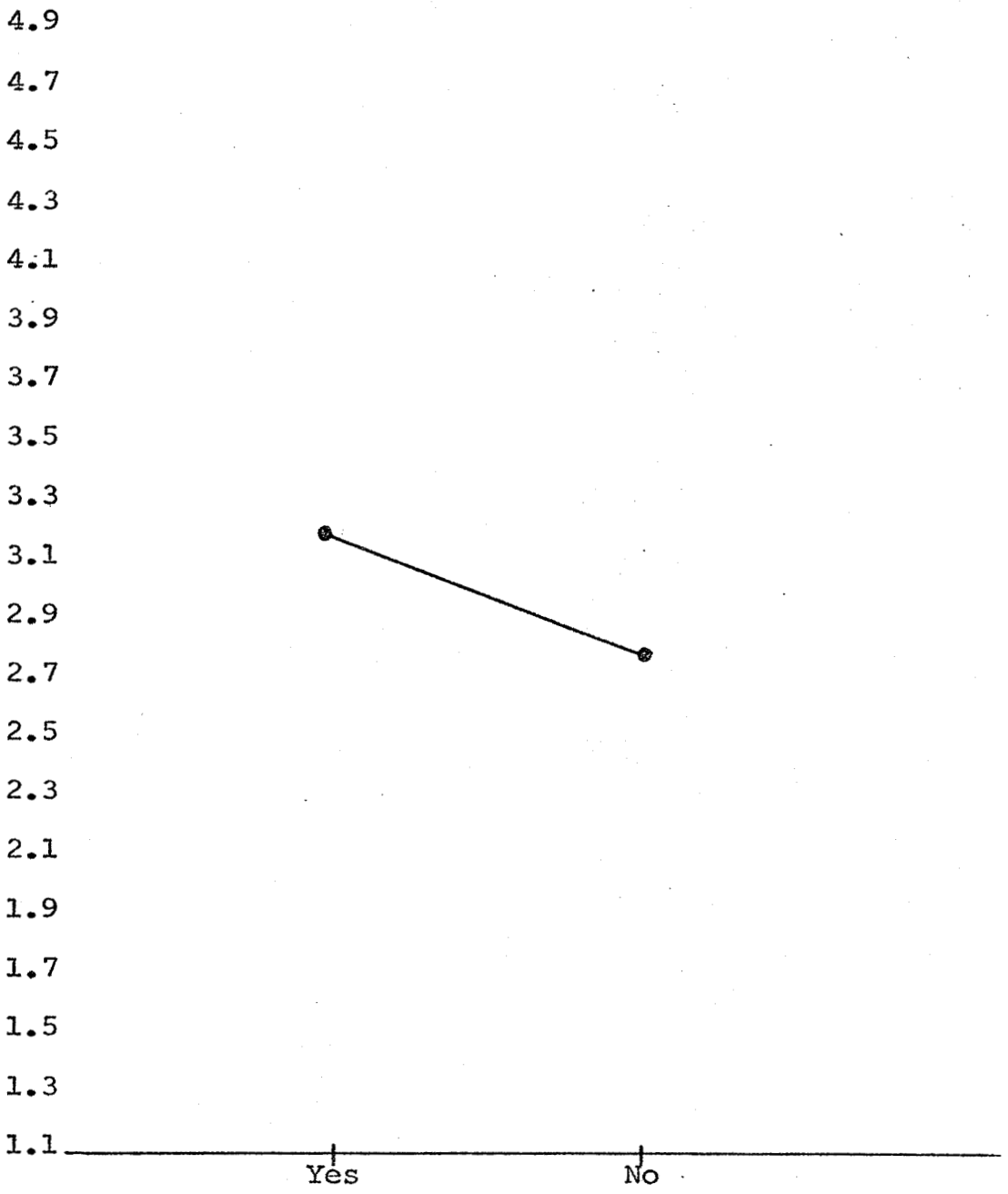


Table 7

SCHOOLS HAVE THE RESPONSIBILITY TO TEACH DEATH EDUCATION COMPARED TO ATTITUDE TOWARD DEATH

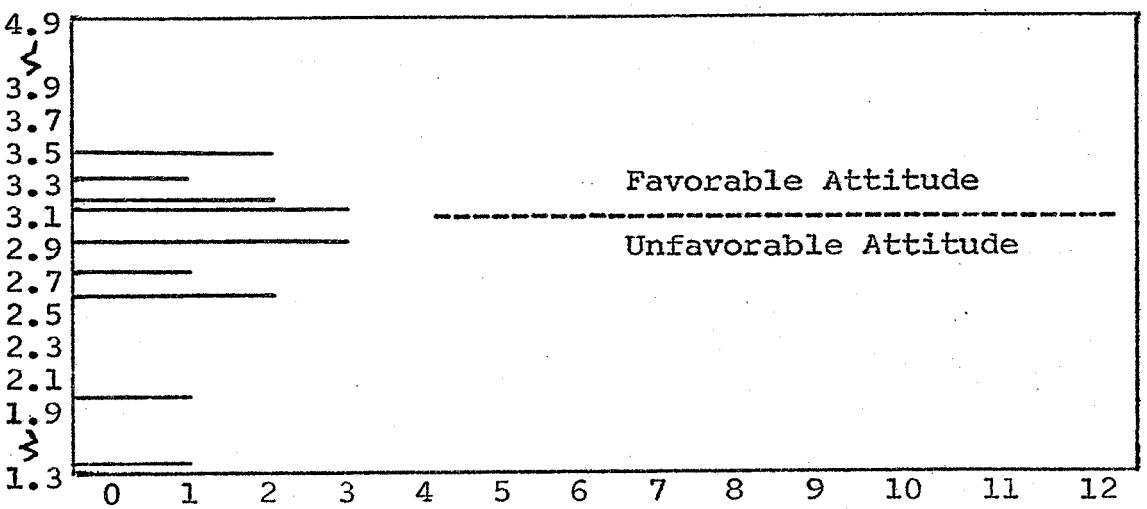


Table 8

SCHOOLS HAVE THE RESPONSIBILITY TO TEACH DEATH EDUCATION COMPARED TO ATTITUDE TOWARD DEATH

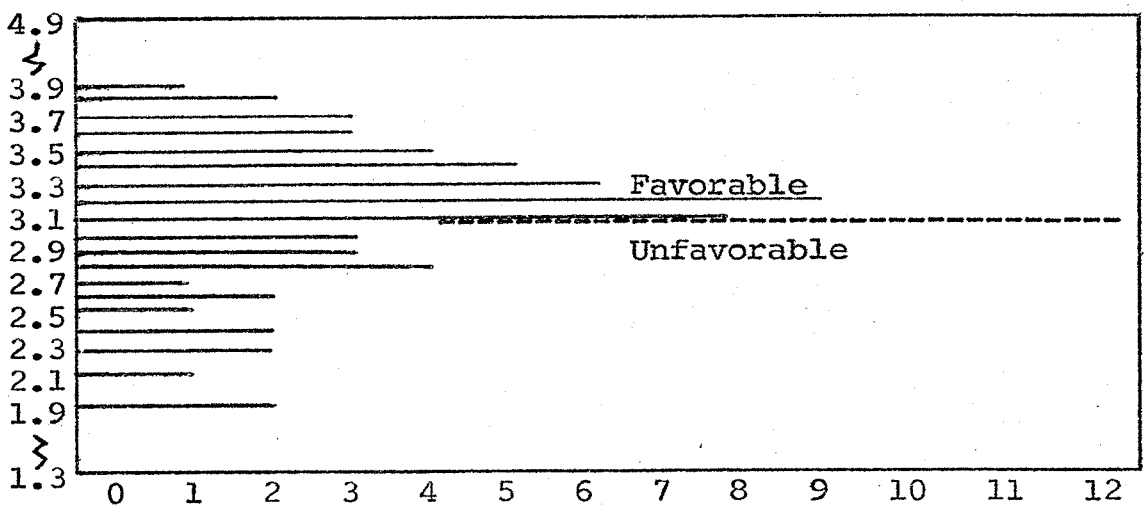
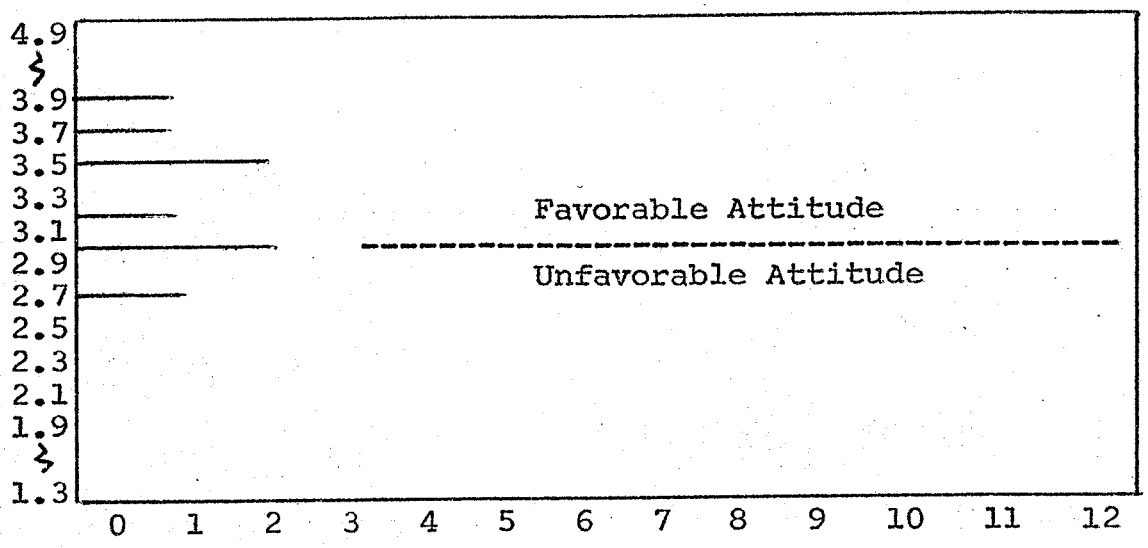


Table 9

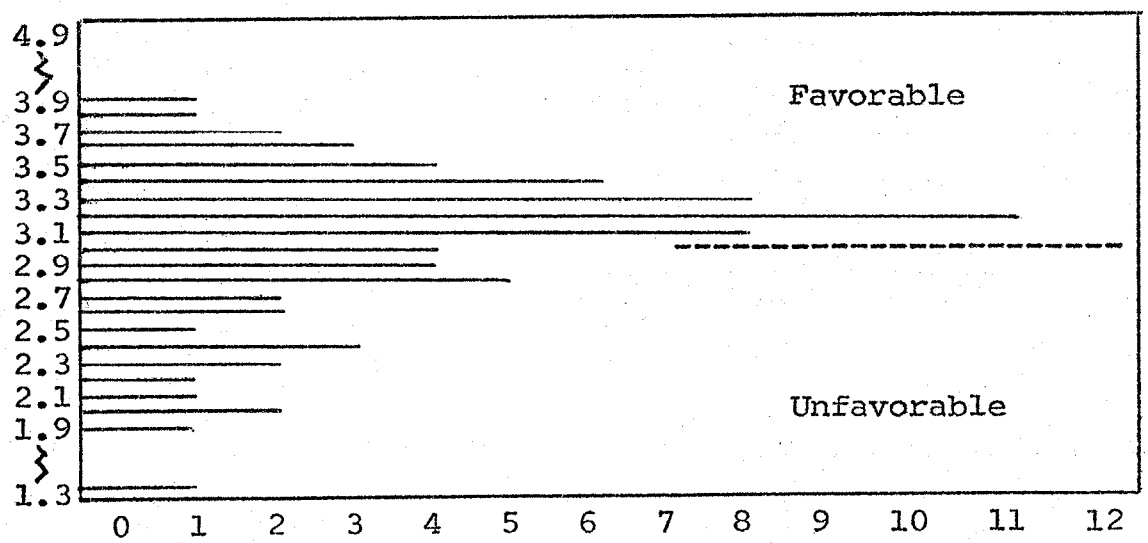
DEATH EDUCATION SHOULD BE A REQUIRED CLASS
COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Agreement

Table 10

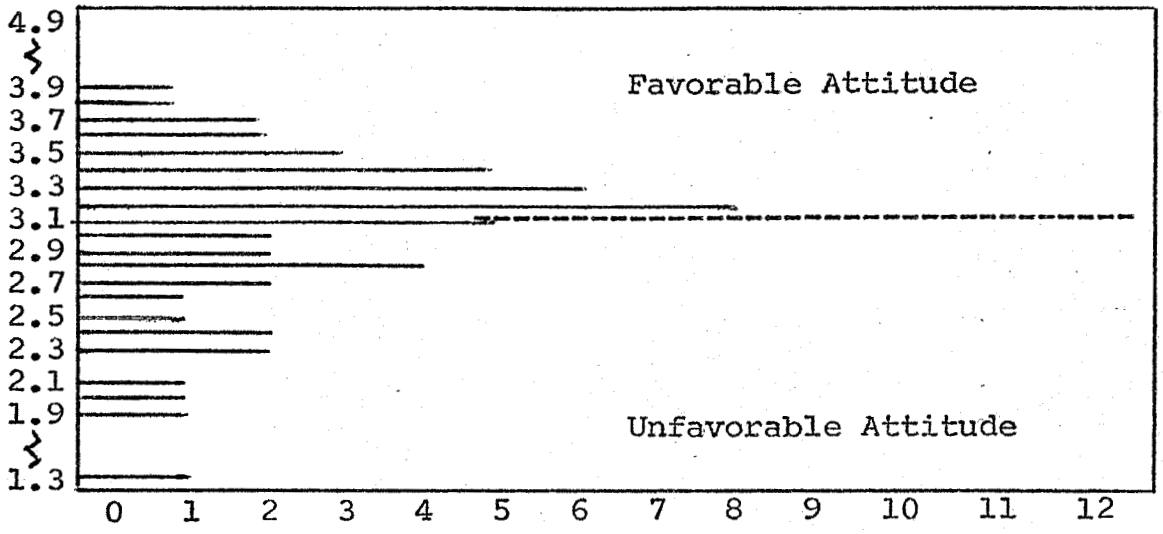
DEATH EDUCATION SHOULD BE A REQUIRED CLASS
COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Disagreement

Table 11

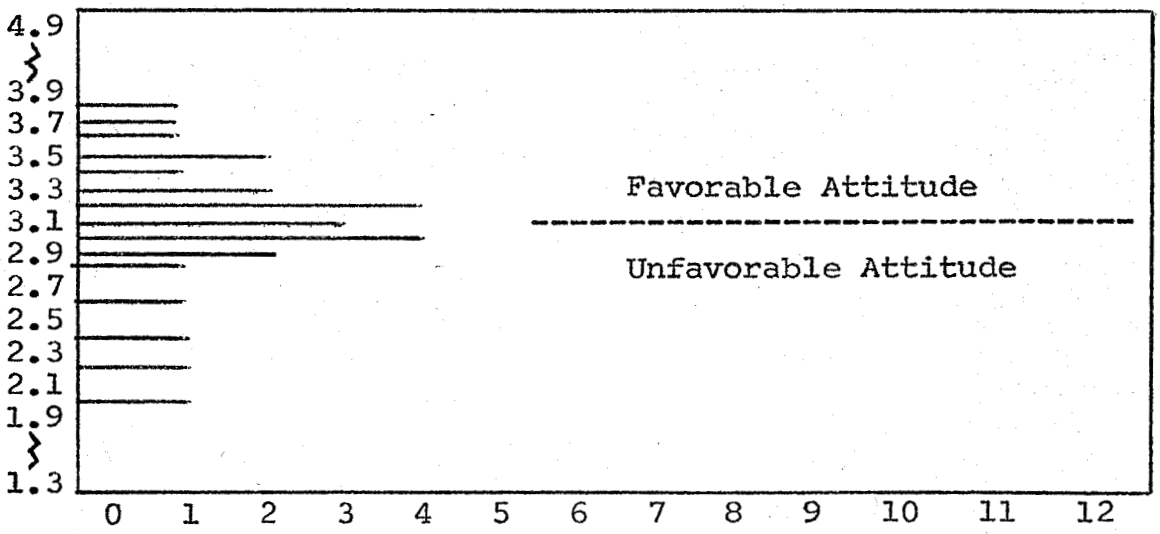
DEATH EDUCATION SHOULD BE AN ELECTIVE CLASS
COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Agreement

Table 12

DEATH EDUCATION SHOULD BE AN ELECTIVE CLASS
COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Disagreement

Table 13

ONLY THE CHURCH SHOULD ASSUME THE RESPONSIBILITY TO TEACH DEATH EDUCATION COMPARED TO ATTITUDE TOWARD DEATH

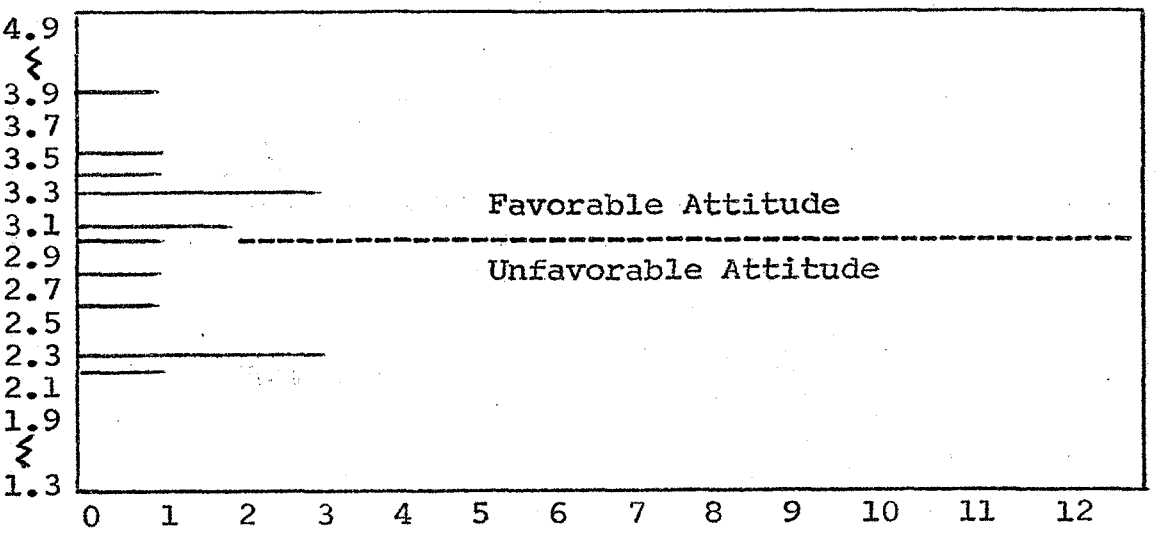
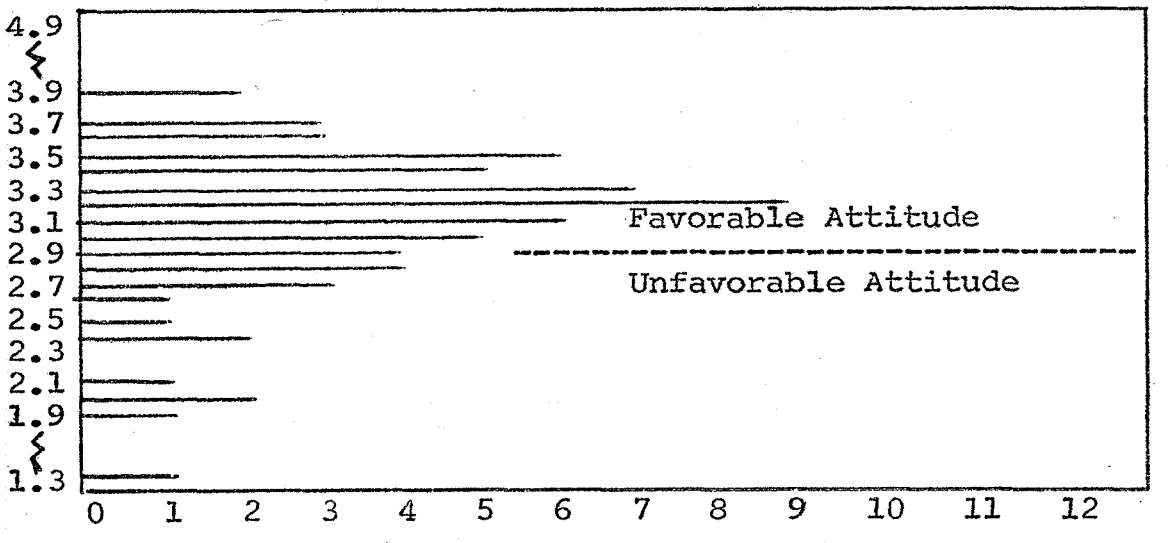
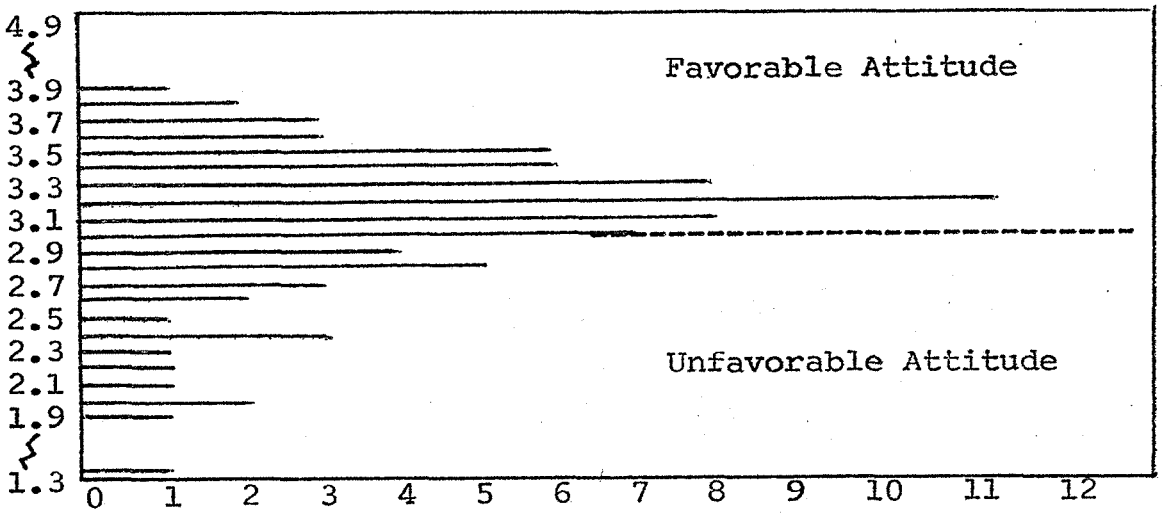


Table 14

ONLY THE CHURCH SHOULD ASSUME THE RESPONSIBILITY TO TEACH DEATH EDUCATION COMPARED TO ATTITUDE TOWARD DEATH



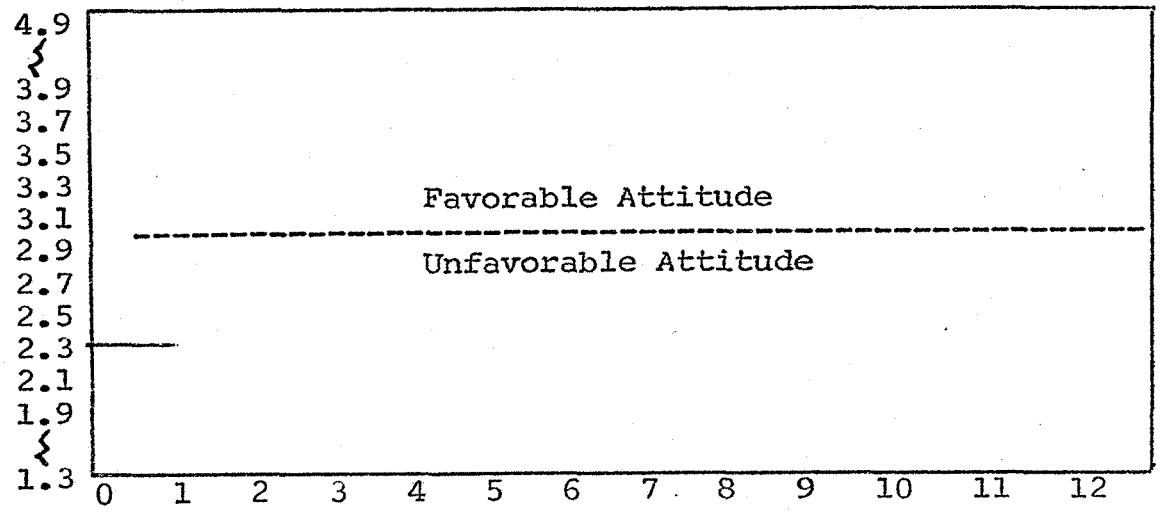
CHILDREN SHOULD DISCUSS DEATH AND DYING TOPICS WITH THEIR PARENTS COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Agreement

Table 16

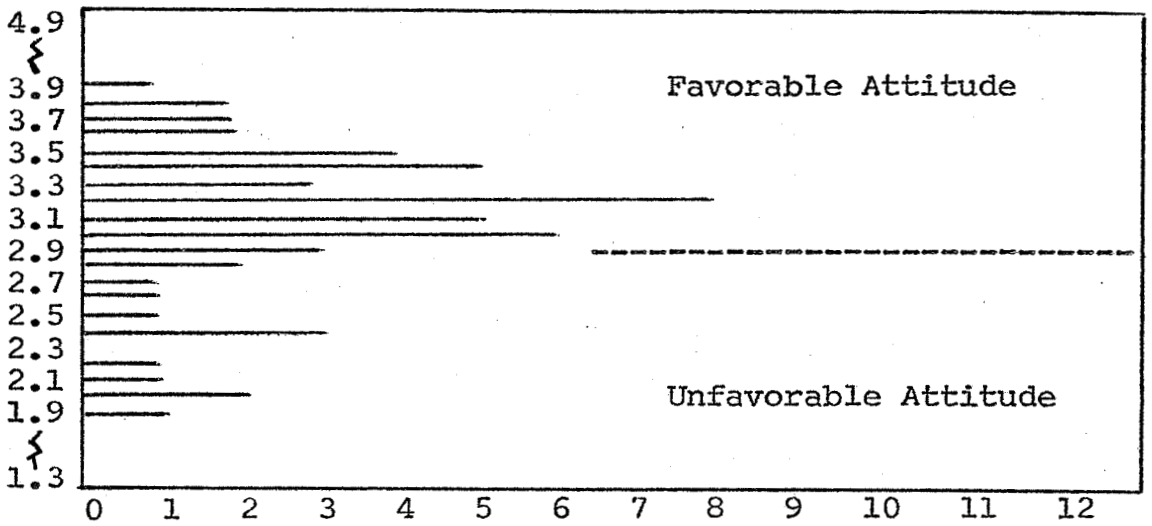
CHILDREN SHOULD DISCUSS DEATH AND DYING TOPICS WITH THEIR PARENTS COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Disagreement

Table 17

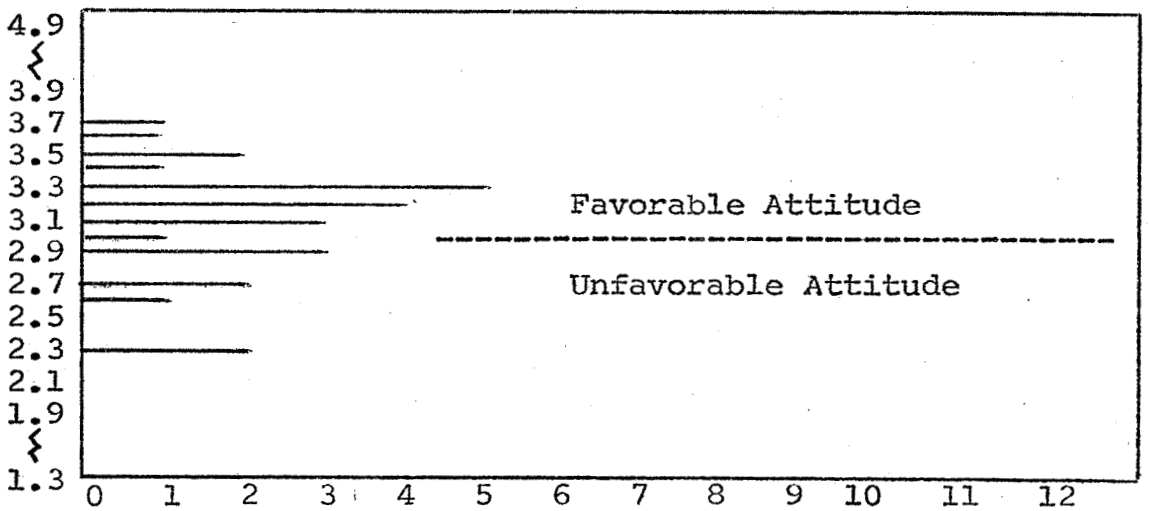
DEATH EDUCATION IS RELATED TO A STUDENT'S MENTAL HEALTH COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Agreement

Table 18

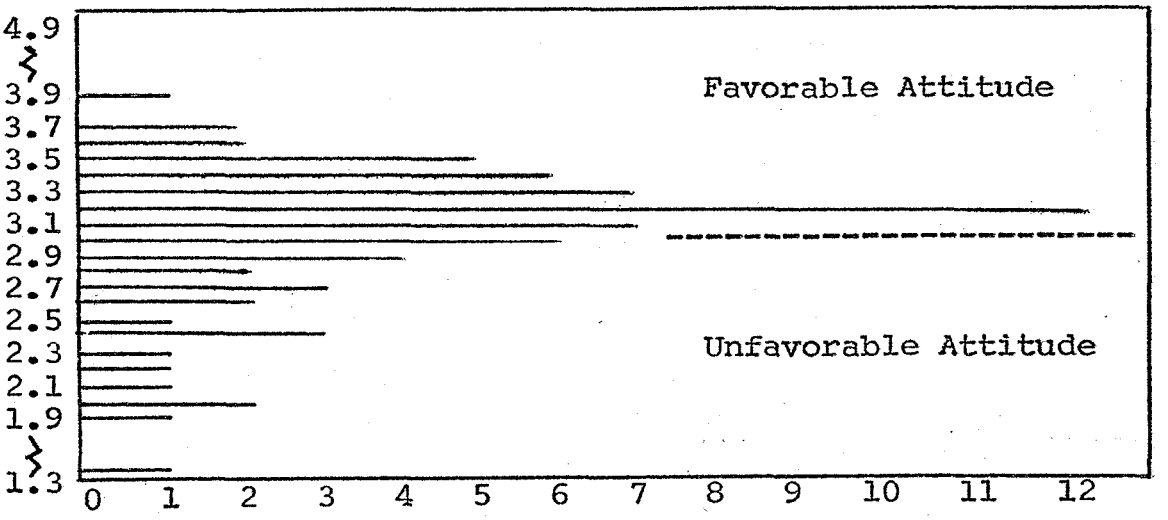
DEATH EDUCATION IS RELATED TO A STUDENT'S MENTAL HEALTH COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Disagreement

Table 19

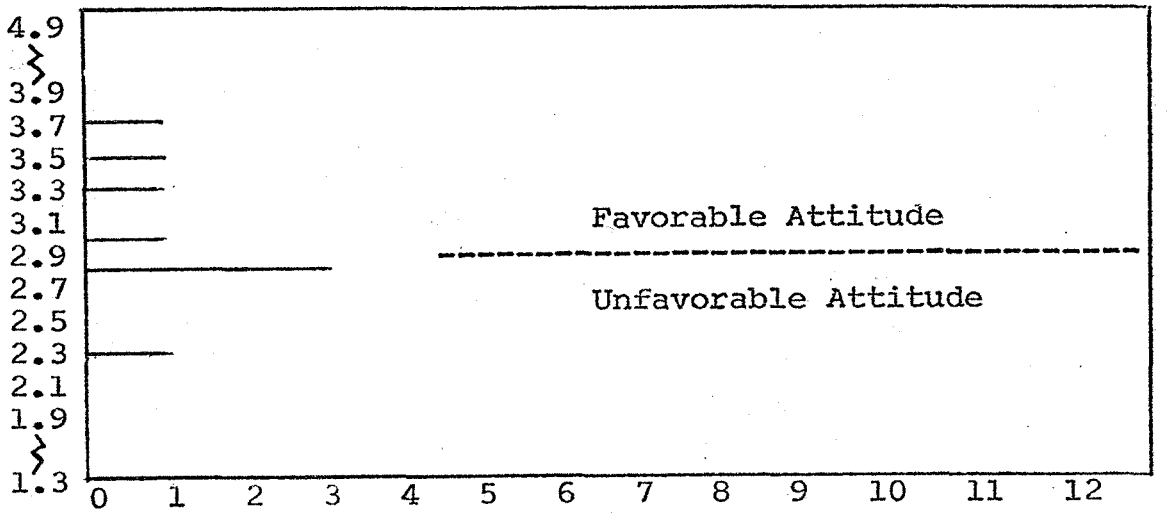
AN UNDERSTANDING OF DEATH HELPS A PERSON LEAD A RICHER, FULLER LIFE COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Agreement

Table 20

AN UNDERSTANDING OF DEATH HELPS A PERSON LEAD A RICHER, FULLER LIFE COMPARED TO ATTITUDE TOWARD DEATH



Number of Parents in Disagreement