The Young Child's Understanding of Death:

Early Conversations and Experiences with Parents and Caregivers

Paraskevi Engarhos

Department of Educational and Counselling Psychology

McGill University, Montreal

August 2012

A thesis submitted to McGill University

in partial fulfillment of the requirements for the degree of

Masters of Arts in Educational Psychology

© Paraskevi Engarhos, 2012
Acknowledgments

I would like to thank my thesis supervisor, Dr. Victoria Talwar, for all of her support and encouragement throughout this endeavour, from the development of the project to the writing of my thesis. I would also like to thank my co-researcher, Sarah-Jane Renaud, for her guidance, collaboration, and investment in this project. I am grateful to all the members of the Talwar Research Team who assisted in the completion of this thesis. I greatly appreciate Costadena Engarhos’ assistance with transcriptions. I would also like to thank my parents and my sisters for encouraging me throughout my academic career and supporting my research on children’s understanding of death.
Abstract

Little is known empirically about parental perceptions of their young child’s understanding of death, or how this perception relates to how parents talk about death with their children (Siegel, Mesagno, & Christ, 1990). The aim of the current study was to explore parental perceptions of their child’s (N = 57; n males = 29, 3-8 years) understanding of death, how they talk about death with their children, and what their children actually understand about death. Firstly, parent-child dyads watched and discussed a Sesame Street video where Big Bird learns about the death of his friend Mr. Hooper. Parent-child conversations were then coded using an adaptation of a death concept coding manual (Neimeyer, Fontana, & Gold, 1984). Children’s death understanding was measured using the Smilansky Death Concept Questionnaire (1987), and child fear was measured using the Koala Fear Survey Scale for Children (FSSC-R; Ollendick, 1983). The current results indicate that parents do address a range of death-related concepts when conversing with their young children about death. It is also indicated that a child’s level of fear may influence the types of death-related concepts discussed. Finally, results suggest that there is a significant positive relationship between parent perception and child understanding of death (p = .029). The current research has implications for the training of professionals who work with children and parents who are often faced with questions about death.
Résumé

On connait peu de manière empirique sur la façon dont les parents perçoivent la compréhension de leurs jeunes enfants au sujet de la mort ou comment cette perception est reliée à la façon dont les parents parlent de la mort avec leurs enfants (Siegel, Mesagno, & Christ, 1990). Le but de la présente étude est d'explorer les perceptions des parents face à la compréhension des jeunes enfants (n = 57; n mâles = 29, 3-8 ans) vis-à-vis la mort, comment ils adressent le sujet de la mort avec leurs enfants, et ce que leurs enfants comprennent à ce sujet. Tout d'abord, les couples parents-enfants ont vus et ont discutés du vidéo « Sesame Street » où « Big Bird » apprend que son ami M. Hooper est décédé. Par la suite, les conversations parents-enfants ont été codées en utilisant une adaptation d'un manuel de codage du concept de la mort (Neimeyer, Fontana, & Gold, 1984). La compréhension de la mort des enfants a été mesurée en utilisant le Smilansky Death Concept Questionnaire (1987), et la peur des enfants a été mesurée en utilisant le questionnaire Koala Fear Survey Scale for Children (FSSC-R; Ollendick, 1983). Les résultats actuels indiquent que les parents prennent la parole à une gamme de concepts liés à la mort lors d'une conversation avec leurs jeunes enfants au sujet de la mort. Il est également indiqué que le niveau de peur d'un enfant peut influencer les types de concepts liés à la mort qui sont abordés. Enfin, les résultats suggèrent qu'il existe une relation significative et positive entre la perception des parents et la compréhension de la mort des enfants (p = .029). La recherche actuelle a des implications pour la formation des professionnels qui travaillent avec les enfants, et leurs parents qui sont souvent approchés de questions sur la mort.
Table of Contents

Acknowledgements...........................................................................................................ii
Abstract.............................................................................................................................iii
Résumé ...............................................................................................................................iv
Table of Contents...............................................................................................................v
List of Tables.......................................................................................................................vii
List of Appendices............................................................................................................viii
Introduction.........................................................................................................................9

Children’s Cognitive Development of the Understanding of Death.................................12
Children’s Emotions about Death.......................................................................................19
Parents and Children Talking about Death.........................................................................23
The Current Study...............................................................................................................26

Method...............................................................................................................................27

Recruitment and Ethics.....................................................................................................27
Participants.........................................................................................................................27
Materials.............................................................................................................................27
Procedure............................................................................................................................29
Data Analysis....................................................................................................................31

Results...............................................................................................................................32

Comparison of Death Categories by Age of Child...........................................................33
Comparison of Death Categories by Children’s Experience with Death.........................33
Comparison of Death Categories by Children’s Level of Fear.........................................33
THE YOUNG CHILD’S UNDERSTANDING OF DEATH

Comparison of Death Categories by Parent Perception of Child Death Understanding……………………………………………………………………………………………………34

Comparison of Death Categories by Child Death Understanding…………………………………………………………………………………………………………35

Parent Perception of Child Death Understanding and Child Death Understanding………………………………………………………………………………………………………………35

Children’s Level of Fear and their Death Understanding………………………………………………………………………………………………………………………………36

Discussion…………………………………………………………………………………………………………………………………………………………………………………………………………………………37

Death Category Referrals in Dyad Conversations……………………………………………………………………………………………………………………………………37

Children’s Level of Fear in Relation to Content of Conversations………………………………………………………………………………………………………………………………39

Death Conceptualization: Parent Perception and Child Understanding………………………………………………………………………………………………………………………………42

Limitations and Future Directions………………………………………………………………………………………………………………………………………………………………………………………………43

Educational and Clinical Implications…………………………………………………………………………………………………………………………………………………………………………44

Conclusion………………………………………………………………………………………………………………………………………………………………………………………………………………………………46

References……………………………………………………………………………………………………………………………………………………………………………………………………………………………47
List of Tables

Table 1. *Age Range (Years, Months) and Number of Child Participants* ..........................53

Table 2. *Percentage (Number) of Parent-Child Dyads Using Each Death Construct Category, Along with Category Definition and Examples* ........................................54

Table 3. *Chi-Square Test of Frequency in the Death Categories by Age of Child* .................................................................56

Table 4. *Chi-Square Test of Frequency in the Death Categories by Children’s Experience with Death* .................................................................57

Table 5. *Chi-Square Test of Frequency in the Death Categories by Children’s Level of Fear* .................................................................58

Table 6. *Chi-Square Test of Frequency in the Death Categories by Parent Perception of Child Death Understanding* .................................................................59

Table 7. *Chi-Square Test of Frequency in the Death Categories by Child Death Understanding* .................................................................60
List of Appendices

Appendix A. Application for Ethics Approval for Human Subject Research..................61

Appendix B. Smilansky Death Concept Questionnaire.............................................63

Appendix C. Koala Fear Survey Scale for Children (FSSC-R)................................65

Appendix D. Consent Form......................................................................................67
The Young Child’s Understanding of Death:  
Early Conversations and Experiences with Parents and Caregivers

The research on children’s understanding of death, and factors that affect its conceptualization, continues to evolve. Of the many factors that have been explored, little is known about young children’s emotions related to death, how early discussions about death influence these emotions, and how these relate to their conceptions of death.

Young children are increasingly exposed to death through the media, in their homes, and even in their schools (Aspinall, 1996). With this increased exposure today’s youth are experiencing, there is a need for death education in order to inform and support children. When the perception of the individuals thought to be responsible for death education, such as parents and teachers, are investigated, these individuals tend to underestimate children’s ability to understand the concept of death. These findings suggest that the approaches and support provided by parents and professionals may not be appropriate in terms of the child’s actual understanding of death and their developmental level.

Furthermore, ineffective communication, especially between parents and children, is considered to be a significant factor in the prolongment of a child’s bereavement process (Aspinall, 1996). Therefore, there is a need for continued research in the area of children’s understanding of death in order to offer caregivers information and guidelines regarding how to provide children with developmentally appropriate education and support when approaching the subject of death, as well as to create and implement therapeutic interventions to address a child’s emotions and feelings about death.

A mature understanding of death requires understanding of five widely studied subcomponents, namely: irreversibility (i.e. one cannot come back to life), universality (i.e.
everyone will die), inevitability (i.e. death is inevitable), cessation (i.e. death causes the body to stop functioning) and causality (i.e. the cause of death is biological in nature; Speece & Brent, 1984). A significant amount of research on children’s understanding of death focuses on a child’s acquisition of the understanding of these subcomponents of death (Slaughter, 2005). Currently it is suggested that children acquire a mature understanding of death somewhere between the ages of 5 and 12 years old, with a majority of researchers agreeing that most children have a mature understanding of death by 10-years of age (Slaughter & Griffiths, 2007; Harris & Gimenez, 2005; Ellis & Stump, 2000; Speece & Brent, 1992).

The age at which a child acquires a mature understanding of death is still not definitive, and this discrepancy in results can be attributed to how the concept of death has been defined by various investigators. This variation also reflects a need for further research that includes both younger children between 3 and 6 years of age, as well as older children, in order to more effectively investigate transition periods in the conceptualization of death in the young child (Slaughter & Lyons, 2003; Speece & Brent, 1992).

Furthermore, greater knowledge is needed about how a child’s death conceptualization is influenced by the interaction of their feelings about death, their experiences with death, and their cognitive development. In past research, it has been argued that emotions such as anxiety and fear can interfere with children’s comprehension of death (Cotton & Range, 1990; Reilly, Hasazi, & Bond, 1983; Kane, 1979). It has also been found that past experience with death is correlated with a child’s acquisition of a mature death conceptualization, with results uncovering both positive and negative correlations. It is hypothesized that this inconsistency in results may be due to adults explaining death using inaccurate explanations or using confusing euphemisms. For example, being told that a
deceased person is “sleeping” or has “gone to be with” some other individual who has died, can result in a less mature understanding of death (Butler & Lagoni, 1996). As reports of a child’s experiences with death and subsequent explanations offered by adults are anecdotal in nature, little is known about the content of these conversations, what types of explanations are offered by parents and caregivers, and how often these discussions occur.

Given that little is known about a primary caregiver’s perception of their child’s understanding of death, and seeing as how differences between a parent’s perception and their child’s actual understanding of death can lead to a parent believing that their child’s understanding of death is less evolved than it actually is (Ellis & Stump, 2000), studies exploring parental perceptions and children’s understanding of the concept of death will provide caregivers with valuable guidelines on how to educate and respond more sensitively to children’s experiences with the concept of death and grief (Willis, 2002). The need for a culturally sensitive understanding of children’s development of the conceptualization of death along with parental perceptions of this development in their children is thus clear. The objective of the current study is therefore to explore parental perceptions of their child’s understanding of death, as well as the 3- to 7-year olds’ actual understanding of death, in order to gain a better understanding of what primary caregivers think that their children understand about death, how this relates to how they talk about death with their children, and what their children actually understand.
**Children’s Cognitive Development of the Understanding of Death**

The study of the child’s understanding of death began in the 1930’s, and since that time the body of related research has increased substantially. The research on children’s understanding of death held several theoretical approaches, initially adopting the psychoanalytic perspective, where children’s emotional responses towards death were examined, followed by the Piagetian approach, where children’s understanding of death was studied in relation to Piaget’s (1929) theory of cognitive development, and currently the cognitively focused biological model orientation, where children’s understanding of death is studied in relation to their understanding of biology (Speece & Brent, 1984).

Nevertheless, despite recent shifts, Piaget’s theory of cognitive development has continued to dominate a lot of practice and education on children’s understanding of death. According to Piaget’s theory of cognitive development, children progress through four sequential stages of cognitive development as a result of biological maturation and the accumulation of experience, namely the sensorimotor, pre-operational, concrete operational, and formal operational stages. Therefore, the body of research generated from the Piagetian perspective led to the formulation of a theoretical framework in which the development of the understanding of death concepts was specified in relation to the ages and stages of cognitive development of a child (Cotton & Range, 1990).

The Piagetian perspective provided a language through which a child’s acquisition of an understanding of death could be described, although it is now generally accepted that some children progress though these cognitive developmental stages faster than others, and that many other social and environmental factors may influence when and how a child progresses through a stage of development (Wolfelt, 1996; Nguyen & Rosengren, 2004).
Therefore, misconceptions about a child's level of death understanding may arise when there is a discrepancy between a child’s Piagetian cognitive developmental level and chronological age, and their stage of death understanding due to other factors, such as their feelings towards death and their experience with death (Poltorak & Glazer, 2006). For example, children who have faced a life-threatening illness may have a resulting understanding of death that is more advanced than their healthy same-aged peers due to this experience.

Although Piaget’s theories of cognitive development have provided a framework through which to examine children’s understanding of death, it is important to understand a child’s own level of cognitive and emotional understanding in order to avoid making assumptions based on the Piagetian theoretical model, which can underestimate what a young child understands about death (Poltorak & Glazer, 2006). More specifically, a major criticism of Piaget’s stage model, uncovered after numerous replication studies of his methods, is that it often underestimates children’s understanding (Miller, 2011). For example, when researchers eliminated or reduced Piaget's motor requirement in a task measuring 4-month old infants’ acquisition of the concept of object permanence, these 4-month olds seemed to have acquired this key foundational concept much earlier than Piaget thought (Baillargeon, 1987).

The foundation of Piaget’s (1929) theory of cognitive development is the process through which children assimilate and accommodate knowledge and experience in a sequential fashion. Following this pattern, the order and way in which children acquire and assimilate death-related understanding has often been central to research on children’s understanding of death, for it is said that the mature understanding of death is comprised of several subcomponents.
The five widely studied components that are said to constitute a “mature” understanding of death are the following: irreversibility, universality, inevitability, cessation and causality (Speece & Brent, 1984). These five components are categorizations of the characteristics of death: that it is irreversible (one cannot come back to life), it is universal (everyone will eventually die), it causes the body to stop functioning, it is inevitable, and the cause of death is of a biological nature (Brent & Speece, 1993). For example, it has been found that before children develop this mature understanding, they may believe that a deceased person is sleeping and can “wake up”, and may agree that some people will never die (Barrett & Behne, 2005).

Research on children’s understanding of death based on the Piagetian perspective has studied children’s conceptualization of death in relation to their level of cognitive development by comparing their understanding of the various subcomponents of death with their acquisition and assimilation of the knowledge required to complete certain classic Piagetian tasks (Cotton & Range, 1990). For example, Townley and Thornburg (1980) obtained an indication of children’s cognitive stage of development by testing their participants using multiple Piagetian conservation tasks. Results showed that the level of death understanding of children who successfully completed the conservation tasks (associated with being at the concrete operational level), did not differ from children who could not conserve (associated with being at the pre-operational level). These results do not support the assumption of the significant role of cognitive development in relation to death understanding.

The selected Piagetian conservation tasks may have been an inadequate assessment of the participants’ cognitive developmental level. For, with the exception of Townley and
Thornburg (1980), the majority of studies have found that children acquire the understanding of the five subcomponents of a mature understanding of death in a sequential fashion, with the subcomponents of universality and irreversibility generally understood first, and only after a child reaches the concrete operational stage of development, with children transitioning from pre-operational to concrete thinking between the ages of 5 and 7 years old (for review see Cuddy-Casey & Orvaschel, 1997).

More recently, empirical research has been led by the question of how children's understanding of death fits into their broader understanding of the biological domain (Harris & Gimenez, 2005; Hunter & Smith, 2008; Lazar & Torney-Purta, 1991; Nguyen & Rosengren, 2004). Within this more recent tradition, most studies have focused on five key aspects of the biological perspective of death, namely: universality, irreversibility, cessation of corporeal life, inevitability and causality. These various components are not all mastered simultaneously (Barrett & Behne, 2005). For example, Hoffman and Strauss (1985) examined the developmental sequence between subcomponents children’s understanding of the five major components of death using a Guttman scalogram analysis, a scaling technique used to determine if there is a one-dimensional continuum for a concept. Results of the analysis of data generated from 75 participants, 3- to 7-years-old, uncovered that the concepts of irreversibility and cessation were only understood after children had achieved an understanding of the concept of universality, suggesting a sequential nature in the development of children’s death conceptualization. This finding is further supported by the current findings of Harris and Gimenez (2005), uncovering that children first understand the universality of death, later its irreversibility, and finally – and concurrently – the cessation of corporeal function and causality.
Although there is consensus in research that children’s understanding of biology is key in investigating a child's understanding of death, there is considerable debate regarding the age at which children can be judged to hold a distinctly biological theory (Hunter & Smith, 2008; Harris & Gimenez, 2005; Nguyen & Rosengren, 2004; Lazar & Torney-Purta, 1991). Putting these issues aside, researchers generally agree that children have greater knowledge about biological phenomena than Piaget (1929) had earlier proposed (Nguyen & Rosengren, 2004; Harris & Gimenez, 2005; Hunter & Smith, 2008; Lazar & Torney-Purta, 1991).

The cognitively focused biological model that has formed the basis of current research on the child's understanding of death, and that has resulted in the findings that the majority of children do not fully acquire the understanding death's five subcomponents (i.e. universality, irreversibility, cessation of corporeal life, inevitability and causality) until the age of 10 years, holds a secular perspective, and does not take into account any religious beliefs.

In developing an understanding of the concept of death, an individual may hold two different perspectives; a secular, or biological, perspective and a religious perspective (Harris & Gimenez, 2005). The secular perspective encompasses the understanding of the five subcomponents of death, and from this perspective death is conceived as a final endpoint, where the body inevitably stops working and a once-living entity cannot return to life. In contrast, of the many world religions and spiritual beliefs, holding a religious perspective towards an understanding of death often entails that an individual conceives death as part of a journey that continues on in one form or another, whether through metamorphosis or entry into another life not contingent on the physical body.
In conceptualizing the phenomenon of death, these two perspectives may provide a child with conflicting information, for a child may have a mature understanding of the biological aspect of death and its subcomponents, but may also hold religious and spiritual beliefs about death and after-life (Harris & Gimenez, 2005). Regardless of a child’s religious or spiritual beliefs, there is consensus in developmental literature that a child understands and accepts the five subcomponents of death in a sequential developmental pattern as they mature cognitively and chronologically, and that the key to a mature conceptualization of death is the understanding that biological functioning provides and sustains life, and that a living entity dies because their biological functioning stops (Slaughter & Griffiths, 2007; Harris & Gimenez, 2006).

The developmental origins of a child’s biological understanding of death has often been the subject of death-related research, although, when one considers the universality of religious and spiritual beliefs, it is striking that these perspectives have not received the same attention. Of the existing research, it has been found that when children believe in life after death, these beliefs are typically characterized by the perspective that a knowing and mindful spirit has been separated from its biological anchor (Bering & Bjorklund, 2004). In this sense, a child holding this religious or spiritual belief distinguishes between psychological states that cannot be physically seen, and biological states, which can be physically seen.

In a systematic study exploring how children between the ages of 3 and 12 years old represent the minds of dead entities, Bering and Borklund (2004) found that belief in the continuity of psychological states in dead entities generally decreases with age. It was also found that with increased age, children make a distinction between mental state categories, being more likely to accept that there is a discontinuation of perceptual and psychobiological
states after death (e.g. thoughts of hunger or thirst), in comparison to epistemic or emotional psychological states (e.g. knowledge of events after death).

It was found that pre-school children had some biological knowledge about death, but ran into some difficulties when applying this knowledge to related psychological matters (Bering & Borklund, 2004). Participants in the older age groups were more likely than their younger counterparts to report that psychobiological and perceptual psychological states cease after death. Interestingly, these older participants were also more likely to report that psychobiological and perceptual psychological states ceased after death than emotional and epistemic psychological states, suggesting that there is an underlying cognitive bias held by individuals with increased cognitive development, namely the belief that certain psychological states continue after death in comparison to others (Bering & Bjorklund, 2004).

In a related study about the young child’s ideas about death, and what occurs to the once-living entity after death, Harris and Gimenez (2005) explored how secular and religious perspectives are acquired by children, and how these two perspectives come to coexist. In order to answer these questions, two groups of 7- and 11-year-olds were interviewed about what happens when people die after they were presented with two narratives about an elderly person’s death, one from a religious perspective and the other from a secular perspective.

Results showed that there were significant effects of narrative context, for children in both groups were more likely to judge the cause of death as the cessation of biological functioning and offered biological justifications when presented with the biological narrative. Conversely, when presented with the religious narrative, both groups were more likely judge that some metaphysical processes continue after death, and offered religious or spiritual
justifications as explanations (Harris & Gimenez, 2005). These results suggest that the children were accepting of both perspectives, and that they were able to use both in their explanations about what happens after death. These results were interpreted as being indicative of children being dualists, able to hold two perspectives. In other words, children may believe that the living body is a biological system which ceases to function in death, and they may also believe that because of the non-physical nature of psychological states, these processes do not necessarily cease after death (Harris & Gimenez, 2005).

Bering and Bjorklund (2004) propose that human beings hold a cognitive bias that supports the belief in the continuity of certain psychological states in death, which extends to support the belief in an afterlife. In contrast, Harris and Astuti (2006) underline the crucial role of religious teachings and community influence in the belief of an afterlife and continuity of certain psychological states, for as children encounter and assimilate afterlife beliefs in their community with increased age, stories and information provided to children by various sources may influence the young child’s ideas about death, and what occurs to the once-living entity after death. While others attribute children’s beliefs in both biological and religious or spiritual perspectives to dualistic thinking (Harris & Gimenez, 2005).

Children’s Emotions about Death

Early research using a psychoanalytical perspective explored the emotional aspects of children’s understanding of death (Florian & Mikulincer, 1998). Following this trend, a more clinical tradition was adopted, where a focus was placed on children's reactions to death. These reactions were studied in a clinical setting, where the children in question had experienced the death of a family member or friend and were referred to a professional for
help in dealing with their understanding of, and reaction to, the event (McGowen & Pratt, 1985).

Exploring emotional factors involved in the understanding of death in children necessitates an understanding of the emotional development of a child. Children’s understanding of emotions and expression of emotions begin at an early age. For example, an analysis of spontaneous remarks made by 2 to 4 year-olds during their everyday family interactions revealed that even children as young as 2 years old have an understanding of a range of emotions (Harris, 1999). The young children whose remarks were analyzed talked about both positive emotions (e.g. feeling happy or good, and feeling love or loving) and negative emotions (e.g. feeling angry, scared, or sad; Harris, 1999). With the acquisition of language, children are able to express their emotions more efficiently, although assessing children’s understanding of emotion at an early age can still be challenging, and many techniques have been used in research (Harris, 1989).

In a study by Fabes, Eisenberg, Nyman, and Michaelieu (1991), naturalistic observation of the young child’s emotional expression was used as a technique to assess their understanding of emotions. In this study preschoolers were observed while they engaged in free-play in their daycare. When it was noted that a child had overtly expressed an emotion, the experimenters would approach a nearby child who had witnessed the overt expression (but who had not caused it) and asked them to describe what they had just seen happen. The accounts of the 3-year-old participants, the youngest age group questioned, positively corresponded with the examiners recording of events 66% of the time. This accuracy increased to 75% in the 5-year-old participants, who were the oldest age group questioned. These results suggest that young children talk about emotions, can report not only their
emotions but also the emotions of others, and that these reports are generally in agreement with reports that an adult observer would make (Fabes et al., 1991).

While young children between the ages of 3- and 5-years-old are able to identify and express basic emotions such as happiness and sadness, they are only able to recognize and identify more complicated emotions such as guilt, at approximately seven years of age (Harris, 1989). Furthermore, past research on the young child’s understanding of emotions has found that, compared to their younger counterparts, older children are more capable of understanding that an individual can simultaneously feel different emotions, such as both positive and negative emotions, and that they may be reacting to a single event (Harris, 1993). Age-related changes of emotion understanding confirm that the capacity to identify mixed emotions appears only in middle childhood, although the study of individual differences in the development of emotional understanding has shown that children as young as 5 years old may display an understanding of mixed emotions (Steele, Steele, Croft, & Fonagy, 1999).

The understanding and expression of emotions is closely tied to children’s conceptualization of death, for the nature of the concept is such that it is often associated with the experience of grief and the feelings of sadness and fear. According to Moore and Williamson (2003), fear is one of the most frequently reported emotions in reaction to death. Furthermore, it has been argued by existential theorists that a child’s feelings of anxiety and fear elicited by death may interfere with their understanding of death through the instigation of various defense mechanisms (Yalom, 1980).

Throughout the course of their development, children experience the unpleasant feeling of fear in response to a range of perceived dangers (Muris, Merckelbach, Gadet,
Moulaert, 2000). It is generally accepted that specific fears are common to children, and that the sources of these fears vary individually and with the age of a child. For example, results of a study conducted by Vasey, Crnic, and Carter (1994) revealed that prominent fears in children aged 5 to 6 years old involved imaginary creatures (e.g. monsters) and concerns about their environment (e.g. fear of the dark), while the salient sources of fear in older children shifted to involve fears and worries about things such as behavioral competence and social evaluation (Vasey e al., 1994). Even though there is a consensus that sources of fear change with a child’s development, a fear of death has been reported in children as young as 5 years old, and has continued to be reported in children of increasing age (Muris et al., 2000).

In a study examining children’s understanding of death in relation to their cognitive functioning, age, experience with death and fear of death, Cotton and Range (1990) assessed a child’s fear of death using the fear of death subscale of the Fear Survey Schedule for Children (FSSC; Ollendick, 1983). Participant death conceptualization was assessed using the Questionnaire for Examination of Human and Animal Death (QEHAD; Smilansky, 1987). Results of this assessment indicated that children’s level of fear was negatively correlated with their understanding of death. These results suggested that a child who had a higher level of fear of death than their lower level counterparts would also tend to have a lower level of understanding of the subcomponents of death than their less fearful peers. More specifically, the concept of cessation was negatively correlated with children’s fear of death (Cotton & Range, 1990).

A similar study by Orbach, Gross, Glaubman, and Berman (1986) reported that 6- to 11-year olds who scored higher on a generalized anxiety scale were less likely to have an
understanding of the universality of death. In both of these studies, the negative correlation between certain subcomponents of death and fear or anxiety was interpreted as reflecting a fearful or anxious child’s tendency to defend against the subcomponents of death, and not necessarily a failure to understand these subcomponents of death (Cotton & Range, 1990; Orbach et al., 1986).

Finally, a study by Slaughter and Griffiths (2007) examined whether the developmental acquisition of a mature conceptualization of death is related to a child’s fear of death. In this study 90 participants between the ages of 4 and 8 years old were administered a standardized death interview for children that assessed the five subcomponents of death, and a death anxiety scale for children. Similar to previous research findings, results indicated that the young child’s understanding of death was negatively correlated with the child’s fear of death, with children assessed as having a more mature understanding of death also having a significantly lower level of death anxiety than those with a less mature understanding (Slaughter & Griffiths, 2007).

Parents and Children Talking about Death

There are many aspects of the world that an individual can learn about through direct observation and experience, or indirectly through testimony. To learn about death, a child may experience it first-hand, or they may learn about it through what they see or hear others doing or saying. According to Harris and Koenig (2006), when first-hand observation or experience is likely to be more or less excluded for a child, as is predominantly the case for young children between the ages of 3 and 6 years old when it comes to experiencing death first-hand, children are dependent on the testimony of others, such as their parents, in order to
gain relevant information about a topic or concept of interest. The current study focuses on testimonies of parents that are conveyed to their children through verbal expression.

As reports of a child’s experiences with death and subsequent explanations offered by adults are anecdotal in nature, little is known about the content of these conversations, what types of explanations are offered by parents and caregivers, and how often these discussions occur. When parents do initially address the concept of death with their children in conversation, whether the discussion is triggered by the death of an individual, animal or even fictional character, there has been little research examining the content of these initial exchanges between parents and their children (Kenyon, 2001). Furthermore, little is known about how this content is related to the young child's understanding of death.

Even with the acknowledgment that death is a universal and natural occurrence that involves the processes of grieving and mourning, parents and caregivers often experience anxiety about exposing children to these processes. In a study conducted by McGovern and Barry (2000), the attitudes and knowledge of parents and teachers regarding death education and children’s grief were assessed. Results of the 119 parent and 142 teacher self-administered questionnaires revealed that, although discussions about death in the home and at school were reported, both parents and teachers, particularly males, reported being uncomfortable addressing the topic of death with children (McGovern & Barry, 2000). Furthermore, relative to parents, teachers reported higher rates of experience with children and death in their work, and were in agreement that they would benefit from further training in death education (McGovern & Barry, 2000).

These feelings of anxiety and discomfort felt by adult caregivers may be due to a fearful reaction about not wanting to cause unnecessary harm to a child by saying or doing
the “wrong thing” (Melvin & Lukeman, 2000). Because of the wish to protect children from feelings of fear and distress, parents and caregivers may often be hesitant to address the subject with children, often avoiding a display of emotions as well (Melvin & Lukeman, 2000).

The little existing research on the content of parent-child conversations has uncovered that in order to avoid the negative emotional impact sometimes elicited by the concept of death, parents will use confusing euphemisms to explain the concept of death, and what happens after death, to their children when the topic arises (Butler & Lagoni, 1996). For example, a parent may substitute the word “death” for “long sleep”, in order to lessen the negative effect of the discussion. This in turn could result in a child having a less mature understanding of death after experiencing a loss (Butler & Lagoni, 1996).

Exploring the idea that when a child experiences death, caregivers have an opportunity to help the child understand and address spiritual concerns regarding death, Irizarry (1992) interviewed 56 children aged 8 to 12 years old and 38 parents after the death of a grandparent. The participants were asked questions regarding: 1. their relationship with the individual before their death, 2. how they found out about the death, and 3. their reactions and mourning rituals after the death. An analysis of results uncovered that many of the children’s responses suggested a mature reaction towards, and experience with, the death of their grandparent, as well as a level of self-awareness not usually associated with children (Irizarry, 1992). In contrast, the response of the parents revealed a lack of awareness regarding their children’s thoughts and feelings about their experience with death. A telling excerpt from an 8-year-old child’s interview was the following, “I want to know how he died. People were too sad to tell me” (Irizarry, 1992).
In a study conducted by Nguyen and Rosengren (2004), 125 parents of 3- to 4-year-olds and 145 parents of 5- to 6-year-olds completed a questionnaire about their child’s knowledge and misconceptions regarding five specific biological concepts, namely: life, aging, reproduction, illness, and death. Results revealed that parents reported a greater reluctance to address the topic of death and reproduction with their child in comparison to the other biological concepts (Nguyen & Rosengren, 2004). Furthermore, parents reported that their children should learn about the concept of death at a later age in comparison to the other concepts. Finally, in regards to misconceptions, the majority of parents judged their children as having misconceptions regarding the finality of death (74%), followed by the causality of death (13%) in comparison to the five other subcomponents (Nguyen & Rosengren, 2004).

The Current Study

The current research is interested in studying parent-child conversations about death, and parental perceptions of how children view death before they acquire the mature understanding of the universal life-cycle. What is it that a parent and child talk about when they talk about death? What is the parental perception of what their child experiences cognitively when faced with this concept? More specifically, by closely studying conversations about death between parents and children, and through semi-structured interview, the current study will attempt to gain insight into: 1) actual parent-child conversations about death, 2) parental perceptions of children’s cognitive understanding of death, and 3) child fear of death.

This research project was designed in an attempt to address the lack of empirical research on the young child's understanding of death. Research was conducted using various methods, namely parental report, parent-child interaction observation, and semi-structured
interview, in order to obtain an integrated picture of parental perceptions of a child’s understanding of death, as well as a child’s understanding of death in terms of their cognitive and emotional development. Finally, from a practical perspective, this research will provide much needed information to parents and professionals helping children understand and cope with death.

Method

Ethics and Recruitment

Ethics approval was obtained from McGill University (see Appendix A for Application for Ethics Approval for Human Subject Research form). Participants were recruited from two sources: 1) McGill Infant Research Group (MIRG) research database, which lists parents interested in being contacted about on-going research studies with children at McGill University, and 2) a database of families who have participated in other studies in the Talwar Child Development research lab at McGill University, and have indicated their interest to be contacted about future studies. Parents were contacted by phone or email and were provided with information regarding the current study.

Participants

A total of 57 (n_males = 29) children participated in this study, and were between the ages of 3 years 1 month and 7 years 12 months (M_age = 4.86, SD = 1.41; see Table 1). Additionally, children’s primary caregivers also participated in the study (N = 57). Participating parent-child dyads resided in the region of Montreal and all participants spoke English. No participants were excluded based on ethnic/racial background or socioeconomic status.
Materials

**Demographic survey.** Presented to parents at the start of the study using “Survey Monkey”, which is an on-line program for delivering questionnaires, the survey recorded the age, gender, occupation, religious affiliation, and family composition of the individual filling out the survey. It was also comprised of questions measuring the participant's religious / spiritual practices, religious / spiritual beliefs, fears regarding illness, and fears regarding death. Finally, it asked parent participants if they have ever spoken about the topic of death with their child in the past, and the circumstances surrounding the conversation (e.g., why the conversation took place). Some questions required the parent to select a response (e.g., Yes or No) and some left space for the response to be typed in.

**Prompted conversation about death.** Parent-child dyads were asked to watch a 5-minute video that addressed the concept of death. Alone in the testing room, parents and their children watched the Sesame Street episode no.1839 entitled “I’m going to miss you Mr. Hooper”. In this episode, one of Sesame Street’s main characters, Mr. Hooper, has recently died, and Big Bird is trying to understand what this means. In order to help Big Bird understand, Sesame Street’s adult characters discuss Mr. Hooper’s death with Big Bird and explain one of the four components of death understanding. Specifically, they emphasize: “When people die they don’t come back” (i.e., that death is irreversible). Throughout the clip, the characters portray a range of emotions, including sadness, anger and fear. The video clip does not offer any spiritual or biological explanations as to why Mr. Hooper died, or where he went after he died, therefore leaving much open for discussion. The video provided parent-child dyads with an open platform from which to discuss the topic of death. Parents were provided with minimal guidelines regarding how to talk with their child, and they were
encouraged to talk to their child about death, and respond to their questions, in any way that felt most natural and comfortable to them.

**Smilansky Death Concept Questionnaire (Questionnaire for Examination of Human and Animal Death Conceptualization of Children Aged 4-12).** This questionnaire measures children’s understanding of the key components of death (i.e., irreversibility, cessation, causality, inevitability, and universality) and yields a score from 0-30. It consists of 26 open-ended questions regarding animal and human death (e.g., “Does a dead person see? Why?” and “Can a dead dog see? Why?”). This questionnaire was developed by Smilansky (1987), and has been used with children 4-years of age and older. It was originally normed using a preschool population (see Appendix B for the Smilansky Death Concept Questionnaire).

**Koala Fear Survey Scale for Children (FSSC-R).** To assess children’s fear of death and general anxiety, the FSSC-R for young children was used. The FSSC-R, developed by Ollendick (1983) is a standardized self-report scale for assessing the fears of children 4- to 12-years-old with possible scores ranging from 31 to 93 (see Appendix C for the Koala Fear Survey Scale for Children).

**Procedure**

57 parent-child dyads visited the Talwar Child Development research facility at McGill University, which offers a welcoming playroom for children and parents, and which is equipped with video cameras in each testing room.

Firstly, parents and children were given a tour of the facility and rapport was built with the research assistant. Parents were then given the consent form to read and sign, while being given the opportunity to ask questions to the research assistant (see Appendix D for the
consent form). Then, while their child was monitored by a research assistant in the playroom of the facility, parents were asked to complete the short online demographic survey on one of the facility’s computers. In some instances, this survey was sent to the parent’s personal email and completed before coming into the lab, an option offered to parent participants when their appointment was being scheduled by phone or email.

The order of the video-viewing and administration of the child questionnaires was counterbalanced across participants. Therefore, immediately after the completion of the demographic survey, parents and children either watched the short Sesame Street video together, or the children first completed the Smilansky Death Concept Questionnaire and the FSSC-R with the help of the research assistant.

The child and research assistant completed the two questionnaires in a separate room, and each questionnaire item was read to the child participants. Their responses were recorded verbatim on the questionnaire sheets themselves. Parents had the option of being present with their child while they worked with a research assistant to complete the questionnaires. They could also view their child’s participation in real time using the facility’s video monitoring system. If parents reported that they or their child had become uncomfortable during the study, they would be reminded that they could terminate participation at any time.

When watching the short Sesame Street video, parent-child dyads were alone in the testing room, seated at a table in front of a computer monitor. Beforehand, parents were provided with minimal guidelines regarding how to talk to their child during and after watching the short clip. The guidelines offered to parents were the following: “(1) parents may want to physically and/or verbally comfort their child, (2) some parents may choose to distract their child, (3) the Sesame Street video may be viewed a second time to make
clarifications and ‘see how Big Bird and his friends handled being upset’”. Parents were encouraged to talk to their child about death the way they might do so at home, and to respond to their child’s questions and curiosity about death as they saw fit. After viewing the video, parents were asked to complete a second, short, online survey, in order to record their perceptions of their child’s cognitive understanding of death after viewing the video, as well as any feelings of discomfort they may have experienced.

Throughout the approximately one-hour session, the research assistant was prepared to stop the procedures at any time if the participating parent or child became distressed, uncomfortable, or upset. The session would only be resumed with parental permission and assessment of the parent or child's willingness to continue.

After the completion of the surveys, the children were allowed to select a prize of their choosing. While the children were left to play in the playroom of the research facility with the research assistant, the parents were debriefed separately by the experimenter. Parents were fully debriefed about the nature of the research, the research goals, the methodology and how the results will be recorded and reported. Information was also provided for the counselling services offered by the McGill University Psychoeducational and Counselling Clinic in the Faculty of Education, for parents who may have felt the need for further help.

**Data Analysis**

Parent-child dyads were unobtrusively videotaped watching the short Sesame Street video in the testing room of the research facility. The videotaped conversations were automatically saved to a computer in the Talwar Child Development Research Laboratory at McGill University using the software, *Noldus*. The 57 parent-child dyad conversations were
then transcribed verbatim. Five of the 57 conversations were not coded due to the loss of video data stored on a malfunctioning computer in the research lab.

Subsequent to transcription, a content analysis of the dyad conversations was conducted. A coding manual for content analysis of death constructs developed by Neimeyer, Fontana, and Gold (1984), which included 14 death-related categories, was adapted to serve as a guide for classifying each verbalized construct that came up in the parent-child conversations. The modified classification scheme of death-related constructs comprised of a total of 12 qualitative categories (see Table 2 for category definitions and examples). Some of the original categories were excluded because they did not surface in any of the conversations; for example, Temporal Expectation and Positive Evaluation of Death. Other categories were combined; for example, High Personal Involvement and Low Personal Involvement were subsumed under Personal Involvement. Moreover, 4 categories emerged in the conversations between parents and children that were added to the existing list, namely: Avoidance, Comfort, Personal Experience with Death, and Religious Reference. A reliability coder randomly coded 25 percent of the interview transcripts. Inter-rater reliability ranging between 80 percent and 100 percent was obtained on all interviews.

**Results**

An analysis of the occurrence of the 12 qualitative death-related categories in the 52 parent-child conversations during the Sesame Street video-viewing provides insight into the themes that encompass the parent’s and children’s personal philosophies regarding death, as well as the themes that emerge within verbal exchanges between parents and their children (see Table 2 for percentage of dyads using each death construct category). The five categories most often referred to in conversation were the following: Negative Emotion State (n = 31,
54.4\%), Comfort (n = 11, 19.3\%), Nonexistence (n = 11, 19.3\%), Causality Known (n = 9, 15.8\%), and Existence (n = 8, 14.0\%). The categories that were referred to the least often were the following: Specificity (n = 4, 7.0\%), Impact (n = 4, 7.0\%), and Avoidance (n = 5, 8.8\%). Parent-child dyads predominantly associated the construct of death with negative emotions, with 68.4\% referring to negative feelings elicited by death, or negative evaluations of death. Furthermore, parent-child dyads picked up on the theme of irreversibility faced by Big Bird in the Sesame Street video, with 33.3\% referring to constructs suggesting the continuation or finality of death in their conversations.

**Comparison of Death Categories by Age of Child**

The distribution of the occurrence of a referral to any of the 12 death categories during parent-child dyad conversations was examined with respect to the age of the child. The children, who ranged in age from 3 years old and 1 month to 7 years old and 12 months, were evenly grouped into two categories, namely: Preschool (i.e. 3 years 1 month to 5 years 6 months; n = 23) and School Age (5 years 6 months to 7 years 12 months; n = 29). There were no significant differences between children of different ages in regards to the frequency of referral to specific death categories in parent-child dyad conversations (see Table 3).

**Comparison of Death Categories by Children’s Experience with Death**

The distribution of the occurrence of a referral to any of the 12 death categories during parent-child dyad conversations was examined with respect to children’s experience with death. The children were grouped into two categories based on their parent’s response to the demographic survey question which asked them if their child had ever experienced death in the past. The parents were able to answer “yes” or “no”, and if their response was “yes”, they were asked to specify the type of death (e.g. death of grandparent). There were no
significant differences between children who had experienced death in the past and those children who had not in regards to the referral to specific death categories in parent-child dyad conversations (see Table 4).

Comparison of Death Categories by Children’s Level of Fear

The distribution of the occurrence of a referral to any of the 12 death categories during parent-child dyad conversations was examined with respect to children’s level of fear. The children were grouped into two categories based on their total fear scores generated from the 31-item FSSC-R, with possible scores ranging from 31 to 93 (M = 63.60, SD = 10.19). A median split was performed, and the children were evenly distributed into the Low Fear group (n = 25, M = 54.18, SD = 8.03) and the High Fear group (n = 27, M = 70.22, SD = 5.97). There were significant differences between children whose FSSC-R score fell within the Low Fear and High Fear groups (see Table 4). More specifically, it was found that conversations between parents and children in the High Fear category were significantly more likely to contain referrals to Negative Evaluation (\(\chi^2 (1, N = 52) = 4.79, p < .05\)), Nonexistence (\(\chi^2 (1, N = 52) = 4.99, p < .05\)), and Comfort (\(\chi^2 (1, N = 52) = 8.49, p < .05\)) than conversations between parents and children in the Low Fear category (see Table 5). Although only approaching significance, it was also found that the conversations between parents and children in the High Fear category were seemingly more likely to contain referrals to Religious Reference (\(\chi^2 (1, N = 52) = 3.70, p = .054\)) than conversations between parents and children in the Low Fear category.

Comparison of Death Categories by Parent Perception of Child Death Understanding

The distribution of the occurrence of a referral to any of the 12 death categories during parent-child dyad conversations was examined with respect to a parent’s perception of
their child’s understanding of death. Parent’s perception of their child’s understanding of the five subcomponents of death (i.e. inevitability, irreversibility, causality, cessation, and universality) was recorded in the demographic questionnaire, where parents were asked if they believed their child had an understanding of each of the five subcomponents, to which parents answered “yes” or “no”. Positive responses were assigned one point, while negative responses were assigned no points, resulting in a range of scores from 0 to 5 ($M = 2.59, SD = 1.66$). A median split was performed, and the parent’s perceptions were evenly distributed into the Low Understanding group ($n = 22, M = 1.68, SD = 1.17$) and the High Understanding group ($n = 30, M = 3.87, SD = 0.85$). There were no significant differences in the occurrence of references to the 12 death categories between dyads where parents perceived their children as having a low understanding of the subcomponents of death and those dyads where parents perceived their children as having a high understanding of the five subcomponents of death (see Table 6).

**Comparison of Death Categories by Child Death Understanding**

The distribution of the occurrence of a referral to any of the 12 death categories during parent-child dyad conversations was examined with respect to children’s understanding of death. The children were grouped into two categories based on their total death conceptualization scores generated from the 26-item *Smilansky Death Concept Questionnaire*, with scores ranging from 0 to 30 ($M = 15.67, SD = 7.80$). A median split was performed, and the children were evenly distributed into the Low Understanding group ($n = 22, M = 7.79, SD = 3.81$) and the High Understanding group ($n = 30, M = 21.39, SD = 3.95$). There were no significant differences in the occurrence of references to the 12 death categories between dyads where children were categorized as having a low understanding of
death and those dyads where children were categorized as having a high understanding of death (see Table 7).

**Parent Perception of Child Death Understanding and Child Death Understanding**

Having obtained the parent perception scores from the demographic questionnaire, and the child’s conceptualization of death scores from the *Smilansky Death Concept Questionnaire*, a Pearson’s correlation coefficient analysis was conducted in order to determine the degree to which these two variables vary together. The results of the Pearson’s coefficient analysis revealed that there was a significant positive relationship of medium strength between the parent’s perception of their child’s death understanding and their child’s actual death understanding as measured by the *Smilansky Death Concept Questionnaire*, \( r(56) = .403, \ p < .002 \), based on Cohen’s conventions. This suggests that parents’ perceptions of their child’s understanding of death were accurate, with parents accurately judging their children as having a low or a high understanding of the concept of death in relation to their child’s actual understanding of death as measured in this study.

**Children’s Level of Fear and their Death Understanding**

Having obtained the children’s fear scores from the FSSC-R and the children’s conceptualization of death scores from the *Smilansky Death Concept Questionnaire*, a Pearson’s correlation coefficient analysis was conducted in order to determine the degree to which these two variables vary together. The results of the Pearson’s coefficient analysis revealed that the relationship between the children’s fear of death and their death understanding was not significant, \( r(57) = -.012, \ p = .93 \), suggesting that children’s level of fear is not related in a negative or positive way to their understanding of death, contrary to previous research findings (Slaughter & Griffiths, 2007).
Discussion

The purpose of this study was to closely examine what parents and their children talk about when they talk about death, what parents perceive that their children understand about the concept of death, what children are actually understanding about death before having acquired a mature understanding, and how a child’s fear relates to their understanding of death.

Results revealed that parents and their children discussed a range of topics related to death during the Sesame Street video viewing (see Table 2). Results also revealed that dyads with children categorized as having a high level of fear were significantly more likely to refer to the following death categories: Negative Evaluation, Nonexistence, and Comfort (see Table 5). Furthermore, results revealed that parents were accurate judges of their children’s understanding of death, with parents’ perception of their child’s understanding significantly positively correlated with their child’s actual understanding of death.

Death Category Referrals in Dyad Conversations

Based on the Neimeyer et al. (1984) development of a coding manual for the analysis of death conceptualization narratives written by college students, a categorical system of 12 superordinate death categories were modified and used in the analysis of parent-child dyad discussions of a death-related Sesame Street video vignette.

The distribution of all of the death-related references made by parents and children during conversation showed that negative emotions and negative evaluations of death dominated the dyad conversation topics, with 54.4% of participating dyads referring to the Negative Emotion category, and with 14% of dyads referring to the Negative Evaluation category (see Table 2). This information, along with the fact that there were no positive...
emotional references to death, or positive evaluations of death made during any of the 52
dyad conversations, reveals that both children and their parents in the current study tended to
have a negative association towards the concept of death. A total of 68.4% of the dyads
expressed feelings of sadness, loss, and grief when discussing death, as well as evaluated
death as a negative event with negative emotional consequences.

Furthermore, analysis of the parent-child dyad conversations revealed that 33.3% of
the conversations contained references to the death categories of Existence and
Nonexistence. Both these categories are associated with the concept of irreversibility, one of
the five subcomponents of the understanding of death. In the Sesame Street video, Big Bird
is grappling with the fact that his friend Mr. Hooper has died, and will never be returning to
life, therefore the references to irreversibility made by the dyads are possibly influenced by
the content of the video, although their frequency of occurrence in conversation suggests that
children were interested in exploring the concept of irreversibility, and parents were
interested in imparting knowledge about this subcomponent of the understanding of death to
their children. Considering that the 3- to 7-year old child participants were all well below the
age of the acquisition of the mature understanding of death (i.e. between the ages of 9 and 10
years old), the fact that dyads referred to the subcomponent of irreversibility more often than
the four other subcomponents of death is consistent with past research reporting a consistent
developmental trend in which the concepts of irreversibility and universality tend to develop
first, with most children acquiring the concepts of death in a similar order, with irreversibility
and universality acting as prerequisites for each of the other subcomponents (Cuddy-Casey &
Orvaschel, 1997).
Children’s Level of Fear in Relation to Content of Conversations

Results revealed that there was a significant difference in the distribution of referrals to several death categories during parent-child dyad conversations with respect to children’s level of fear. The children were grouped into two categories based on their total fear scores generated from the FSSC-R, with the children evenly distributed into the Low Fear group and the High Fear group. There were significant differences between children who’s FSSC-R score fell within the Low Fear and High Fear groups. More specifically, it was found that conversations between parents and children in the High Fear category were significantly more likely to contain referrals to Negative Evaluation, Nonexistence, and Comfort than conversations between parents and children in the Low Fear category (see Table 5). Although only approaching significance, it was also found that the conversations between parents and children in the High Fear category were seemingly more likely to contain referrals to Religious Reference than conversations between parents and children in the Low Fear category.

These results suggest that dyads in the current study with children categorized as having higher levels of fear were more likely to evaluate death as a negative event. This result is consistent with past research exploring the emotional factors involved in the understanding of death in children, with a specific focus on the emotion of fear. More specifically, it has been found that fear is one of the most commonly expressed emotions in reaction to the concept of death (Moore & Williamson, 2003). Therefore, the children with higher levels of fear would understandably be more likely to express a negative evaluation of death in comparison to their low level counterparts, for death is a construct whose contemplation causes them to experience the negative effects of the feeling of fear.
These results also suggest that dyads in the current study whose child participant was categorized as having higher levels of fear were more likely to refer to the category of Nonexistence. Nonexistence is defined as the concept that when an individual dies they do not continue living, that death is final, and that it is irreversible. This finding is consistent with past research exploring children’s fear of death in relation to their death understanding (Slaughter & Griffiths, 2007; Cotton & Range, 1990). As previously mentioned, past research has uncovered a developmental trend in the acquisition of the understanding of the five subcomponents of death, with the understanding of irreversibility generally acquired first. Previous research has also documented a decrease in a child’s fear of death with an increase in their understanding of death (Slaughter & Griffiths, 2007). Therefore it is possible that the dyads whose child participants were categorized as having a high level of fear might also have had a lower level of death understanding than their low fear counterparts, and therefore referred to the category of Nonexistence more often than their low fear counterparts because they were unfamiliar with this subcomponent of death that was introduced to Big Bird in the Sesame Street vignette, and wanted to explore it further through discussion with their parents.

Alternatively, past research has found that a child’s fear of death increases with increased death understanding. More specifically, it is generally accepted that specific fears are common to children, and that the sources of these fears vary individually and with the age of a child. For example, results of a study conducted by Vasey, Crnic, and Carter (1994) revealed that prominent fears in children aged 5 to 6 years old involved imaginary creatures (e.g. monsters) and concerns about their environment (e.g. fear of the dark), while the salient sources of fear in older children shifted to involve fears and worries about things such as
behavioral competence and social evaluation. This change in children’s fears can be interpreted as dependent upon a developing cognitive structure, through which children acquire the capability to make more abstract thoughts and conceptualizations. Therefore, it is possible that the dyads with children categorized as having a high level of fear might have a higher understanding of death and the subcomponent of irreversibility, which they expressed more often in conversation than their low fear counterparts. Their low fear counterparts may have therefore had a lower understanding of death and the concept of irreversibility and nonexistence, and therefore referred to it less often in conversation.

Extending on the previous finding, the relationship between a child’s level of fear and their understanding of death was also examined, and was not found to be significantly correlated, as was uncovered in past research. This inability to reproduce past findings may be due to additional variables that were not controlled for in the current study, such as cognitive developmental level, cultural background, or personal experience with death. These variables may moderate or mediate the expected inverse relationship between a child’s understanding of death and their level of fear.

Furthermore, these results suggest that dyads in the current study with children categorized as having higher levels of fear were more likely to refer to the category of Comfort, defined as the concept that when an individual dies, an individual may be comforted by the display of love and affection, memories of the deceased, and support of family and friends. Perhaps dyads with a child participant categorized as having high levels of fear were more likely to refer to comforting things, such as declarations of love, memories, and support systems in their conversations in response to the high level of fear experienced by the child. The child’s fear was possibly perceived by the parent, who referred to the
comfort category in order to provide comfort and reassurance to their child. Likewise, a child may have referred to the comfort category themselves in order to counterbalance the feeling of fear with more positive feelings.

Finally, the dyad conversation coding analysis revealed that there were no significant differences in the distribution of referrals to death categories during parent-child dyad conversations with respect to the child’s past experience with death, the parent’s perception of their child’s understanding of death, the child’s understanding of death, and the age of the child. Our inability to detect age-related differences in death categories referenced during dyad conversations may reflect the restricted range of ages in our sample.

**Death Conceptualization: Parent Perception and Child Understanding**

Given that little is known about a primary caregiver’s perception of their child’s understanding of death, the current study explored this variable in relation to the participant child’s actual understanding of death, as measured by the Smilansky Death Concept Questionnaire. The results revealed that there was a significant positive correlation between the parent’s perception of their child’s death understanding and their child’s actual death understanding.

These results suggest that parents’ perceptions of their child’s understanding of death were accurate. Parents who judged their children to have a high understanding of death had children who did indeed have a high understanding of death as measured by the Smilansky Death Concept Questionnaire. This finding is contrary to what little research there has been on the relationship between these two variables, for when the perceptions of educators, parents and healthcare providers have been investigated, these groups were found to underestimate
children’s ability to comprehend death (Mahon, Goldberg, & Washington, 1999; Vianello & Lucamante, 2001).

The current findings may be due to the fact that perceptions of a child’s understanding of death were collected from their parents. Parents possess an intimate knowledge of their child, and are possibly more capable of judging their child’s death conceptualization in comparison to an individual, for example, a teacher or counselor, who may have an extensive knowledge of child development, but who is not intimately familiar with each particular child (Nguyen & Rosengren, 2004). Thus, in future studies researchers should examine the relationship between children’s death understanding and perceptions of both familiar and unfamiliar adults.

**Limitations and Future Directions**

The current study examined parent-child dyad conversations, the young child’s understanding of death, parent perceptions of their child’s death understanding, and a child’s fear of death. In order to do so, parents and their children were recruited through two databases. Because of the nature of the topic of study, many parents were initially hesitant to participate with their child based upon such variables as religious or spiritual beliefs, socioeconomic status, and cultural background (Hunter & Smith, 2008). Thus it is possible that the participant sample resulted in a homogenous group of individuals sharing a similar socioeconomic status (SES) and cultural background.

A strength of the current study was the focus on the naturally-occurring conversation between parent-child dyads elicited by the viewing of a death-related Sesame Street vignette. The conversations were recorded and transcribed verbatim, eliminating the need for parental report on the content of previous discussions about death with their child. Parents were given minimal instructions on what to discuss with their child while watching the video, resulting
in conversations representing the voices of the parents and children. Future studies using a similar approach may want to provide some suggested open-ended questions to both parents and children after the conversations in order to support the occurrence of discussion if no verbal interaction has occurred between parent and child while viewing the vignette.

Finally, the current study selected a particular video to prompt the ensuing parent-child conversations used in analysis. The Sesame Street episode no.1839 involves Big Bird learning about the concept of death, with a specific focus on the subcomponent of irreversibility. This particular video was selected for its relevant and age-appropriate presentation of death-related content, although it may have also limited the ensuing parent-child conversations based on its content. Therefore, future studies should prompt parent-child conversations using videos, narratives, or images that cover various subcomponents of death understanding, with a range of genders and cultures represented within the chosen material.

**Educational and Clinical Implications**

The information obtained from the current study revealed that when placed in a research setting, parents and children do address a range of death concept categories, as coded using the manual adapted from Neimeyer et al. (1984). Results also revealed that children categorized as having high fear were significantly more likely to address the death categories of Nonexistence, Negative Evaluation, and Comfort. Finally, it was found that parents are accurate evaluators of their children’s understanding of death, as measured by the *Smilansky Death Concept Questionnaire*.

Based on these results, it can be said that when given the opportunity, parents do address the topic of death with their children. Along with the information that parents are capable of accurately evaluating their child’s understanding of the five subcomponents of
death, it can be concluded that parents provide an important source of education about the concept of death for their children.

Ineffective and inaccurate communication, especially between parents and children, are considered to be significant factors in the prolongment of a child’s bereavement process (Aspinall, 1996). Therefore, parents of children who have yet to develop a mature understanding of death, such as those in this study between the ages of 3 and 8 years old, may educate themselves about the young child’s cognitive and emotional understanding of death in order to transmit developmentally appropriate information to their child in open parent-child conversations about death.

Educated parents and professionals are essential resources of support for children experiencing grief because of death. According to Willis (2002), one important thing parents can do to help their child cope with death and grief is to educate them before they actually experience a significant death. In order to do so, a parent or professional must be aware of the information that is appropriate for the child in accordance with their cognitive developmental level. This is where the information obtained from the research on children's understanding of death becomes central.

Using the information derived from research, including the current study, and taking advantage of “teachable” moments, could provide a child with the education they need to form a better understanding of the concept of death. For example, a good opportunity for a “teachable” moment may occur during a television show, book or film where a character dies (Charkow, 1998). Some of the things that parents would want to explain to children in these circumstances would be that death is final, that a deceased individual cannot come back to life, that their body stops working and that the reason the body stops working is biological in
nature. There are many books and films that can be used in support of educating children about death, and these provide excellent opportunities for informing children and initiating parent-child discussion (Charkow, 1998).

**Conclusion**

The current study makes a unique contribution by focusing on the parent perception of a child’s understanding of death, as well as the content of actual parent-child conversations related to the concept of death before a child has acquired the mature understanding of death. Given that little is known empirically about a primary caregiver’s perception of their child’s understanding of death, and seeing as how differences between a parent’s perception and their child’s actual understanding of death can lead to a parent believing that their child’s understanding of death is less evolved than it actually is (Ellis & Stump, 2000), the importance of the current study is highlighted.

The voices of the parent-child dyads revealed that, despite the fact that parents and caregivers often experience anxiety about exposing children to the concept of death (McGovern & Barry, 2000), parents do address a range of death-related concepts when conversing with their young children about death. Results also indicate that a child’s level of fear may influence the types of death-related concepts discussed, with children categorized as having high fear significantly more likely to be part of a parent-child dyad that discussed the death category of nonexistence and comfort, as well as evaluated death in a negative way in their conversation. Finally, results suggest that parents have an accurate perception of their child’s understanding of death, being able to accurately judge their child’s level of understanding of the five subcomponents of death.
References


Table 1

*Age Range (Years, Months) and Corresponding Number of Child Participants*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>3, 1 – 3, 12</td>
<td>12</td>
</tr>
<tr>
<td>4, 1 – 4, 12</td>
<td>14</td>
</tr>
<tr>
<td>5, 1 - 5, 12</td>
<td>11</td>
</tr>
<tr>
<td>6, 1 - 6, 12</td>
<td>10</td>
</tr>
<tr>
<td>7, 1 - 7, 12</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 2

Percentage (Number) of Parent-Child Dyads Using Each Death Construct Category, Along with Category Definition and Examples

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition and examples</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Negative Emotional State</td>
<td>When talking about death, some individuals exhibited negative emotional states towards death, such as frustration, grief, and sadness. • “It’s [the video] making me cry”</td>
<td>31 (54.4)</td>
</tr>
<tr>
<td>2. Negative Evaluation</td>
<td>Some individuals judged death as being negative. These individuals saw death as bad, scary, or valueless. • “It’s pretty sad when people die”</td>
<td>8 (14.0)</td>
</tr>
<tr>
<td>3. Personal Involvement</td>
<td>Some individuals referred to constructs connoting personal involvement in death. • “Someday I will die”, “If I die, I won’t turn 7 [years old]”</td>
<td>7 (12.3)</td>
</tr>
<tr>
<td>4. Existence</td>
<td>Some individuals referred to constructs having to do with continued life. • “They do come back [to life]”, “Their spirits come back”</td>
<td>8 (14.0)</td>
</tr>
<tr>
<td>5. Nonexistence</td>
<td>Some individuals referred to constructs having to do with finality or irreversibility of death. • “You never come back [to life]”, “You stay dead”</td>
<td>11 (19.3)</td>
</tr>
<tr>
<td>6. Specificity</td>
<td>Some individuals expressed the uniqueness of death and that it only occurs to specific people at specific times. • “Only big people die” Others referred to constructs suggesting the generality of</td>
<td>4 (7.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>7. Impact</strong></td>
<td>Some individuals referred to constructs dealing with the impact of death.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “It affects me when someone in my family dies”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. Causality</strong></td>
<td>Some individuals referred to constructs suggesting that the physical cause of death is known or explained.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “We die when we’re old”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>9</strong></td>
<td></td>
</tr>
<tr>
<td><strong>9. Comfort</strong></td>
<td>Some individuals referred to constructs suggesting that those who have experienced death can be comforted through memories of the deceased, support systems, and love.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “Big Bird has his friends to take care of him”, “You can keep them in your heart and remember them [the deceased]”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>11</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10. Avoidance</strong></td>
<td>Some individuals expressed avoidance of the topic of death and refused to address it in conversation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “We’ll talk about it [the video] after”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>5</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11. Personal Experience with Death</strong></td>
<td>Some individuals referred to their personal experiences with death during conversations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “I miss Molly [deceased pet cat]”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>6</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. Religious Reference</strong></td>
<td>Some individuals made religious or spiritual references during conversations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “They are in heaven with G-d”</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>7</strong></td>
<td></td>
</tr>
</tbody>
</table>
Table 3

*Chi-Square Test of Frequency in the Death Categories by Age of Child*

<table>
<thead>
<tr>
<th>Category</th>
<th>Preschool (n=23)</th>
<th>School Age (n=29)</th>
<th>$\chi^2$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotional State</td>
<td>14</td>
<td>17</td>
<td>$\chi^2 (1, N = 52) = .027, p = .87$</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>4</td>
<td>4</td>
<td>$\chi^2 (1, N = 52) = .13, p = .72$</td>
</tr>
<tr>
<td>Personal Involvement</td>
<td>3</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = .092, p = .76$</td>
</tr>
<tr>
<td>Existence</td>
<td>4</td>
<td>4</td>
<td>$\chi^2 (1, N = 52) = .13, p = .72$</td>
</tr>
<tr>
<td>Nonexistence</td>
<td>6</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .60, p = .44$</td>
</tr>
<tr>
<td>Causality</td>
<td>4</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .00, p = .99$</td>
</tr>
<tr>
<td>Comfort</td>
<td>7</td>
<td>4</td>
<td>$\chi^2 (1, N = 52) = 2.13, p = .14$</td>
</tr>
<tr>
<td>Personal Experience with Death</td>
<td>2</td>
<td>4</td>
<td>$\chi^2 (1, N = 52) = .33, p = .57$</td>
</tr>
<tr>
<td>Religious Reference</td>
<td>2</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .80, p = .37$</td>
</tr>
</tbody>
</table>
Table 4

*Chi-Square Test of Frequency in the Death Categories by Children’s Experience with Death*

<table>
<thead>
<tr>
<th>Category</th>
<th>No Experience (n=5)</th>
<th>Experience (n=47)</th>
<th>$\chi^2$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotional State</td>
<td>3</td>
<td>28</td>
<td>$\chi^2 (1, N = 52) = .00, p = .99$</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>0</td>
<td>8</td>
<td>$\chi^2 (1, N = 52) = 1.01, p = .32$</td>
</tr>
<tr>
<td>Personal Involvement</td>
<td>1</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .39, p = .53$</td>
</tr>
<tr>
<td>Existence</td>
<td>0</td>
<td>8</td>
<td>$\chi^2 (1, N = 52) = 1.01, p = .32$</td>
</tr>
<tr>
<td>Nonexistence</td>
<td>1</td>
<td>10</td>
<td>$\chi^2 (1, N = 52) = .004, p = .95$</td>
</tr>
<tr>
<td>Causality</td>
<td>0</td>
<td>9</td>
<td>$\chi^2 (1, N = 52) = 1.16, p = .28$</td>
</tr>
<tr>
<td>Comfort</td>
<td>0</td>
<td>11</td>
<td>$\chi^2 (1, N = 52) = 1.48, p = .22$</td>
</tr>
<tr>
<td>Personal Experience with Death</td>
<td>0</td>
<td>6</td>
<td>$\chi^2 (1, N = 52) = .72, p = .39$</td>
</tr>
<tr>
<td>Religious Reference</td>
<td>0</td>
<td>7</td>
<td>$\chi^2 (1, N = 52) = .86, p = .35$</td>
</tr>
</tbody>
</table>
Table 5

**Chi-Square Test of Frequency in the Death Categories by Children’s Level of Fear**

<table>
<thead>
<tr>
<th>Category</th>
<th>Low (n=25)</th>
<th>High (n=27)</th>
<th>$\chi^2$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotional State</td>
<td>12</td>
<td>19</td>
<td>$\chi^2 (1, N=52) = 2.70, p = .10$</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>1</td>
<td>7</td>
<td>$\chi^2 (1, N=52) = 4.79, p = .03*$</td>
</tr>
<tr>
<td>Personal Involvement</td>
<td>2</td>
<td>4</td>
<td>$\chi^2 (1, N=52) = .59, p = .44$</td>
</tr>
<tr>
<td>Existence</td>
<td>3</td>
<td>5</td>
<td>$\chi^2 (1, N=52) = .42, p = .52$</td>
</tr>
<tr>
<td>Nonexistence</td>
<td>2</td>
<td>9</td>
<td>$\chi^2 (1, N=52) = 4.99, p = .025*$</td>
</tr>
<tr>
<td>Causality</td>
<td>2</td>
<td>7</td>
<td>$\chi^2 (1, N=52) = 2.91, p = .088$</td>
</tr>
<tr>
<td>Comfort</td>
<td>1</td>
<td>10</td>
<td>$\chi^2 (1, N=52) = 8.49, p = .004*$</td>
</tr>
<tr>
<td>Personal Experience with Death</td>
<td>3</td>
<td>3</td>
<td>$\chi^2 (1, N=52) = .010, p = .92$</td>
</tr>
<tr>
<td>Religious Reference</td>
<td>1</td>
<td>6</td>
<td>$\chi^2 (1, N=52) = 3.70, p = .054$</td>
</tr>
</tbody>
</table>
Table 6

*Chi-Square Test of Frequency in the Death Categories by Parent Perception of Child Death Understanding*

<table>
<thead>
<tr>
<th>Category</th>
<th>Parent Perception</th>
<th>$\chi^2$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low ($n=22$)</td>
<td>High ($n=30$)</td>
</tr>
<tr>
<td>Negative Emotional State</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Personal Involvement</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Existence</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Nonexistence</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Causality</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Comfort</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Personal Experience with Death</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Religious Reference</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 7

**Chi-Square Test of Frequency in the Death Categories by Child Death Understanding**

<table>
<thead>
<tr>
<th>Category</th>
<th>Low ($n=25$)</th>
<th>High ($n=27$)</th>
<th>$\chi^2$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Emotional State</td>
<td>12</td>
<td>19</td>
<td>$\chi^2 (1, N = 52) = .41, p = .52$</td>
</tr>
<tr>
<td>Negative Evaluation</td>
<td>5</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = 1.58, p = .21$</td>
</tr>
<tr>
<td>Personal Involvement</td>
<td>3</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = .16, p = .69$</td>
</tr>
<tr>
<td>Existence</td>
<td>5</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = 1.58, p = .21$</td>
</tr>
<tr>
<td>Nonexistence</td>
<td>6</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .86, p = .36$</td>
</tr>
<tr>
<td>Causality</td>
<td>4</td>
<td>5</td>
<td>$\chi^2 (1, N = 52) = .00, p = .99$</td>
</tr>
<tr>
<td>Comfort</td>
<td>5</td>
<td>6</td>
<td>$\chi^2 (1, N = 52) = .057, p = .81$</td>
</tr>
<tr>
<td>Personal Experience with Death</td>
<td>3</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = .16, p = .69$</td>
</tr>
<tr>
<td>Religious Reference</td>
<td>4</td>
<td>3</td>
<td>$\chi^2 (1, N = 52) = .73, p = .39$</td>
</tr>
</tbody>
</table>
Appendix A

Application for Ethics Approval for Human Subject Research

McGill

(please refer to the Application Guidelines before completing this form)

**Project Title:** Parents’ discussions of death with their children

**Principal Investigator:** Sarah-Jane Renaud  
**Dept:** Educational & Counselling Psychology

**Phone #:** 398-8059  
**Fax #:** 398-6968  
**Email:** sarah-jane.renaud@mail.mcgill.ca  
(students must provide their McGill email)

**Mailing Address (if different than Dept.):** NA

**Status:**  
Faculty ___  
Postdoctoral Fellow ___  
Other (specify) ___

Ph.D. Student _X_  
Master’s Student ___  
Undergraduate ___

**Type of Research:**  
Faculty Research ___  
Thesis _X_  
Honours Thesis ___  
Independent Study Project ___

Course Assignment (specify course name and #)__________

Other (specify) __________

**Faculty Supervisor (for student PIs):** Victoria Talwar  
**Email:** victoria.talwar@mcgill.ca

**Co- Investigators/Other Researchers (list name/status/affiliation):** Paraskevi Engarhos/B.Sc/School & Applied Child Psychology, Dept of Educational and Counselling Psychology
List all funding sources for this project and project titles (if different from the above). Indicate the Principal Investigator of the award if not yourself.

Awarded: NA
Pending: NA

**Principal Investigator Statement:** I will ensure that this project is conducted in accordance with the policies and procedures governing the ethical conduct of research involving human subjects at McGill University. I allow release of my nominative information as required by these policies and procedures.

Date: December 02, 2010

Faculty Supervisor Statement: I have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student investigator is aware of the applicable policies and procedures governing the ethical conduct of human subject research at McGill University and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures.

Date: December 02, 2010
Appendix B

Smilansky Death Concept Questionnaire

Child’s Concepts Related to Human Death:

1) What does “to die” mean? What is death?

2) Of what do people die? Of what other reasons can people die?

3) Who gets old? Does everyone get old? (If the child answers “no”, ask “who does get old?”)

4) What happens to a person who dies? What do we do with him?

5) Does a dead person know that he is dead? Does he know what is happening to him? Why? (Ask the child to explain “Why?” if he answers that the dead person does know or that he does not know)

6) Is a dead person able to feel? Does he feel pain? Why?

7) If a person dies and has been in his grave for some time, can he return to become a living person? Why?

8) If a person dies and has not yet been buried, can he return to become a living person? Why?

9) Can a dead person see? Why?

10) Can a dead person hear? Why?

11) Can a dead person move? Why?

12) Can a dead person come out of his grave? Why?

13) Does everyone die? Why? (If the child answers “no”, ask “who does die?”)

Child’s Concepts Related to Animal Death:

14) Have you ever seen a dead cat or dog?

15) Of what do cats and dogs die? Of what other reasons can dogs die? If the child’s answer to question 14 is that he has seen a dead bird, for instance, include birds in question 15)
16) Does a dog get old? Do all dogs get old? (If the answer is “no”, ask “which dogs get old?”) Why? Do cats get old?

17) What do we do with dead dogs and cats?

18) Does a dead dog know that he is dead? Why?

19) Can dead dog or dead cat feel anything? Can he feel pain? Why?

20) If a dog dies and is put in the ground, can he become a live dog again? Why?

21) If a dog die and is put into the trash, can he become a live dog again? Why?

22) Can a dead dog see? Why?

23) Can a dead dog hear? Why?

24) Can a dead dog move? Why?

25) Can a dead dog get out of wherever he is put? Why?

26) Do all dogs die? (If the child answers “no”, ask “which dogs do die?”)
**Appendix C**

Koala Fear Survey Scale for Children (FSSC-R)

DIRECTIONS: A number of statements which boys and girls use to describe the fears they have are given below. Read each carefully and put an X in the box in front of the words that best describe your fear. There are no right or wrong answers. Remember, find the words which best describe how much fear you have.

1. Scary movie ........... □ None □ Some □ A lot
2. Rats and mice ........... □ None □ Some □ A lot
3. Ghosts ................... □ None □ Some □ A lot
4. Witches ................... □ None □ Some □ A lot
5. Telling something in front of the class ........... □ None □ Some □ A lot
6. Being teased by other kids ........... □ None □ Some □ A lot
7. Lions ................... □ None □ Some □ A lot
8. Being ill ................... □ None □ Some □ A lot
9. Getting lost in a strange place ........... □ None □ Some □ A lot
10. Being hit by a car ........... □ None □ Some □ A lot
11. When your parents have a quarrel ........... □ None □ Some □ A lot
12. Heights ................... □ None □ Some □ A lot
13. Snakes ................... □ None □ Some □ A lot
14. The dark ........... □ None □ Some □ A lot
15. A scary man who wants to kidnap you ........... □ None □ Some □ A lot
16. A burglar breaking into your house ........... □ None □ Some □ A lot
17. Thunderstorms ........... □ None □ Some □ A lot
18. Birds ................... □ None □ Some □ A lot
19. Roller coaster ........... □ None □ Some □ A lot
20. Scary dreams ........... □ None □ Some □ A lot
21. Flying in an airplane. . . . □ None □ Some □ A lot
22. Chickens. . . . . . . . . □ None □ Some □ A lot
23. Fire . . . . . . . . . . . □ None □ Some □ A lot
24. Dogs. . . . . . . . . . . □ None □ Some □ A lot
25. Spiders . . . . . . . . □ None □ Some □ A lot
26. War . . . . . . . . . . . □ None □ Some □ A lot
27. Death . . . . . . . . . . □ None □ Some □ A lot
28. Getting a shot from a doctor or nurse . . . . □ None □ Some □ A lot
29. Crocodiles . . . . . . . □ None □ Some □ A lot
30. Blood . . . . . . . . . . . □ None □ Some □ A lot
31. Your parents getting divorced . . . . . . □ None □ Some □ A lot
Appendix D

Consent Form

McGill
Department of Educational and Counselling Psychology
Département de psychpédagogie et de counseling
Faculty of Education, McGill University
3700 McTavish Street, Montreal, Quebec
Canada, H3A 1Y2

Research Participation

We are members of the McGill Education Child Development Research Team. We are presently conducting a study and wonder if you would give permission for you and your child to participate.

The purpose of this project is to investigate the emergence of children’s understanding of death, by learning about the first conversations parents have with their child around the topic of death, children’s actual understanding of death, their emotional development, and the expression of emotions in the family.

Participation in the current study involves a videotaped parent-child conversation about death after watching a brief Sesame Street video clip. Subsequently, you and your child will be asked to complete a questionnaire(s). One parents questionnaire looking at emotional expression in the family (The Family Expressiveness Questionnaire) and three child questionnaires that your child will complete with a trained research assistant (Test of Emotion Comprehension, Koala Fear Questionnaire, and the Smilansky Death Concept Questionnaire).

Participation in the study is completely voluntary. There are no known physical, psychological, or social risks and you are free to withdraw from the study at any time without penalty. Your individual performance will remain confidential and will not be released.

The purpose of this study is to investigate general patterns of responses among groups of people, rather than the response of any particular person. In all cases, the responses of individuals will be kept confidential and anonymous. All information and data collected will be protected for confidentiality by assigning a random identification code to each participant. The code key numbers will be stored in a reference file separate from the data set used to analyze survey results. We expect the results to contribute to our understanding of children’s emerging understanding about death. We plan to publish our results in academic journals.

Please feel free to email Sarah-Jane Renaud (sarah-jane.renaud@mail.mcgill) if you have any questions about the study. Thank you in advance for your help. If you have any ethical concerns or questions about this study, please contact the Research Ethics Board Office at McGill, 11th floor, 1555 Peel Street, Montreal H3A 3L8, (514)-398-6831.

Sincerely,
Sarah-Jane Renaud, Ph.D., Paraskevi Engarhos, B.Sc. and Dr. Victoria Talwar
Educational and Counselling Psychology
McGill University, Montreal

AFTER YOU HAVE READ THE ABOVE INFORMATION, PLEASE CHECK AND SIGN BELOW
I consent for me and my child to participate in this study. I understand that I may withdraw from the study at anytime. (Note: Selecting this option indicates that you have read and understood the nature of this study and that you understand you are free to withdraw from the study at any time.)

__________________________________ (Parent Name) ___________________________ (Signature)

__________________________________ (Child’s Name) _____(Age) 20__/_____/_____ (Child Date of Birth)

Year Month Day

__________________________________ (Home Phone) ________________________________(email)