AN INVESTIGATION OF POST-SECONDARY TEACHER EDUCATORS'
PERCEPTIONS AND ATTITUDES REGARDING THE
IMPLEMENTATION OF DEATH EDUCATION

by

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<u>ABSTRACT</u>

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An Investigation of Post-Secondary Teacher Educators' Perceptions and Attitudes
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Regarding the Implementation of Death Education

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There is an abundance of research that discusses the negative effects unresolved grief can have on children's and adolescents' psychological, emotional, and behavioral development. In addition, a tremendous amount of research supports the positive effects of death education and the ability of death education to protect against the negative effects of unresolved grief. Yet, previous research indicates that few public schools currently implement death education programs. According to the research, teachers' lack of training in this area is to be a major contributing factor to the lack of death education implementation in public schools. Consequently, this study focuses on teacher educators', the individuals responsible for training public school teachers, views of death education.

The purpose of this study was to determine the attitudes and perceptions of K-12 teacher educators' regarding death education. Teacher educators at five selected universities in Wisconsin were sent a survey to obtain their attitudes and perceptions

regarding death education training and the implementation of death education in the public school system. Seventy-three teacher educators completed the survey.

Approximately one-half of the participants in this study felt that death education should be implemented in public schools. Yet, few participants in this study (11%) had received any formal death education training or implement death education into their curriculum (4.1%). However, the participants that had received formal death education training were more likely to implement death education into their curriculum, χ^2 (1, $\underline{N}$ = 73) = 4.887, $\underline{p}$ <. 05. The participants who indicated that death education should not be implemented in public schools were more likely to indicate that they did not implement death education into their own curriculum because it is unnecessary, χ^2 (1, $\underline{N}$ = 65) = 5.328, $\underline{p}$ <. 05. Overall, the teacher educators in this study who understood the positive effects of death education were more likely to view death education training and implementation positively. They also were more likely to feel that public school teachers were responsible to implement death education. Consequently, the results of this study indicated that if educators receive training about the benefits of death education, including decreased emotional and behavioral problems, increased ability to cope with grief, and improved school performance, then they may be more supportive of death education training and implementation.

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CHAPTER ONE

Introduction

Death is one of the few universal phenomenons that every person will experience
at some point during their development. In fact, many children will experience the loss of
a significant person before they graduate from high school. For example, past research
indicates that 63% of children will experience the death of a peer (Swihart, Silliman, &
McNeil, 1992) and 5% of children will experience the death of a parent before graduating
from high school (Stevenson, 1995). Moreover, significant losses during childhood that
are not effectively resolved can adversely affect later psychological development and
interpersonal relationships (Davies, 1995; Webb, 2002c). Children will continue to revisit
their grief as they develop, and ineffective coping during earlier developmental stages
will complicate their progress through later developmental stages (Webb, 2002c). It is
therefore important that children and adolescents develop effective methods for coping
with death and grief. However, due to death being a taboo subject in our society, children
and adolescents often do not receive the information and support necessary to effectively
deal with bereavement and grief (Grollman, 1995). Death education is beneficial to
children and adolescents by allowing them to gain and share information about death-
related issues, clarify their values related to death and dying, and develop coping skills
for dealing with loss and grief in the future (Wass, 1995).

Numerous research studies demonstrate that bereaved children experience
significantly more emotional and behavioral problems than their non-bereaved
counterparts for at least two years following the bereavement (Hutton & Bradley, 1994;
McCown & Davies, 1995; Worden, Davies, & McCown, 1999; Worden & Silverman,

1996). For example, bereaved children demonstrate significantly higher scores than non-bereaved counterparts on the Child Behavior Checklist (CBCL) social-withdrawal, anxiety, and depression scales (Hutton & Bradley, 1994; Worden & Silverman, 1996). In addition, McCown and Davies (1995) indicated that 50% of bereaved children during the first 2 to 24 months following the initial loss exhibit aggressive behaviors, depression, withdrawal, and attention problems. Bereaved children also experience significantly more problems with their self-concept and more frequently have an external locus of control (Worden & Silverman, 1996). Furthermore, Worden and Silverman (1996) and Worden, Davies, and McCown (1999) demonstrated that an average of 25% of bereaved children have emotional and behavioral problems that were serious enough to require attention from a mental health professional during the first two years following the bereavement. Lastly, Stevenson and Stevenson (1996) indicated that adolescents who are detained for committing a violent act are five times more likely than other adolescents to have experienced bereaved from a parent as a child. Death education can help protect children and adolescents from the adverse emotional and behavioral consequences associated with bereavement by teaching them about the impacts of death, dying, loss, and grief.

Death education can occur at home, church, or school. However, school is the ideal setting for comprehensive death education to occur. Some families lack the communication skills necessary to adequately provide death education to their children. Parents are often uncomfortable with the subject of death and dying and feel that they are protecting their children by not discussing death-related issues. Furthermore, religious institutions may also offer death education to children; however, in our pluralistic society, this education is not unified or guaranteed. There is fundamental and beneficial

information about death-related issues that can be presented in a manner that is sensitive and non-offensive to children of all religious backgrounds (Stevenson, 1995). Therefore, public schools have the opportunity to implement death education programs that are comprehensive and accessible to the majority of children (Mahon, Goldberg, & Washington, 1999).

Death education within the public school system can be implemented as prevention, intervention, or postvention (Stevenson & Stevenson, 1996). The prevention component of death education consists of a comprehensive curriculum that educates students about "the physical aspects of death, the psychosocial effects of death on the survivors, and methods of coping with dying, death, loss, and grief" (Stevenson & Stevenson, 1996, p. 238). Intervention and postvention death education refers to the education and support offered to children and adolescents during and following a crisis or death (Stevenson & Stevenson, 1996). Overall, the staff and students within a school system that implements a comprehensive death education program are more prepared to handle crisis and death (Stevenson & Stevenson, 1996).

Although all school staff have a significant role in providing death education, teachers spend the most direct time with students and are in the ideal position for implementing a comprehensive death education program (Reid & Dixon, 1999; Wass, 1995). Thornton and Krajewski (1993) indicated that teachers are in the ultimate position to implement death education because they typically build rapport with students and interact with them consistently on a daily basis. In addition, teachers are knowledgeable about childhood development and can effectively serve as a liaison between home, school, and the community (Thornton & Krajewski, 1993).

Unfortunately, few public schools currently implement death education programs. Wass, Miller, and Thornton (1990) indicated that about 11% of public schools in this country currently implement preventative death education programs, with elementary schools implementing death education 50% less than middle schools and high schools. Furthermore, three-fourths of death education programs are implemented for two weeks or less (Wass, Miller, & Thornton, 1990). In addition, crisis and suicide intervention programs are implemented in 25% of the public schools and grief support programs are implemented in 20% of the public schools in this country (Wass, 1995).

The lack of death education in public schools is contributed to teachers' lack of training in this area (Reid & Dixon, 1999; Wass, Miller, & Thornton), misunderstandings about the effects of bereavement on children, and the uncomfortable feelings associated with discussing death (Cullinan, 1990; Mahon, Goldberg, & Washington, 1999). Additional training in death education could afford teachers at all levels a deeper understanding of the effects of bereavement on children, how bereavement effects students' classroom performance, and how to help students develop the skills necessary for working effectively through grief. Formal coursework in death education, offered to teachers at the university level, may facilitate an increase in educators who are interested in and comfortable with implementing death education in the public school system. Therefore, an understanding of the perceptions and attitudes of teacher educators in regards to death education is necessary to gain insight into the current amount of death education implemented in public schools.

Statement of the Problem

The purpose of this study is to determine the attitudes and perceptions of K-12 teacher educators' regarding death education training and the implementation of death education in the public school system. A survey will be mailed in the fall of 2002 to teacher educators at selected universities in Wisconsin.

Research Questions

This study will address five research questions. They are:

1. What are teacher educators' attitudes and perceptions regarding the implementation of death education curriculum in the K-12 public schools?

2. What are teacher educators' views of public school teachers' responsibilities to implement death education programs?

3. What kind of death education training is currently offered to teachers at the university level?

4. Do teacher educators feel that teachers should receive more training in implementing death education?

5. What are teacher educators' perceptions of the effects of bereavement on children's and adolescents' emotional and behavioral problems, as well as their school performance?

Definition of Terms

There are four terms defined to increase the clarity and understanding of this study. They are:

Bereavement or Bereaved - refers to the status of an individual who has been affected by the death of a significant other. Furthermore, due to this loss the surviving individual "may be experiencing psychological, social, and physical stress" (Webb, 2002a, p. 7).

Death Education - refers to the "courses, curricula, counseling programs, and support services that offer a structured approach" to helping students understand and cope with dying, death, loss, and grief (Stevenson & Stevenson, 1996, p. 238-239).

Death-Related Issues - refers to all the thoughts, feelings, and behaviors that surround experiencing and coping with death, dying, loss, and grief.

Teacher-Educators - are professors that teach education students (K-12) at the university level.

Assumptions and Limitations

It is assumed that the participants will complete the survey openly and honestly and return it in a timely manner. A limitation is that the participants will realize they are completing a subjective survey and may not respond openly and honestly or may present biased perceptions. Another limitation is that not all selected participants will return the survey and consequently the sample may not adequately represent the population.

CHAPTER TWO

Literature Review

Introduction

This chapter will discuss the benefits of death education for both children and adolescents. In addition, the lack of death education implementation in public schools will be discussed. Also contemplated in this chapter is the current controversy that exists regarding the benefits of death education. This chapter will conclude with an investigation of public school teachers' academic training in this area.

This chapter does not present any previous research on teacher educators' perceptions and attitudes regarding death education because a review of the literature revealed a lack of research in this area. Hence, an exhaustive literature search yielded no research findings in this specific area.

Death Education for Children

Adults often feel compelled to protect children from the harsh realities of death (Corr, 1996). However, many children each year experience the death of a family member, friend, or pet. For example, 5 out of every 100 children will experience the death of a parent before the age of eighteen (Stevenson, 1995). In addition, most children see either fictional or real death through viewing television (Webb, 2002a). Diamant (cited in Metzgar & Zick 1996), indicated that "children who view 2 to 4 hours of television a day will have witnessed 8,000 murders and 100,000 acts of violence by the time they finish elementary school" (p. 246). Furthermore, many of the images children view on television are inaccurate depictions of death and the grieving process (Sedney, 1999). Therefore, most children will unavoidably be presented with death-related issues

through the death of significant other or viewing television (Corr, 1996). Death education can help to counteract the inaccurate images of death and grief that children view on television, and prepare children to more effectively deal with death and grief (Wass, 1995).

Through death education, teachers can facilitate students in developing a healthy understanding of death-related issues. This can be accomplished through implementing developmentally appropriate death education in an accepting and supportive environment that allows children to safely discuss death and grief (Hopkins, 2002). Young children are curious about death and they need "permission to act out, talk about, and interpret their thoughts and feelings about death" (Hopkins, 2002, p. 42). Through preventative education about death, dying, loss, and grief, children can begin to acquire the knowledge and vocabulary necessary to understand and process death and grief (Metzgar & Zick, 1996). Children who are unable to ask questions about death-related issues may experience anger, confusion, or guilt. Death education will help children learn to openly communicate about death-related issues prior to a crisis (Stevenson, 1995). Gaining an increased understanding of death and grief, prior to a personal loss, will help children cope with death more effectively in the future   (Hopkins, 2002).

Elementary school teachers can utilize "teachable moments" related to death in their classrooms as a means for implementing death education. For example, the death of a class pet or plant can create an excellent opportunity for teachers to discuss death and grief (Sandstrom, 1999). Sandstrom (1999) demonstrated that utilizing such occurrences in the classroom results in a tremendous growth opportunity for the students. Discussing these occurrences openly in the classroom will increase students' knowledge and

understanding of death-related issues. Furthermore, it will increase their resiliency and

ability to cope with bereavement in the future (Hopkins, 2002; Sandstrom, 1999;

Westmoreland, 1996).

Despite the numerous benefits, teachers are particularly reluctant to implement

death education programs in elementary schools (Mahon, Goldberg, & Washington,

1999). Wass (1995) indicated that there are misconceptions about young children's

inability to understand and tolerate discussions on death and grief. However, children as

early as preschool can benefit from death education programs that are based at a

developmentally appropriate level (Schonfeld & Kappelman, 1990; Stevenson, 1995).

Schonfeld and Kappelman (1990) utilized the "Smilansky Death Concept Questionnaire",

which measures children's (ages 4-12) conceptions of death, to demonstrate that school-

based death education can increase children's ability to comprehend death-related issues.

This study indicated that young children (four to eight years old), who only received

death education during six 30 to 40 minute sessions over a period of three weeks, were

able to significantly increase their understanding of death-related concepts (Schonfeld &

Kappelman, 1990). In addition, Edgar and Howard-Hamilton (1994) indicated, through

their 10 years of experience providing death education, that on average 74% of children

exposed to death education significantly increased their knowledge and understanding of

death and grief. Furthermore, the knowledge and understanding young children can gain

through death education can increase their ability to effectively cope with death and grief.

Children of preschool age commonly view death as temporary and reversible.

They may also believe that their unrelated actions or thoughts can somehow cause the

death of a significant other or bring their loved one back to life. Children of later

elementary school age may view death as something that people can avoid. When these contentions are idealized and/or fail, children may suffer extreme anger, sadness, or guilt. To avert the possible negative affects of these misconceptions, children should be allowed the opportunity to receive accurate information about death-related issues (Stevenson, 1995). Stevenson (1995) stated, "The earlier they [children] have this foundation upon which to build, the stronger they will be when forced to face the losses every life, and death, brings" (p. 99). However, caution must be taken in tailoring the implementation of death education to the children's age and level of cognitive understanding (Hopkins, 2002; Webb, 2002a). There are many current resources available to facilitate death education at all levels (Stevenson, 1995).

Death education may also help children who have already suffered bereaved from a significant person express their loss and grief. Intervention and postvention death education can benefit children by offering them the following: factual knowledge about the death; an opportunity to communicate their thoughts and feelings about their loss; and insight into effective methods and resources available for coping with death and grief (Leenaars & Wenckstern, 1996). Parents, due to being overwhelmed by their own grief, may inadvertently deny or overlook their child's grief. In addition, many children receive the message that death and grief are topics that upset others and are not to be discussed openly (Davies, 2002; Webb, 2002a). This inability to discuss the death of a loved one at home can complicate the grieving process and leave children with unresolved grief that negatively effects their later development (Davies, 2002; Webb, 2002a).

Adults' misconceptions regarding children's inability to understand death and grieve also leads to children feeling their grief is minimized. Children are capable of

understanding death and experiencing grief, but the way they express grief may differ from adults. For example, children may less frequently exhibit their emotions externally and may tend to withdraw more than adults. However, recent research has indicated that children's internal responses to grief are similar to adults' responses (Jarolmen, 1998; Silverman & Worden, 1992; Wass, 1997). Children often suffer many of the same somatic and cognitive-affective reactions as adults, including sleep and digestive disturbance, uncontrolled sobbing, shock, confusion, distress, and losses in self-esteem (Wass, 1997). In fact, previous research indicates that children's grief responses to death are as strong or stronger than adults' responses (Jarolmen, 1998). For example, Jarolmen (1998) demonstrated that children had more intense and longer grief responses than their adult counterparts in response to the death of a pet. Therefore, this study demonstrated that young children grieve a loss with significant intensity and that the loss of a pet can have a significant impact on a child. Consequently, to help avoid problems associated with unresolved grief, teachers should never ignore or minimize any loss that occurs in a child's life (Hopkins, 2002; Jarolmen, 1998; Stevenson, 1995).

It is important that teachers realize the negative impacts that unresolved grief can have on a child's school performance. These negative outcomes include: increased feelings of anxiety, stress, physical and emotional fatigue, somatic complaints, acting-out behaviors, absenteeism, emotional numbing, impaired memory and/or ability to concentrate, and poor academic performance (Stevenson, 2002). Children's grief may also manifest itself through apathy, loss of interest in previously enjoyable activities, behavior problems, violence, self-injury, asking repeated questions, spreading rumors, and inappropriate humor. Furthermore, these manifestations of grief may not surface until

years after the death of the loved one. This may result in educators not connecting the child's behaviors to unresolved grief. It is therefore important that educators know which students have suffered bereavement and have an understanding of the grief patterns and manifestations commonly displayed by children (Stevenson, 1995). Teachers should also be aware of their ability to help students work through their grief by providing them with a safe and supportive environment where they can express their thoughts and feelings (Aldrich, 1993; Crase & Crase, 1995). Through the opportunity to discuss death and grief at school, children can acquire new insights on death and begin the healing process (Davies, 2002; Webb, 2002c).

Death Education for Adolescents

Adults often contend that adolescents should not have to be burdened with the realities of death presented through death education; yet, death is an unavoidable reality for a majority of adolescents (Stevenson & Stevenson, 1996). According to the U.S. Census Bureau (cited in Stevenson and Stevenson 1996), one out of every 1,000 high school aged persons will die each year. In addition to losing a peer, adolescents are also affected by parental, sibling, celebrity, and school faculty deaths. Adolescents therefore differ not in their exposure to death and loss, but rather in their ability to cope with death-related issues. Difficulties in coping with grief may result in emotional and behavioral problems for adolescents. These problems may include: a decrease in attention span and memory difficulties; lower academic achievements and self-confidence; disruptive and violent behaviors; absenteeism; somatic complaints; withdrawal from previously enjoyable activities; alcohol and drug abuse; apathy; altered relationships; and feelings of anger, guilt, and sadness (Stevenson & Stevenson, 1996). Adolescents cannot be shielded

from experiencing death and loss; however, death education can help adolescents cope more effectively with the death, dying, loss, and grief (Stevenson & Stevenson, 1996). In our society we administer immunizations to protect people against diseases that when contracted are difficult to treat. Similarly, "death education can be viewed as a form of intellectual, emotional, and psychosocial immunization" (Stevenson & Stevenson, 1996, p. 249).

Adolescents, due to their level of emotional and psychological development, may experience additional challenges in coping with death and grief. During adolescence, individuals commonly struggle with developmental issues related to establishing a stable sense of personality (Corr, 1995), finding their identity, and maintaining interpersonal relationships (Wass, 1997). These developmental issues can exacerbate the difficulties adolescents experience in resolving death-related issues (Wass, 1997). However, through death education, teachers can offer beneficial support to adolescents as they strive to understand the meaning of death and to gain insight into coping with death-related issues. Most adolescents have a mature understanding of death and grief and therefore benefit from a teacher who engages them in a mutual exchange of concerns, reactions, and coping processes. This type of environment will result in students experiencing an effective balance between support and the freedom to express themselves (Corr, 1995).

Stevenson and Stevenson (1996) indicated that the two most common benefits of death education reported by high school students who have completed a death education course, is a decrease in fear and anxiety and an increase in communication regarding death and dying. In our society, adolescents often receive the message that death is not a topic that can be discussed. Wass, Raup, and Sisler (1989) indicated that 80 % of

adolescents "never or seldom talk to their parents about death" and approximately two-thirds of adolescents "never or seldom talk to their peers" about death (p. 169). However, an opportunity to openly discuss death-related issues, in a safe and nonjudgmental environment, can facilitate adolescents in learning to more effectively cope with death and grief (Schachter, 1991-1992). Through discussing their feelings associated with death and dying, students reported a decrease in their fears and anxieties regarding death (Stevenson & Stevenson, 1996). However, Stevenson and Stevenson (1996) contend that the goal of death education is not to eliminate student fears and anxieties regarding death, but rather to afford students the knowledge necessary to discuss issues related to death, dying, loss, and grief on a non-threatening level. The ability to discuss death-related issues is important in helping adolescents avoid the negative effects of unresolved grief. Stevenson and Stevenson (1996) indicated that unresolved grief is a major contributing factor to adolescent depression, suicide, and violence. Therefore, through increasing knowledge and awareness, death education can play an important role in preventing adolescent depression, suicide, and violence (Jones, Hodges, & Slate, 1995; Stevenson & Stevenson, 1996).

Advanced planning and discussion regarding implementing intervention and postvention death education with adolescents is extremely important because adolescents' deaths are often "unexpected and nonnormative" (Hill &Foster, 1996, p. 250). The three leading causes of death for adolescent aged individuals are car accidents, suicides, and homicides (Corr, 1995; Schachter, 1991-1992). Research has shown that it is more difficult for adolescents to cope with these types of deaths. Therefore, death-related interventions are essential with adolescents to prevent adverse emotional impacts

and behavioral consequences, such as suicide and post-traumatic stress disorder. Consequently, it is essential that a plan involving all school staff is prepared in advance to deal with death in the school community (Hill & Foster, 1996; Stevenson, 2002; Westmoreland, 1996).

Teachers commonly contend that if adolescents need help dealing with bereavement and grief, they will approach a school staff for help (Mahon, Goldberg, & Washington, 1999). However, adolescents will not always ask for help. This is especially true when adolescents have received the message from parents, peers, and school staff that death and grief are not subjects that can be comfortably and openly discussed. Therefore, through death education, teachers can help adolescents cope with death-related issues by giving them the opportunity to openly discuss their feelings, fears, and anxieties related to death, dying, loss, and grief (Schachter, 1991-1992).

Implementation of Death Education in Public Schools

There is a tremendous amount of misunderstanding that currently exists within the public school system regarding death education. Mahon, Goldberg, and Washington (1999) demonstrated that many teachers are apprehensive about implementing death education. Teachers' apprehension surrounds their uncomfortable feelings and lack of training on death-related issues, as well as their fears of discussing religious issues with students (Mahon, Goldberg, & Washington, 1999). Teachers are also sensitive to the cultural and societal resistance to teaching children about death, and fear that the parents and/or administrators will not support discussing these issues (Metzgar & Zick, 1996).

Many teachers also have the notion that students have other sources of support to help them through their grief, such as their parents (Mahon, Goldberg, & Washington,

1999). However, many parents, due to their own difficulties in working through grief, are unable to offer adequate support to their children (Schwab, 1997). Furthermore, many teachers assume that if students are having difficulties with grief, they will seek out help at school. However, many children and adolescents who need assistance in working through grief will not approach a teacher or school counselor for help. Children and adolescents may receive messages from family and friends that death and grief are uncomfortable and unacceptable topics of discussion. As a result, students may feel uncomfortable approaching adults at school about these issues. Therefore, it is beneficial for students to have teachers who are comfortable with approaching students and discussing these issues (Mahon, Goldberg, & Washington, 1999).

Controversy Regarding the Benefits of Death Education

Research indicates that a controversy exists regarding the effectiveness of death education implemented at the university level. Some previous research indicates that death education should be re-evaluated because it may actually increase an adult's level of anxiety and fears regarding death-related issues (Knight & Elfenbein, 1993; Maglio & Robinson, 1994). However, other studies indicate that death education may appear to increase death anxiety due to covert fears and anxieties becoming more overt (Hayslip & Galt, 1993-1994; Servaty & Hayslip, 1996-1997). Through death education, individuals may unveil covert death anxieties and fears that had previously been hidden by denial. This heightened awareness, although seemingly increasing an individual's overt level of death anxieties and fears, may result in positive behavior changes for the participants. These positive behavior changes may include an increased ability to express, confront, and discuss death-related issues (Hayslip & Galp, 1993-1994; Heuser, 1995; Servaty &

Hayslip, 1996-1997). Furthermore, these positive behavior changes may result in long-term positive effects by increasing an individual's ability to effectively express his/her feelings and cope with death and grief in the future (Hayslip & Galp, 1993-1994; Heuser, 1995). Hayslip and Galp (1993-1994) argue that to effectively facilitate students in learning to cope with death and grief, teachers need to have an awareness of their own covert death anxieties and fears. Consequently, completing a university level course in death education could benefit teachers by increasing their awareness of their death anxieties and fears.

There is currently a lack of research on children's level of death anxiety in relation to death education (Glass, 1990; Wass, 1997). Wass (1997) indicated that there are no instruments to evaluate death anxieties and fears in children and adolescents. Furthermore, even if such instruments existed, it seems implausible that these instruments could be used ethically with children and adolescents (Wass, 1995). Nevertheless, there is some previous research investigating children's level of death anxiety and fears in relation to death education curriculum. A majority of these studies utilize qualitative and subjective data; such as that obtained through student interviews. However, one study by Glass (1990) utilized a standardized instrument to measure death anxiety and fears in relation to death education for middle school and high school students. The standardized instrument, the Collett-Lester (1969) Fear of Death Scale, utilized in this study was not designed specifically for adolescents (as cited in Glass, 1990). This study indicated that no significant difference in death anxiety and fears occurred between the adolescents who had received death education and those who had not. However, both of these groups experienced a significant decrease in death anxiety and fears between the pretest and

posttest measurements. The results of this study were confounded by numerous

methodological problems (Glass, 1990). There is however numerous research studies that

support the implementation of death education curriculum through subjective information

obtained from students, parents, and school staff (Edgar & Howard-Hamilton, 1994;

Jones, Hodges, & Slate, 1995; Stevenson, 1990; Stevenson & Stevenson, 1996; Weeks &

Johnson, 1992). Some of the benefits of death education outlined in these studies include:

a decrease in death anxiety and fears (Stevenson & Stevenson, 1996); a deeper

understanding of death-related issues; and an increased ability to express and cope with

death and grief (Stevenson, 1990; Stevenson & Stevenson, 1996; Weeks & Johnson,

1992).

Importance of Teacher Training in Death Education

Although previous research indicates that death education curriculum has a

positive impact on students, there are a certain amount of risks involved in implementing

death education because of the strong emotions involved in such coursework.

Professional standards have been established to protect students and help teachers

effectively implement death education. For example, the Association for Death Education

(ADEC) has established a code of ethics and standards for death educators and

counselors; and the International Work Group on Death, Dying, and Bereavement (IWG)

has established basic assumptions and principles necessary for implementing death

education. It is especially important to abide by these professional standards when

working with children and adolescents (Wass, 1997). Therefore, it is critical that teachers

receive an adequate amount of training prior to implementing a death education program

(Aldrich, 1993; Stevenson & Stevenson, 1996).

Teacher training is an important aspect for successfully implementing a death education program that will benefit the students. For example, school staff must have sufficient training on how to effectively address death-related issues and safely facilitate students in expressing their concerns related to these issues (Schachter, 1991-1992; Stevenson & Stevenson, 1996). In addition, training in death education will help educators overcome their own resistance to death-related topics. Research has shown that teachers who are comfortable with death-related issues, will feel more competent implementing death education with children (Aldrich, 1993). Teachers, at a minimum, should be knowledgeable of the warning signs that may indicate a student requires a referral to outside resources for help with his/her grief (Schachter, 1991-1992; Stevenson & Stevenson, 1996). Some warning signs include: "suicidal hints, psychosomatic problems, difficulties with schoolwork, nightmares or sleep disorders, changes in eating patterns, and temporary regressions" (Webb, 2002b, p. 23).

Training on death-related issues can also assist teachers in becoming more knowledgeable about children's cognitive abilities to understand death. There are four basic concepts related to death that children acquire as they mature. These include universality, irreversibility, non-functionality, and personal mortality. Current research indicates that children typically understand the concept of death as being a different state than living by the age of three. Furthermore, children typically acquire some knowledge of the basic concepts related to death between the ages of five and seven, and a complete understanding of these concepts between the ages of seven and ten. Furthermore, children's understanding of death-related issues is effected by numerous other factors, including cognitive development, intelligence, nationality, prior death-related

experiences, and health status (Kenyon, 2001; Speece & Brent, 1996). Therefore, it is important for teachers to receive training on children's conceptions of death and how these conceptions are effected by many interrelated variables. Through their knowledge of these developmental factors, teachers will increase their ability to effectively help children acquire an understanding of the basic death-related concepts. An understanding of these basic death-related concepts will improve children's future understanding and ability to cope with death-related issues (Schonfeld & Kappelman, 1992).

Training is also important to facilitate teachers in becoming aware of cultural issues related to death education. Children from different cultural backgrounds may have different conceptions of death, ways of expressing grief, and roles in family death and funeral customs. It is important that teachers avoid making conclusions about different cultural beliefs. They should instead ask questions and allow the students to share their experiences and feelings. In addition, when implementing death education curriculum, it is important to include books and films that adequately represent many cultures' death-related perceptions, rituals, and emotional expressions. Death education implemented in a culturally sensitive manner will benefit children of all cultural backgrounds (Irish, 1995).

Lack of Teacher Training in Death Education

Previous research indicates that 60% of teachers believed that death education in the public schools was moderately to very important (Reid & Dixon, 1999); however, few public schools currently implement death education programs (Wass, 1990). The lack of teacher training on death-related issues is a major contributing factor to the lack of death education implementation (Kruel, 1999; Mahon, Goldberg, & Washington, 1999; Reid & Dixon, 1999). Reid and Dixon (1999) indicated that 12% of teachers have

participated in a university level course on death and dying, 12% have received academic training on children's understanding of death, and 14% feel that their training afforded them the knowledge necessary to discuss death and dying with their students. Kruel (1999) indicated that only 3% of teachers had received formal death education training at the university level. This concurs with Weeks (1989), who demonstrated that 2% of teachers currently received death education training through a university level course. Mahon, Goldberg, and Washington (1999) argue that the lack of death education in the public schools is a result of the lack of understanding and knowledge regarding childhood bereavement and the skills necessary to help students through death and grief. Therefore, it is important that teachers receive the information and training necessary to adequately understand the complexities and implications of childhood bereavement, and effectively implement death education curriculum (Mahon, Goldberg, & Washington, 1999).

Furthermore, research indicates that teachers do not feel prepared by their academic training to handle death and grief. Reid and Dixon (1999) indicated that only 18% of teachers felt adequately prepared by their academic training to implement death education. Moreover, 51% of teachers felt that their academic training prepared them to not at all or minimally handle death-related issues as they arise in the classroom (Reid & Dixon, 1999). Mahon, Goldberg, and Washington (1999) indicated that only one-third of teachers felt qualified to discuss death with students; however, almost 82% of teachers indicated they were interested in receiving additional training on helping children through grief. This concurs with Cullinan (1990), who indicated that 89% of teachers thought they should be offered training specifically on death education. Therefore, a majority of

teachers indicate that they should receive more death education training; yet, the percentage of teachers who receive this training has remained relatively low.

Furthermore, 50% of teachers feel death education should be a part of a school's curriculum; however, few indicate that it should be taught in their area of expertise. Therefore, at least one-half of teachers currently feel death education is important; but few feel comfortable with having the responsibility of such a curriculum (Mahon, Goldberg, & Washington, 1999). If teachers were offered more training in implementing death education programs, they may feel more interested in and comfortable with becoming involved with this type of curriculum.

Summary

This chapter discussed the numerous benefits of death education in public schools. Through death education children and adolescents can gain a deeper understanding of death-related issues that may result in their being able to more effectively cope with grief and bereavement. In addition, death education allows children and adolescents to share their thoughts and feelings in regards to death and grief. This process of openly sharing their thoughts and feelings in a supportive environment can hold many therapeutic benefits. Children and adolescents both may experience numerous negative emotional and behavioral effects from unresolved grief. Furthermore, many of these emotional and behavioral effects can negatively effect students' school performance.

It is therefore important that teachers become aware of how they can help students more effectively cope with grief and bereavement, and avoid the negative effects that unresolved grief could have on students' school performance. Unfortunately, a majority

of teachers do not receive death education training and consequently few schools

implement comprehensive death education programs.

CHAPTER THREE

Methodology

Introduction

This chapter will provide a description of the participants and how they were selected. In addition, this chapter will discuss the instrumentation, and the procedures for data collection and data analysis utilized in this study. The chapter will conclude with a discussion of the methodological limitations of this study.

Selection and Description of the Sample

All teacher educators from five Wisconsin universities were selected to participate in this study. A cluster sample was utilized to identify potential participating universities. The researcher contacted all four-year public universities in Wisconsin to determine the current number of teacher educators per education department. The universities were then clustered based on their current number of teacher educators. The cluster of universities that had between 20 and 60 teacher educators were chosen to participate in this study. Choosing universities with this number of teacher educators resulted in an adequate sample size and a sample that was geographically quite evenly distributed. This cluster of five universities had locations in northwestern, southwestern, northeastern, and southeastern Wisconsin. This cluster sample consisted of 223 teacher educators.

 Instrumentation

There was no current instrument developed to meet the specific needs of this study. Consequently, an original survey was designed for this study. A survey was constructed utilizing the information gathered in the literature review. In addition, the survey was conducted utilizing knowledge about effective survey methods. The survey

was two pages long and consisted of checklists, Likert scale items, and short answer responses. Since this instrument was constructed specifically for this study, there are currently no available measures of validity or reliability. A pilot study was conducted at a university in northwestern Wisconsin to check the clarity and functionality of this survey. Five teacher educators participated in this pilot study and the survey was edited based on their feedback, see appendix A for the survey.

Data Collection

Department Chairs at the five selected universities were contacted to gain permission to conduct research and acquire the professor's names and work addresses. Surveys were sent to 223 teacher educators. One university requested the surveys be sent directly to the teacher educators. The other four universities allowed the surveys to be bulk-mailed to their Education Department and placed in the faculty's department mailboxes by the department chairs' secretaries. A cover letter was included with the survey to explain the intent of the study and gain informed consent from the participants. A copy of the cover letter and consent form is located in Appendix B. Teacher Educators were also sent prepaid envelopes to return their survey responses. To maintain anonymity and confidentiality no coding systems were utilized to identify participants.

Data Analysis

Data was analyzed using SPSS-X, a computerized statistical program. The data was ordinal and nominal in nature. All appropriate descriptive and inferential statistics were utilized to analyze the data. Frequency counts, percentages, mean, median, and standard deviations were calculated appropriately for all survey items. For survey items one through eleven a chi-square analysis was run between all other survey items. In

addition, t-tests were run on items 2 through 11 with items 12 through 16. Lastly, a

Pearson Correlation Coefficient Matrix was run on all combinations of survey items 12

through 16.

Limitations

One limitation of this study was that the research instrument had no measures of

reliability or validity. However, the pilot study did provide information about the clarity

and functionality of this instrument. In addition, participants were chosen from five

universities located in northwestern, southwestern, northeastern, and southeastern

Wisconsin. Therefore, the results of this study may not generalize to other areas of the

country. Also, all participating universities in the cluster sample had between 20 and 60

teacher educators and were public universities. Consequently, results may not generalize

to universities that are private or have a different number of teacher educators. Since this

was a self-report instrument, another limitation is that the participants may not have

responded openly and honestly or may have presented biased perceptions. Furthermore,

not all selected participants returned the survey and therefore the resulting sample may

not adequately represent the chosen population.

CHAPTER FOUR

Results

Introduction

This chapter will provide demographic information about the participants. In addition, this chapter will present an item analysis for item three and items 5 through 16. Lastly, this chapter will conclude with the presentation of the research results in relationship to the five initially stated research questions.

Demographic Information

The survey was mailed to 223 teacher educators in October of 2002. Of the 223, 73 participants returned their survey. This resulted in a 33% return rate.

Of the 73 participants, 25 (34.2%) were males and 47 (64.4%) were females. One participant did not indicate their gender. Approximately 45% of the participants (n=33) had teaching experience at the elementary school level that ranged from 1 to 26 years. Of these 33 participants, 15 participants (45.4%) had five or less years of experience, 11 participants (33.3%) had between 6 and 10 years of experience, and seven participants (30.3%) had over 10 years of teaching at the elementary school. Forty-one percent of the participants (n=30) had teaching experience at the middle school level that range from 1 to 20 years. Of these 30 participants, 19 participants (63.3%) had five or less years of experience, five participants (16.7%) had between 6 and 10 years of experience, and six participants (20%) had more than 10 years on teaching experience at the middle school level. Roughly 47% of the participants (n=34) had teaching experience at the high school level that ranged from 1 to 18 years. Of these 34 participants, 23 participants (67.6%) had five or less years of experience, eight participants (23.5%) had six to ten years of

experience, and three participants (8.8%) had more than ten years of experience teaching at the middle school level. Ninety-two percent of the participants (n=67) indicated they had teaching experience at the post-secondary level that range from 1 to 37 years. Of these 67 participants, 19 participants (28.4%) had five or less years of experience, 17 participants (25.4%) had between 6 and 10 years of experience, and 31 participants (46.3%) had more than ten years of teaching experience at the post-secondary level. Six participants (8.2 %) did not properly indicate their years of teaching experience. Total years experience included elementary, middle, secondary, and post-secondary teaching experience. Twenty-three (31.5%) of the participants had between 1 and 14 total years of experience, 23 (31.5%) of the participants had between 15 and 24 total years of experience, 21 (28.8%) had 25 to 58 total years of experience. Total years experience was divided into these three groups in order to yield equal sample sizes for statistical analyses.

Eleven percent of the participants (n=8) had some formal death education training and 89% of the participants (n=65) had no formal death education training. Of these eight participants that had formal death education training, three participants (4.1%) had four hours of workshop training, one participant (1.4%) had six hours of workshop training, one participant (n=1.4%) had 12 days of seminar training, and two participants (2.7%) had taken three college credits. One participant (n=1.4%) did not indicate the type of training they received.

Item Analysis

Item four asked "Would you be interested in receiving additional formal death education training?" On this item, 17.8% of the participants (n=13) answered yes and

79.5% of the participants (n=58) answered no. Two participants (2.7%) did not respond to this question.

Item five asked "In the college courses that you teach, do you currently include death education in your curriculum?" On this item, 4.1% of the participants (n=3) answered yes and 95.9% of the participants (n=70) answered no. The second part of this question stated "If yes, please list the courses and the number of hours spent implementing death education curriculum. The participants that stated they implemented death education indicated they did so between one and two hours, in the following classes: High Level Wellness, Special Education, and Curriculum Methods for Cognitive Disabilities and Multiple Disabilities.

Item six asked "Are other courses offered outside the education department on death education that are encouraged or required within your education program?" On this item, 4.1% of the participants (n=3) answered yes and 82.2% of the participants (n=60) answered no. The second part of this item stated "If yes, please list the departments that offer these courses". Of the three participants that indicated yes on this item, two stated the sociology department and one did not respond.

Item seven asked "If you do not implement death education into your curriculum, what are your reason(s)?" There were five options to choose from, they included the following: "lack of training in death education, lack of comfort with this subject matter, too much other academic material to cover, it is unnecessary, and other". Participants were instructed to indicate as many as appropriate. The results were as follows: 18.6% (n=13) indicated a lack of training, 2.9% (n=2) indicated lack of comfort with the subject matter, 44.1% (n=31) indicated too much other academic material to cover, 22.9% (n=16)

indicated in is unnecessary, and 27.1% (n=19) indicated other. Reasons listed under other included:

>*"not part of approved curriculum, material not appropriate or irrelevant, cultural*
>
>*differences in subject matter, should be left to families or churches, too many*
>
>*varying perspectives to due justice, have not thought about, and do not know what*
>
>*death education is."*

Item eight asked "Should death education curriculum be implemented in public schools?" On this item, 53.4% of the participants (n=39) answered yes and 37% (n=27) answered no. Seven participants (9.6%) did not respond to this item. The second part of this item stated "If yes, at which level(s)?" The following choices were provided "elementary school, middle school, and high school". Of the 39 participants that answered yes on this item, two (5.2%) indicated elementary school, 2 (5.2%) indicated middle school, eight (22.5%) indicated high school, three (7.7%) indicated both elementary and middle school, five (12.8%) indicated both middle and high school, and 16 (41%) indicated elementary, middle, and high school. Three participants (7.7%) that answered yes to this item did not indicate a level.

Item nine asked "Should public school teachers be responsible for implementing death education curriculum?" On this item, 31.5% of the participants (n=23) answered yes and 58.9% of the participants (n=43) answered no. Seven participants (9.6%) did not respond to this item. The second part of this item stated "If yes, at which levels(s)?" The choices given were "elementary school, middle school, and high school". Of the 23 participants that answered yes to this item, three (13%) indicated elementary school, one (4.3%) indicated middle school, four (17.4%) indicated high school, one (4.3%) indicated

elementary and middle school, three (13%) indicated middle and high school, and ten (43.5%) indicated elementary, middle, and high school. One participant (4.3%) that answered yes to this item did not indicate a level.

Item 10 asked "If you do not feel public school teachers should have the responsibility of implementing death education curriculum, what are your reason(s)?" There were five options to choose from, they included the following: "too much other academic material to cover, this subject should be handled at home, should be handled by the school counselor, teacher do not receive enough training in this subject, and other". The results were as follows: 46.5% (n=20) indicated too much other academic material to cover, 37.2% (n=16) indicated this subject should be handled at home, 83.7% (n=36) indicated should be handled by the school counselor, 62.8% (n=27) indicated teachers do not receive enough training in this area, and 14% (n=6) indicated other. Reasons listed under other included:

> *"should be handled through church and other religious education opportunities, comfort level, not necessary as a full unit of study, adults fears may be transmitted to children, do not know what death education is, should be a community-wide effort, and teachers already have too many other expectations placed on them."*

Item 11 asked "Do you feel that teachers should receive more death education training?" On this item, 52.1% of the participants (n=38) answered yes and 41.1% of the participants (n=30) answered no. Five of the participants (6.8%) did not respond to this item.

Item 12 stated "Death education implemented in public schools is important: not at all, minimally, moderately, significantly, or extremely". On this item, 8.2% (n=6)

indicated not at all, 38.4% (n=28) indicated minimally, 20.5% (n=15) indicated

moderately, 23.3% (n=17) indicated significantly, and 4.1% (n=3) indicated extremely.

Four participants (5.5%) did not respond to this item. The mean of this item was 2.75.

Item 13 stated "Death education will help reduce the number of emotional and

behavioral problems experienced by bereaved students: not at all, minimally, moderately,

significantly, or extremely". On this item, 5.5% (n=4) indicated not at all, 32.9% (n=24)

indicated minimally, 28.8% (n=21) indicated moderately, 24.7% (n=18) indicated

significantly, and 2.7% (n=2) indicated extremely. Four participants (5.5%) did not

respond to this item. The mean of this item was 2.86.

Item 14 stated "Bereavement adversely effects students' school performance: not

at all, minimally, moderately, significantly, or extremely." On this item, 8.2% (n=6)

indicated minimally, 26% (n=19) indicated moderately, 52.1% (n=38) indicated

significantly, and 6.8% (n=5) indicated extremely. Five participants (6.8%) did not

respond to this item. The mean of this item was 3.62.

Item 15 stated "Death education will improve students' ability to cope effectively

with grief: not at all, minimally, moderately, significantly, or extremely". On this item,

2.7% (n=2) indicated not at all, 26% (n=19) indicated minimally, 32.9% (n=24) indicated

moderately, 27.4% (n=20) indicated significantly, and 1.4% (n=1) indicated extremely.

Seven participants (9.6%) did not respond to this item. The mean of this item was 2.98.

Item 16 stated "It is public school teachers' responsibility to implement death

education: not at all, minimally, moderately, significantly, or extremely". On this item,

30.1% (n=22) indicated not at all, 35.6% (n=26) indicated minimally, 16.4% (n=12)

indicated moderately, and 13.7% (n=10) indicated significantly. Three participants (4.1%) did not respond to this item. The mean of this item was 2.14.

Research Questions

Research Question Number One. "What are teacher educators' attitudes and perceptions regarding the implementation of death education curriculum in K-12 public schools?

This research question was addressed specifically by survey items 8 and 12. A chi-square analysis was run between item eight and all other survey items. Results suggested a significant relationship between participants' gender and their attitudes towards the implementation of death education in public schools, χ^2 (1, $\underline{N}$ = 65) = 4.420, $\underline{p}$ < .05. A chi-square analysis indicated that females were significantly more likely than males to feel that death education should be implemented in public schools.

Results also indicated a significant relationship between participants' interest in receiving additional death education training and their attitudes towards the implementation of death education in the public schools, χ^2 (1, $\underline{N}$ = 65) = 4.577, $\underline{p}$ < .05. A chi-square analysis revealed that individuals interested in receiving additional death education training were significantly more likely to feel that death education should be implemented in public schools.

There also was a significant relationship between participants' attitudes towards the implementation of death education in public schools and their reason for not implementing death education in their curriculum, χ^2 (1, $\underline{N}$ = 65) = 5.328, $\underline{p}$ <. 05. A chi-square analysis indicated that individuals who thought death education should not be

implemented in public schools were significantly more likely to indicate that they did not

implement death education into their curriculum because it is unnecessary.

    Another significant relationship was found between teacher educators' attitudes

regarding the implementation of death education in public schools and their attitudes

about public school teachers' responsibility to implement death education, χ^2 (1, $\underline{N}$ = 64)

= 21.077, $\underline{p}$ <. 001. A chi-square analysis implied that participants' that felt death

education should be implemented in the public schools were significantly more likely to

feel that public school teachers are responsible to implement death education.

    Lastly, there was a significant relationship found between teacher educators'

attitudes towards the implementation of death education in public schools and their

reasons for why public school teachers are not responsible to implement death education.

According to the chi-square analysis, participants who felt that death education should

not be implementing in public schools were significantly more likely to give certain

responses to why public school teachers were not responsible to implement death

education. First, these individuals were significantly more likely to feel that public

teachers are not responsible to implement death education because of the following: they

had too much other academic material to cover, χ^2 (1, $\underline{N}$ = 66) = 4.073, $\underline{p}$ <. 05; this

subject should be handled at home χ^2 (1, $\underline{N}$ = 66) = 16.813, $\underline{p}$ <. 001; and it should be

handled by the school counselor χ^2 (1, $\underline{N}$ = 66) = 3.835, $\underline{p}$ <. 05.

    Utilizing an independent groups t-test, participants' responses to item eight were

compared to years of teaching experience and items 12 through 16. Results indicated a

significant difference between groups' responses to item eight and their total years of

experience, $\underline{t}$ (58) = -2.435, $\underline{p}$ < .05. Teacher educators' who felt death education should

be implemented in public schools ($M = 17.31$, $\underline{SD} = 8.29$) had significantly less total years of teaching experience than teacher educators who felt that death education should not be implemented in public schools ($\underline{M}$ 23.64, $\underline{SD} = 11.85$).

When utilizing an independent groups t-test on participants' responses to item eight, there were also significant between group differences found on five-point Likert items 12, 13, 15, and 16. First, a t-test analysis revealed significant between group differences were found on item 12; which investigated teacher educators' views about the importance of death education being implemented in the public schools, $\underline{t}$ (60) = 10.721, $\underline{p} < .001$. Teacher educators who thought death education should be implemented in public schools, found death education being implemented in the public schools ($\underline{M}$ 3.46, $\underline{SD} = .82$) as significantly more important than the teacher educators who thought that death education should not be implemented in public schools ($\underline{M}$ 1.75, $\underline{SD} = .44$).

Item 13 investigated teacher educators' attitudes towards death education's ability to help reduce the number of emotional and behavioral problems experienced by bereaved students. Teacher educators who thought that death education should be implemented in public schools ($\underline{M}$ 3.45, $\underline{SD} = .76$) had a significantly different mean on item 13 than the teacher educators who thought death education should not by implemented in public schools ($\underline{M}$ 2.12, $\underline{SD} = .71$), $\underline{t}$ (62) = 7.062, $\underline{p} < .001$. Therefore, individuals who felt death education should be implemented in public schools, tended to have a more positive view about death education's ability to reduce the emotional and behavioral problems experienced by bereaved children.

Item 15 investigated teacher educators' attitudes towards death education's ability to help students learn to cope effectively with grief. Teacher educators who thought that

death education should be implemented in public schools (M 3.50, SD = .65) had a

significantly different mean on item 15 than the teacher educators who thought death

education should not be implemented in the public schools (M 2.26, SD = .69), t (59) =

7.074, p < .001. Consequently, participants who felt death education should be

implemented in public schools tended to have a more positive view of death education's

capability to improve students' ability to cope effectively with grief.

 Item 16 investigated teacher educators' attitudes regarding teachers' responsibility

to implement death education. Teacher educators who felt that death education should be

implemented in public schools (M 2.74, SD = .98) had a significantly different mean on

item 16 than teacher educators who felt death education should not be implemented in

public schools (M 1.35, SD = .49), t (57) = 7.519, p < .001. Hence, participants who

thought that death education should be implemented in public schools tended to feel that

public school teachers were more responsible to implement death education.

 Research Question Number Two. "What are teacher educators' views of public

school teachers responsibilities to implement death education programs?

 This research question was address specifically by items 9 and 16. A chi-square

analysis was run between item nine and all other survey items. Results indicated that

there were significant relationships between item nine and other survey items. For

example, results indicated a significant relationship between participants' views of public

school teachers' responsibility to implement death education and their interest in

receiving additional death education training χ^2 (1, N = 65) = 6.299, p < .05. According

to the chi-square analysis, teacher educators who felt that teachers are responsible to

implement death education are significantly more likely to be interested in receiving
additional death education training.

Utilizing an independent groups t-test, participants were grouped in accordance to
their responses to item number nine and compared on years of teaching experience and
items 12 through 16. No significant between group differences were found when
comparing years of teaching experience. However, significant between group differences
were found on five-point Likert items 12, 13, 15, and 16. First, a t-test analysis revealed
significant between group differences were found on item 12; which investigated teacher
educators' views about the importance of death education being implemented in the
public schools $\underline{t}$ (61) = 6.558, $\underline{p}$ < .001. Participants who thought that public school
teachers were responsible to implement death education, found death education being
implemented in the public schools ($\underline{M}$ 3.65, $\underline{SD}$ = .88) as significantly more important
than participants who thought public school teachers were not responsible to implement
death education ($\underline{M}$ 2.23, $\underline{SD}$ = .80).

Item 13 investigated teacher educators' attitudes towards death education's ability
to help reduce the number of emotional and behavioral problems experienced by
bereaved students. Participants who thought that public school teachers were responsible
to implement death education ($\underline{M}$ 3.43, $\underline{SD}$ = .66) had a significantly different mean on
item 13 than participants who thought that public school teachers were not responsible to
implement death education ($\underline{M}$ 2.51, $\underline{SD}$ = .93), $\underline{t}$ (58) = 4.615, $\underline{p}$ < .001. Therefore,
teacher educators who felt public school teachers were responsible to implement death
education, tended to have a more positive about death education's ability to reduce the
emotional and behavioral problems experienced by bereaved children.

Item 15 investigated teacher educators' attitudes towards death education's ability to help students learn to cope effectively with grief. Teacher educators who thought public school teachers were responsible to implement death education ($\underline{M}$ 3.35, $\underline{SD}$ = .57) had a significantly different mean on item 15 than the teacher educators who thought public school teachers were not responsible to implement death education ($\underline{M}$ 2.74, $\underline{SD}$ = .92), $\underline{t}$ (58) = 3.195, $\underline{p}$ < .01. Consequently, participants' who felt public school teachers were responsible to implement death education tended to have a more positive view of death education's capability to improve students' ability to cope effectively with grief.

Item 16 investigated teacher educators' attitudes regarding teachers' responsibility to implement death education. Teacher educators who felt that public school teachers were responsible to implement death education ($\underline{M}$ 3.26, $\underline{SD}$ = .75) had a significantly different mean on item 16 than teacher educators who felt public school teachers were not responsible to implement death education ($\underline{M}$ 1.52, $\underline{SD}$ = .59), $\underline{t}$ (63) = 10.246, $\underline{p}$ < .001. Hence, participants who thought that public school teachers were responsible to implement death education on item 9 tended to indicate that public school teachers were more responsible to implement death education on item 16.

A Pearson correlation coefficient matrix was run on all combinations of total years of teaching experience and items 12 through 16. Item 16 was significantly correlated with items 12, 13, and 15. For example, results indicated a positive correlation between item 16 and 12, $\underline{r}$ = .818. Therefore, as participants' views of public school teachers' responsibility to implement death education increased, their views about the importance of death education implemented in public schools also tended to increase. Items 16 and 13 were also positive correlated, $\underline{r}$ = .623. As participants' views of public

school teachers' responsibility to implement death education increased, their views about death education's ability to reduce the number of emotional and behavioral problems that bereaved students experienced also tended to increase. Lastly, items 16 and 15 were positively correlated, $\underline{r}$ = .509. Consequently, as participants' views of public school teachers' responsibility to implement death education increased, their views of death education's capability to improve students' ability to cope with grief also tended to increase.

Research Question Number Three. "What kind of death education training is currently offered to teachers at the university level?"

This research question was specially addressed by items five, six, and seven. A chi-square analysis was run between item five and all other survey items. The results indicated that teacher educators that currently implement death education in their curriculum are significantly more likely to have had formal death education training, χ^2 $(1, \underline{N} = 73) = 4.887$, $\underline{p} <. 05$.

Utilizing an independent groups t-test, participants' responses to item five were compared to years of teaching experience and items 12 through 16. No significant results were found on items 12 through 16. However, results indicated a significant difference between participants' response to item five and their number of years teaching experience at the elementary school level, $\underline{t}$ (69) = -5.512, $\underline{p} < .001$. Overall, teacher educators who implemented death education in their curriculum ($\underline{M} = .00$, $\underline{SD} = .00$) had significantly less teaching experience at the elementary school level than teacher educators who did not implement death education in their curriculum ($\underline{M} = .3.73$, $\underline{SD} = .5.66$).

Research Question Number Four. "Do teacher educators feel that teachers should receive more training in implementing death education?'

This question was addressed by survey item 11. A chi-square analysis was run between item eleven and all other survey items. Results indicated significant relationships between item 11 and other survey items. First, results indicate a significant relationship between participants' views of teachers receiving additional death education training and their own interest in receiving additional death education training, χ^2 (1, $\underline{N} = 67$) = 5.114, $\underline{p} < .05$. A chi-square analysis indicated that teacher educators who felt that teachers should receive more death education training were significantly more likely to be interested in receiving additional death education training.

Results also indicated a significant relationship between participants' attitudes towards teachers receiving more death education training and their attitudes regarding the implementation of death education in public schools, χ^2 (1, $\underline{N} = 64$) = 24.385, $\underline{p} < .001$. According to the chi-square analysis, teacher educators who thought that teachers should receive more death education training were significantly more likely to feel that death education should be implemented in public schools.

Lastly, there was a significant relationship found between participants' attitudes about teachers receiving more death education training and their attitudes about public school teachers' responsibility to implement death education, χ^2 (1, $\underline{N} = 64$) = 24.313, $\underline{p} < .001$. A chi-square analysis implied that teacher educators who felt that teachers should receive more death education training were significantly more likely to feel that public school teachers are responsible for implementing death education.

Utilizing an independent groups t-test, participants' responses to item number nine were compared to years of teaching experience and items 12 through 16. No significant differences between group differences were found when comparing years of teaching experience. However, significant between group differences were found on five-point Likert items 12, 13, 15, and 16. First, a t-test analysis revealed significant between group differences on item 12; which investigated teacher educators' views about the importance of death education being implemented in the public schools t (63) = 7.216, p < .001. Participants who thought that teachers should receive more death education training, found death education being implemented in the public schools (M 3.37, SD = .94) as significantly more important than participants who thought teachers should not receive more death education training (M 1.96, SD = .64).

Item 13 investigated teacher educators' attitudes towards death education's ability to help reduce the number of emotional and behavioral problems experienced by bereaved students. Participants who thought teachers should receive more death education training (M 3.32, SD = .84) had a significantly different mean on item 13 than participants who thought teachers should not receive more death education training (M 2.31, SD = .85), t (65) = 4.825, p < .001. Therefore, teacher educators who felt teachers should receive more death education training, tended to have a more positive about death education's ability to reduce the emotional and behavioral problems experienced by bereaved children.

Item 15 investigated teacher educators' attitudes towards death education's ability to help students learn to cope effectively with grief. Teacher educators who thought teachers should receive more death education training (M 3.32, SD = .77) had a

significantly different mean on item 15 than the teacher educators who thought teachers should not receive more death education training ($\underline{M}$ 2.54, $\underline{SD}$ = .86), $\underline{t}$ (62) = 3.771, $\underline{p}$ < .001. Consequently, participants' who felt teachers should receive more death education training tended to have a more positive view of death education's capability to improve students' ability to cope effectively with grief.

Item 16 investigated teacher educators' attitudes regarding teachers' responsibility to implement death education. Teacher educators who felt teachers should receive more death education training ($\underline{M}$ 2.84, $\underline{SD}$ = .87) had a significantly different mean on item 16 than teacher educators who felt teachers should not receive more death education training ($\underline{M}$ 1.33, $\underline{SD}$ = .48), $\underline{t}$ (58) = 8.999, $\underline{p}$ < .001. Hence, participants who thought teachers should receive more death education training tended to indicate that public school teachers were more responsible to implement death education.

Research Question Number Five. "What are teacher educators' perceptions of the effects of bereavement on children's and adolescents' emotional and behavioral problems, as well as their school performance?"

This research question was specially addressed by items 13, 14, and 15. A Pearson correlation coefficient matrix was run on all combinations of total years of teaching experience and items 12 through 16. Item 13 was significantly positively correlated with items 12, 14, and 15. According to these results, as teacher educators' views of death education's ability to reduce the number of emotional and behavioral problems increased, their views of the importance of the implementation of death education as tended to increase, $\underline{r}$ = .727. In addition, as participants' views of death education's ability to reduce the number of emotional and behavioral problems increased,

their views of bereavements adverse effects on students' school performance also tended to increase, $\underline{r}$ = .303. Lastly, as teacher educators' views of death education's ability to reduce the number of emotional and behavioral problems increased, their views of death education's capability to improve students' ability to cope with grief also tended to increase.

Item 14 was significantly positively correlated to item 15. As teacher educators' views of the adverse effects of bereavement on students' school performance increased, their views of death education's capability to improve students' ability to cope with grief also tended to increase, $\underline{r}$ = .289.

Item 15 was significantly positively correlated to item 12. As teacher educators' view of death education's ability to improve students ability to cope with grief tended to increase, their views of the importance to death education implemented in public schools also tended to increase; $\underline{r}$ = .675.

CHAPTER FIVE

Discussion, Conclusions, and Recommendations

Introduction

This chapter will provide a discussion about the results presented in chapter four of this paper. In addition, this chapter will present conclusions based on the results of this study. Lastly, this chapter will conclude with recommendations for future research and practice in this area.

Discussion

This research indicates that teacher educators have varied attitudes about the implementation of death education in the public schools. Slightly over one-half (53.4%) of teacher educators in this study felt that death education should be implemented in the public schools. These results concur with previous research by Mahon, Goldberg, and Washington (1999) which indicated that 50% of teachers feel death education should be part of their school's curriculum. Furthermore, results of this study indicated that 50.7% of teacher educators felt death education was between moderately and extremely important. This also concurs with previous research that indicated 60% of teachers feel death education is moderately to very important. Consequently it appears that around one-half of teachers and teacher educators feel that the implementation of death education is important.

This research also indicates that teacher educators with fewer total years of teaching experience were more likely to support the implementation of death education in public schools. In addition, female participants in this study were more likely to support the implementation of death education in public schools. Previous research did not

indicate differences in teachers' attitudes towards death education based on years of experience or gender. Therefore, further research may be needed in these areas of determine what effects may exist.

Participants who thought death education should be implemented in public schools were also more likely to feel that teachers were responsible to implement death education. A majority of teacher educators (65.7%) indicated that public school teachers were not at all or minimally responsible to implement death education. The most common reasons given for why public school teachers were not responsible to implement death education were that this subject should be handled by the school counselor (83.7%), and that teachers do not receive enough training in this area (62.8%).

It is interesting that 83.7% of participants did not feel death education was the responsibility of the teacher because they believed that the counselor should handle this subject. Previous research indicates that all school staff plays an important role in death education, but that the teachers' role is vitally important and carries many benefits for the students (Reid & Dixon, 1999; Thornton & Krajewski, 1993; Wass, 1995). Therefore if educators adequately understood the important benefits of public school teachers' involvement in death education, there may be more interest and support for public school teachers taking responsibility in implementing death education.

It is also noteworthy that 62.8% of participants felt that teachers were not responsible to implement death education because they do not have adequate training in this area. These results are supported by other studies that have indicated that a lack of training in death education is a major contributing factor to the lack of death education implemented in public schools (Mahon, Goldberg, & Washington, 1999; Reid & Dixon,

1999; Wass, Miller, & Thornton, 1990). Therefore, teacher educators indicate that

teachers are not responsible to implement death education due to their lack of training.

Similarly, teachers indicate they are not comfortable implementing death education

because of their lack of training. However, the Mahon, Goldberg, Washington (1999)

study indicated that 82% of teachers were interested in receiving additional death

education training. Yet, almost all teacher educators in this study (95.9%) did not

implement death education into their curriculum. This may be correlated with the fact

that only 11% of public schools in this country implement preventative death education

curriculum (Wass, Miller, & Thornton, 1990). Therefore, it appears that K-12 teachers

implement death education slightly more than post-secondary teachers do; however,

implementation occurs at relatively low percentages in both cases. These results also

concur with previous research that indicated between two and three percent of teachers

had received any death education training (Kruel, 1999; Weeks, 1989). Therefore, despite

teachers' interest in and the benefits of death education training, it seems that little death

education training is currently being offered at the university level.

The greatest percentage of teacher educators (44.1%) indicated that they do not

include death education in their coursework because they have too much other academic

material to cover. Furthermore, participants who indicated that death education should

not be implemented in public schools were more likely to indicate that they did not

implement death education in their own curriculum because it is unnecessary. The

participants that did implement death education into their curriculum were significantly

more likely to have received training in death education. Therefore, it seems that

additional death education training may result in individuals viewing the implementation of death education in public schools as a more necessary and important.

In addition, the participants that implemented death education in their curriculum were less likely to have experience teaching at the elementary school level. These results may be related to previous research that indicates elementary school teachers are particularly reluctant to implement death education curriculum (Mahon, Goldberg, & Washington, 1999). Perhaps due to this reluctance, elementary school teachers would be less likely to seek out additional training in death education and consequently be less interested in implementing death education into their curriculum.

Teacher educators also demonstrated mixed attitudes regarding public school teachers receiving additional death education training. This research indicated that 52.1% of teacher educators thought teachers should receive additional death education training and 41.1% felt this training was unnecessary. Participants who felt that public school teachers should receive additional death education training were more likely to feel that death education should be implemented in public schools and that teachers were responsible to implement death education. Participants who were interested in receiving additional death education training were also more likely to feel that teachers should receive additional death education training, that death should be implemented in public schools, and that teachers were responsible to implement death education. Furthermore, participants who felt that death education should be implemented in public schools, participants who indicated that public school teachers were responsible to implement death education, and participants that felt teachers should receive more death education training had similarities in their responses. For example, all these groups were more

likely to feel that death education is important, reduces emotional and behavioral problems in bereaved students, and increases students' ability to cope with grief. These results emphasis the importance of educators receiving additional training about the benefits of death education. If educators received training about the benefits of death education, including decreased emotional and behavioral problems, increased ability to cope with grief, and improved school performance, than they may be more supportive of the implementation of death education.

A majority of teacher educators (86.4%) in this study felt that death education would reduce the number of emotional and behavioral problems in children minimally, moderately, or significantly. Participants responses in this area were fairly equally distributed between minimally (32.9%), moderately (28.8%), and significantly (24.7%). In addition, a majority of teacher educators (88.1%) felt that bereavement effected students' school performance either moderately (26%) or significantly (52.1%). Participants' responses to death education's ability to improve students' skills to cope effectively grief were also fairly evenly distributed between minimally (26%), moderately (32.9%), and significantly (27.4%). The more participants felt that death education helps reduce the number of emotional and behavioral problems experienced by bereaved students, the more they felt that: 1.) death education was important, 2). bereavement adversely effects school performance, and 3.) death education could improve students' ability to cope with grief. Also, the more adversely participants felt bereavement effected students' school performance the more they felt death education could improve students' ability to cope with grief. Lastly, the more participants felt that death education increased students' ability to cope with grief the more important they

found the implementation of death education in public schools. Consequently, teacher educators were more supportive of death education when they understood the positive effects of death education, including: decreasing emotional and behavioral problems experienced by bereaved students, improving bereaved students school performance, and increasing students ability to cope with grief. There is a tremendous amount of research presented in chapters one and two of this paper that demonstrate death education's ability to facilitate the positive effects mentioned above. Therefore, additional education in regards to this research may facilitate more positive views regarding the implementation of death education in public schools.

The greatest number of participants (43.5%) felt that death education should be implemented at the elementary, middle, and high school levels. Participants' second choice was the high school level (22.5%), and the third choice was the middle and high school levels (12.8%). These results were interesting given that previous research has indicated that elementary schools implement death education curriculum 50% less often than middle and high schools. Therefore, it was interesting that a large percentage of participants found the implementation of death education equally important at all three levels. However, this could have been the result of the participants' diversity of teaching experiences.

Conclusions

Approximately 50% of teacher educators feel death education should be implemented in public schools. In addition, a significant number of teacher educators indicated that death education could decrease emotional and behavioral problems, increase school performance, and increase students' ability to cope with grief. Yet, only

about 4% of the teacher educators implement death education into their curriculum. This seems related to the fact that a majority of teacher educators do not feel that teachers have a responsibility to implement death education. Rather a majority of teacher educators feel this is the responsibility of the school counselor. Therefore, teacher educators may implement death education training more if they were provided with additional information about the positive effects that may be experienced by the students when teachers take the responsibility to provide death education. School counselors can also provide important support; however, classroom teachers have contact with students on a consistent and daily basis. Therefore, through adequate death education training, teachers can become a very beneficial source of information and support for their students. Teacher educators that believe in the importance of death education in public schools and see teachers as an important component in implementing this education could facilitate death education training for teachers.

Furthermore, this research indicates that there may be a correlation between teacher educators' and K-12 teachers' opinions about death education. Results of this study and the results of previous studies done on K-12 teachers' attitudes regarding death education seem to have yielded similar results. Consequently, teacher educators' attitudes about the implementation of death education in public schools seems to be related to K-12 teachers' attitudes about the implementation in public schools. This research indicated that the more teacher educators understood the positive effects of death education on students, the more importance they placed on the implementation of death education, the more responsible they felt teachers were to implement death education, and the more they felt teachers should receive death education training. This is further demonstrated by the

fact that teacher educators in this study that implemented death education curriculum were significantly more likely to have received death education training.

Recommendations

If this study was repeated in the future, it may be beneficial to utilize a larger sample. The sample utilized in this study resulted in small comparison groups at times. Therefore, in order to make the results more representative and valid, it may be helpful to access a larger sample.

Also, future research could be benefited by more clearly defining death education in the cover letter. Many participants commented on their survey that the definition of death education in the cover letter was confusing. The goal of this study was to access teacher educators' attitudes and perceptions of death education in general, including any form of death education. However, in the future, for more precise results the focus should be on one clearly defined type of death education.

Future research on school counselor educators' attitudes and perceptions of death education would also be beneficial. It would be interesting to compare school counselor educators' and teacher educators' views. Also, surveying school counselors' attitudes and perceptions regarding death education would be beneficial. In this study, many teacher educators indicated that school counselors were responsible to implement death education in the public schools. Therefore, it would be interesting to see if school counselors receive more death education training and have different attitudes and perceptions about the implementation of death education in public schools.

It may also be important for future research to investigate differences in gender and total years of experience. These may be important factors to understand more clearly when implementing death education training.

Given the results of this study, it seems important that teacher educators are given additional information about the positive effects of death education implemented in public schools and the important role that K-12 teachers can play in that implementation. Additional training for teacher educators may be the most beneficial. It is possible that teacher educators' attitudes and perceptions about death education effect K-12 teachers' attitudes and perceptions. Therefore, if teacher educators begin to feel death education is important enough to include in their curriculum it is likely that K-12 teachers will follow.

Appendix A

Death Education Survey for Teacher Educators

The purpose of this survey is to gather information regarding the attitudes and perceptions of post-secondary teacher educators regarding death education training and curriculum. Death education curriculum is implemented to help students understand and cope with death, dying, loss, and grief.

Please place a (X) or write the appropriate number on the line next to your chosen responses.

1. Gender:
   ___ Male   ___ Female

2. Number of years teaching experience at each academic level:
   ___ Elementary School   ___ Middle School   ___ High School   ___ Post-Secondary

3. Have you had any formal death education training?
   ___ Yes   ___ No
      If yes, please answer the following:
      ___ Number of hours of workshops___ Number of days of seminars___ Number of college credits

4. Would you be interested in receiving additional formal death education training?
   ___ Yes   ___ No

5. In the college courses that you teach, do you currently include death education in your curriculum?
   ___ Yes   ___ No
      If yes, please list the courses and the number of hours spent implementing death education curriculum.

   Course: _____   Hours: _____
   Course: _____   Hours: _____
   Course: _____   Hours: _____

6. Are other courses offered outside the education department on death education that are encouraged or required within your education program?
   ___ Yes   ___ No
      If yes, please list the departments that offer these courses.

7. If you do not implement death education into your curriculum, what are your reason(s)?
   ___ Lack of training in death education   ___ It is unnecessary
   ___ Lack of comfort with this subject matter   ___ Other- please describe:
   ___Too much other academic material to cover   _____

Please continue on the next page.

Please place a (X) or write the appropriate number on the line next to your chosen responses.

8. Should death education curriculum be implemented in public schools?
    ___Yes   ___ No
       If yes, at which level(s)?
       ___ Elementary School   ___ Middle School   ___ High School

9. Should public school teachers be responsible for implementing death education curriculum?
    ___Yes   ___ No
       If yes, at which level(s)?
       ___ Elementary School   ___ Middle School   ___ High School

10. If you do not feel public school teachers should have the responsibility of implementing death
    education curriculum, what are your reason(s)?
    ___Too much other academic material to cover ___ Teachers do not receive enough training in this
                                                     subject
    ___This subject should be handled at home   ___ Other- please describe:
    ___Should be handled by the school counselor   _____

11. Do you feel that teachers should receive more death education training?
    ___ Yes   ___ No

Please place a (X) on the line next to one chosen response to each of the following statements.

12. Death education implemented in public schools is important:
    ___ Not at all   ___ Minimally   ___ Moderately   ___ Significantly   ___ Extremely

13. Death education will help reduce the number of emotional and behavioral problems experienced by
    bereaved students:
    ___ Not at all   ___ Minimally   ___ Moderately   ___ Significantly   ___ Extremely

14. Bereavement adversely effects students' school performance:
    ___ Not at all   ___ Minimally   ___ Moderately   ___ Significantly   ___ Extremely

15. Death education will improve students' ability to cope effectively with grief:
    ___ Not at all   ___ Minimally   ___ Moderately   ___ Significantly   ___ Extremely

16. It is public school teachers' responsibility to implement death education:
    ___ Not at all   ___ Minimally   ___ Moderately   ___ Significantly   ___ Extremely

Thank you for taking the time to complete this survey.

Appendix B

Dear Teacher Educator,

My name is Jeanna Carlson and I am currently a graduate student at the University of Wisconsin-Stout in the School Counseling Program. This letter is a request for your participation in a research study that I am conducting to complete my master's thesis. The purpose of this research is to gain a deeper understanding of post-secondary teacher educators' perceptions and attitudes regarding the implementation of death education. This information includes participants' perceptions and attitudes related to the implementation of death education curriculum in K-12 public schools; public school teachers' responsibility to implement death education curriculum; the current death education training offered to teachers at the university level; and the effects of bereavement on students' school performance. This research is important to understanding the implementation of death education training at the post-secondary level and death education curriculum in K-12 public schools.

You understand that by returning the attached questionnaire, you are giving informed consent as a participating volunteer in this study. You realize that you have the right to refuse to participate and that your right to withdraw from participation at any time during this study will be respected with no coercion or prejudice. You are aware that the information is being sought in a specific manner so that only minimal identifiers are necessary and so that confidentiality is guaranteed. You also understand the potential benefits that might be realized from the successful completion of this study. You understand the basic nature of the study and agree that any potential risks are exceedingly small. To protect against potential risks, the intent of this study is fully revealed and the researcher will ensure participant anonymity and confidentiality.

Questions or concerns about the research study should be addressed to Jeanna Carlson, the researcher, phone (715) 233-0514, or Dr. Denise Zirkle, the research advisor, phone (715) 232-2599. Questions about the rights of research subjects can be addressed to Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 Harvey Hall, Menomonie, WI 54751,
phone (715) 232-1126.

Thank you for taking time out of your busy schedule to complete the attached questionnaire. There is a prepaid envelope attached for returning the completed survey. Please return the survey by November 15, 2002. Your participation is greatly appreciated and will result in an increased body of knowledge in death education research. Also, if you are interested in receiving the results of this study please feel free to contact me.

Sincerely,

Jeanna M. Carlson
carlsonjean@uwstout.edu

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