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Implications and findings of a specific death education curriculum for the secondary school

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Implications and findings of a specific death education

curriculum for the secondary school

by

Gail Frances Wiederholt

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CHAPTER I. INTRODUCTION

The Concept of Death

Personal death remains, for the majority of the human race, one of the unknown entities of the world. From mythological times, the abstract has frightened, fascinated, and frustrated the cultures of the various hemispheres. Since few people have had any direct experience with the processes of death and dying, the majority is left to speculate, to dismiss, and(or) to fantasize their reality of death.

Although death is one of the universal absolutes, it is being intellectually ignored, for the most part, by the death-denying American public. Technology has produced so many wonders, so many life-sustaining supports in the last 50 to 70 years, that death has become an insulated if not altogether isolated fact of life.

Robert Fulton (1965), director of the Center for Death Education and Research, at the University of Minnesota, explains that today people in the United States have the first death-free generation. Millions of Americans have not witnessed a corpse except through the media. An even less number, he contends, have had any direct funeral experience.

Death is the great boundary put on life says Fiefel (1959). In a society where freedom of choice, mobility (social, economic, and physical), and individualism are sought after and prized, the concept of equality under the law of death is frightening. Intellectually one knows that death is inevitable; psychologically there is trouble in believing it.

According to Robert Jay Lifton and Eric Olson (1974), death has come to be one of the most central and troubling facts of existence today. He

points to the premise that man has always feared premature death--the interruption of a creative, nuturing existence. Today the possibility of atomic annihilation does not merely imply local destruction but doing away with the human species completely.

By the time a person is 20 years of age, one will have gone to bed and awakened approximately 7,000 times to find oneself alive (Fiefel, 1959). In seeking to separate the living from the dying, there is too much emphasis being put on youth and its values and less on old age and its potpourri of experience. One only has to examine print and nonprint advertisements to see the popularity of youth related objects that are used in selling a product.

In the eighteenth and nineteenth centuries, children were not isolated from the death and dying experience. The dying person would be at home, attended by family members. All the outward signs of death would be observed by the children and adults alike. Nursing homes were not abundant and, unless the illness was grave, much of the medical care was provided in the home. After death occurred, the corpse was not rushed off to a funeral home but rather it was prepared for the last rites and burial by the family. The body usually remained in the home until it was time for the service and interment (Neale, 1971).

David W. Berg and George G. Daugherty explain the current situation rather succinctly (1973, p. 47):

> ...the act of dying has lost its dignity and its normalcy and has become institutionalized, dehumanized, and mechanized--and young people have been excluded from the experience altogether. The resulting void of experience must be filled if society is to retain a proper perspective toward the values of life.

Part of the reality and adventure of life is understanding the meaning of death. Lifton and Olson (1974) have described death as the lost season. Yet lyrics, poems, novels, movies, etc., have capitalized on the various facets of this subject for several years. Society, perhaps by necessity, has had to dehumanize death in order to make it acceptable.

Particularly in this nuclear age, one of the crucial issues that has been identified is survival--not just any survival--but a significant one. It is the age-old question of quantity of years versus the quality of living those years. In almost any book which deals with death and dying, one will find, tucked among the passages, this very concept. Noted writers such as Elisabeth Kübler-Ross, Daniel Leviton, Robert Fulton, Robert Kastenbaum, and others all agree that if life is to be a meaningful experience, then the concept of death must also take on distinction.

Purpose of the Study

The purpose of this study was twofold: 1) to determine, if following a specific unit on death and dying, attitude change would be evidenced and 2) to determine if cognitive gain in knowledge related to death and dying, as presented in a specific unit on death and dying, would be evidenced.

The study proposes that death education should be placed in the secondary school curriculum. Further, it is proposed that one need not focus on one discipline specifically in order to implement death education. There are several subject matter areas appropriate to the topic, provided, of course, that the death education materials being used have objectives and activities that support the objectives of the particular discipline in question.

Based upon empirical evidence which demonstrates that in order to bring about a change in attitude on death and dying, one must expose subjects to some form of specific treatment or an actual experience, it can be hypothesized that change in attitude can be evidenced through exposure to a specific death education unit. In addition, it is believed that cognitive gain about death realia is concomitant with attitude change.

The specific treatment which the author will be referring to in this study is a unit entitled "Death and Dying." The unit is comprised of a student anthology, Death and Dying, a music cassette, art slides, and a teacher's guide, all of which were developed by the author.

Objectives of the Study

The objectives of this study were based upon previous research in the area of death and dying.

They are listed below in the order that they became defined:

1. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of sex.

2. To determine if a difference in change in attitude toward death and dying occured when the students were classified on the basis of age.

3. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of religious preference.

4. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of religious conviction.

5. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of whether they have experienced the death of an immediate family member (mother, father, sister, brother) in the last five years.

6. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of whether they had had a close friend die within the last five years.

7. To determine if a difference in change in attitude toward death and dying occurred when the students were classified on the basis of whether they were raised on a farm or in a suburban/urban area.

8. To determine if the course on death and dying would be given a favorable rating when compared to other courses taken by the student in junior high and(or) high school.

9. To determine if a school which has had a course in death and dying in the curriculum prior to this study exhibited greater cognitive gain in comparison to schools which have not previously had the course in the curriculum.

10. To determine if a student who has an I.Q. score of 115 and over exhibited more cognitive gain than a student with an I.Q. score under 115.

11. To determine if a student who has an I.Q. score of 115 and over exhibited more attitude change than a student with an I.Q. under 115.

12. To determine if a student who has a grade point average of 2.0 and over exhibited more cognitive gain than a student with a grade point average under 2.0.

13. To determine if students in one particular subject matter area exhibited more cognitive gain than students in other disciplines.

14. To determine if a student who received a letter grade of A or B in the course exhibited more attitude change than a student who received a letter grade of C or below in the course.

15. To determine if a student who received a letter grade of A or B in the course exhibited more cognitive growth than a student who received a letter grade of C or below in the course.

Hypotheses to be Tested

Null Hypotheses: There is no significant difference in the attitudes of the students regarding death and dying, following the treatment of a specific unit on death and dying, and the attitudes of the students prior to the treatment.

There is no significant difference in the knowledge of
the students about death and dying, following the treat-
ment of a specific unit on death and dying, and the
knowledge of the students prior to the treatment.

Basic Assumptions of the Study

The following are the assumptions which underly the research that was

conducted in this study:

1. Stratified random sampling was achieved by first obtaining from
   the Iowa Department of Public Instruction a list of all schools
   which offered a course in humanities. From the list of schools,
   50 were selected at random. A letter, explaining the program and
   the research which was to be conducted, was then sent to the
   superintendent or building principal of each school district. An
   additional 20 schools outside of the State of Iowa who were known
   to have a death education course in their curricula were con-
   tacted. From the original 70 schools, 26 schools responded, indi-
   cating they were interested in the project. From this list, four
   schools were selected. The criteria used for this selection was:
   1) the size of the school; 2) proximity to Ames; 3) convenience
   with which the program could be implemented into an already exist-
   ing curriculum; 4) the discipline in which the program would be
   taught.

2. Population within the classroom units was normally distributed.

Delimitations of Scope of Investigation

The subjects involved in the testing of the null hypotheses were soph-

omore, junior, and senior high school students enrolled in either psychol-

ogy, language arts, or social studies programs at Ayrshire High School,

Ayrshire, IA; Bettendorf High School, Bettendorf, IA; Maquoketa High

School, Maquoketa, IA; and Webster City High School, Webster City, IA.

Generalizations will be drawn to the total population of high school

students enrolled in psychology, social studies, language arts, or humani-

ties courses. Generalizations will be drawn to the time period in which

the experiment was conducted. Generalizations will also be drawn concern-

ing the specific unit on death and dying which was used as the treatment effect in the study.

Generalizations will not be drawn to all the disciplines which are represented in the high school curriculum, to specific teacher characteristics, to educational situations not represented in the study, to media that was not a part of the specific death education program, or to activities which were supplemental to the classroom instruction.

Definition of Terms

There are concepts that will be used quite frequently in the later chapters of this study that require definition in order to further the understanding of the reader.

The first concept to be defined is that of attitude. Gordon Allport, in 1935, as reported by Fishbein (1967, p. 477) concluded that "...an attitude is a learned predisposition to respond to an object or class of objects in a consistently favorable or unfavorable way."

He went on to say that research based on this conception of attitude has not proved satisfactory in predicting behavior. There has been no consistent evidence from research to support any relationship between attitude and behavior. The research that does exist indicates that one is more likely to bring attitudes into line with behaviors rather than to have the reverse occur (Fishbein, 1967).

In addition, the two components of cognition and affect are not always in harmony with the attitude of an individual. Traditional attitude measures are not likely to be related, with any consistency, to the behav-

ior of the individual. Two people may hold similar attitudes and yet have different behavioral responses.

Fishbein (1967) maintains that beliefs and behavioral intentions can best be viewed as determinants or consequences of attitudes, that rather than being viewed as parts of attitudes that they be considered as independent phenomenon that are related to, and serve as indicators of, the attitude of an individual.

For the purpose of this study, the author wants to distinguish the term attitude from the terms value, opinion, and belief.

According to Wagner and Sherwood (1969), the difference between an attitude and a value is one of inclusiveness or scope. An attitude refers to orientation toward one object whereas a value refers to a series of a class of related objects. Values are usually considered to be a collection of attitudes.

An attitude differs from opinion in that an opinion is merely an expression of the attitude. A belief, on the other hand, does not include an evaluation of the object whereas an attitude always does.

CHAPTER II. REVIEW OF THE LITERATURE

Introduction

The Review of the Literature contains three major sections. The first section, entitled <u>Issues Surrounding Death Education</u>, deals with various viewpoints and concepts regarding death education that have been assumed by authorities in the field. The second section, entitled <u>Expectations of a Death Education Curriculum</u>, provides information as to the objectives of various death education programs as well as establishing a basis for it in the curriculum. The third section, entitled <u>Research in Adolescent Attitudes in the Area of Death and Dying</u>, examines research studies dealing with the attitudes of the public, in general, regarding death and, in particular, looks at studies of adolescent attitudes toward death and dying.

Because the focus of this study is the adolescent student, very little detail will be given the reader as to the acquisition and explanation of the formation of the attitudes of children, under the age of 12, regarding death and dying. Only that information which is necessary to provide a basis for the attitude of the adolescent will be put forth.

Issues Surrounding Death Education

Let us begin by looking first at the acceptance of the subject of death and dying in everyday living. Arnold Toynbee (1969) claimed that death is un-American, and J. B. Priestly, as noted by Jeffrey Schrank (1971), has referred to it as the new American obscenity.

At the 1974 annual meeting of the Association for Supervision and Curriculum Development, Kaoru Yamamoto of Arizona State University, as cited in <u>Education U.S.A.</u> (1974, p. 157), said:

Death has been and is our last major taboo. Two years ago this topic wouldn't have appeared on the program, and if it did nobody would have shown up. But more and more interest is being shown in the topic and schools are realizing that death is something they must come to grips with.

Daniel Leviton, a University of Maryland health professor, stated in an article in Nation's Schools (Zazzaro, 1973, p. 40):

Perhaps the greatest benefit of teaching taboo subject matter is that the taboo is automatically removed. By discussing death, its implied sacred and unclean character--along with the accompanying myths, stereotypes and generalizations--are held open to scrutiny. If taught properly, death education is very much concerned with life in the fullest sense of the word. It should enhance man's reverence for and joy of life by reducing his fear of death.

Donald P. Irish (1975) commented that knowledge about death can provide insight for individuals, even society, so that it can be better understood and even appreciated, instead of being regarded as the enemy of the community. Irish continues by saying that death education can be a conscious-raising experience and of help in ordering priorities.

Expectations of a Death Education Curriculum

The arguments for death education in the schools can be analagous to those used for and against sex education. Adults, not just parents, often find it difficult to discuss the subject. This can be attributed to personal feelings closely associated with a particular death experience, or it can be because they wish to protect the child longer. The problem with either or both of these attitudes is that myths, fears, and ignorances are perpetuated.

William F. May (1973) has said that Americans do not so much want to deny death as to avoid death. The responsibility for death education would appropriately lie with the parents and depend greatly on the developmental

age of the child. Parents often feel that because the concept of death is tied closely to religious background an appropriate attitude can be fostered between instruction from the church and in the home. The only flaw with this premise is that a child is not isolated in those two spheres; the child is also influenced by peers and the mass media. Consequently, just as answers to the biological beginnings of life are sought from these various sources so, too, are questions about the physical cessation of life.

The study of thanatology in an educational environment can provide for an objective look at death from several angles. In many respects, it is interdisciplinary even though it may be concentrated in one particular academic area. The preparation for life is not attempted in one course alone; neither should death education be reserved for one grade, at one time, in one particular discipline. By its very nature, death education allows for a discussion of biological, sociological, and psychological effects on human beings.

In nonemotionally charged classrooms, free of parental pressures, the students can, as Leviton points out in an article in _Time_ (1973, p. 36), "...ventilate their fears about death."

John Splaine, of the University of Maryland, explained in _Education U.S.A._ (1974) that students will soon face or have already experienced the deaths of parents, even their own, and the deaths of friends often with little assistance from anyone. Schools have assumed the responsibility for teaching about drug abuse and sex education because parents have not been able or willing to confront the subjects. Controversial topics have become

more and more a part of the curriculum. Therefore, it should follow that death education is a vista which needs expert exploration.

Courses in various aspects of death education have been emerging across the United States. Although universities initiated the movement through the zeal of men such as Robert Fulton, Daniel Leviton, Robert Kastenbaum, and others, the idea has caught on with equal enthusiasm at the secondary level. In an article in _Time_ (1973), it was stated that in some 70 colleges and schools across the country, thanatology was being discussed in organized courses. In _Nation's Schools_ (Zazzaro, 1973), it was estimated that some 200 high schools, primarily public, were using a death education program developed by Berg and Daugherty, of the University of Northern Illinois. In addition, it was felt that approximately 100 others had created their own course.

Part of this boom of interest has come from the influx of minicourses and electives into the school curriculum. Students are being allowed more voice in the type of offerings and in their personal selection of courses. The quest for "relevance" has undoubtedly turned the tables and made the "ultimate reality" a necessity in the curriculum.

Some educators feel that the subject should be discussed as early as possible because children are naturally curious and need answers when, for example, a pet dies. However, other educators indicate that it should be a natural occurrence that brings up the subject of death--not something that is forced or preplanned. This premise would seem to hold true, especially for the elementary grades.

However, because of the increasing popularity of elective curricula in so many high schools across the country, the topic lends itself well to many areas.

Two researchers, S. B. Kahn and Jack Weiss, conclude that the school should assume the formal responsibility for development of appropriate human concerns as well as healthy social and educational attitudes (Travers, 1973). No one can argue that death is not a social concern.

If people can be sensitized to the issues of discrimination, sex stereotyping, and other social concerns, then death should present a problem of no greater dimensions.

One of the main objectives of most death education curricula is to have the student become more aware and more cognizant of personal attitudes and the attitudes of others toward death and dying. Another facet would be to demonstrate the all encompassing nature of death education: the social issues, the cultural mores, the psychological confrontation, the physical reality, and the romantic myths.

Education in death and dying should, first and foremost, give an increased appreciation to life. Death education should assist each student in an increased appreciation for the joy and beauty in life and in the living of each day. These objectives ring of affective education, and this is exactly how most designers approach the subject. Much insight has been provided by value theorists such as Sidney Simon and Howard Kirschenbaum. John McLure (1974) notes that educators should be able to apply these learned value strategies to the topic of death and dying.

It would be foolish to say there are no risks in implementing death education into the curriculum. McLure (1974) contends that one can test

this hypothesis by simply introducing the subject into a discussion among

educators. Some teachers will become enthusiastic and stimulated by the

topic while others will exhibit reservations. Answers to the questions of

after-life and suicide will assume extreme importance. These responses

must be arrived at on an individual school basis, with due consideration

being given to all sides of the controversy. The most important thing

to remember in dealing with death education, according to McLure, is to

give honest answers to questions, all the while trying to be as objective as

possible. Creating an open, guilt free environment can be the success fac-

tor in any program.

Kübler-Ross, Leviton, and Fulton have all expressed concern that

teachers may not be prepared to handle the subject of death. Acquiring

adults who are comfortable with the topic, have no reservations about dis-

cussing the many areas which it opens up, and who are cognizant of not

allowing their personal value system to be interjected is of supreme impor-

tance. Instructors should avoid overexplaining, sanforizing, and brain-

washing the subject according to Fulton (Zazzaro, 1973).

Somewhere an acceptable compromise needs to be achieved. Leviton

(Zazzaro, 1973, p. 41) offers the following five criteria for a death edu-

cation teacher:

1. Come to terms with his own death feelings and admit not only
   to death's existence but to its full status in the dynamics
   of his total personality functioning.

2. Know the appropriate subject matter he is to teach.

3. Be able to use the language of death easily and naturally,
   especially with the young.

4. Be familiar with the sequence of psychothanatological devel-
    opmental events throughout life and have a sympathetic under-
    standing of common problems associated with them.

5. Possess an acute awareness of enormous social changes cur-
    rently in progress and of their implications for changes in
    accepted patterns of death attitudes, practices, laws, and
    institutions.

The idea is for a student to emerge from a unit on death education

feeling comfortable with the language of death and being able to discuss

candidly, yet with empathy, the topic. For that student, then, death edu-

cation will have become a part of the everyday process of living. Its

design is not only to open minds and hopefully to dispel some of the fears

and myths regarding death but to give students an opportunity to humanisti-

cally look outside themselves into problems of their own community, society

as a whole, and the human dilemma in particular.

Ralph Tyler (1949) has provided a guide which curriculum developers

can use in determining whether a need for additional information does, in

actuality, exist. He cites three sources: the student, the society, and

the subject.

The author would like to examine the first two of these, in light of

the information and research that is available on death education.

First, let us look at the learner. As it will be shown in the third

section of the Review of the Literature, children have a natural curiosity

about death. This is reflected in the stories they tell, read, enact, in

the games they play, and in the television programs they watch. The popu-

larity which the death education classes have been shown to have is an

indication of the interest which the learner has. One teacher explained

that the first semester a death education course was offered, it was filled

to capacity; the next semester sections had to be added to accommodate student interest. From the personal experience of this author in a course in which death and dying was taught, the enrollment was, by far, the largest for any course offered in the department. Over a period of one school year, 150 students enrolled in the course, or one-quarter of the student body.

Courses on death and dying have long been found at the collegiate level in departments such as Physical Education, Family Environment, Psychology, Religion, Philosophy, Sociology, and Humanities. Several universities and colleges across the nation have established centers devoted to death education or have courses in death and dying.

Collegiate programs with national visibility include those at Drake University, Des Moines, IA; Ithaca College, Ithaca, NY; University of Maryland; Towson State College, Baltimore, MD; University of Minnesota; University of Massachusetts; Wayne State University, Detroit, MI; University of Cincinnati; University of California at Los Angeles; and the University of Georgia.

From information obtained in such articles as Crain, "Basic Concepts of Death in Children's Literature"; Crase and Crase, "Live Issues Surrounding Death Education"; Fontenot, "The Subject Nobody Teaches"; Formanek, "When Children Ask about Death"; Harnett, "Death Education: An Independent Study Unit"; Stanford, "A Mini-Course on Death"; Stern, "Death"; "A Course on Death"; Kocher, "Why Isn't the Gerbil Moving Anymore?"' Schrank, "Death"; Zazzaro, "Death Be Not Distorted"; "Thanatology I" and others, interest in death and dying is not found in a few isolated cases.

An examination of several biology and sociology textbooks reveals that the life cycle is often explained in an incomplete manner, regardless of whether the human body processes or the processes of nature are being discussed. Much information is presented concerning the birth and growth processes of life, with most material being concluded prior to the decay and death stages of life. Pictures of the aged and(or) decaying environment are often absent from instructional material.

Since death is a natural occurrence, there should also be adequate information about this aspect of life. It would seem, to the author, that if the needs of the student are to be met full circle, education for this final stage of life must be included.

In discussion with John McLure,[1] he leveled criticism at the abstract references made about death in student material. Authors speak in vague generalities only alluding to the existence of death or placing it in an "appropriate" context such as war or revolution.

If education is to be concerned with meeting relevant needs of students, if it is to be of assistance to people in their later lives, then death education could certainly fulfill these objectives.

In addition to his first premise, Tyler says that one should look to society, to contemporary life, when making curriculum decisions.

Following this premise, the subject of death and dying can provide the students with past references regarding how their predecessors related to and treated those who were in the process of dying and who ultimately did

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[1]John McLure, College of Education, University of Iowa, Iowa City, IA. Death Education--New Content Area. Private Communication, 1975.

die. It can give students an opportunity to examine the rites and rituals of cultures other than their own; it can stress the universality of death. Death education can provide learning situations which can be transferred to life situations.

Within the last five to six years, numerous books have been published on various aspects of the death and dying process. Many of these are reference books while others are nonfiction accounts of how a person and family members have dealt with terminal illness or being widowed.

This tends to indicate that contemporary society is recognizing this event of life. Numerous seminars are held each year for the lay public, in hopes of assisting people with the grief process and in coming to terms with their own death and(or) that of a family member or close friend. Organizations such as "Make Today Count" are appearing across the United States to assist with this very real life situation.

Since death and dying has become an area of interest for print and nonprint sources, the author would like to project that society is indicating a desire for more information in this field. The lack of death education has let lay for too long ignorance, repressed fears, myths, and fantasies. Since death is a part of the life of each individual, it could be postulated that education in this area would make everyone a better consumer of "death."

Research in Adolescent Attitudes
in the Area of Death and Dying

Fulton (1965) has found that Americans generally prefer to talk about death in particular circumstances rather than death in general terms. In 1963, he conducted a nationwide study of attitudes about death. The find-

ings revealed that those who would not complete the questionnaire were concentrated on the West Coast and the East Coast. Forty percent indicated they rarely thought about death and(or) dying; 12 to 14 percent said they thought about it frequently or all the time.

Kastenbaum (1959) tested 260 teen-agers and found the following: 1) the adolescent lives for now; 2) little structuring of thought is given to the remote future; 3) most of the respondents kept the thought of death apart from their daily activities.

Most of the research that has been done on attitudes about death is concentrated in three areas: 1) the very young person; 2) the person engaged in medical or family service work; and 3) the aged person. Very little empirical research has been done with adolescents.

Dumont and Foss (1972) have hypothesized that attitudes regarding death become more sophisticated and fixed by the end of adolescence and during the college years.

G. Stanley Hall, in 1897, as reported by Harnett (1973), surveyed the fears of people of all ages, and out of a reported 6,500 fears, death ranked fourth in number of times mentioned.

As reported in Nation's Schools Report (1975), Mary Louise Mueller discloses that death education may be causing instead of reducing fear of death. She experimented with four groups of 127 Catholic eighth-grader students in Texas and Illinois using a five-week death education unit as part of their religious instruction. Mueller concluded that the experimental group of students exhibited greater anxiety about death than the control group. Although in this study it would appear that death education scared the children, Mueller herself concedes that this may be because pre-

viously repressed fears were now being brought to the surface and being examined.

Jean Piaget (1954) estimated that a child began to develop a realistic concept of death about the age of six. Between the ages of seven and eight, there was a critical period of development, and by the time the child reached 11 or 12, the finality of death was recognized. It was at this point that the child might form concepts that would be carried throughout the adult life.

Maria Nagy (1948) worked with 378 Hungarian children and found that from five to nine years of age they often constructed fantasies with death as the theme. From three to five years of age, the child believed that the dead would come back to life; in other words, they were not really dead. Between nine and ten years of age, the child began to accept personal mortality.

Psychiatrist Gregory Rochlin (1967) challenged the view of Nagy regarding young children. He believed that the very young child was aware of death and that throughout life he retained these beliefs, often reverting to them as he came into personal contact with death in adult life. Rochlin mentioned that the perception of death held by a child was well developed by age five.

Gesell and Ilg (1946) found, in their studies of children, similar results. However, they extended their findings and concluded that the concept of death remained a cognitive one for most people until the process of dying began. It was at this point that an affective understanding was reached.

Young adults of high school age can be found still attempting to escape the reality of living and, thus, the reality of death. Many continue to find death fascinating, fantasizing that it can be overcome. Their "life" and "death" issues seem to express the fears and preoccupation with the subject. Statistics reveal the rising number of casualties from drug overdose, serum hepatitis, effects of hallucinogenic drugs, and venereal disease. Some of the risk-taking, the skirting, and playing with death is attributed to the atomic age and the ever-lurking possibility of destruction (Mack, 1973).

Additional factors include the feeling of living forever, never really being able to see oneself 50 years hence; the need to uncover the secret, pornographic effects which have come from the cultural myths surrounding death; and the need for recognition, even if only a corpse is present. For young people, death can be a means of seeking glory (e.g. fighting on the front line, participation in high risk activities). Death can be a form of punishment (e.g. revengeful suicide); death can be entertainment (e.g. hunting of wildlife, playing "chicken" in cars); and death can reinforce status structure (e.g. size of the funeral, number of floral arrangements present) (Vernon, 1970).

Children make up the large portion of the television audience. Marc Goulden, formerly the head of program development at CBS, stated, "There is one constant in every successful T.V. story form, and that's the leading character's occupation is somehow connected with death" (Neale, 1971, p. 7).

Because death is one of the most personal experiences a human being will ever have, many variables must be taken into account when one consid-

ers attitudes toward death. Since adolescence is a period of establishing or cementing values and beliefs, both of which affect attitude, one must remember that many extrinsic factors will impinge upon whatever is attempted in the classroom.

Confirming this postulation, Kastenbaum and Aisenberg (1972) discussed several general propositions concerning a death concept: 1) the concept of death is relative, depending on the developmental level of the individual; 2) the concept of death is indeed complex and is characterized by not having a unified whole or an internally coherent and consistent framework; 3) situational contexts, such as physical milieu, or the degree of personal involvement, affect death concepts; and 4) death concepts influence conscious and subconscious behaviors.

The author was not able to locate any definitive studies which involved cognitive learning in relation to a death education unit. Of the death education courses which were reported, only affective results were discussed. Most of the measurement devices were classroom dialogue (Zazzaro, 1973) and postcourse open-ended questionnaires which were administered in every school which reported outcomes of a death education course.

CHAPTER III. METHOD

This chapter on research procedures will contain a description of the
sample, a description of the measures that were used, and a description of
the design that was used in carrying out the study.

Description of the Subjects

The subjects participating in this study were fifteen (15) sophomore,
seventy-nine (79) junior, and sixty-four (64) senior high school students
with an age range at the beginning of the study of 14 years or 171 months
to 18 years or 223 months. The median age of the subjects was 192 months
or 16 years of age.

There were ninety-eight (98) female subjects and sixty (60) male sub-
jects. Two (2) subjects were raised in a large city, population over
500,000; five (5) subjects were raised in a small city, population 100,000-
500,000; thirty-three (33) subjects were raised in the suburbs; thirty-six
(36) subjects were raised on a farm; and seventy-seven (77) subjects were
raised in a small town, population under 100,000.

Subjects were enrolled in four Iowa high schools of varying sizes:
Ayrshire, 9-12, enrollment 81; Bettendorf High School, 10-12, enrollment
1,800; Maquoketa High School, 10-12, enrollment 519; and Webster City High
School, 10-12, enrollment 587.

One hundred fifty-six (156) students classified themselves as members
of the Caucasian race; one (1) subject classified himself as a member of
the Oriental race; one (1) subject classified himself as a member of the
Negroid race. There were no students of Hispanic or American Indian back-
grounds.

Each subject listed a religious preference. Ninety-six (96) were of a
Protestant faith; forty-nine (49) were Roman Catholics; one (1) professed
to be Jewish; eight (8) reported no religious preferences; and in the cate-
gory of Other, there were four (4).

Twenty-two (22) described themselves as very religious; one hundred
and twenty-one (121) indicated they were somewhat religious; and fifteen
(15) said they were not religious.

The subjects were also asked to indicate whether they had had a member
of their immediate family (mother, father, sister, brother) die within the
last five years. Twelve (12) responded affirmatively; one hundred and
forty-six (146) said no.

In response to whether the subjects had had a close friend die within
the last five years, fifty-eight (58) said yes and one hundred (100)
answered negatively.

Description of the Measures

Two of the measures were developed by the author for this study. They
were the Attitude Questionnaire on Death and Dying and the Cognitive Pre-
test and Posttest over the material in the student anthology, Death and
Dying.

The Attitude Questionnaire on Death and Dying was premised on the
definition of attitude by Allport that was previously stated in Chapter I.
It was designed to illicit information concerning the feelings of the stu-
dent toward the subject of death and dying, and was administered to all
students during the first week and the final week of the class.

The Attitude Questionnaire on Death and Dying (Appendix A) was designed with a Likert Scaling technique. This method uses only clearly favorable or clearly unfavorable attitude statements, and the subject is required to respond to each statement on a five-point scale: strongly disagree (SD), disagree (D), undecided (U), agree (A), and strongly agree (SA). In scoring unfavorable statements, these weights are reversed (Shaw and Wright, 1967). In processing items from the Attitude Questionnaire which were originally stated in a negative manner, a reversal of this scale was done to facilitate a consistent interpretation by the reader.

This method of scaling does not assume equal interval; rather it uses an ordinal scale which provides information on the ordering of attitudes on a continuum. According to Zinbardo and Ebbesen (1970), there is indication of how close or how far apart the attitude of each individual might be.

To ensure that the data meet minimum statistical requirements for techniques associated with estimation procedures, distribution properties of variables used in the analysis are presented. The distributions of all variables represent measurements taken on a five-point Certainty Scale which has a range of scale values from one to seven (Warren et al., 1969).

Criticism of the Likert method has usually focused on the assumption of normality and equal distribution. Some researchers such as H. H. Remmers (1954) feel that the reliability coefficient is not as high as it might be if a panel of judges (Thurstone method) was used in the scale construction. This has been disputed, and rather effectively, by Edwards and Kenney who show that the strength of the reliability coefficient is determined primarily by the number of items in the instrument. The smaller the number used by both techniques, the more similar the coefficients. In

fact, the Likert method outscores the Thurstone method when 20-25 item

scales are used (Fishbein, 1967).

For this study, a 20-item Likert scale was constructed to be treated

as nonadditive. A panel of experts, consisting of three high school

instructors of courses on death and dying and two college instructors

involved with the topic, was asked to comment on the wording and appropri-

ateness of each of the original 40 attitudinal items. Students from two

area schools were administered a pilot testing of the 40-item question-

naire, and the results of this were examined to find which items correlated

highly and which items were the most discriminating. The final form was

generated by the author from the results of the analysis and the written

and verbal comments of the solicited teachers.

In-put from the Collett-Lester Fear of Death Scale, Investigatory

Instrument to Measure Attitudes towards Death (Hardt, 1975), and instru-

ments that teachers in the field have devised and used were considered when

the author constructed the Attitude Questionnaire used in this study.

The Cognitive Pretest (Appendix C) and the Cognitive Posttest (Appen-

dices D-G) were developed using the student anthology Death and Dying as

the basis for content. Precautions were taken to assess the same kind of

intellectual skills called for in the student anthology. The tests reflect

in no way any material presented by the audio-visual components of the

unit.

Three high school teachers reviewed the content of the test items in

relation to the content of the anthology Death and Dying. No reliability

had been determined for the tests at the time the study was begun. The

format of the test was multiple choice, matching, and true-false.

A Scale for Measuring Attitude toward Any School Subject (Appendix H), developed by H. H. Remmers and Ella Belle Silance, was administered to determine the reaction of the students to the unit "Death and Dying." Students compared four other courses they were in the process of taking or which they had recently completed to the course in which the unit "Death and Dying" was taught.

The scale is described as a generalized standard attitude scale that can be applied to any selected class of objects. It may be used to measure attitudes toward any given subject. The statements in the scale remain the same and have the same value regardless of the subject chosen. Form A, or the short form, comprised of 17 statements, was used. The statements are in the reverse order of Form B, which lists them in order of increasing favorableness. The student places a plus (+) sign before each statement with which there is agreement. These plus signs reference each subject which has been listed at the top of the form.

In compliance with the contract under which <u>Death and Dying</u> was developed, two additional evaluation instruments were administered to the student at the conclusion of the course. The Course Information (Appendix I) and the Student Evaluation Form (Appendix J) were included for the purpose of obtaining information about the print and nonprint materials, activities, and reading selections in the unit "Death and Dying." Selected results are reported in Chapter IV.

One means of assessing affective outcome is the semantic differential technique derived from the work of Osgood, Suci, and Tannenbaum (1957). Based on the assumption that in written and spoken language the characteristics of ideas and things are primarily communicated by means of adjec-

tives, considerable research has been undertaken by others to investigate the connotative meanings of concepts. The semantic differential technique is not a test procedure per se but a general method of obtaining ratings of concepts on a series of bipolar adjective scales.

This technique was used to obtain information concerning the subject of death and also activities and materials in the unit "Death and Dying." Students marked on a seven-point continuum their reaction to the subject of death, using paired adjectives as a guide.

Grade point averages were obtained for each student in the study. They are reported on a four-point scale. The group is dichotomized, using 2.0 as the midpoint.

I.Q. scores were also obtained, when possible, for each student. Three schools reported verbal scores, using the Lorge-Thorndike Intelligence Tests. One school reported verbal scores, using the Cognitive Abilities Test, developed by Robert L. Thorndike and Elizabeth Hagen. In the Technical Manual, accompanying the test, the authors explain that it is a further development of the Lorge-Thorndike Intelligence Tests and that in many ways it is quite similar to the previously published tests. Verbal scores, the manual explains, show high consistency from one testing to the other. It was on this basis that the author decided to use the verbal score from both tests as a comparable measure for all subjects in the study.

Research Design and Procedures

The design of the study is a one-group pretest-posttest design. According to Borg and Gall (1971), this design involves three steps. First

is the administration of pretests (attitude and cognitive) measuring the dependent variables. The second step is the application of the experimental treatment or the independent variable to the subjects. In this study, the treatment was the unit on "Death and Dying." The final step is the administration of posttests, measuring the dependent variables again. Differences due to application of the experimental treatment are then determined by comparing the pretest and posttest scores.

The author is cognizant that the major limitation of the single-group design is that the experimenter must assume that changes between the pretest and posttest were brought about by the experimental treatment. There is always some chance, however, that one or more extraneous variables brought all or part of the change noted between the pretest and posttest scores.

Because of the assumption that the changes on the dependent variables are not due to extraneous factors, the one-group pretest-posttest design is limited to the study of characteristics or behavior patterns that are reasonably stable; that is not likely to change unless some direct action by the experimenter is taken to bring about such a change. The single-group design, for example, is often used for studying changes in racial and religious attitudes of adults because these attitudes are known to be relatively stable in most adults and are unlikely to change unless some significant effort is made to change them. Dumont and Foss (1972) note that in the area of death and dying, the attitude of a subject usually remains stable unless affected by a treatment or direct stimulus.

Implementation

The death and dying treatment materials were incorporated into exist-
ing courses in the disciplines of social studies, psychology, and language
arts. Two of the test sites had previously had a course in which death and
dying was taught; two had not. All of the courses in which the treatment
materials were used were listed as electives by the respective schools.

Time allotments for the course were as follows: Ayrshire, ten weeks,
55 minutes, five days a week (2,750 minutes total); Bettendorf, seven
weeks, 50 minutes, five days a week (1,750 minutes total); Maquoketa, nine
weeks, 52 minutes, four days a week (1,872 minutes total); Webster City,
ten weeks, 37 minutes, two days one week, three days the next week (925
minutes total).

All four teachers used additional audio-visual materials. Two of the
classroom units took field trips which were relevant to the topic. All
four instructors invited resource people to speak to the classes. The
Teacher's Guide suggests that teachers avail themselves of these outside
sources.

Aside from on-site verbal instructions prior to the beginning of the
unit, the instructors were asked to follow the procedures outlined in the
Teacher's Guide. No formal in-service was held. Each school was contacted
at least once by the author to check on progress. No problems of any con-
squence were reported during the project by the test site schools.

The Pretest Attitude Questionnaire, Cognitive Pretest, and Student
Information survey were administered during the first week of the course.
Each of the four Chapter Posttests was given as that particular chapter in
the text was completed. At the conclusion of the unit, the Attitude Post-

test, A Scale for Measuring Attitudes toward School Subjects, a Course Information form, and a Student Evaluation of materials were administered.

Statistical Analysis

The data collected by the Attitude Questionnaire, the Cognitive Pretest, and the Cognitive Posttests were coded in a format appropriate for use with the Statistical Analysis System (SAS), Programming Language One (PL/1), and Statistical Package for the Social Sciences (SPSS). These programs provided the statistical comparisons necessary for the study.

In order to determine statistical significance, the data were submitted to Analysis of Variance (ANOVA) by regression. This technique was utilized to identify those individual statements of the Attitude Questionnaire which were statistically significant. Because of the inequality of the cell populations, the regression format was judged appropriate to provide the required sums of squares for the analysis of variance.

Three independent regression models were drawn from the general formula which is given below. In the first model, X_j represented sex, age, I.Q., G.P.A., and course grade. During the second model, these variables were replaced by religious conviction and strength of religion. The final analysis employed the following: grade level, religious strength, religious preference, death of a relative, and death of a friend.

The following Fix Effects Linear Model was used in the regression analysis of the Attitude Questionnaire and in the Cognitive Pretest and Posttests:

$$Y_{ij} = B_o + B_j X_j + e_{ij}$$

where:

Y_{ij} = the score of the individual in in the treatment j

B_o = y intercept

B_j = beta weight for the jth treatment

X_j = the effect of the jth treatment

e_{ij} = the error associated with measurement of individual i in treatment j

Assumptions:

1) The experimental errors are independent both within each treatment level and across all treatment levels.

2) The experimental errors e_{ij}'s are normally distributed within each treatment population.

3) The variance due to experimental error within each treatment population is homogeneous.

The paired sample t test was used to determine whether a significant difference existed between treatment means as evidenced in the scale of Remmers and Silance. The following paired sample t formula was utilized:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\left(s_1^2 + s_2^2 - \frac{2\Sigma X_1 X_2}{n-1}\right) \Big/ n}}$$

where:

$\bar{X}_1$ = the mean of group 1

$\bar{X}_2$ = the mean of group 2

s_1^2 = the variance group 1

s_2^2 = the variance of group 2

n_1 = the number of subjects in group 1

n_2 = the number of subjects in group 2

$\Sigma X_1 X_2$ = covariance between X_1 and X_2

Descriptive statistics were calculated for Student Information, Course Information, and Student Evaluation.

In order to insure statistically adequate cell frequencies in the analysis, certain categories were collapsed from the original five catego-ries. These include:

1. Collapsing age into four categories:

    171 months to 179 months equals less than 16 years of age

    180 months to 191 months equals 16 years of age

    192 months to 203 months equals 17 years of age

    204 months to 223 months equals over 17 years of age

    The original category distribution is reported on page 23 of this chapter.

2. Collapsing residence into four categories: Suburban, Small City, Small Town, Farm. The original category distribution is reported on page 23 of this chapter.

3. Collapsing religious preference from the original five into four categories: Protestant, Catholic, None, and Other. The original list of preferences is given on page 24 of this chapter.

Statistical significance was set at the .05 level. Significant find-ings for all main effects and interactions involving treatment were reported. All treatment means and standard deviations were given for each item of the Attitude Questionnaire, the items of the Course Information, and the Cognitive Pretest and Posttests.

Limitations of the Study

1. Policies regarding scheduling of high school students did not permit random assignment of the subjects into the experimental course. It is possible that particularly in terms of motivation the group may not have been representative of the total sophomore, junior, or senior classes.

2. The study was conducted only within the parameters of the State of Iowa.

3. Tests sites that can be termed suburban or urban in a rural state such as Iowa are not the same as urban and suburban sites in other parts of the country.

4. The study is almost entirely comprised of members of the Caucasian race.

5. Implementation of the program was not uniform in terms of time allotments.

CHAPTER IV. FINDINGS

Chapter IV on Findings is divided into three sections. The first section deals with analytic techniques used in this study. The second section deals with a description and interpretation of the findings that are pertinent to the null hypotheses. The third section presents additional findings that are relevant to the study.

Analytic Techniques

The Preattitude Questionnaire, the Postattitude Questionnaire, the Cognitive Pretest, and the Cognitive Posttests were analyzed through the Statistical Analysis System ANOVA program which assumed a linear format. A t-statistic was employed to analyze A Scale for Measuring Attitude toward Any School Subject by Remmers and Silance. Descriptive statistics were generated for the demographic data of the students. These appear at the beginning of Chapter III.

Description of Findings Pertinent to the Hypotheses

The Attitude Questionnaire was analyzed to determine whether the feelings of subjects toward death and dying would reject or fail to reject the first null hypothesis of this study. That hypothesis states that there would be no significant difference in the attitude of students regarding death and dying, following the treatment of a specific unit on death and dying, and the attitude of the students prior to the treatment.

On the basis of the demonstrated data, the research results from the Attitude Questionnaire reveal that significant attitude change on 13 items of the Questionnaire are attributable to such variables as sex, I.Q., grade

point average (G.P.A.), course grade, and age which were utilized in the regression equation.

No determination of a difference was noted on these aforementioned variables for seven items of the questionnaire. This finding indicates that a change was noted for objectives 1, 2, 10, 11, 12, 13, 14, and 15 of the study.

Results from this study will be compared to previous research done by Kastenbaum (1959), which indicates that the adolescent lives for now and that little structuring of thought is given to the remote future.

Statements from the Attitude Questionnaire, administered in this study, on which were found statistically significant differences among demographic variables, will be discussed in the following paragraphs.

In reviewing the mean change results (Appendix L) for statement 2, "I would want to be told if I were terminally ill," it appears that students who are under 16 years of age would not want to be told if they were terminally ill. Following the treatment, the attitude became more supportive of this statement. However, all 16-, 17-, and over 17-year-old students agreed that they would want to be told if they had a terminal illness.

Statistical significance, following the treatment, was obtained for statement 5 (Appendix L), "Even though I often see portrayals of death in everyday life, especially through the media, I think that it will never happen to me," with the interaction (Appendix Q, Graph 1) of student grade point average and the grade level of the student.

The mean change results appear to indicate an inconsistency of attitudes. After the treatment, juniors and seniors, with a G.P.A. below 2.0, express an attitude which reflects an agreement with the concept of death

Table 1. Summary table of statements from the Attitude Questionnaire on Death and Dying on which demographic variables played a significant role[a]

Statement[b]	Demographic variables	F value
1	G.P.A.	3.70^{*}
2	Age	2.97^{*}
4	G.P.A.	4.30^{*}
5	G.P.A. x grade level	4.29^{*}
6	Overall	2.42^{*}
	Course grade	11.93^{**}
7	Course grade	7.00^{*}
9	Age	3.24^{*}
10	Overall	1.88^{*}
	I.Q.	3.76^{*}
	Sex x G.P.A.	4.41^{*}
13	Sex	4.37^{*}
	Sex x I.Q.	6.30^{*}

[a]See Appendix L.

[b]The following statements are those which were listed as statistically significant on Table 1.
1. The idea of death frightens me.
2. I would want to be told if I were terminally ill.
4. Being alone at the time of my death would be a frightening experience for me.
5. Even though I often see portrayals of death in everyday life, especially through the media, I think that it will never happen to me.
6. If someone were to talk to me about death, I would feel uncomfortble.
7. I would not want to see someone who was dead.
9. When I die, I hope to leave something of myself behind as a reminder that I existed.
10. I would prefer to die quickly.
13. If a close friend were terminally ill, I would not want to know.
14. I feel pity for people who have terminal illnesses.
15. At my age, it is difficult to realize that I will die.
17. I prefer to think of death in a romantic way--for example, dying in someone's arms or being killed while protecting someone else.
18. The fact that I do not know what it feels like to die does not bother me.

$^{*}p = \leq .05.$

$^{**}p = \leq .01.$

Table 1. (Continued)

Statement	Demographic variables	F value
14	Age	3.13^{*}
15	Sex x I.Q.	4.68^{*}
17	Sex	7.77^{*}
	Sex x G.P.A.	6.66^{*}
18	Sex x I.Q.	4.35^{*}

as a certainty. However, sophomore students, experiencing similar treatment, more firmly agree that death holds no immediacy for them.

When taking into consideration the age of the student, statistically significance differences occurred among age categories in statement 9 (Appendix L), "When I die, I hope to leave something of myself behind as a reminder that I existed." Mean change results appear to indicate that, following the treatment, students who are 17 years of age or older have a greater desire to leave something of themselves behind. Younger students appeared to have an attitude reversal and not view the idea of perpetuating themselves as important. These findings are supported again in Table 3. It is also consistent with the previously alluded to premise of Kastenbaum which implies that adolescents have difficulty in relating to the reality of viewing death as a part of their present state of being.

It is noteworthy that, in this study, the students who are about to graduate from high school indicated more of a desire to contribute something of lasting value so that there will be a reminder of their existence when they die.

Both prior to and following the treatment, both males and females expressed a positive attitude toward statement 13 (Appendix L), "If a close

friend were terminally ill, I would want to know." The treatment, however, did have the effect of diminishing the expressed attitude in females.

The interaction of sex and I.Q. (Appendix Q, Figure 3) indicated that after receiving the treatment, students with an I.Q. of less than 115 were less willing to receive information characterizing a friend as terminally ill. This reluctance was strongest for male students. However, for students with an I.Q. of 115 and above, this reluctance was reversed.

Two of these findings tend not to support previous research reported by Kastenbaum (1959) which indicates that adolescents have difficulty coping with the reality of death.

A statistically significant interaction of sex and I.Q. (Appendix Q, Figure 4) was obtained for statement 15, "At my age, it is difficult to realize that I will die."

After receiving the treatment, all students were able to realize the eventuality of death. Boys with an I.Q. of below 115 were less able to personalize death than were their male counterparts with an I.Q. of 115 or more. Female students exhibited the reverse of this personalization over the same I.Q. intervals. This finding contradicts previous research which indicates that adolescents have difficulty in believing that they will die.

Statement 17 (Appendix L), "I prefer to think of death in a romantic way--for example, dying in someone's arms or being killed while protecting someone else," was rejected initially by both boys and girls. The interaction of G.P.A. and the sex of the student (Appendix Q, Figure 5), however, projects a more definitive interpretation. The attitudes expressed by students with a G.P.A. of less than 2.0 were divergent, with the girls revealing a more positive attitude change toward the concept of romantic death.

This divergence was not maintained for students with a G.P.A. of 2.0 and above (i.e. nearly becoming convergent).

In addition to these items which support and also refute prior research, significance differences were found on the demographic variables, G.P.A, I.Q., and course grade, on the following statements. These give additional insight into the adolescent view of death and dying.

The idea of death as frightening appeared to be consistently experienced by students in this study. The mean attitudinal change in statement 1 (Appendix L), "The idea of death frightens me," indicates that students with a G.P.A. of less than 2.0 became more apprehensive about death following the treatment. However, students with a G.P.A. of 2.0 and above became less frightened about the idea of death.

When considering the variable of G.P.A., the average of all the students indicated in the mean changes for statement 4 (Appendix L), "Being alone at the time of my death would be a frightening experience for me," that they would be less frightened if faced with being alone at the time of their death.

In statement 6 (Appendix L), "If someone were to talk to me about death, I would feel uncomfortable," students, who received a letter grade of B or above in the course "Death and Dying," indicated that they feel less comfortable when someone talks to them about death. Students, with a grade of less than a B, tended to become more apprehensive following the treatment. However, the overall effect appears to be that students are, in general, uncomfortable when someone talks to them about death.

Following the treatment, it would seem that students who received a grade below a B became more receptive toward statement 7 (Appendix L), "I

would not want to see someone who was dead." Students who received a letter grade of B or above tended to become more apprehensive about viewing a corpse.

In the analysis of item 10 (Appendix L), "I would prefer to die quickly," the author found that all students initially held a positive attitude toward this statement. The mean change results indicate that, following the treatment, the preference was increased.

Analysis of the interaction of sex and I.Q. (Appendix Q, Figure 6) for statement 18, "The fact that I do not know what it feels like to die does not bother me," indicated that boys with an I.Q. under 115 are less concerned about their lack of knowledge regarding dying than are girls with similar I.Q.'s. This trend is reversed, however, when the I.Q. is 115 and above. Girls in this I.Q. interval express greater concern than their male counterparts for an absence of immediate cessational experience.

The final item from Table 1, which was found significant, indicates that all students appear to be sympathetic to the plight of those individuals who have a terminal illness.

From analyzing statement 14 (Appendix L), "I feel pity for people who have terminal illnesses," the mean change results indicate that all age groups, following the treatment, agree that they feel sorry for terminally ill victims.

As has been noted by Dumont, Foss, and Kastenbaum, attitudes of adolescents have often been formulated and may remain stable. For some of these students, it would appear that this is true.

It is possible to determine that there was no mean change in attitude for 16 items of the Attitude Questionnaire, when considering objectives three and four of the study.

Hardt (1975) found that there was a tendency for people who attended church at least once a week to have more favorable attitudes toward death than those who attended less often.

Table 2 reveals the statistical significance which was determined when analyzing the variables religious preference and strength of religion. In

Table 2. Summary table of statements from the Attitude Questionnaire on Death and Dying on which demographic variables played a significant role[a]

Statement[b]	Demographic variables	F value
1	Religious preference x strength of religion	3.82^{*}
7	Overall	3.43^{**}
	Religious preference	6.46^{**}
	Religious preference x strength of religion	3.07^{*}
8	Overall	1.99^{*}
	Religious preference	4.06^{**}
	Strength of religion	3.89^{*}
	Religious preference x strength of religion	2.72^{*}
12	Overall	2.96^{**}
	Strength of religion	7.03^{**}
	Religious preference x strength of religion	3.04^{*}

[a]See Appendix M.

[b]Statements from the Attitude Questionnaire that are reported in Table 2.
1. The idea of death frightens me.
7. I would not want to see someone who was dead.
8. I associate death with pain.
12. I do not want my family and friends to see me when I am in the process of dying.

$^{*}p = \leq .05.$

$^{**}p = \leq .01.$

support of the previously cited research, one can see from the graphed

interactions (Appendix P, Figures 7-10) that the greatest attitude change

did occur among those students who listed their religious preference as

None or Other and whose religious strength was categorized as "somewhat" or

"not religious."

When making an analysis of the attitude change on the demographic

variables, it is, therefore, possible to conclude that when taking into

account the religious preference and the religious conviction of an indi-

vidual, a mean change in attitude could be determined for items 1, 7, 8,

and 12.

Students expressing their religious preference as Catholic and Other

and describing their religious convictions as "very strong" and "somewhat

strong" developed attitude mean changes which paralleled one another in

regard to statement 1, "The idea of death frightens me." Those whose reli-

gious preference was categorized as Other revealed an initial and terminal

attitude change which was more in agreement with the statement. The larg-

est attitudinal change was noted among students who were nonreligious and

who described their religious strength similarly. This attitude change

indicated that these students, after experiencing the treatment, were less

reluctant to view a dead person.

Students, who categorized themselves as Protestants and Other and who

were without religious conviction, demonstrated attitude change scores

which indicated an agreement with the referenced item.

Catholics, Protestants, and Others, with "very strong" convictions,

projected a similar attitude change toward statement 8, "I associate death

with pain." Following the treatment, these attitude changes indicated there was more disassociation of pain and death.

This coherence of attitude change was absent for the previously mentioned religious categories and the category of None when the religious strength was reduced to "somewhat." Within these categories, the described disassociation was strongest among the category of Other and diminished from Protestant to Catholic.

However, participants, with the same religious strength and a self-described religious conviction of Other, expressed a definite association of death and pain. This association is a demonstrated dichotomy with the other three aforementioned groups.

The association of death and pain was evident among those persons without religious preference and religious conviction while the disassociation of death and pain was continued among the Protestants, although with diminished intensity.

Participants, describing themselves as Catholics with "strong" religious convictions, initially responded with the most positive agreement to this statement. However, following the unit, the expressed attitudes of these individuals had changed to the most negative of all individuals except those who had indicated themselves to be devoid of religious preference and as having described their religious convictions as "somewhat."

The greatest attitude change occurred for those students without religious preference and religious conviction. These students became more fearful of death.

The overall effect for statement 7, "I would not want to see someone who was dead," indicates that there is a difference in the levels of the variables which were used in this particular regression model.

Protestants, with "very strong" religious convictions, expressed a change toward a positive agreement with the statement. This attitude change was quite different from that expressed by Catholics with similar religious strength. They indicated a change score which expressed disagreement with this statement, thus revealing less apprehension in viewing a corpse.

Students, who characterized themselves as Other and with a religious strength of "somewhat," experienced the greatest positive attitude change toward not wanting to view the deceased. Protestant and Catholic students, with a similar conviction, exhibited an unwillingness to view death.

Regardless of religious preference, all students with strong religious convictions expressed attitude changes which reveal from statement 12 that they do wish to have family and friends around when they are in the process of dying. This attitude change was diminished the most among students who identified their religious preference as Other. This same attitude change was least among Catholics.

When the interaction of the categories of religious preference and a religious strength of "somewhat" were studied, the pattern of attitude changes was inconsistent with that determined above. In this instance, Catholic participants expressed an attitudinal agreement with the defined statement, indicating a reluctance to share death with others.

This finding conflicts with the attitude changes of students in the categories of None, Other, and Protestant. Among these three groups, the

desire for interaction with others at the time of death was strongest among the religious category of None and weakest for those characterized as Other.

Additional inconsistency can be determined from the contrast of Protestants and those nonreligious participants with the religious strength categories of "somewhat" and "none." Over these intervals, the attitude change responses were reversed. That is, Protestant students maintained a desire for companionship at death, although slightly diminished as the religious strength changed from "somewhat" to "none." This maintenance was not evidenced among nonreligious students. Indeed, the students, without religious strength, indicated an attitude change which can be interpreted as a desire for death to come in solitude.

A belief in life after death is often associated with an attitude toward death. The religious preference and strength of religious conviction of an individual has been shown by other researchers to have an impact on the concept of death.

Research by Edwin Shneidman (1971) indicates that 23 percent of the respondents in his survey strongly believed in a life after death, while 20 percent only tended to believe in it. However, in the analysis of the overall means (Appendix O) of the statement, "I believe in life after death," adolescents in this study did not appear to indicate life after death as being significant to their concept of death.

Dumont and Foss (1972) have indicated that sex, religion, and age are three of the most important factors which affect attitudes toward death. The following data interpretation, based on the results indicated in Table 3, tends to support this premise.

Table 3. Summary table of statements from the Attitude Questionnaire on Death and Dying on which demographic variables played a significant role[a]

Statement[b]	Demographic variables	F value
1	Overall	1.69^{*}
	Grade level	4.19^{*}
	Grade level x religious strength	4.62^{**}
	Religious strength x relative die	5.95^{**}
2	Grade level	3.63^{*}
7	Residence	3.32^{*}
9	Grade level	3.22^{*}
	Residence	3.09^{*}
10	Religious strength x friend die	3.94^{*}
11	Overall	1.91^{*}
12	Overall	2.13^{**}
	Religious strength x friend die	3.54^{*}
14	Grade level	2.77^{*}

[a] See Appendix N.

[b] The following statements are those which were listed as statistically significant on Table 3.

1. The idea of death frightens me.
2. I would want to be told if I were terminally ill.
7. I would not want to see someone who was dead.
9. When I die, I hope to leave something of myself behind as a reminder that I existed.
10. I would prefer to die quickly.
11. I think my own death will be an interesting adventure.
12. I do not want my family and friends to see me when I am in the process of dying.
14. I feel pity for people who have terminal illnesses.

$^{*}p = \leq .05.$

$^{**}p = \leq .01.$

Analysis of statement 1 (Appendix N), "The idea of death frightens me," indicated an overall significant difference among all the levels of the categorical variables.

The grade level of the students appeared to be a significant indicator. Initially sophomores tended to be less frightened by the concept of death when compared to juniors and seniors who claimed an undecided attitude. However, following the treatment, the mean attitude change revealed that at all grade levels students became more sensitized to the association of fear and death.

The interpretation of the significant main effect (Appendix S, Figure 11) can be further clarified in the following description of the significant interactions. Students classed as seniors, professing a "strong" religious preference, demonstrated the greatest amount of agreement with the statement.

The concept of death, among students with a "strong" religious preference, was weakest among juniors. This response pattern was maintained by these students regardless of whether their strength of religion was "strong" or "none." However, the attitude change scores for these groups deviated from the other categories of religious conviction to a position of similar attitude change when their conviction became "ambiguous."

This similarity among junior and senior students was greater than the attitude change professed by sophomores. Mean change scores for study participants, who characterized their religious strength as "none" or "very strong," indicated an agreement with the statement. This change score was greatest for the "nonreligious" student. These change scores are in opposition to that demonstrated by students whose religious strength can be

characterized as "ambiguous." Students with no religious preference indicated a disagreement with the statement.

Students, without the experience of a recent death in their immediate family, developed similar attitude change scores (Appendix S, Figure 12). All of these indicated a positive agreement toward personal anxiety about death. Again, this professed anxiety was greatest among the "nonreligious" students and weakest among the "very religious" students.

In relationship to statement 2 (Appendix N), "I would want to be told if I were terminally ill," a significant difference was found to exist between the grade levels of the students.

Prior to and following the treatment, junior and senior students indicated a desire to want to know if they had a terminal illness. Contrary to this, sophomores tended to move from an undecided position to a more negative view. In other words, these students had a diminished desire to want to be informed.

A significant difference was found for statement 7 (Appendix N), "I would not want to see someone who was dead," among the levels of residence. From the mean change results, it appears that all students, regardless of where they were raised, would not want to see someone who was dead. The greatest mean attitudinal change occurred among those individuals who were raised in the suburbs; the least change appeared for those people who were raised on a farm.

Item 9 (Appendix N), "When I die, I hope to leave something of myself behind as a reminder that I existed," produced a significantly different effect among the various levels of the categorical variables residence and grade level.

Original mean results revealed that initially the grade level and the residence of the students brought general agreement from all individuals. However, following the treatment, it appeared that sophomores moved away from wanting to leave something of themselves behind. Mean changes, although minute, revealed that those students raised on a farm, in the suburbs, and in a small city had a diminished attitude toward this item, while those brought up in a small town had a mean change in the positive direction. All students, regardless of residence or grade level, indicated a desire to leave a witness to their existence.

"Nonreligious" students and students with "strong" religious convictions, both of whom experienced the death of a friend, expressed the extremes of the attitude change scores in regard to statement 10 (Appendix S, Figure 13), "I would prefer to die quickly." Students with "strong" religious convictions did not desire a quick death, while "nonreligious" students preferred to die quickly. These extremes disappeared among students with similar religious strengths but who have not experienced the death of a friend. Within this similarity, students with a "strong" religious conviction indicated the greatest agreement with this statement.

The overall effect was termed significant among all levels of the categorical variables for statement 11 (Appendix N), "I think my own death will be an interesting adventure." One could project from the pre- and postmean results that a majority of students tend to think that death might prove to be an interesting experience.

"Very religious" students and students with "ambiguous" religious strength, who had experienced the recent death of a friend, demonstrated change scores indicating a willingness to experience death without the

benefit of friends and relatives (Appendix S, Figure 14). This expression was consistent with that professed by "nonreligious" students. Conversely, these students desired the presence, at their death, of friends and relatives.

In the absence of a recent death of a friend, the attitude change scores were reversed for those students with the extremes of religious strength. That is, students with "strong" religious convictions expressed a desire for the absence of people at the time of their death.

Significant difference between the levels of the categorical variable grade level was found for item 14 (Appendix N), "I feel pity for people who have terminal illnesses." Attitude change results indicate a definite increase of pity for these individuals by sophomore students. Juniors and seniors also experienced a change in attitude in the positive direction toward the statement but not as great as that of the tenth-grade students.

No significant differences in mean changes were found when considering whether a member of the immediate family (mother, father, sister, brother) had died within the last five years.

From Table 3, it can be seen that having a friend die was significant for only two statements, and the variable, death of a relative, was only significant when it was with the variable religious strength. The research reported herein further supports the work of Hardt (1975), who concluded from a study of adolescent attitudes toward death that a death experience had little effect.

From the analysis of these results, the author can determine that there was a mean change in attitude among the categorical variables, grade

level, religious strength, residence, relative dies, friend dies, and reli-
gious preference, for items 1, 2, 7, 9, 10, 11, 12, and 14.

Overall, it was observed that students reacted consistently to certain
statements regardless of the variables employed (Items 1, 7, 12). Nonsig-
nificance was reported consistently on five items (3, 6, 16, 19, 20).

From Table 33 (Appendix O), it can be seen that although statistical
significance was not determined on five items of the questionnaire, an
attitude change did occur from the time of the pre-Attitude Questionnaire
to the administration of the post-Attitude Questionnaire. Some of these
differences were minute, but, nevertheless, a change was evidence. The
author is aware that these changes may be due to chance.

Table 4. Paired adjective comparison for the statement, "The subject of
death is:"

Paired adjective	Ayrshire Mean	SD	Bettendorf Mean	SD	Maquoketa Mean	SD	Webster City Mean	SD
Meaningful:meaningless	6.38	.72	6.22	.82	6.14	.97	5.99	.86
Important:unimportant	6.13	.96	6.36	.74	6.05	.92	6.04	.96
Useful:useless	5.69	1.14	5.62	1.17	5.71	.84	5.37	1.33
Interesting:uninteresting	5.94	.93	6.02	1.34	5.38	1.56	6.03	.96
Comfortable:uncomfortable	3.94	1.53	4.31	1.56	4.38	1.72	4.26	1.19
Pleasant:unpleasant	3.00	1.03	3.38	1.45	3.52	1.44	3.26	1.30
Valuable:worthless	5.63	1.09	6.18	.92	5.52	1.17	5.27	1.24
Certain:uncertain	4.63	1.63	5.13	1.96	4.85	1.88	4.86	1.64

The students indicated their feelings about the concept of death on a
certainty scale with a range from one to seven. Keeping in mind that some
of the scales were reversed so that all statements are scored positively,
examination of the last scale, "certain:uncertain," reveals that students

from three experimental groups considered death to be near the mean of the scale. Students of Bettendorf had a response mean of 5.13. This indicates more certainty of the eventuality of death. The standard deviation varied little among all treatment groups.

Further examination of these scales appears to indicate that the student response is consistent within scales "meaningful:meaningless," "useful:useless," and "pleasant:unpleasant." For the subjects in the treatment groups, the subject of death, it could be conjectured, is "meaningful," "important," and useful." Students within the Bettendorf and Webster City experimental groups indicated they found the subject "interesting."

While not as intense, this trend was supported by the remaining treatment groups. All groups, according to the means, responded with a greater numerical value for these items. The subject was deemed most valuable by the Bettendorf treatment group (mean = 6.18), while the subject of death received a mean of five from students in the remaining experimental groups.

Examining the statistics generated for each of the statements in the Attitude Questionnaire and the paired adjectives on the certainty scale, it can be projected that adolescents recognize the concept of death and dying as a factor in their daily lives but that their attitudes have not been organized into any formal structure.

Having obtained statistical significance on a large portion of the items in the Attitude Questionnaire, the author is lead to believe that there were students who had developed attitudinal concepts that were expressed in the extremes (SD, SA) of the Likert Scale. However, in examining the mean changes of those statistically significant items, one can

conclude that although a change was evidenced, it was, in some cases, minute, thus limiting its practical significance.

A Cognitive Pretest and four chapter posttests over the material presented in the anthology Death and Dying were administered to obtain information regarding knowledge gained by the students in the four experimental treatment groups.

Table 5 indicates that a statistically significant cognitive growth was made by students in the experimental treatment groups from the pretest to the posttest.

Table 5. Cognitive mean change (post minus pre) over all four chapters of the anthology Death and Dying

Source	n	df	$\bar{X}$	SD	F value
Overall		157	13.84	10.22	9.26^{**}
I.Q.		1			14.47^{**}
Below 115	113		12.53		
115 & above	45		17.11		
G.P.A.		1			1.05
Below 2.0	24		15.92		
2.0 & above	134		13.46		
Course grade		1			18.41^{**}
Below a B	109		15.82		
B & above	49		9.43		

$^{**}p = \leq .01.$

In examining the cognitive mean change of the I.Q. levels, it appears that students who have an I.Q. of 115 or above made greater gains than did students who have an I.Q. of less than 115.

Students who received a course grade of less than a B made greater cognitive gains than did students who received a course grade of B or

above. However, 69 percent of the students in the study received a letter grade for the course of less than a B. The author would like to theorize that this statistic perhaps indicates that the cognitive change of a student is not the sole criteria for the course grade that is given.

The grade point average of the student was not a significant factor in the cognitive change of the individual. This leads the author to project that the cognitive gain made by the total student population from this unit was consistent with the gain made in other courses as reflected by the established grade point average of the student.

Upon examining the means, it is obvious that students who have a G.P.A. of less than 2.0 made greater gains than did students who had a G.P.A. of 2.0 or greater.

Further examination of cognitive gain by school (Appendix P) indicated that all three schools experienced a growth in knowledge on each of the chapters. However, this increase did occur in varying degrees by school and by chapter.

Other Findings

The Remmers-Silance scale was used to measure the attitude of the students toward the course, "Death and Dying," as compared to four other courses which they had taken during the semester.

The course, "Death and Dying," when compared to vocational and foreign language courses, received a significantly more favorable rating. However, since no statistical significance was found from comparisons of the course "Death and Dying" to ten others that students were enrolled in during

Table 6. Subject matter comparison using a Scale for Measuring Attitude toward School Any School Subject

Courses	df	Death & Dying mean	Other course mean	t
Physical education	77	5.90	5.86	.13
Speech/drama	2	8.04	6.85	1.39
Home economics	12	6.30	6.31	-.02
Social studies	36	5.85	5.46	1.05
Science	22	5.96	6.22	-.64*
Vocational	7	5.58	7.16	-2.77**
Foreign language	13	5.68	6.72	-3.24**
English	23	5.75	5.75	-0.00
Mathematics	31	6.15	5.36	1.99
Art	4	6.04	6.93	-1.39
Band/chorus	4	4.48	5.88	-2.35

$^{*}p = \leq .05.$

$^{**}p = \leq .01.$

the semester, the author would make the conjecture that the course "Death and Dying" compares at least favorably to other courses in the curriculum.

Examining the mean results, it appears that the course "Death and Dying" compared less favorably to speech/drama, social studies, mathematics, and physical education. It compares more favorably to home economics, science, business, English, art, and band/chorus.

The mean response for "Death and Dying" was 5.8 which the Remmers-Silance Scale states as, "This subject is a good subject."

On the Course Information survey, students were again asked to compare the course "Death and Dying" to other courses taken in high school or junior high school. Forty-eight (48) students rated it very favorably;

ninety-eight (98) rated it as favorable; six (6) rated it unfavorable;

zero (0) rated it very unfavorably.

This result is viewed by the author as supporting that which was found

in the Remmers-Silance scale.

CHAPTER V. SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Summary

The purpose of this study was (1) to determine if there is a need for death education in the curriculum; (2) to determine if following a specific unit on death and dying, that attitude change would be evidenced; and (3) to determine if cognitive gain in knowledge related to death and dying would be evidenced.

It has been cited previously in this study that little empirical research has been conducted solely with adolescents. This study could, then, provide additional insight concerning the formation of the attitudes of adolescents concerning death and dying.

In addition to the fact that there are few formal death education curriculums developed for secondary students, fewer still have been submitted to statistical testing to determine if cognitive growth is possible. This study does evidence cognitive gain in knowledge about death and dying, using the materials developed for this specific unit.

Lastly, following an extensive review of the literature, it appears to the author that there is a need for the subject to be included in the curriculum offerings for those students who wish to avail themselves of the information.

Conclusions

Two general types of conclusions are warranted: conclusions derived from the measurement of the attitudes of the study participants about death and dying and conclusions about the cognitive growth of the subjects in light of a specific unit on death and dying.

The objectives of the study will be used as a vehicle for describing

the attitudinal and cognitive factors that have been derived from this

research. An interpretation of the findings will be explained in relation-

ship to each objective.

Adolescent attitudes regarding death and dying

The attitudes of young people about death and dying were measured

against specific criteria outlined in the objectives of the study.

1. The attitude of the student regarding death and dying did not

appear to be changed when considering the sex of the person. However, when

interacted with the I.Q. and(or) G.P.A. of a student, it did take on more

significance, dependent, of course, on the particular statement from the

Attitude Questionnaire that was being considered. Overall, one could not

predict that males and females with an I.Q. of less than 115 and(or) a

G.P.A. of less than 2.0 or that their counterparts with an I.Q. of 115 and

above and(or) a G.P.A. of 2.0 or better had any more positive or more nega-

tive attitude toward death.

2. The attitude of the students regarding death and dying showed lit-

tle measurable change when the age factor was considered. The younger the

individuals, the more extreme were their convictions and the less likely

they were to want to realize the eventuality of death.

3. The religious preference of the student was significant on only

four of the items of the Attitude Questionnaire. These statements dealt

with the subject of death as frightening; the desire to not view a corpse;

the association of death and pain; and the need of individuals not to have

family and friends witness the process of their dying. The greatest atti-

tude change, regarding death and dying, occurred among those students who categorized their religious preferences as Other and None. It would appear from the findings that these students became significantly more apprehensive. Protestants and Catholics tended to parallel each other in their attitudes regarding death and witnessed very little change in attitude.

4. The strength of religious conviction of a student was a definite factor in the attitude of the person regarding death and dying. "Very religious" individuals displayed the least apprehension over death processes, while those with "no" religious strength revealed the greatest anxieties about death.

5. From this study, it could be projected that having a member of the immediate family (mother, father, sister, brother) die within the last five years did not have any measurable effect on the attitude of the student regarding death and dying.

6. Having a friend die within the last five years did tend to affect the attitude of the individual but only when coupled with the religious conviction of the person. Students who described themselves as "very religious" had the least anxiety over the death of a friend while students who categorized themselves as having "no" religious conviction displayed the greatest attitudinal change.

7. The location of where a student was raised did not appear to be a deciding factor in affecting the attitude of the student about death and dying.

An original hypothesis of the study indicated that attitude change would be evidenced by those students who had been exposed to the materials in the unit "Death and Dying." The pretest and posttest mean scores did

change, even though it was minute for some statements. One could conclude, then, that the unit did have some attitudinal effect on the students in the study. Based on this evidence, the author feels that it is possible to reject the null hypothesis that there will be no difference in the attitude of the students regarding death and dying following the treatment.

Additional implications regarding death and dying

8. The course on death and dying was found to compare favorably to other courses in the curriculum such as home economics, business, English, art, and band/chorus. It was rated higher than vocational and foreign language courses and lower when compared to speech/drama, social studies, mathematics, and physical education.

9. Having had the subject of death education introduced previously in the curriculum was not a factor in producing cognitive growth in death and dying.

10. Results from the overall cognitive gain indicate that the greatest growth in knowledge was by persons with an I.Q. of 115 and over.

11. Students with an I.Q. of 115 and over exhibited inconsistency in regard to attitude change about death and dying. Considered by itself, I.Q. was a significant factor on only one item of the Attitude Questionnaire, "I would prefer to die quickly." When coupled with sex, it became a greater factor for contributing to attitude change.

12. Grade point average appeared to be a good predictor of attitude change. In general, those students with a G.P.A. of below 2.0 were more apprehensive about their death and the death of others and the eventuality of death was not as realistic for them.

13. In examining the cognitive gain by chapter and by school, in order to determine if the discipline in which "Death and Dying" was taught was a factor in the growth that was obtained, it was found that the subject was not nearly as much of an influence as was the I.Q. of the student. It is interesting to note that students with an I.Q. of 115 and above made the greatest cognitive gain, but when the same gain was examined using course grade, students who received below a B in the course apparently made the greatest gain.

14. Course grade was only a significant function on two items of the Attitude Questionnaire, statement 6, "If someone were to talk to me about death, I would feel uncomfortable," and statement 7, "I would not want to see someone who was dead." The results indicated a definite inconsistency, and it could be projected that course grade is not a good indicator of attitude change.

15. There was definite inconsistency among the experimental groups as to the effect that course grade had on cognitive growth. Two of the reports indicated that when a student received a grade of less than a B that more cognitive growth was evidenced. The results of one school indicated the amount of growth fluctuated among those students who received a grade of A or B and those who received less than a B. Overall, the author would interpret these results as indicating that the greatest amount of cognitive gain was exhibited by those students receiving less than a B in the course. This statement is made while the author is fully cognizant that other factors, besides pure cognitive gain, influence the final course grade.

In addition, the second hypothesis of the study indicates that there would be no difference in the knowledge of the students about death and dying following the treatment. From the pretest and posttest cognitive change scores, it is again possible to reject the null hypothesis.

Discussion

The area of death education has just come to the forefront as an instructional concern in the last few years.

Using the results of this study, the author would like to share her thoughts concerning the attitudinal results and the cognitive growth that have previously been mentioned.

It would appear from the statistical examination of the attitude change results of the adolescents in this study that the unit did not alleviate their fears regarding death and dying. In fact, in some instances, the results indicated that the individuals became more apprehensive.

In many ways, this is not unexpected. Anytime a person becomes more informed about a subject, the more constraints there are with which one must deal. Increasing the awareness level of the student is as much an objective of this unit as is increasing the knowledge level. Repressing fears and perpetuating misconceptions may produce no change in attitude. However, once these become exposed and attempts are made to enlighten individuals, attitude movement is bound to move in either a positive or negative direction from where it was originally.

The author does not view this heightened sensitivity to death as a negative aspect of the study. When the students were asked on the Attitude Questionnaire if they thought they could learn more about life by under-

standing more about death, the initial and concluding response was one that
indicated agreement with the statement. To learn more about any subject,
one must take the risks which come with being informed.

The discrepancy between the cognitive gain and the I.Q. levels and the
cognitive gain and the course grade points to the fact that factors besides
pure growth in knowledge contributed to the grade which the student
received in the course. Since the subject of death and dying is considered
by many as mostly in the affective area, this is not too surprising. Simi-
lar results have occurred in previous studies about death and dying and in
other studies of an attitudinal, affective nature (e.g. sex, religion,
racial prejudices).

Dumont and Foss (1972) and Kastenbaum (1959) noted that although atti-
tudes tend to become more stable as the child grows older, they are not
necessarily organized by the time the individual reaches adolescence.
Other concepts may have become structured, but the concept of death still
lacks such organization. Perhaps this accounts for the inconsistency in
some of the findings.

These same authors also consider the conception of time by adolescents
as a reason for their denial of their own death. It is difficult for young
people to grasp the concept of death because they place it in an abstract
future. These statements are definitely corroborated by the results of
this study.

In examining the open-ended responses to the statement, "Explain your
reaction to studying the subject of death," the author would like to note
that, although these are not statistically significant, they do reveal an

"attitude," a "feeling" that the students held following the completion of the course. Out of 152 students, only 14 did not comment on the statement.

Although some of the responses were situation-specific or referred to particulars of the text or course, the following could characterize many of them: "It really make me think"; "I learned a lot"; "It was a good learning experience"; "Real interesting"; "Different"; "Helpful"; "It gave me a broader view of death"; and "I think it will help me when someone close to me dies."

Two students offered reactions which the author would like to share with the reader, "It helped me to look at death realistically. Some of my fears have been arrested and I feel more confident. I think the next time I'm faced with death, I'll be more prepared psychologically," and from another student, "I thought it was an interesting subject--and wish we had more classes which pertained more to life situations."

Finally, it would appear that a course on death and dying should always be promoted as an elective in the secondary curriculum. For those students who feel a need for this information, it should definitely be available.

Implications for Further Research

This study, being one which encompasses both attitudinal and cognitive factors, suggests several areas related to the topic of death and dying that would warrant further study.

The Attitude Questionnaire could be tested in situations other than when coupled with the particular unit used for this study. A larger, more

diverse population could be sampled to determine if the attitudes reported here are indeed universal.

In light of the finding of the author that the younger the student, the more extreme the attitude and the greater the denial of death, it might be well to examine existing philosophies of death education programs now in existence, to determine if provisions are being made for this phenomenon. Answers to such questions as how much a young person can grasp in regards to death and dying and how much and what specifically can be done to move the attitude in a more positive, realistic direction need to be sought.

If heightened sensitivity is a by-product of such a unit, then careful consideration must be given to the selection of those people who are to instruct such a course. At this point, very little has been done to educate instructors or potential instructors in the field. Even less definitive material has been generated which provides guidelines on the selection process of these people. The author sees this as an area of major concern, which needs investigation, if death education programs are to be successful.

The instruments used in this study contained no provision for subjective responses. Cognitive tests, which would include this type of evaluation, could be administered and then evaluated on defined criteria to determine if a strictly objective instrument would measure growth in knowledge equal to that of an objective-subjective instrument.

Teachers of courses on death and dying could be surveyed more closely to determine the various components which comprise cognitive gain for students in the area of death and dying and if this is, indeed, a major objective for them in a course of this nature.

Finally, additional refinement of the Attitude Questionnaire and the Cognitive Pretest and the Cognitive Posttests needs to be undertaken to assure more precise, valid instruments.

BIBLIOGRAPHY

Alvarez, A. 1970. The savage god. New York: Random House.

Becker, Ernest. 1973. The denial of death. New York: The Free Press.

Bender, David L., ed. 1974. Problems of death. Anoka, MN: Greenhaven Press.

Bennett, Roger V. 1974. Death and the curriculum. ERIC ED 093 782: 1-18.

Berg, David W. and Daugherty, George G. 1973. Teaching about death. Today's Education (62) 3: 46-47.

Borg, Walter R. and Gall, Meredith D. 1971. Educational research an introduction. New York: David McKay Company, Inc.

Branson, Roy. 1975. Is acceptance a denial of death? Another look at Kübler-Ross. The Christian Century (92): 464-468.

Collett, Cora-Jean and Lester, David. 1969. The fear of death and the fear of dying. The Journal of Psychology (72): 179-181.

Crain, Henrietta. 1972. Basic concepts of death in children's literature. Elementary English (48): 111-115.

Crase, Dixie R. and Crase, Darrell. 1974. Live issues surrounding death education. Journal of School Health (44) 2: 70-73.

Dumont, Richard G. and Foss, Dennis C. 1972. The American view of death: Acceptance or denial? Cambridge: Schenkman Publishing Company.

Education U.S.A. 1974. (16) 29: 157.

Ernst, William F. 1973. A new way of living. Iowa City: Clinical Pastoral Education Program.

Farmer, James A., Jr. 1970. Death education: Adult education in the face of a taboo. Omega (1): 109-113.

Fiefel, Herman. 1962. Scientific research in taboo areas. The American Behavioral Scientist (5): 28-30.

Fiefel, Herman, ed. 1959. The meaning of death. New York: McGraw-Hill Book Company, Inc.

Fishbein, Martin, ed. 1967. Readings in attitude theory and measurement. New York: John Wiley & Sons Inc.

Fontenot, Christine. 1974. The subject nobody teaches. English Journal (63) 2: 62-63.

Formanek, Ruth. 1974. When children ask about death. The Elementary School Journal (75): 92-97.

Fulton, Robert. 1965. Death and identity. New York: John Wiley & Sons Inc.

Gardner, P. L. 1975. Attitude measurement: A critique of some recent research. Educational Research (17): 101-109.

Gaylin, Willard. 1974. Harvesting the dead. Harper's (249): 23-30+.

Gesell, Arnold and Ilg, Frances L. 1946. The child from five to ten. New York: Harper and Brothers.

Gordon, David Cole. 1970. Overcoming the fear of death. Baltimore: Penguin Books Inc.

Greenwald, Anthony G., Brock, Timothy C., and Ostrom, Thomas M. 1968. Psychological foundations of attitude. New York: Academic Press.

Grollman, Earl A., ed. 1974. Concerning death: A practical guide for the living. Boston: Beacon Press.

Guthrie, George P. 1971. The meaning of death. Omega (2): 299-302.

Hardt, Dale V. 1975. Development of an investigatory instrument to measure attitudes toward death. The Journal of School Health (45) 2: 96-99.

Harnett, Arthur L. 1973. Death education: An independent study unit. The Journal of School Health (43) 8: 526-527.

Hendin, David. 1973. Death as a fact of life. New York: Warner Paperback Library.

Himmelforth, Samuel and Eagly, Alice Henrickson. 1974. Readings in attitude change. New York: John Wiley & Sons Inc.

Hinton, John. 1967. Dying. Baltimore: Penguin Books.

Howard, Thomas. 1969. The human experience of death. Christianity Today (14): 166-168.

Hunt, Gladys M. 1971. Don't be afraid to die. Grand Rapids: Zondervan Publishing House.

Intellect. 1975. Acceptance of the idea of mortality. (103): 215-216.

Irish, Donald P. 1975. Some concerns and queries. A manual of death education and simple burial. Ernest Morgan, Editor. Burnsville, NC: The Celo Press.

Jahoda, Maria and Warren, Neil, eds. 1966. Attitudes. Baltimore: Penguin Books Inc.

Kastenbaum, Robert. 1959. Time and death in adolescence. The meaning of death. Herman Fiefel, Editor. New York: McGraw-Hill: 99-113.

Kastenbaum, Robert and Aisenberg, Ruth. 1972. The psychology of death. New York: Springer Publishing Company Inc.

Kavanaugh, Robert E. 1972. Facing death. Baltimore: Penguin Books Inc.

Kirk, Roger. 1968. Experimental design: Procedures for the behavioral sciences. Belmont, CA: Brooks/Cole Publishing Company.

Kocher, Gerald P. 1975. Why isn't the gerbil moving anymore? Children Today (4): 18-21+.

Krathwohl, David R., Bloom, Benjamin S., and Masia, Bertram B. 1964. Taxonomy of educational objectives. New York: David McKay Company Inc.

Krieger, Seth R., Eptin, Franz R., and Leitner, Larry M. 1974. Personal constructs, threat and attitudes toward death. Omega (5): 299-309.

Kron, Joan. 1974. Learning to live with death. Omega (5): 5-24.

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

LaMore, George E., Jr. 1974. This will be the death of us all. CSSEDC Newsletter. No. 11.

Langone, John. 1972. Death is a noun. New York: Dell Publishing Company.

Lapp, Ignace, translation by Bernard Murchland. 1968. Death and its mysteries. New York: Macmillan Company.

Lemon, Nigel. 1973. Attitudes and their measurement. New York: John Wiley and Sons Inc.

Lifton, Robert Jay and Olson, Eric. 1974. Living and dying. New York: Bantam Books Inc.

Mack, Arien, ed. 1973. Death in American experience. New York: Schocken Books.

Maguire, Daniel. 1972. The freedom to die. Commonweal (86) 18: 423-427.

Marshall, Joanne Gard. 1971. The treatment of death in children's books. Omega (2): 36-45.

May, William F. 1973. The sacral power of death. Death in American experience. Mack Arien, Editor. New York: Schocken Books.

McCurdy, Jack. 1974. Death studies should begin with "very young." The Times Educational Supplement (3074): 12.

McLure, John. 1974. Death education. Phi Delta Kappan (55) 7: 483-485.

Mehrens, William A. and Lehmann, Irivin J. 1969. Standardized tests in education. New York: Holt, Rinehart and Winston Inc.

Mitford, Jessica. 1963. The American way of death. Greenwich: Fawcett Crest Books.

Mooney, Christopher F. 1975. Death and the phenomenon of life. America (179): 276-279.

Mooris, Barbara. 1974. Young children and books on death. Elementary English (51) 3: 395-398.

Morgan, Ernest, ed. 1975. A manual of death education and simple burial. Burnsville, NC: The Celo Press.

Moss, Judith P. 1972. Death in children's literature. Elementary English (49) 4: 530-532.

Nagy, Maria. 1948. The child's theories concerning death. Journal of Genetics and Psychology (73): 3-4+.

Nation's Schools Report. 1975. Thanatology: Warning---death education may be dangerous to students' mental health (1) 1: 7.

Neale, Robert E. 1971. The art of dying. New York: Harper & Row Publishers.

Newsweek. 1972. A course on death. (80): 75.

Nogas, Catherine, Schweitzer, Kathy, and Grunet, Judy. 1974. An investigation of death anxiety, sense of competence, and need for achievement. Omega (5): 245-254.

Osgood, Charles, Suci, George J., and Tannenbaum, Percy H. 1957. The measurement of meaning. Chicago: University of Illinois Press.

Piaget, Jean, translation by M. Cook. 1954. The construction of reality in the child. New York: Basic Books Inc.

Ray, J. J. and Najman, J. 1974. Death anxiety and death acceptance: A preliminary approach. Omega (5): 311-315.

Remmers, H. H. 1954. Introduction to opinion and attitude measurement. New York: Harper & Brothers Publishers.

Rochlin, Gregory. 1967. How younger children view death themselves. Explaining death to children. Earl A. Grollman, Editor. Boston: Beacon Press.

Roslansky, John D., ed. 1973. The end of life. New York: North-Holland Publishing Company.

Sadwith, John Alan. 1974. An interdisciplinary approach to death education. The Journal of School Health (44): 455-458.

Saul, Sidney R. and Saul, Shaura. 1973. Old people talk about death. Omega (4): 27-35.

Scheibe, Karl E. 1970. Beliefs and values. New York: Holt, Rinehart and Winston Inc.

Schrank, Jeffrey. 1971. Death. Media & Methods (7): 32-35+.

Selvy, Carole Light. 1973. Concerns about death. Omega (4): 209-219.

Shaw, Marvin E. and Wright, Jack M. 1967. Scales for the measurement of attitudes. New York: McGraw-Hill Book Company.

Sherif, Carolyn, Sherif, Musafer, and Nebergall, Roger E. 1965. Attitude and attitude change. Philadelphia: W. B. Saunders Company.

Shneidman, Edwin S. 1971. You and death. Psychology Today (4): 43-45+.

Shneidman, Edwin S. 1973. Deaths of man. Baltimore: Penguin Books Inc.

Simon, Sidney B. and Goodman, Joel. 1976. A study of death through the celebration of life. Learning (4) 7: 70-74.

Snider, James G. and Osgood, Charles E. 1969. Semantic differential technique: A sourcebook. Chicago: Aldine Publishing Company.

Stanford, Gene. 1973. A mini-course on death. Scholastic Teacher (105): 40-44.

Stern, Malcolm E. 1975. Death. English Journal (64) 1: 61-62.

Sudnow, David. 1967. Passing on. Englewood Cliffs, NJ: Prentice-Hall Inc.

Swenson, Evelyn J. 1972. The treatment of death in children's literature. Elementary English (49) 3: 401-404.

Thorson, James A. 1974. Continuing education in death and dying. Adult Leadership (23) 5: 141-143.

Time. 1973. Thanatology I. (101): 36.

Toynbee, Arnold A. 1969. Man's concern with death. New York: McGraw-Hill Book Company.

Travers, R. M. W., ed. 1973. Second handbook of research on teaching. Chicago: Rand McNally & Company.

Tyler, Ralph W. 1949. Basic principles of curriculum and instruction. Chicago: The University of Chicago Press.

Vernon, Glenn M. 1970. Sociology of death: An analysis of death related behavior. New York: The Ronald Press Company.

Wagner, Richard V. and Sherwood, John J., eds. 1969. The study of attitude change. Belmont, CA: Brooks/Cole Publishing Company.

Warren, Richard D., Klonglan, Gerald E., and Sabri, Medhat M. 1969. The certainty method: Its application and usefulness in developing empirical measures in social sciences. Ames, IA: Iowa State University.

Weichman, Gerald H. and Weichman, Lois A. 1973. Multiple factor analysis: An approach to attitude validation. The Journal of Experimental Education (41): 74-84.

Weisman, Avery D. 1972. On dying and denying. New York: Behavioral Publications.

White, Douglas K. 1970. An undergraduate course in death. Omega (1): 167-174.

Wren-Lewis, John. 1975. Breaking the final taboo. Psychology Today (9): 14-15.

Wyschogrod, Edith, ed. 1973. The phenomenon of death. New York: Harper & Row Publishers.

Zazzaro, Joanne. 1973. Death be not distorted. Nation's Schools (91) 5: 39-42+.

Zinbardo, Philip and Ebbesen, Ebbe B. 1970. Influencing attitude and changing behaviors. Menlo Park, CA: Addison-Wesley Publishing Company.

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APPENDIX A. ATTITUDE QUESTIONNAIRE

Gail Frances Wiederholt

This is <u>not</u> an examination; it is part of a project to study the attitudes of students towards death and dying.

After you have read each statement, select a statement from the Questionnaire Rating Scale which most closely reflects your attitude. Mark the number which appears next to your choice on the computer recording sheet. Make sure that your mark is heavily blackened.

For example, consider the statement:
All men are created equal.

1) Strongly Disagree
2) Disagree
3) Neutral
4) Agree
5) Strongly Agree

There are no right or wrong answers to the statements. The answers which will be most helpful to this project are the ones which best reflect <u>your</u> own feelings about each of the statements. Thank you for your cooperation.

Questionnaire Rating Scale: 1) Strongly Disagree
                               2) Disagree
                               3) Neutral
                               4) Agree
                               5) Strongly Agree

1. The idea of death frightens me.

2. I would want to be told if I were terminally ill.

3. If I could, I would want to live forever.

4. Being alone at the time of my death would be a frightening experience for me.

5. Even though I often see portrayals of death in everyday life, especially through the media, I think that it will never happen to me.

6. If someone were to talk to me about death, I would feel uncomfortable.

7. I would not want to see someone who was dead.

8. I associate death with pain.

9. When I die, I hope to leave something of myself behind as a reminder that I existed.

10. I would prefer to die quickly.

11. I think my own death will be an interesting adventure.

12. I do not want my family and friends to see me when I am in the process of dying.

13. If a close friend were terminally ill, I would want to know.

14. I feel pity for people who have terminal illnesses.

15. At my age, it is difficult to realize that I will die.

16. For me death promises a relief from all suffering.

17. I prefer to think of death in a romantic way--for example, dying in someone's arms or being killed while protecting someone else.

18. The fact that I do not know what it feels like to die does not bother me.

19. I believe in life after death.

20. I think I can learn more about life by understanding more about death and dying.

APPENDIX B. STUDENT INFORMATION

1. Name_____School_____

2. City_____State_____Age_____Birthdate____/____/____
                                                              mo. day yr.

3. Sex: Male_____Female_____

4. Race: White_____Black_____Hispanic_____Oriental_____
          American Indian_____

5. Your grade level in school is
   _____a) Freshman
   _____b) Sophomore
   _____c) Junior
   _____d) Senior

6. Your religious preference is
   _____a) Protestant
   _____b) Catholic
   _____c) Jewish
   _____d) None
   _____e) Other, explain_____

7. Would you describe yourself as
   _____a) Very religious
   _____b) Somewhat religious
   _____c) Not religious

8. As a child were you raised on
   _____a) A farm
   _____b) In the suburbs
   _____c) In a large city (population over 500,000)
   _____d) In a small town
   _____e) In a small city (population 100,000-500,000)

9. Have you had a member of your immediate family (mother, father, sister, brother) die within the last five years?
   _____a) Yes
   _____b) No

10. Have you had a close friend die within the last five years?
    _____a) Yes
    _____b) No

APPENDIX C. DEATH AND DYING PRETEST

Directions: Read each item carefully and choose the best answer.

1. A memorial society can assist you in lowering the cost of your funeral.
    a) True
    b) False

2. A member of your immediate family has just died in the local hospital.
    Which of the following is NOT necessary to do immediately?
    a) Decide on time and place of funeral or memorial service.
    b) Arrange for disposal of household goods.
    c) Notify insurance companies and the social security office.
    d) Check to see if there are any debts and/or installment payments.

3. According to Dr. Elisabeth Kübler-Ross, the stages of dying are
    a) bargaining, denial, depression, anger, and acceptance.
    b) bargaining, resignation, anger, and acceptance.
    c) bargaining, disbelief, depression, and anger.
    d) bargaining, denial, helplessness, anger, and acceptance.

4. Bill refused to believe that the doctors had diagnosed his illness cor-
    rectly. He had just been told he had, at the most, six months to live.
    This couldn't be happening to him--he was only 30 years old. They must
    be wrong; he would seek another opinion. This is an example of the
    stage of dying known as
    a) anger.
    b) denial.
    c) bargaining.
    d) selfishness.

5. Much of the information that goes into an obituary can be obtained
    before the person dies.
    a) True
    b) False

6. The most frequent motivation for suicide is revenge.
    a) True
    b) False

7. The Living Will is
    a) legally binding in all states.
    b) legally binding in 13 states.
    c) not legally binding in any state.
    d) not legally binding unless both the person and the family have
       agreed to its contents.

8. A memorial society can be begun by various clubs and/or organizations.
    a) True
    b) False

9. A eulogy
   a) is what appears in the newspaper following a person's death.
   b) is a speech or written statement honoring the memory of the deceased person.
   c) is a religious term which refers to the family's period of mourning.
   d) appears on the person's grave marker.

10. In "Because I Could Not Stop for Death," Emily Dickinson feels that
    a) she can escape death.
    b) death will come to her eventually.
    c) death has no meaning for her.
    d) dying will be a very traumatic experience.

11. The term "neomort" has been defined as
    a) a dead body on which an autopsy has been performed.
    b) is a body which closely resembles the living human being.
    c) a dead body.
    d) a person who has donated his/her body for organ transplants.

12. In order to donate an organ of your body upon your death, you must have signed a donor card and be at least
    a) 21 years of age at the time you signed the card.
    b) 18 years of age at the time you signed the card.
    c) 16 years of age at the time you signed the card.
    d) age doesn't matter.

13. "Hara-Kiri" is a term used for
    a) mercy killing.
    b) a type of poisoning using a lethal Japanese drug.
    c) the death penalty in China.
    d) a rare type of Japanese suicide.

14. In the poem "I Heard a Fly Buzz When I Died," the person is describing the last few moments before death.
    a) True
    b) False

15. The lyrics to the song "Forest Lawn" indicate the desire for
    a) a simple funeral.
    b) an elaborate funeral.
    c) many people to attend the funeral.
    d) cremation.

16. The term which correctly describes a woman whose husband has died is
    a) widower.
    b) maiden.
    c) widow.
    d) spinster.

17. People who have experienced death on a large scale (i.e. the Hiroshima disaster) consistently report an immediate sense of panic and an hysterical reaction.
    a) True
    b) False

18. The favored mourning symbols used in medieval England and colonial America were
    a) the skull and crossbones.
    b) flowers.
    c) a cross.
    d) black clothing.

19. The use of a casket for burial purposes
    a) is a new concept in this century.
    b) is a widespread concept practiced in almost every part of the world.
    c) was begun for the rich during the 18th Century.
    d) began during the Civil War.

20. Having paid mourners at funerals
    a) became popular during the 19th Century.
    b) dates back to the early Hebrews and Egyptians.
    c) is a common practice today.
    d) only existed in the European countries during the 17th and 18th Centuries.

21. Epitaphs appear on tombstones.
    a) True
    b) False

22. Since colonial times, the funeral director in this country has been responsible for taking care of the body and assisting in providing arrangements for the family.
    a) True
    b) False

23. In order to be of help to someone who has suffered the loss of a person close to him/her, you should
    a) say, "Be brave! Don't cry! Don't take it so hard!"
    b) encourage the person to tell you how he/she feels.
    c) tell the person he/she will feel better when the funeral is over.
    d) look on the brighter side of life instead of grieving.

24. The word "euthanasia" means
    a) individual death.
    b) the good death.
    c) peace of mind.
    d) seeking death.

25. Preservation of the dead was first begun in America in
    a) the 20th Century.
    b) the 18th Century.
    c) the 19th Century.
    d) the 17th Century.

26. The word "condolence"
    a) means an expression of sympathy.
    b) is the period of mourning after the death of a family member.
    c) is a Jewish prayer read during the funeral.
    d) is another term for cremation.

27. "Crossing the Bar" is a euphemism.
    a) True
    b) False

28. Funeral directors actively lobby in state legislatures.
    a) True
    b) False

29. A memorial society
    a) is organized by funeral directors.
    b) requires annual dues.
    c) assists the family with funeral arrangements after the person dies.
    d) helps people plan funerals before they actually die.

30. Generally, potential suicide victims
    a) give some warning of their intent to destroy themselves.
    b) always warn their families of their intent to destroy themselves.
    c) give no warning as to their plans for self-destruction.
    d) tell everyone about their plans.

31. The term "mausoleum" refers to
    a) a cemetery.
    b) a building which houses many bodies.
    c) a place of worship.
    d) a type of coffin.

32. The concept of "extended family" means
    a) people who are like family but who are not blood relatives.
    b) the family has taken in to live with them someone who is not a blood relative.
    c) the mother and/or father and any sisters and/or brothers.
    d) cousins, aunts, uncles, and other blood relatives outside the immediate family.

33. Today there are laws which state that a person must be embalmed once he has been pronounced dead.
    a) True
    b) False

34. "Desiderata" is more about death than about life.
    a) True
    b) False

35. A wake is
    a) a term for the burial service.
    b) a term which describes the mourning period after the funeral.
    c) a vigil or period of waiting prior to the funeral.
    d) the term for the last rites given to a Catholic person who is considered to be dying.

36. The Latin word "requiem" means
    a) death.
    b) funeral.
    c) song of death.
    d) rest.

37. When a person has a terminal illness
    a) friends tend to gather about to spend time with the person.
    b) friends tend to drift away.
    c) friends feel uncomfortable but know they must come and be with the person.
    d) friends are anxious to talk to the person so he/she can have the opportunity to express personal feelings about dying.

38. Flowers are sometimes not allowed at Jewish funerals.
    a) True
    b) False

39. In this country, certain types of homicides are portrayed as being romantic.
    a) True
    b) False

40. The death penalty has been abolished in virtually all European countries.
    a) True
    b) False

41. The suffix "cide" on words means that they relate in some way to a death process.
    a) True
    b) False

42. Passive euthanasia means
    a) allowing a person to die from his disease without using all available treatment.
    b) deliberately ending a person's life.
    c) having obtained the patient's permission to end his/her life.
    d) having obtained the permission of the patient's immediate family to allow him/her to die.

43. In the poem "Remember," Christina Rossetti says that
    a) it is better to forget and smile.
    b) it is better to remember and be sad.
    c) it is useless to remember.
    d) a person need never remember.

44. The "Oath of Hippocrates" is sometimes cited as an argument against euthanasia.
    a) True
    b) False

45. Cryonics involves
    a) an expensive process of burial ($10,000 and up).
    b) an average amount of expense for burial ($1,000-$1,500).
    c) no expense to the deceased person's family because it is an experimental process.
    d) minimal expense for the process of burial ($500-$1,000).

46. Cemeteries are not only for burial but they can
    a) provide information about disease.
    b) provide information about burial customs.
    c) provide information about life expectancy.
    d) all of the above.

47. The most significant consideration in the selection of funeral arrangements is
    a) the cost.
    b) the social pressure.
    c) the wishes of the deceased person.
    d) one's religious preference.

48. "The Sculptor's Funeral" is about the funeral of
    a) a long-time resident of the town.
    b) a respected man of the community.
    c) a man who has been brought back to his hometown for burial.
    d) an eccentric woman sculptor.

49. The aim of compulsory euthanasia is
    a) to provide all the aged a means of dying if they so wish.
    b) reduce the overcrowded hospitals.
    c) to rid society of the useless, the aged, the infirmed.
    d) bring about improvement in the type of offspring produced.

50. In Charlotte's Webb, the spider is a symbol of life.
    a) True
    b) False

Match the religions in the column to the right with the terms in the left-hand column. The answers <u>can</u> be used more than once.

51. Rabbi

52. Wake

53. Sabbath

54. Priest

55. Synagogue

56. Mass

57. Pluralism

58. Minister

a. Catholic
b. Protestant
c. Jewish

59. Euthanasia is
    a) not a legal matter only a medical one.
    b) legal in all states.
    c) illegal in all states.
    d) illegal in 28 states.

60. In ancient times, suicide was considered a logical solution to life's problems.
    a) True
    b) False

Match the countries in the column to the right with the statements in the lefthand column. The answers can only be used once.

61. The guillotine was used extensively in this country during the 18th Century.

62. This country has no death penalty.

63. This country prescribes the death penalty only for cases involving assassination of a head of state or visiting leader.

64. This country has probably hanged more people for more different reasons than any other country in history.

65. This country first used the electric chair during the 18th Century.

a. Ireland
b. Great Britain
c. Italy
d. France
e. United States
f. Spain
g. Russia

66. Cremation
    a) was a more popular form of burial during the early Greek times than it is now.
    b) is a more popular form of burial today than at any other time in history.
    c) is permitted in every religion.
    d) is unsanitary.

67. An elegy is defined as
    a) a lament for the dead.
    b) a poem written about the person before he/she has died.
    c) a speech given in honor of someone who has died.
    d) the words written on a tombstone.

68. Children have no concept of death until around the age of eight.
    a) True
    b) False

69. "What Do I Do When the Pilot Dies?" shows that a person
    a) will usually give up when faced with impending disaster.
    b) will usually fight to survive when faced with impending disaster.
    c) will panic in the face of disaster.
    d) does not want to survive if he/she could be hurt for life.

70. When people first learn they have only a specified time to live, they tend to
    a) think only of themselves.
    b) dwell on the illness they have.
    c) think first about their family's welfare and state of mind.
    d) blame the doctors because they couldn't help them.

71. Euphemisms are
    a) vulgar expressions for accepted words in the English language.
    b) clear, concise expressions for words not usually understood by the general public.
    c) polite means of conveying an idea.
    d) expressions intended to hide the true meaning of other words.

72. "Obituary" is the term used for
    a) the death certificate.
    b) the writing which appears on the tombstone.
    c) the information which appears in the newspaper about the deceased.
    d) the forms which must be filled out for insurance claims and social security benefits.

73. Burial rites for most Hindu people involve
    a) wrapping the body and placing it in a grave but with no marker or headstone.
    b) cremating the body.
    c) placing the body in a coffin and having burial rites similar to those held in this country.
    d) weighting the body and placing it in the Ganges River.

74. The science of cryobiology describes
    a) a new science in which the effects of low temperatures on living systems are studied and used.
    b) the science of embalming.
    c) a new science which deals with the preservation of tissue through solid freezing.
    d) a new science which emphasizes the placing of tissue and cells in a solution for preservation purposes.

75. There are laws in some states which prohibit the scattering of a person's ashes.
    a) True
    b) False

76. Mourning or grieving over someone who has died is a normal, healthy process.
    a) True
    b) False

77. A dying patient usually
    a) prefers to be alone.
    b) prefers that only the doctors and nurses are around him.
    c) prefers his family to be with him.
    d) prefers strangers to friends.

78. Epitaphs can be
    a) humorous.
    b) personal.
    c) serious.
    d) all of the above.

79. Egyptian preoccupation with preservation of the body came from the idea that
    a) the departed spirit would one day return to inhabit the body.
    b) this was the only means by which the spirit could be released to carry on in an afterlife.
    c) this was a way of insuring that the Egyptian culture would remain for centuries to come.
    d) this was a way of honoring the pharoah and would reap rewards for the people in a later life.

80. Personification is a term which indicates
    a) a line of poetry has two or more words which begin with a consonant sound.
    b) a nonliving object or an abstract quality is given human characteristics and capabilities.
    c) a poem in which a person is the key character.
    d) that one idea is being compared to another through the use of "like" or "as."

81. Within recent years, there has been an attempt to redefine death in terms of
    a) heart function.
    b) respiratory function.
    c) brain function.
    d) an EEG reading.

82. The story "Brother Death" is about the effect of a son's sudden death on the family.
    a) True
    b) False

83. The death penalty has been in existence since
    a) colonial times.
    b) the time of the Egyptians and the Babylonians.
    c) the time of the French Revolution.
    d) the Middle Ages.

84. Those who oppose the death penalty won an enormous battle when
    a) in 1964, the Supreme Court ruled to absolish it.
    b) in 1968, the Supreme Court ruled it unconstitutional.
    c) in 1970, the Supreme Court upheld its constitutionality.
    d) in 1972, the Supreme Court ruled it unconstitutional.

85. When explaining someone's death to a child
    a) explain the death in detail so the child will understand the person is gone.
    b) say that the person is asleep and happy.
    c) be honest and explain that the person is gone and can't be brought back to life.
    d) say the person is better off this way.

86. The Euthanasia Society of America has
    a) lost members in recent years.
    b) gained members in recent years.
    c) a stable membership.
    d) a predominance of older people among its membership.

87. All of the following poems personify death in some way EXCEPT
    a) "Death Be Not Proud."
    b) "Because I Could Not Stop for Death."
    c) "Remember."
    d) "79."

88. "Buck Fanshaw's Funeral" is a satire because it
    a) is humorous.
    b) takes a serious look at life's problems.
    c) has a lesson to be learned from it (a moral to it).
    d) treats a serious subject in a humorous way.

89. The idea behind an open casket funeral is all of the following EXCEPT
    a) to assist people in being able to more readily accept the finality of death.
    b) to show off the restorative capabilities of the local funeral director.
    c) to permit a realization of death.
    d) to make the funeral more of an occasion--even a celebration.

90. "Desiderata" advocates that people should
    a) be considerate of others and strive to be happy.
    b) give up on life because it presents so many problems.
    c) be extravagent in business affairs.
    d) strive to retain their youth because age brings with it many problems.

APPENDIX D. CHAPTER I TEST

THE HUMAN REACTION TO DEATH

Directions: Read each item carefully and choose the best answer.

1. Euphemisms are
   a) vulgar expressions for accepted words in the English language.
   b) clear, concise expressions for words not usually understood by the general public.
   c) polite means of conveying an idea.
   d) expressions intended to hide the true meaning of other words.

2. Dying patients usually prefer
   a) to be alone.
   b) that only the doctors and nurses around them.
   c) to be with their families.
   d) strangers to friends.

3. The concept of "extended family" means
   a) people who are like family but who are not blood relatives.
   b) the family has taken in to live with them someone who is not a blood relative.
   c) the mother and/or father and any sisters and/or brothers.
   d) cousins, aunts, uncles, and other blood relatives outside the immediate family.

4. According to Dr. Elisabeth Kübler-Ross, the stages of dying are
   a) bargaining, denial, depression, anger, and acceptance.
   b) bargaining, resignation, anger, and acceptance.
   c) bargaining, disbelief, depression, and anger.
   d) bargaining, denial, helplessness, anger, and acceptance.

5. Bill refused to believe that the doctors had diagnosed his illness correctly. He had just been told he had, at the most, six months to live. This couldn't be happening to him--he was only 30 years old. They must be wrong; he would seek another opinion. This is an example of the stage of dying known as
   a) anger.
   b) denial.
   c) bargaining.
   d) selfishness.

6. When a person has a terminal illness
   a) friends tend to gather about to spend time with the person.
   b) friends tend to drift away.
   c) friends feel uncomfortable but know they must come and be with the person.
   d) friends are anxious to talk to the person so he/she can have the opportunity to express personal feelings about dying.

7. In order to be of help to someone who has suffered the loss of a person close to him/her, you should
   a) say, "Be brave! Don't dry! Don't take it so hard!"
   b) encourage the person to tell you how he/she feels.
   c) tell the person he/she will feel better when the funeral is over.
   d) look on the brighter side of life instead of grieving.

8. "Obituary" is the term used for
   a) the death certificate.
   b) the writing which appears on the tombstone.
   c) the information which appears in the newspaper about the deceased.
   d) the forms which must be filled out for insurance claims and social security benefits.

9. A memorial society
   a) is organized by funeral directors.
   b) requires annual dues.
   c) assists the family with funeral arrangements after the person dies.
   d) helps people plan funerals before they actually die.

10. A member of your immediate family has just died in the local hospital. Which of the following is NOT necessary to do immediately?
    a) Decide on time and place of funeral or memorial service.
    b) Arrange for disposal of household goods.
    c) Notify insurance companies and the social security office.
    d) Check to see if there are any debts and/or installment payments.

11. In order to donate an organ of your body after you die, you must have signed a donor card and be at least
    a) 21 years old at the time you signed the card.
    b) 18 years old at the time you signed the card.
    c) 16 years old at the time you signed the card.
    d) age doesn't matter.

12. The word "condolence"
    a) means an expression of sympathy.
    b) is a period of mourning after the death of a family member.
    c) is a Jewish prayer read during the funeral.
    d) is another term for cremation.

13. A eulogy
    a) is what appears in the newspaper following a person's death.
    b) is a speech or written statement honoring the memory of the deceased person.
    c) is a religious term which refers to the family's period of mourning.
    d) appears on the person's grave marker.

14. The term which correctly describes a woman whose husband has died is
    a) widower.
    b) maiden.
    c) widow.
    d) spinster.

15. When explaining someone's death to a child
    a) explain the death in detail so the child will understand the person is gone.
    b) say that the person is asleep and happy.
    c) be honest and explain that the person is gone and can't be brought back to life.
    d) say the person is better off this way.

16. A memorial society can assist a person in lowering the funeral costs.
    a) True
    b) False

17. A memorial society can be begun by various clubs and/or organizations.
    a) True
    b) False

18. Much of the information that goes into an obituary can be obtained before the person dies.
    a) True
    b) False

19. Children have no concept of death until around the age of eight.
    a) True
    b) False

20. Mourning or grieving over someone who has died is a normal, healthy process.
    a) True
    b) False

APPENDIX E. CHAPTER II TEST

RITUALS, RIGHTS, AND REASONS

Directions: Read each item carefully and choose the best answer.

1. Burial rites for most Hindu people involve
    a) wrapping the body and placing it in a grave without a marker or head-
       stone.
    b) cremating the body.
    c) placing the body in a coffin and having burial rites similar to those
       held in this country.
    d) weighting the body and placing it in the Ganges River.

2. The term "mausoleum" refers to
    a) a cemetery.
    b) a building which houses many bodies.
    c) a place of worship.
    d) a type of coffin.

3. The favored mourning symbols used in medieval England and colonial
    America were
    a) the skull and crossbones.
    b) flowers.
    c) a cross.
    d) black clothing.

4. The practice of having paid mourners at funerals
    a) became popular during the 19th Century.
    b) dates back to the early Hebrews and Egyptians.
    c) is a common practice today.
    d) only existed in the European countries during the 17th and 18th Cen-
       turies.

5. Egyptian preoccupation with the preservation of bodies after death came
    from the idea that
    a) the departed spirit would one day return to inhabit the body.
    b) this was the only means by which the spirit could be released to
       carry on in an afterlife.
    c) this was a way of insuring that the Egyptian culture would remain
       for centuries to come.
    d) this was a way of honoring the pharoah and would reap rewards for
       the people in a later life.

6. The use of a casket for burial purposes
    a) is a new concept in this century.
    b) is a widespread concept practiced in almost every part of the world.
    c) was begun for the rich during the 18th Century.
    d) began during the Civil War.

7. Preservation of the dead was first begun in America in
   a) the 20th Century.
   b) the 18th Century.
   c) the 19th Century.
   d) the 17th Century.

8. The most significant consideration in the selection of funeral arrangements is
   a) the cost.
   b) the social pressure.
   c) the wishes of the deceased person.
   d) one's religious preference.

9. A wake is
   a) a term for the burial service.
   b) a term which describes the mourning period after the funeral.
   c) a vigil or period of waiting prior to the funeral.
   d) the term for the last rites given to a Catholic person who is considered to be dying.

10. "Buck Fanshaw's Funeral" is a satire because it
    a) is humorous.
    b) takes a serious look at life's problems.
    c) has a lesson to be learned from it (a moral to it).
    d) treats a serious subject in a humorous way.

11. Cremation
    a) was a more popular form of burial during the early Greek times than it is now.
    b) is a more popular form of burial today than at any other time in history.
    c) is permitted in every religion.
    d) is unsanitary.

12. The idea behind an open casket is all of the following EXCEPT
    a) to assist people in being able to more readily accept the finality of death.
    b) to show off the restorative capabilities of the local funeral director.
    c) to permit a realization of death.
    d) to make the funeral more of an occasion--even a celebration.

13. Flowers are not always permitted at Jewish funerals.
    a) True
    b) False

14. Since colonial times, the funeral director in this country has been responsible for taking care of the body and assisting in providing arrangements for the family.
    a) True
    b) False

15. Today there are laws which state that embalming must be done once a person has been pronounced dead.
   a) True
   b) False

16. Funeral directors actively lobby in state legislatures.
   a) True
   b) false

17. There are laws in some states which prohibit the scattering of a person's ashes.
   a) True
   b) False

Match the religions in the column to the right with the terms in the left-hand column. The answers can be used more than once.

18. Rabbi   a. Catholic
                                b. Protestant
19. Pluralism   c. Jewish

20. Mass

21. Priest

22. Synagogue

23. Minister

24. Wake

25. Sabbath

APPENDIX F. CHAPTER III TEST

SOCIAL QUESTIONS ON DEATH AND DYING

Direction: Read each item carefully and choose the best answer.

1. The science of cryobiology describes
    a) a new science in which the effects of low temperatures on living
       systems are studied and used.
    b) the science of embalming.
    c) a new science which deals with the preservation of tissue through
       solid freezing.
    d) a new science which emphasizes the placing of tissue and cells in a
       solution for preservation purposes.

2. Cryonics involves
    a) an expensive process of burial ($10,000 and up).
    b) an average amount of expense for burial ($1,000-$1,500).
    c) no expense to the deceased person's family because it is an experi-
       mental process.
    d) minimal expense for the process of burial (%00-$1,000).

3. Cemeteries are not only used for burial but they can provide
    a) information about disease.
    b) information about burial customs.
    c) information about life expectancy.
    d) all of the above.

4. Within recent years, there has been an attempt to redefine death in
    terms of
    a) heart function.
    b) respiratory function.
    c) brain function.
    d) an EEG reading.

5. The term "neomort" has been defined as
    a) a dead body on which an autopsy has been performed.
    b) a body which closely resembles the living human being.
    c) a dead body.
    d) a person who has donated his/her body for organ transplants.

6. Passive euthanasia means
    a) allowing a person to die from his disease without using all avail-
       able treatment.
    b) deliberately ending a person's life.
    c) having obtained the patient's permission to end his/her life.
    d) having obtained the permission of the patient's immediate family to
       allow him/her to die.

7. The Euthanasia Society of American has
   a) lost members in recent years.
   b) gained members in recent years.
   c) a stable membership.
   d) a predominance of older people among its membership.

8. Euthanasia is
   a) not a legal matter only a medical one.
   b) legal in all states.
   c) illegal in all states.
   d) illegal in 28 states.

9. The word "euthanasia" means
   a) individual death.
   b) the good death.
   c) peace of mind.
   d) seeking death.

10. The Living Will is
    a) legally binding in all states.
    b) legally binding in 13 states.
    c) not legally binding in any state.
    d) not legally binding unless both the person and the family have
       agreed to its contents.

11. The aim of compulsory euthanasia is
    a) to provide all the aged a means of dying if they so wish.
    b) to reduce the overcrowded hospitals.
    c) to rid society of the useless, the aged, the infirmed.
    d) bringing about improvement in the type of offspring produced.

12. Those who oppose the death penalty won an enormous battle when
    a) in 1964, the Supreme Court ruled to abolish it.
    b) in 1968, the Supreme Court ruled it unconstitutional.
    c) in 1970, the Supreme Court upheld its constitutionality.
    d) in 1972, the Supreme Court ruled it unconstitutional.

13. The death penalty has been in existence since
    a) colonial times.
    b) the time of the Egyptians and Babylonians.
    c) the time of the French Revolution.
    d) the Middle Ages.

14. Generally, potential suicide victims
    a) give some warning to someone of their intent to destroy themselves.
    b) always warn their families of their intent to destroy themselves.
    c) give no warning as to their plans for self-destruction.
    d) tell everyone about their plans.

15. The death penalty has been absolished in virtually all European countries.
    a) True
    b) False

16. In ancient times, suicide was considered a logical solution to life's problems.
    a) True
    b) False

17. The "Oath of Hippocrates" is sometimes cited as an argument against euthanasia.
    a) True
    b) False

18. The most frequent motivation for suicide is revenge.
    a) True
    b) False

19. People who have experienced death on a large scale (i.e. the Hiroshima disaster) consistently report an immediate sense of
    ical reaction.
    a) True
    b) False

20. "Hara-Kiri" is a term used for
    a) mercy killing.
    b) a type of poisoning using a lethal Japanese drug.
    c) the death penalty in China.
    d) a rare type of Japanese suicide.

Match the countries in the column to the right with the statements in the left-hand column. The answers can only be used once.

21. The guillotine was used extensively in this country during the 18th Century.

22. This country first used the electric chair in 1890.

23. This country prescribes the death penalty only for the cases involving assassination of a head of state or visiting leader.

24. This country has probably hanged more people for more different reasons than any other country in history.

25. This country has no death penalty.

a. Ireland
b. Great Britain
c. Italy
d. France
e. United States
f. Spain
g. Russia

APPENDIX G. CHAPTER IV TEST

DEATH THROUGH OTHERS' EYES

Directions: Read each item carefully and choose the best answer.

1. The Latin word "requiem" means
    a) death.
    b) funeral.
    c) song of death.
    d) rest.

2. Personification is a term which indicates
    a) a line of poetry has two or more words which begin with a consonant sound.
    b) a nonliving object or an abstract quality is given human characteristics and capabilities.
    c) a poem in which a person is the key character.
    d) that one idea is being compared to another through the use of "like" or "as."

3. In "Because I Could Not Stop for Death," Emily Dickinson feels that
    a) she can escape death.
    b) death will come to her eventually.
    c) death has no meaning for her.
    d) dying will be a traumatic experience.

4. All of the following poems personify death in some way EXCEPT
    a) "Death Be Not Proud."
    b) "Because I Could Not Stop for Death."
    c) "Remember."
    d) "79."

5. In the poem "Remember," Christina Rossetti says that
    a) it is better to forget and smile.
    b) it is better to remember and be sad.
    c) it is useless to remember.
    d) a person need never remember.

6. An elegy is defined as
    a) a lament for the dead.
    b) a poem written about the person before he/she has died.
    c) a speech given in honor of someone who has died.
    d) the words written on a tombstone.

7. When people first learn they have only a limited time to live, they tend to
   a) think only of themselves.
   b) dwell on the illness they have.
   c) think first about their family's welfare and state of mind.
   d) blame the doctors because they couldn't help them.

8. Epitaphs can be
   a) humorous.
   b) personal.
   c) serious.
   d) all of the above.

9. "What Do I Do When the Pilot Dies?" shows that a person
   a) will usually give up when faced with impending disaster.
   b) will usually fight to survive when faced with impending disaster.
   c) will panic in the face of disaster.
   d) does not want to survive if he could be hurt for life.

10. "The Sculptor's Funeral" is about the funeral of
    a) a long-time resident of the town.
    b) a respected man of the community.
    c) a man who has been brought back to his hometown for burial.
    d) an eccentric woman sculptor.

11. The lyrics to the song "Forest Lawn" indicate the desire for
    a) a simple funeral.
    b) an elaborate funeral.
    c) many people to attend the funeral.
    d) cremation.

12. "Desiderata" advocates that people should
    a) be considerate of others and strive to be happy.
    b) give up on life because it presents so many problems.
    c) be extravagant in business affairs.
    d) strive to retain their youth because age brings with it many prob-
       lems.

13. The suffix "cide" on words means that they relate in some way to a death process.
    a) True
    b) False

14. "Crossing the Bar" is a euphemism.
    a) True
    b) False

15. Epitaphs appear on tombstones.
    a) True
    b) False

16. In <u>Charlotte's Web</u>, the spider is a symbol of life.
    a) True
    b) False

17. The story "Brother Death" is about the effect of a son's sudden death
    on the family.
    a) True
    b) False

18. "Desiderata" is more about death than about life.
    a) True
    b) False

19. In this country certain types of homicides are portrayed as being romantic.
    a) True
    b) False

20. In the poem "I Heard A Fly Buzz When I Died," the person is describing
    the last few moments before death.
    a) True
    b) False

APPENDIX H.   A SCALE TO MEASURE ATTITUDE TOWARD ANY SCHOOL SUBJECT

Form A: Edited by H. H. Remmers

<u>Directions</u>:   Following is a list of statements about school subjects.   Put a <u>plus</u> <u>sign</u> (+) before each statement with which you agree about the subjects listed at the left of the statements.   The person in charge will tell you the subject or subjects to write in at the head of the columns to the left of the statements.   Your score will not affect your grade in any course.

Death and Dying	Physical Education					
						1. No matter what happens, this subject comes first.
						2. This subject has an irresistible attraction for me.
						3. This subject is profitable to everybody who takes it.
						4. Any student who takes this subject is bound to be benefited.
						5. This subject is a good subject.
						6. All lessons and all methods used in this subject are clear and definite.
						7. I am willing to spend my time studying this subject.
						8. This subject is a good pastime.
						9. I don't believe this subject will do anybody any harm.
						10. I haven't any definite like or dislike for this subject.
						11. This subject will benefit the brighter students.
						12. My parents never had this subject, so I see no merit in it.
						13. I am not interested in this subject.
						14. This subject reminds me of Shakespeare's play--"Much Ado about Nothing."
						15. I would not advise anyone to take this subject.
						16. This subject is a waste of time.
						17. I look forward to this subject with horror.

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APPENDIX I. COURSE INFORMATION

Instructions for questions #1, 2, and 3. The lines have been provided so
that you can comment on specific selections within each chapter. Use the
back if necessary.
1. Which section of the student text did you enjoy most?
_____a) The Human Reaction to Death (Chapter I)_____

_____b) Rituals, Rights, and Reasons (Chapter II)_____

_____c) Social Questions on Death and Dying (Chapter III)_____

_____d) Death through Others' Eyes (Chapter IV)_____

2. Which section of the student text did you enjoy the least?
_____a) The Human Reaction to Death (Chapter I)_____

_____b) Rituals, Rights, and Reasons (Chapter II)_____

_____c) Social Questions on Death and Dying (Chapter III)_____

_____d) Death through Others' Eyes (Chapter IV)_____

3. Which section of the student text was the most difficult to read
and understand?
_____a) The Human Reaction to Death (Chapter I)_____

_____b) Rituals, Rights, and Reasons (Chapter II)_____

_____c) Social Questions on Death and Dying (Chapter III)_____

_____d) Death through Others' Eyes (Chapter IV)_____

Place a mark (X) along the continuum to show how you feel about the
terms in relation to the following two statements.
4. The subject of death is
meaningful   ____:____:____:____:____:____:____   meaningless
important   ____:____:____:____:____:____:____   unimportant
useful   ____:____:____:____:____:____:____   useless
interesting ____:____:____:____:____:____:____   uninteresting
comfortable ____:____:____:____:____:____:____   uncomfortable
pleasant   ____:____:____:____:____:__⌐:____   unpleasant
valuable   ____:____:____:____:____:____:____   worthless
certain   ____:____:____:____:____:____:____   uncertain

5. The activities in this unit are

meaningful	___:___:___:___:___:___:___	meaningless
important	___:___:___:___:___:___:___	unimportant
useful	___:___:___:___:___:___:___	useless
difficult	___:___:___:___:___:___:___	easy
interesting	___:___:___:___:___:___:___	uninteresting
organized	___:___:___:___:___:___:___	unorganized
successful	___:___:___:___:___:___:___	unsuccessful
valuable	___:___:___:___:___:___:___	worthless

6. The reading selections in this unit are

useful	___:___:___:___:___:___:___	useless
difficult	___:___:___:___:___:___:___	easy
interesting	___:___:___:___:___:___:___	uninteresting
meaningful	___:___:___:___:___:___:___	meaningless

7. How would you compare this course to other courses you have taken in high school or junior high?
   _____ a) Very favorably
   _____ b) Favorably
   _____ c) Unfavorably
   _____ d) Very unfavorably

8. List any areas or topics that you would like to see covered that were not.

   _____

   _____

   _____

   _____

9. Explain your reaction to studying the subject of death and dying.

   _____

   _____

   _____

   _____

   _____

   _____

APPENDIX J. STUDENT EVALUATION FORM

Please answer these questions by using the following evaluation key:

1 - strongly disagree
2 - disagree
3 - neutral
4 - agree
5 - strongly agree

1. The selections were interesting to read.   1 2 3 4 5

2. I was able to understand the vocabulary in the selections.   1 2 3 4 5

3. The questions following each selection did not help me to relate the material to class discussions.   1 2 3 4 5

4. The "Extension" activities were interesting and challenging. 1 2 3 4 5

5. The activities helped me with further research on the questions surrounding death and dying.   1 2 3 4 5

6. The book led me to interact with my family and friends to find out their thoughts on the issues surrounding death and dying.   1 2 3 4 5

7. The book showed me that there are a number of different views on issues which relate to death and dying.   1 2 3 4 5

8. The issue of death education is not one of critical importance to society.   1 2 3 4 5

9. The questions in the book enabled me to compare and analyze conflicting points of view.   1 2 3 4 5

10. The book did not motivate me to think about issues concerning death and dying nor how they will affect me in the future.   1 2 3 4 5

11. Through discussion I was able to learn what the opinions of my classmates were on the issues of death and dying.   1 2 3 4 5

12. The art slides did not give me an additional perspective on the subject of death.   1 2 3 4 5

13. I found the music tape to provide yet another perspective on the subject of death.   1 2 3 4 5

14. Using the materials in this unit (student anthology, music tape, and art slides), I did not find it difficult to relate to the subject of death.   1 2 3 4 5

APPENDIX K. INSTRUCTOR INFORMATION

1. Name_____School_____

2. City_____State_____Age_____Birthdate___/___/____
                                                            mo.   yr.

3. Sex: Male_____Female_____ Degree: B.S./B.A._____M.S./M.A._____

4. List your B.S./B.A. major_____

5. List your M.S./M.A. major_____

6. How many total years have you been teaching?_____

7. Give the number of students you have enrolled in each class in which
   you are using DEATH AND DYING.
   _____|_____|_____|_____|_____|_____

8. Has the topic of death been formally taught before in your school?
   Yes_____ No_____

9. Is this course an elective in the curriculum? Yes_____ No_____

10. How many class periods does this class meet a week? _____

11. How many minutes is each of these class periods? _____

12. Did you use any additional audio-visual materials with the unit?
    Yes_____ No_____

13. If so, please check the ones which you used.
    _____16mm films
    _____transparencies
    _____records
    _____tapes/cassettes
    _____video tapes

14. Did you supplement the unit with any additional books? Yes_____ No_____

15. If the answer to question #14 was yes, please give the titles of the
    books that you used.
    _____

    _____

    _____

16. Did you use any resource people to supplement the unit? Yes____ No____

17. Did you take any field trips relevant to the unit? Yes_____ No_____

18. Would you recommend continuing a course of this nature in the curriculum? Yes_____ No_____

19. Have you ever taken a formal course or had training in value clarification? Yes_____ No_____

20. Have you previously taught a course which includes the subject of death? Yes_____ No_____

21. Have you had a member of your immediate family (spouse, child, mother, father, sister, brother) die within the last five years? Yes____ No____

22. Have you had a close friend die within the last five years? Yes_____ No_____

23. As a child were you raised on
    _____a) A farm?
    _____b) In the suburbs?
    _____c) In a large city (population over 500,000)?
    _____d) In a small town?
    _____e) In a small city (population 100,000-500,000)?

24. Would you describe yourself as
    _____a) Very religious
    _____b) Somewhat religious
    _____c) Not religious

25. Your religious preference is
    _____a) Protestant
    _____b) Catholic
    _____c) Jewish
    _____d) None
    _____e) Other, explain_____

26. You are a member of the following race:
    _____a) White
    _____b) Black
    _____c) Hispanic
    _____d) Oriental
    _____e) American Indian
    _____f) Other, explain_____

27. Credit in the course in which you are using the program DEATH AND DYING is given in
    _____a) social studies
    _____b) language arts
    _____c) humanities
    _____d) other, explain_____

The following section should be answered in light of your observations of the classroom situation. Your responses should indicate or reflect the attitudes, behaviors, and/or reactions of your students as shown through written work and classroom discussion.

Please circle the most appropriate response based on the evaluation key below. When responses are strongly positive or negative, please cite specific page references.

       1 - strongly agree
       2 - agree
       3 - neutral
       4 - disagree
       5 - strongly disagree

1. The students seemed to find the selections interesting to read.　　　　　1 2 3 4 5

2. The questions following each selection did not help to motivate classroom discussion on the topic.　　　　　1 2 3 4 5

3. The "Extension" activities seemed interesting and challenging to the students.　　　　　1 2 3 4 5

4. Students seemed stimulated to use critical thinking while working with the anthology.　　　　　1 2 3 4 5

5. The students seemed to become more aware of the alternatives and consequences of their actions in dealing with the processes of death and dying.　　　　　1 2 3 4 5

6. This material did not seem appropriate for the grade level of my class.　　　　　1 2 3 4 5

7. The students seemed to consider the topic of death and dying a relevant topic of study.　　　　　1 2 3 4 5

8. The students seemed to be interesting in the content of the art slides and attentive during the viewing.　　　　　1 2 3 4 5

9. The students seemed to be interested in the content of the music tape and attentive while it was playing.　　　　　1 2 3 4 5

10. My observations indicate that the students were able to read and understand the student anthology.　　　　　1 2 3 4 5

11. My observations indicate that the students were able to assimilate the amount of information in the student anthology.　　　　　1 2 3 4 5

12. The students seemed eager to undertake outside activities suggested in the student anthology.　　　　　1 2 3 4 5

TEACHER OPINION - Please comment freely and honestly on the following open-ended questions. If you need additional space, use a separate sheet of paper. Whenever possible, cite specific page numbers or chapter references.

13. What do you consider to be the major strengths of this program?

_____

_____

_____

14. What do you consider to be the weaknesses of this program?

_____

_____

_____

15. How could these materials be improved?

_____

_____

_____

16. Please comment on the Teacher's Guide. Did you find it clear and easy to follow? What changes would you suggest?

_____

_____

_____

_____

17. Did you feel that the contents of the anthology suggested a racial, ethnic, sexual, or other type bias? Please cite specific references.

_____

_____

_____

18. Would you recommend the program to others? Why or why not?

_____

_____

_____

APPENDIX L. TABLES

Tables 7-19, included in Appendix L, are detailed explanations of the significant mean changes of the Attitude Questionnaire which have been reported in Summary Table 1, Chapter IV.

Table 7. Mean change (post minus pre), statement #1: The idea of death frightens me

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.41	1.50	.76	.67*	
G.P.A.	1				3.70	.05*	
Below 2.0		3.08	-.17				24
2.0 and above		3.21	.51				134

*p = $\leq$ .05.

Table 8. Mean change (post minus pre), statement #2: I would want to be told if I were terminally ill

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.10	1.83	1.27	.25*	
Age	3				2.97	.03*	
Under 16		3.38	-1.25				8
16 years old		4.29	0.0				63
17 years old		4.54	.54				61
Over 17		4.46	-.27				26

*p = $\leq$ .05.

Table 9. Mean change (post minus pre), statement #4: Being alone at the time of my death would be a frightening experience for me

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.18	1.81	1.69	.10*	
G.P.A.	1				4.28	.04*	
Below 2.0		3.38	-.67				24
2.0 and above		3.55	-.09				134

*p = ≤ .05.

Table 10. Mean change (post minus pre), statement #5: Even though I often see portrayals of death in everyday life, especially through the media, I think that it will never happen to me

Source	df	Mean change	SD	F value	Prob
Overall	157	.08	1.60	1.63	.11
G.P.A. x grade level	1			4.29	.02*

*p = ≤ .05.

Table 11. Mean change (post minus pre), statement #6: If someone were to talk to me about death, I would feel uncomfortable

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.13	1.38	2.42	.01*	
Course grade	1				11.93	.001**	
Below a B		2.36	-.37				109
B or better		1.92	.41				49

*p = ≤ .05.

**p = ≤ .01.

Table 12. Mean change (post minus pre), statement #7: I would not want to see someone who was dead

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.18	1.34	1.55	.13 **	
Course grade	1				7.00	.009	
Below a B		2.61	.03				109
B or better		3.06	-.63				49

**$p = \leq .01$.

Table 13. Mean change (post minus pre), statement #9: When I die, I hope to leave something of myself behind as a reminder that I existed

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.03	1.63	1.24	.27 *	
Age	3				3.24	.02	
Under 16		3.75	-1.38				8
16 years old		3.90	-.08				63
17 years old		4.07	.23				61
Over 17		4.19	.27				26

*$p = \leq .05$.

Table 14. Mean change (post minus pre), statement #10: I would prefer to die quickly

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.22	2.0	1.89	.05*	
I.Q.	1				3.86	.05*	
115 & above		4.20	.49				45
Below 115		4.36	.12				113
Sex x G.P.A.	1				4.41	.04*	

*p = ≤ .05.

Table 15. Mean change (post minus pre), statement #13: If a close friend were terminally ill, I would want to know

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.11	1.73	1.54	.13	
Sex	1				4.37	.04*	
Boys		4.17	.15				60
Girls		4.15	-.28				98
Sex x I.Q.					6.30	.01*	

*p = ≤ .05.

Table 16. Mean change (post minus pre), statement #14: I feel pity for people who have terminal illnesses

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		1.76	2.33	1.12	.35*	
Age	3				3.13	.03*	
Under 16		4.50	4.00				8
16 years old		3.75	1.87				63
17 years old		3.72	1.61				61
Over 17		3.50	1.15				26

*$p = \leq .05$.

Table 17. Mean change (post minus pre), statement #15: At my age, it is difficult to realize that I will die

Source	df	Mean change	SD	F value	Prob
Overall	157	.15	1.90	1.31	.23*
Sex x I.Q.	1			4.68	.03*

*$p = \leq .05$.

Table 18. Mean change (post minus pre), statement #17: I prefer to think of death in a romantic way--for example, dying in someone's arms or being killed while protecting someone else

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.15	1.63	1.64	.10	
Sex	1				7.77	.0061**	
Boys		2.79	-.33				60
Girls		2.58	-.04				98
Sex x G.P.A.	1				6.67	.01*	

*p = $\leq$ .05.

**p = $\leq$ .01.

Table 19. Mean change (post minus pre), statement #18: The fact that I do not know what it feels like to die does not bother me

Source	df	Mean change	SD	F value	Prob
Overall	157	-.13	1.69	1.09	.38
Sex x I.Q.	1			4.35	.04*

*p = $\leq$ .05.

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APPENDIX M. TABLES

Tables 20-23, included in Appendix M, are detailed explanations of the

significant mean changes of the Attitude Questionnaire which have been

reported in Summary Table 2, Chapter IV.

Table 20. Mean change (post minus pre), statement #1: The idea of death frightens me

Source	df	Mean change	SD	F value	Prob
Overall	157	.41	1.47	1.64	.12
Relig. pref. x streng. of rel.	3			3.82	.01*

*$p = \leq .05$.

Table 21. Mean change (post minus pre), statement #7: I would not want to see someone who was dead

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.18	1.28	3.44	.0015**	
Relig. pref.	3				6.46	.0006**	
Protestant		2.69	.01				96
Catholic		2.82	-.47				49
None		2.63	.50				8
Other		3.60	-2.00				5
Relig. pref. x streng. of rel.	3				3.07	.03*	

*$p = \leq .05$.

**$p = \leq .01$.

Table 22. Mean change (post minus pre), statement #8: I associate death with pain

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.17	1.55	1.99	.05*	
Relig. pref.	3				4.06	.0085**	
Protestant		3.05	-.12				96
Catholic		2.86	-.39				49
None		2.86	-.50				8
Other		3.80	1.40				5
Streng. of rel.	2				3.89	.02*	
Very strong		2.82	-.46				22
Somewhat str.		2.99	-.14				121
Not strong		3.40	0.00				15
Relig. pref. x streng. of rel.	1				2.72	.05*	

*p = $\leq$ .05.

**p = $\leq$ .01.

Table 23. Mean change (post minus pre), statement #12: I do not want my family and friends to see me when I am in the process of dying

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.03	1.72	2.96	.005*	
Strength of rel.	2				7.31	.0013**	
Very strong		2.91	-.82				22
Somewhat str.		2.70	.13				121
Not strong		2.33	-.13				15
Relig. pref. x streng. of rel.	3				3.04	.03*	

*p = $\leq$ .05.

**p = $\leq$ .01.

APPENDIX N. TABLES

Tables 24-31, included in Appendix N, are detailed explanations of the significant mean changes of the Attitude Questionnaire which have been reported in Summary Table 3, Chapter IV.

Table 24. Mean change (post minus pre), statement #1: The idea of death frightens me

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.41	1.42	1.69	.03*	
Grade level	2				4.19	.02*	
Sophomore		2.93	.33				15
Junior		3.16	.35				79
Senior		3.30	.48				64
Grade level x relig. streng.	2				4.62	.005**	
Relig. streng. x relative die	2				5.95	.004**	

*$p = \leq .05$.

**$p = \leq .01$.

Table 25. Mean change (post minus pre), statement #2: I would want to be told if I were terminally ill

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.10	1.86	.84	.67*	
Grade level	2				3.62	.03*	
Sophomore		3.67	-.87				15
Junior		4.38	.34				79
Senior		4.52	.03				64

*$p = \leq .05$.

Table 26. Mean change (post minus pre), statement #7: I would not want to see someone who was dead

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		-.17	1.36	1.04	.42	
Residence	3				3.32	.02*	
Farm		2.68	-.25				36
Suburbs		3.03	-.48				33
Sm. town		2.64	-.09				77
Sm. city		2.92	-.33				5

*$p = \leq .05$.

Table 27. Mean change (Post minus pre), statement #9: I hope to leave something of myself behind as a reminder that I existed

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		.03	1.61	1.28	.19	
Grade level	2				3.22	.04*	
Sophomore		3.67	-1.20				15
Junior		4.04	.13				79
Senior		4.05	.20				64
Residence	3				3.09	.03*	
Farm		4.06	-.06				36
Suburbs		4.03	-.24				33
Sm. town		4.01	.25				77
Sm. city		3.75	-.33				5

*$p = \leq .05$.

Table 28. Mean change (post minus pre), statement #10: I would prefer to die quickly

Source	df	Mean change	SD	F value	Prob
Overall	157	.22	1.99	1.32	.16
Relig. streng. x friend die	2			3.94	.02*

*$p = \leq .05$.

Table 29. Mean change (post minus pre), statement #11: I think my own death will be an interesting adventure

Source	df	Mean change	SD	F value	Prob
Overall	157	1.77	1.45	1.91	.01*

*$p = \leq .05$.

Table 30. Mean change (post minus pre), statement #12: I do not want my family and friends to see me when I am in the process of dying

Source	df	Mean change	SD	F value	Prob
Overall	157	.03	1.67	2.13	.004**
Relig. streng. x friend die	2			3.54	.03*

*$p = \leq .05$.

**$p = \leq .01$.

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Table 31. Mean change (post minus pre), statement #14: I feel pity for people who have terminal illnesses

Source	df	Orig. mean	Mean change	SD	F value	Prob	n
Overall	157		1.76	2.30	1.17	.28*	
Grade level	2				2.77	.06*	
Sophomore		4.40	1.90				15
Junior		3.67	1.63				79
Senior		3.66	1.48				64

*p = ≤ .05.

APPENDIX O. TABLE

Table 32. Summary table of the means[a] of the Preattitude Questionnaire and the means of the Postattitude Questionnaire by item

Item[b]	Preattitude mean	Postattitude mean
1	2.84	3.20
2	4.31	4.37
3	2.48	2.70
4	3.63	3.56
5	2.54	2.52
6	2.13	2.22
7	2.61	2.75
8	3.17	3.01
9	3.99	4.01
10	4.09	4.25
11	3.14	3.01
12	2.71	2.70
13	4.25	4.16
14	3.71	3.73
15	3.11	3.23
16	3.08	3.10
17	2.72	2.63
18	2.75	2.86
19	3.78	3.61
20	4.06	3.82

[a]Means based upon a scale of: 1 = strongly disagree
2 = disagree
3 = undecided
4 = agree
5 = strongly agree.

[b]See Appendix A, page 73, for description of items.

APPENDIX P. TABLE

Table 33. Summary table of cognitive gain on the material in the student anthology, Death and Dying, by chapter and by school, using the categorical variables I.Q., G.P.A., and course grade[a]

Source	n	Ayrshire X gain	n	Maquoketa X gain	n	Webster City X gain
Chapter 1		5.70		5.48		3.21
I.Q.						
Less than 115	12	6.08[b]	17	5.29	49	3.16
115 & above	8	5.13	6	6.00	22	3.32
G.P.A.						
Less than 2.0	14	5.89	5	6.40	5	4.80
2.0 & above	6	5.55	18	5.22	66	3.09
Course grade						
B & above	14	6.14	21	5.67	60	3.08
Below a B	6	4.67	2	3.50	11	3.90
Chapter 2		8.00		4.74		5.41
I.Q.						
Less than 115	12	7.17	17	4.41	49	5.08
115 & above	8	9.25	6	5.67	22	6.13
G.P.A.						
Less than 2.0	14	7.33	5	5.00	5	5.40
2.0 & above	6	8.55	18	4.67	66	5.41
Course grade						
B & above	14	7.36	21	4.48	60	5.40
Below a B	6	9.50	2	7.50	11	5.45
Chapter 3		8.70		4.48		4.41
I.Q.						
Less than 115	12	7.41	17	4.65	49	4.69
115 & above	8	10.63	6	4.00	22	3.77
G.P.A.						
Less than 2.0	14	6.44	5	1.40	5	2.80
2.0 & above	6	10.55	18	5.33	66	4.53
Course grade						
B & above	14	7.29	21	4.57	60	4.03
Below a B	6	12.00	2	3.50	11	6.45

[a]Bettendorf did not administer the four posttests.

[b]The underscored indicates the greater gain between the referenced variables.

Table 33. (Continued)

Source	n	Ayrshire X gain	n	Maquoketa X gain	n	Webster City X gain
Chapter 4		6.40		2.96		3.93
I.Q.						
Less than 115	12	5.25	17	2.41	49	3.81
115 & above	8	8.17	6	4.50	22	4.18
G.P.A.						
Less than 2.0	14	4.77	5	2.20	5	4.40
2.0 & above	6	7.73	18	3.17	66	3.89
Course grade						
B & above	14	5.86	21	3.05	60	3.78
Below a B	6	7.67	2	2.00	11	4.73

APPENDIX Q. FIGURES

Attitude Change Scores
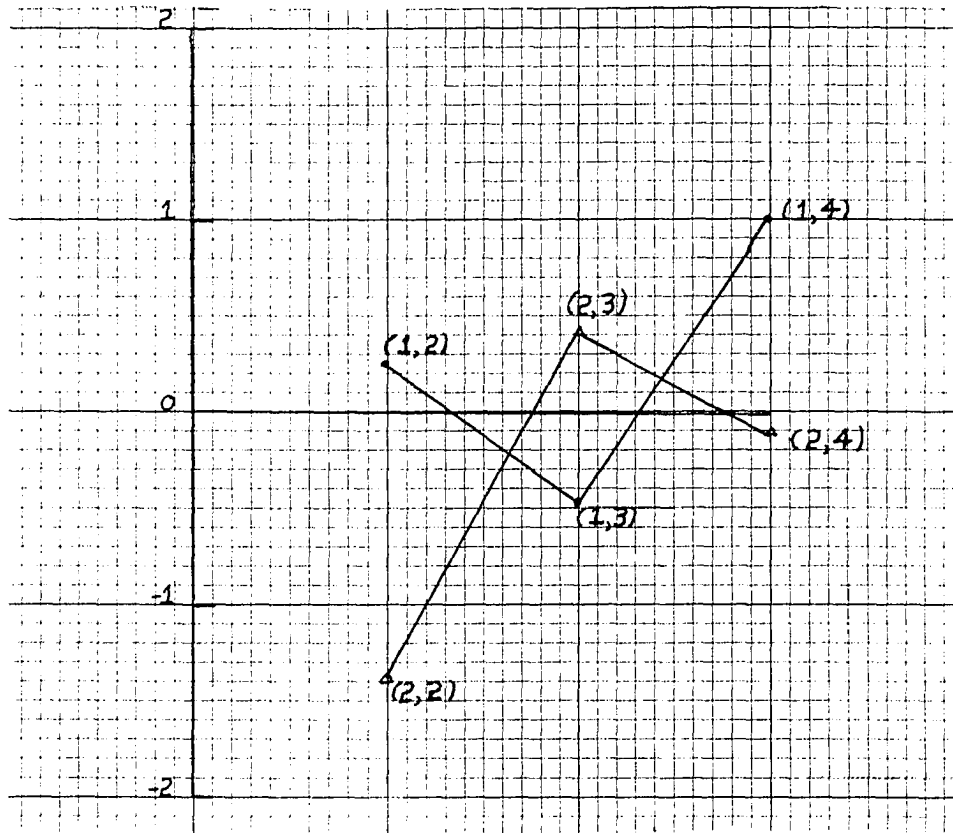
Figure 1. Interaction graph of the variables G.P.A. and grade level for statement 5, "Even though I often see portrayals of death in everyday life, especially through the media, I think that it will never happen to me." Less than 2.0 G.P.A. (1), 2.0 G.P.A. and above (2); sophomores (2), juniors (3), seniors (4)

Attitude Change Scores
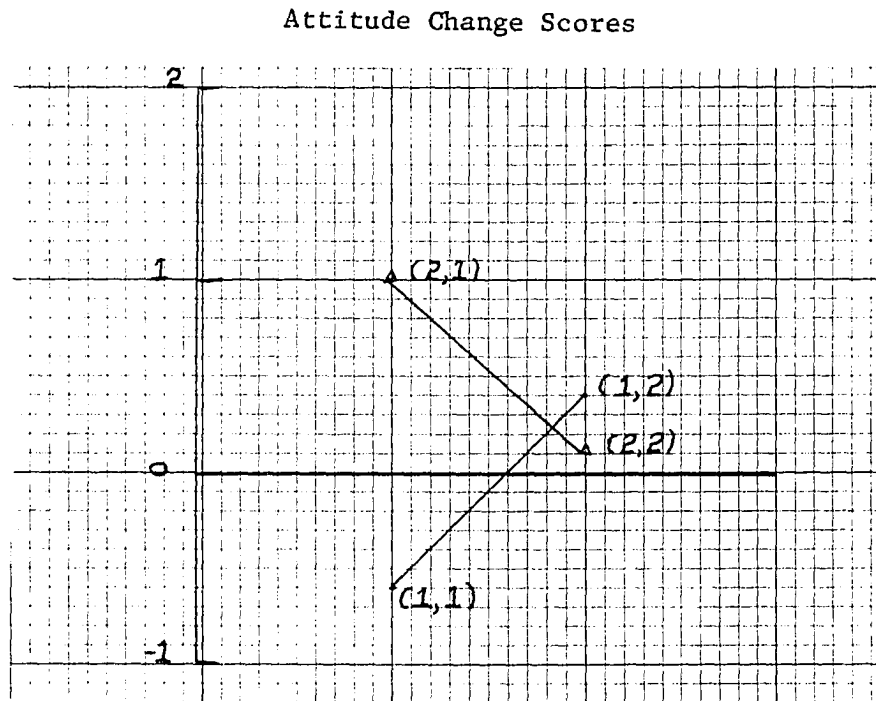
Figure 2. Interaction graph of the variables sex and G.P.A. for statement
10, "I would prefer to die quickly." Boys (1), girls (2); less
than 2.0 G.P.A. (1), 2.0 G.P.A. and above (2)

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Attitude Change Scores
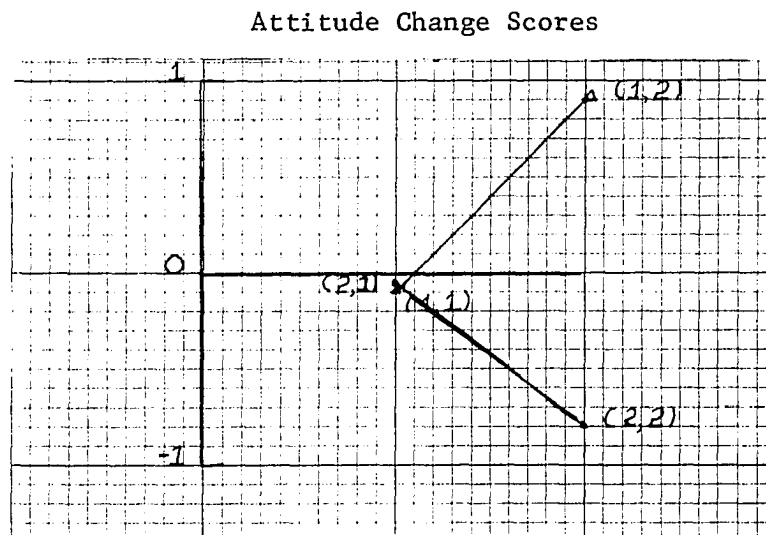
Figure 3. Interaction graph of the variables sex and I.Q. for statement
13, "If a close friend were terminally ill, I would want to
know." Boys (1), girls (2); below 115 I.Q. (1), 115 I.Q. and
above (2)

Attitude Change Scores
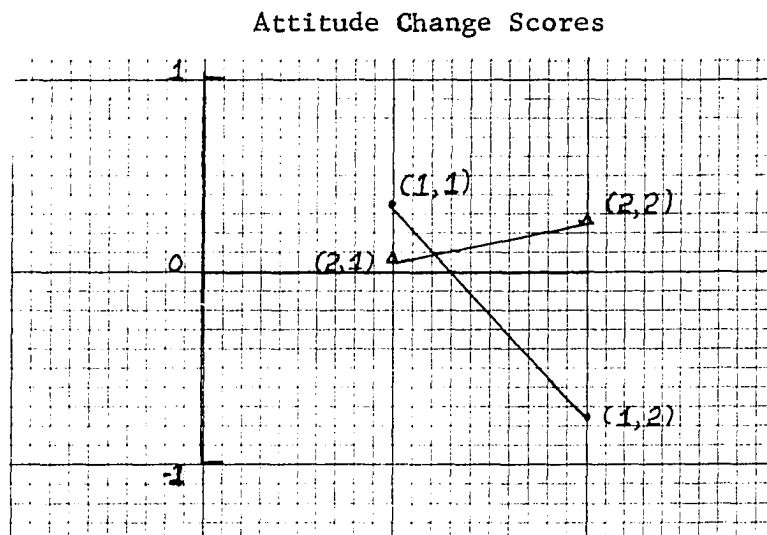
Figure 4. Interaction graph of the variables sex and I.Q. for statement
15, "At my age it is difficult to realize that I will die."
Boys (1), girls (2); below 115 I.Q. (1), 115 I.Q. and above (2)

Attitude Change Scores
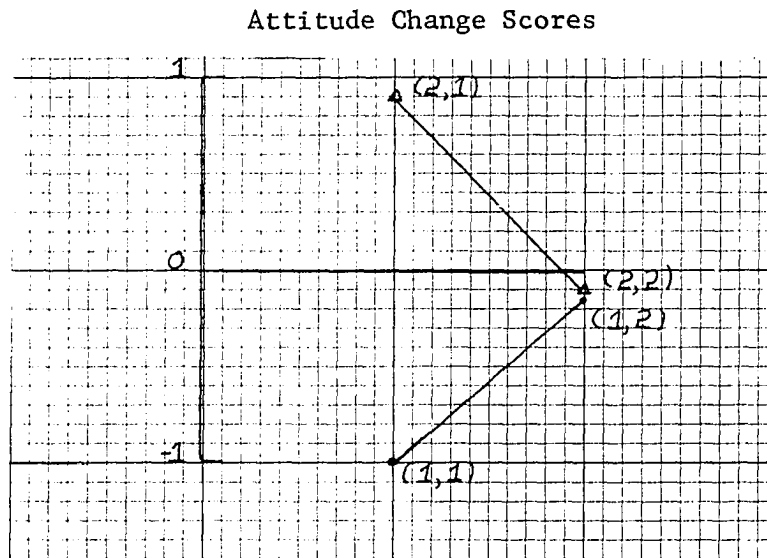
Figure 5.   Interaction graph of the variables sex and G.P.A. for statement
17, "I prefer to think of death in a romantic way, for example,
dying in someone's arms or being killed while protecting someone
else." Boys (1), girls (2); less than 2.0 G.P.A. (1), 2.0
G.P.A. and above (2)

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Attitude Change Scores
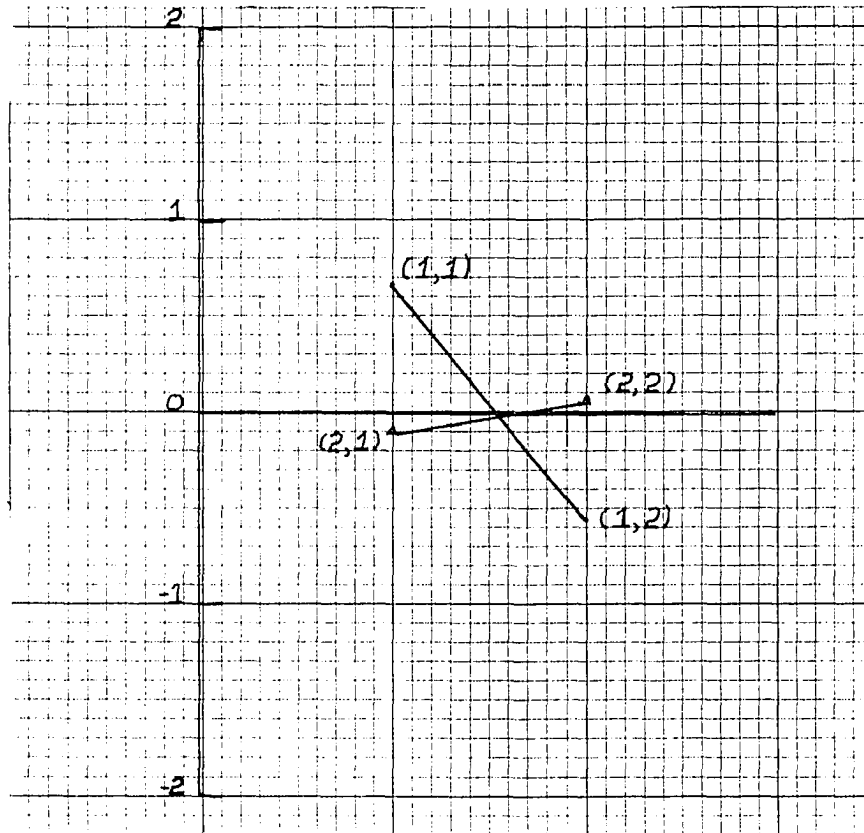
Figure 6. Interaction graph of the variables sex and I.Q. for statement
18, "The fact that I do not know what it feels like to die does
not bother me." Boys (1), girls (2); below 115 I.Q. (1); 115
I.Q. and above (2)

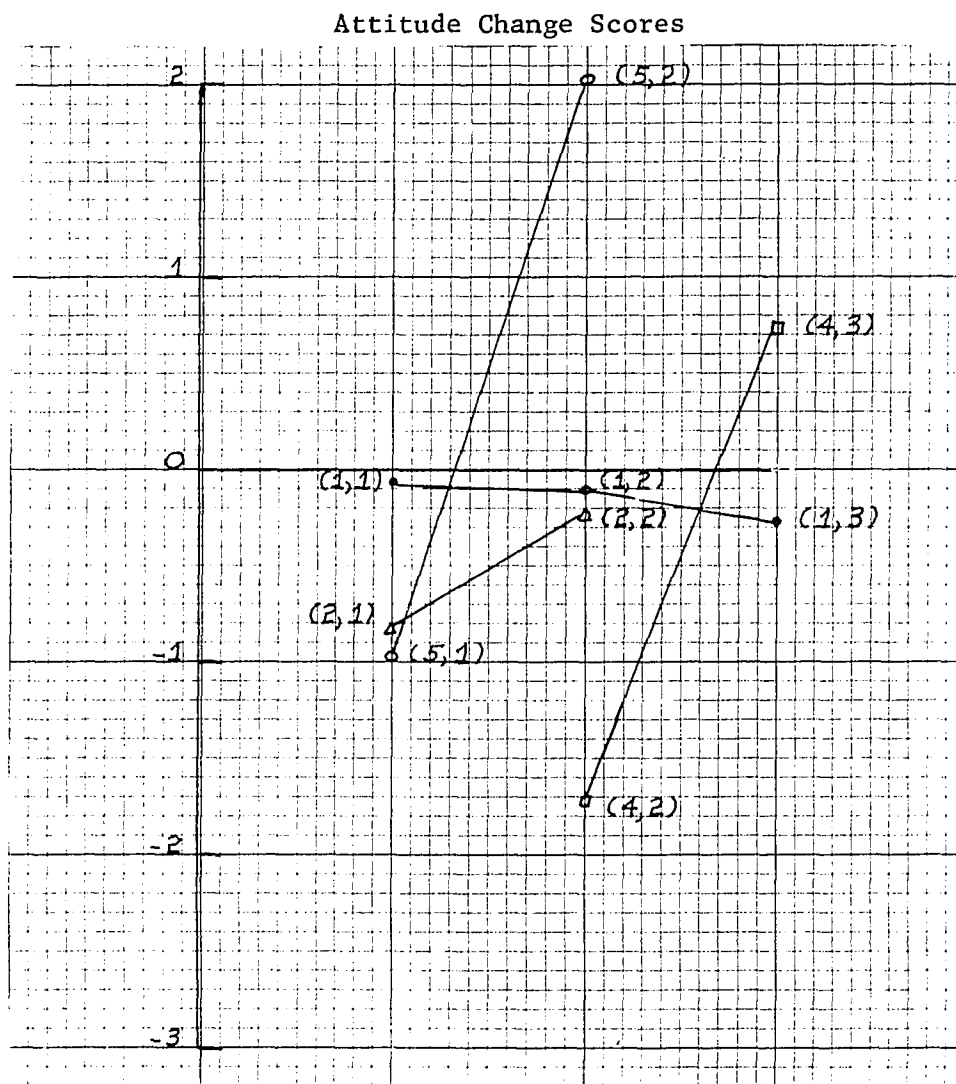APPENDIX R. FIGURES

Attitude Change Scores
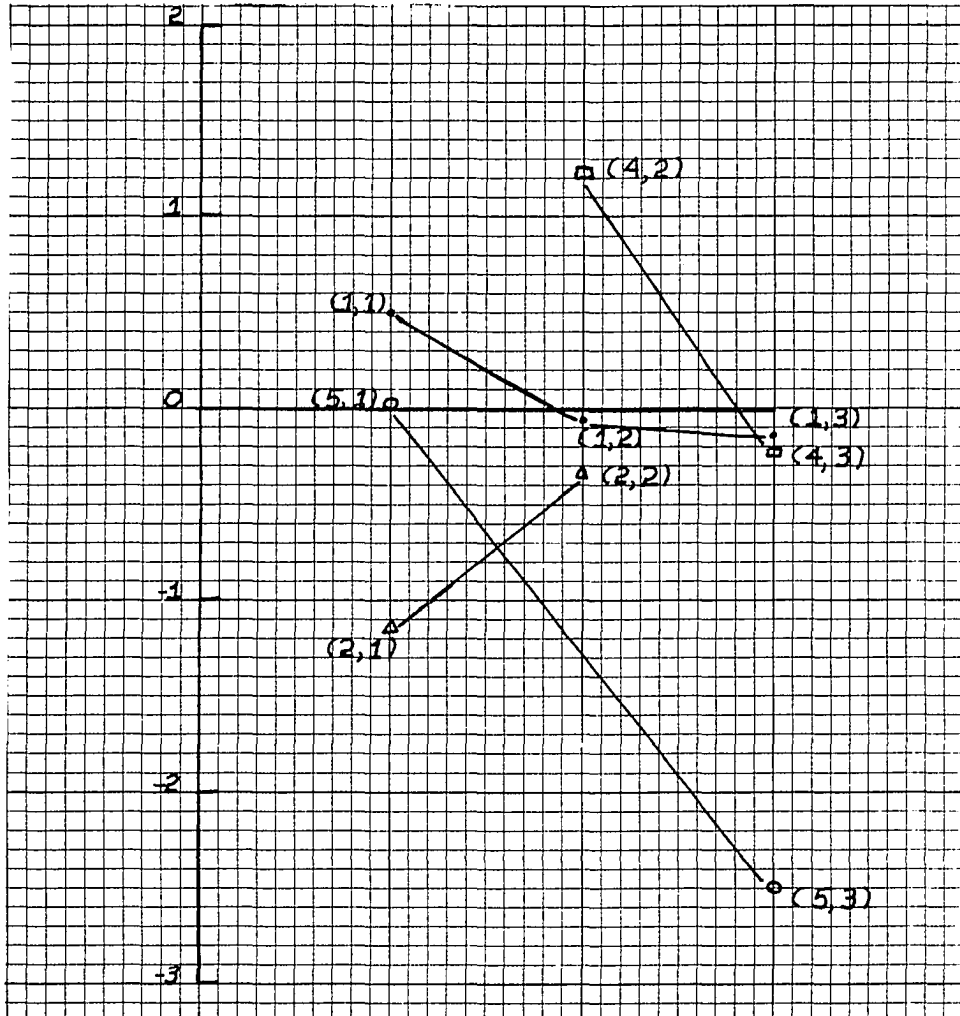
Figure 7. Interaction graph for the variables religious preference and religious strength for statement 1, "The idea of death frightens me." Protestants (1), Catholics (2), other (4), none (5); very religious (1), somewhat religious (2), not religious (3)
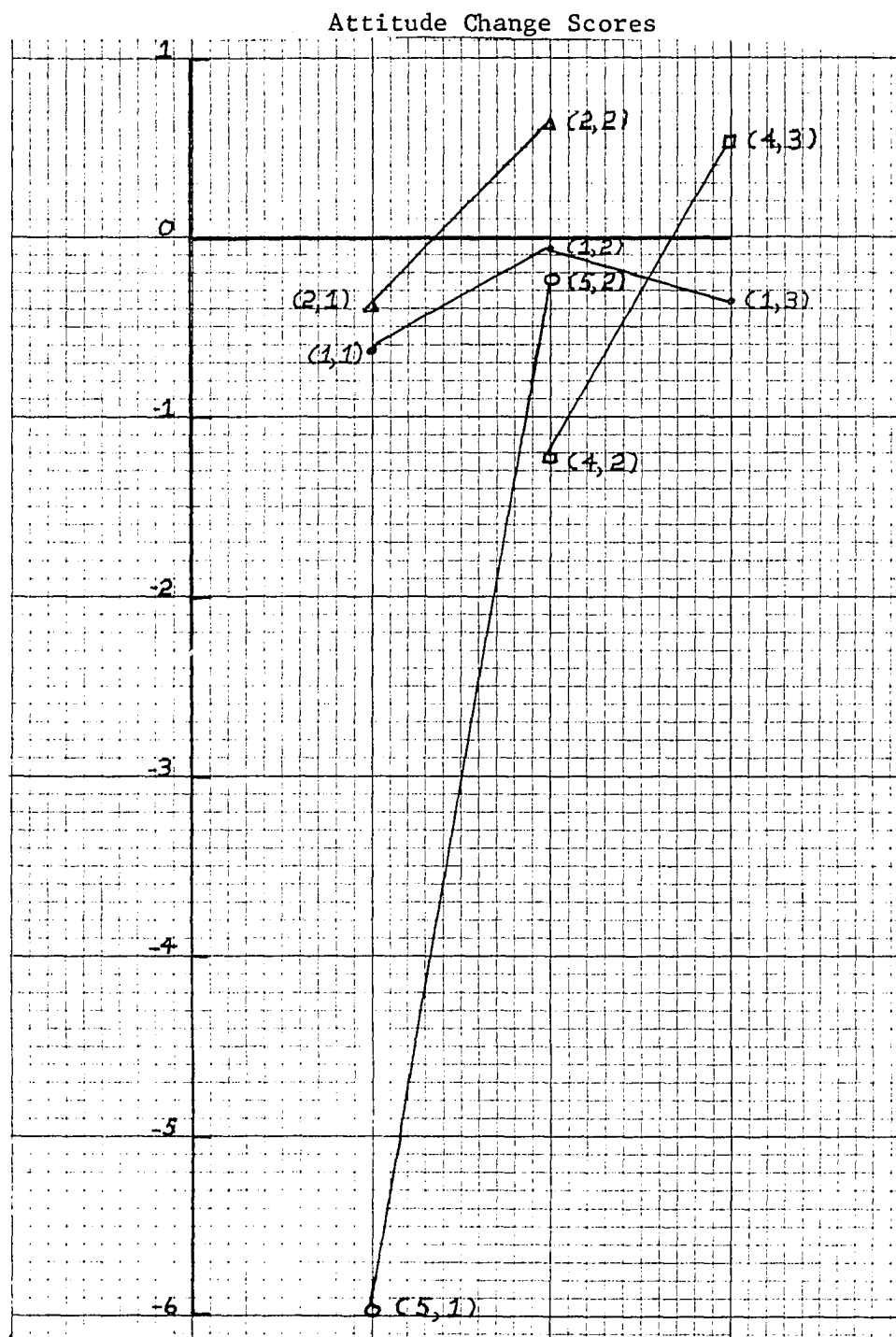
Attitude Change Scores
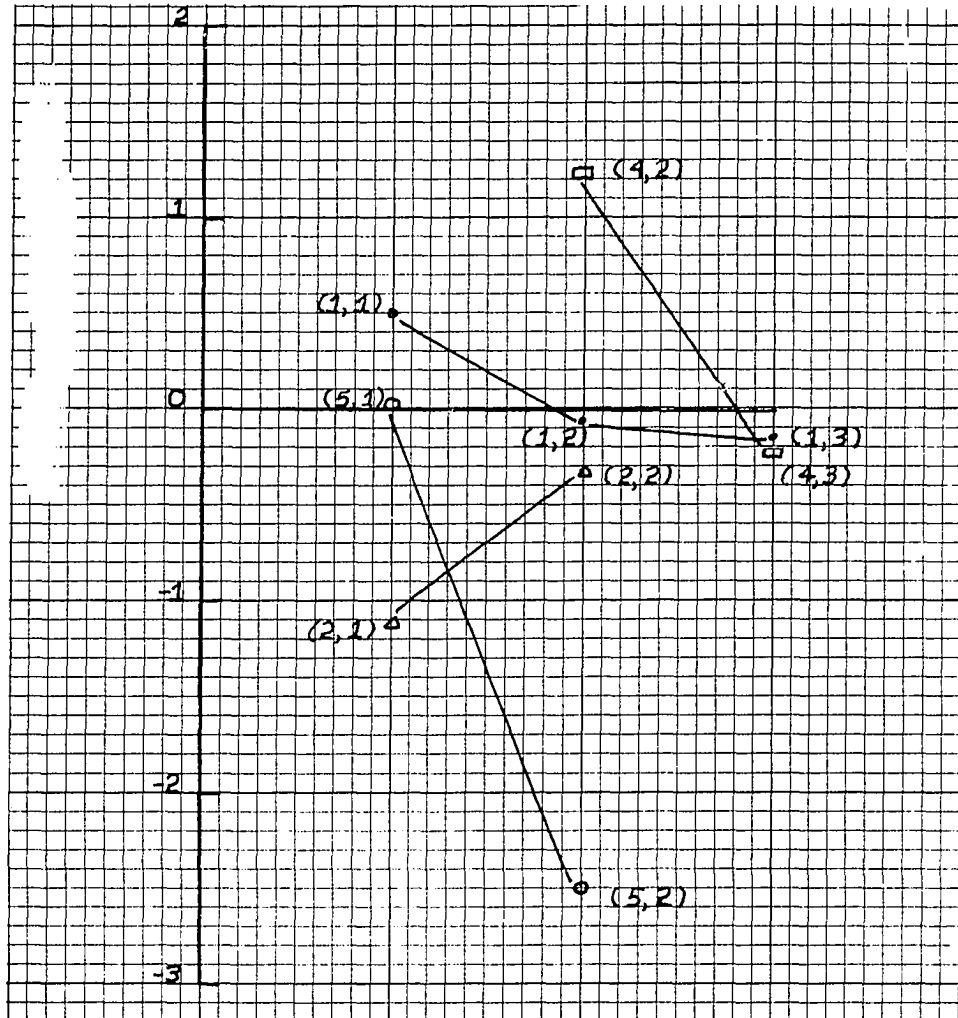
Figure 8. Interaction graph of the variables religious preference and
religious strength for statement 7, "I would not want to see
someone who was dead." Protestants (1), Catholics (2), other
(4), none (5); very religious (1), somewhat religious (2), not
religious (3)

Figure 9. Interaction graph of the variables religious preference and religious strength for statement 8, "I associate death and pain." Protestants (1), Catholics (2), other (4), none (5); very religious (1), somewhat religious (2), not religious (3)

Attitude Change Scores

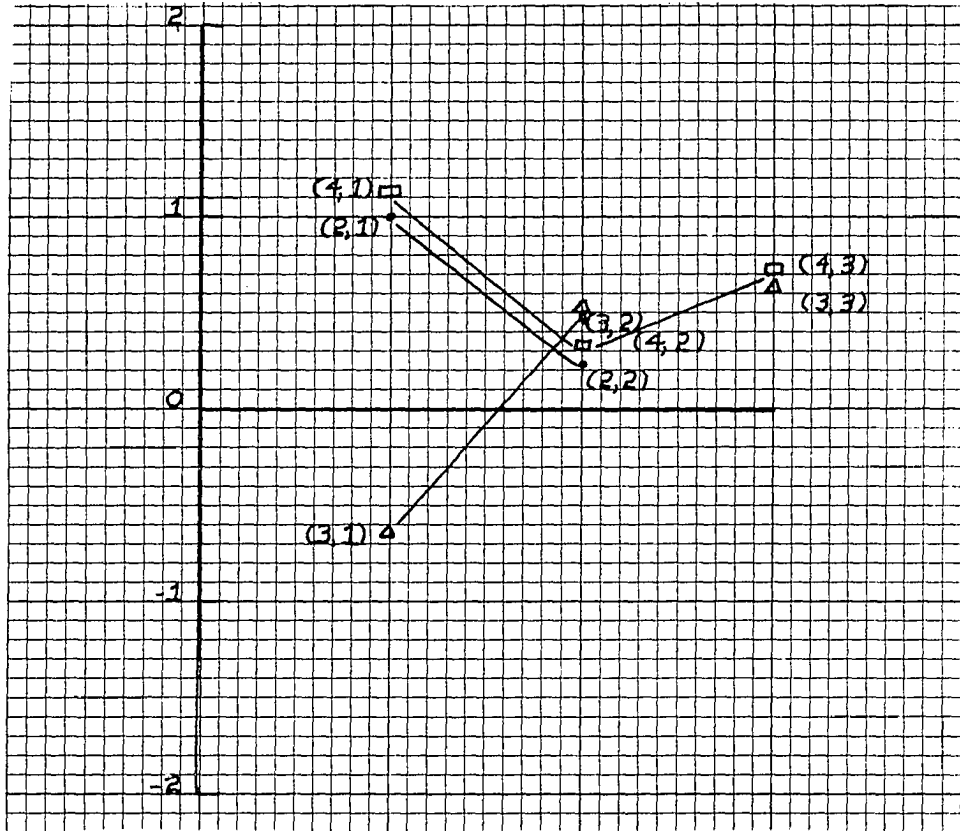Figure 10.   Interaction graph of the variables religious preference and
religious strength for statement 12, "I do not want my family
and friends to see me when I am in the process of dying."
Protestants (1), Catholics (2), other (4), none (5); very
religious (1), somewhat religious (2), not religious (3)

APPENDIX S. FIGURES

Attitude Change Scores

Figure 11. Interaction graph of the variables grade level and religious
strength for statement 1, "The idea of death frightens me."
Sophomores (2), juniors (3), seniors (4); very religious (1),
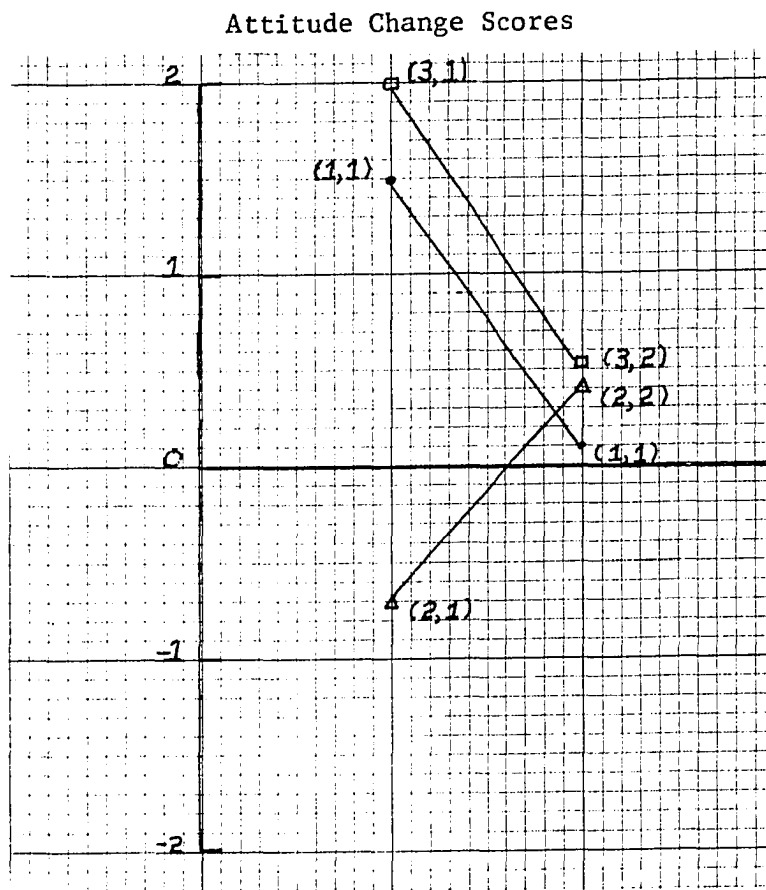somewhat religious (2), not religious (3)

Attitude Change Scores

Figure 12. Interaction graph for the variables religious strength and death of a relative for statement 1, "The idea of death frightens me." Very religious (1), somewhat religious (2), not religious (3); relative's death, yes (1), no (2)
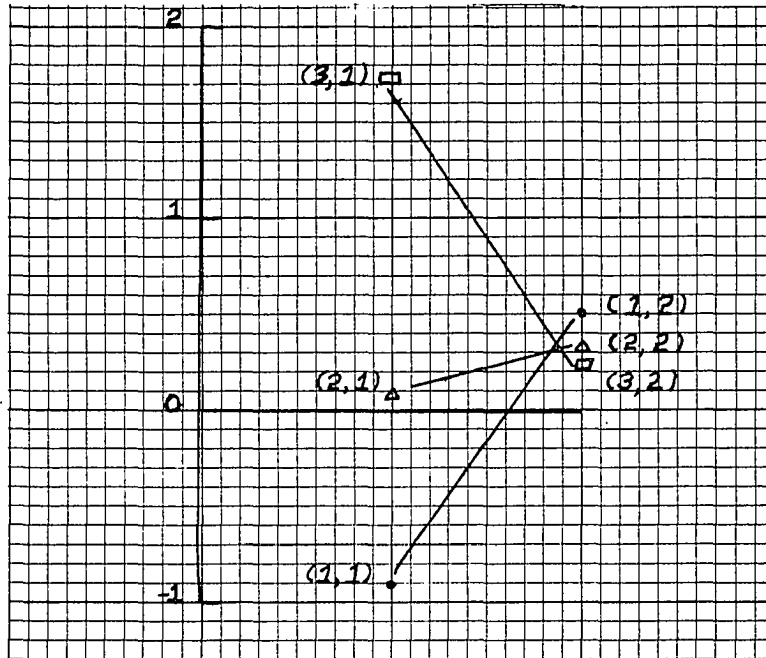
Attitude Change Scores

Figure 13. Interaction graph for the variables religious strength and death of a friend for statement 10, "I would prefer to die quickly." Very religious (1), somewhat religious (2), not religious (3); friend's death, yes (1), no (2)
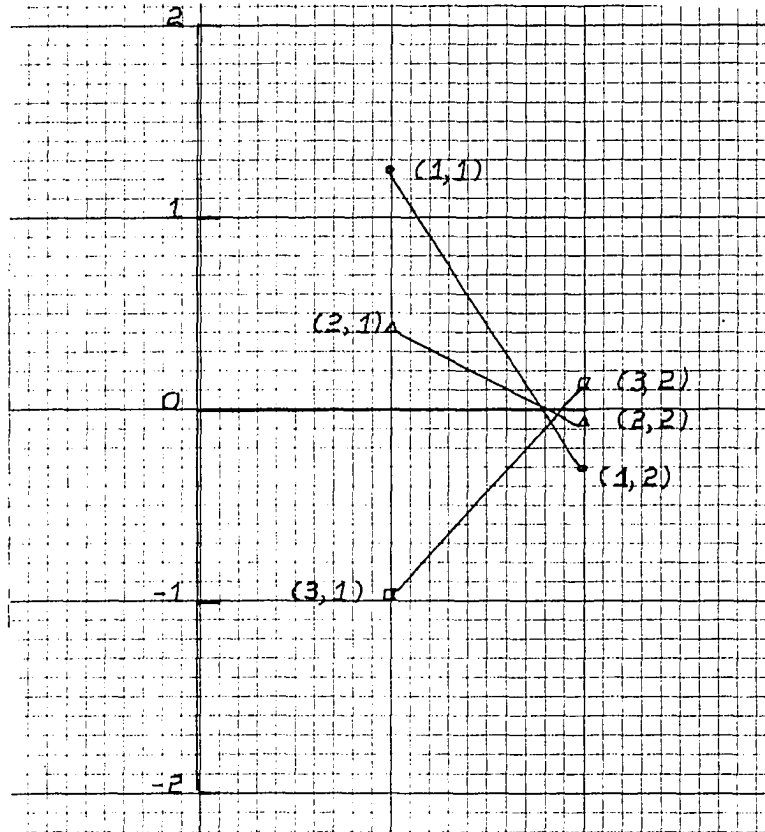
Attitude Change Scores

Figure 14. Interaction graph for the variables religious strength and death of a friend for statement 12, "I do not want my family and friends to see me when I am in the process of dying." Very religious (1), somewhat religious (2), not religious (3); friend's death, yes (1), no (2)