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ABSTRACT

The sporadic investigations regarding children's concepts of death have lacked standard methods or instruments for evaluating these conceptions. Whether or not research on children's concepts of death can be gauged by a standard set of questions is explored in this paper. It reports on the evaluation of a new questionnaire's (Concept of Life and Death Questionnaire (CLDQ)) psychometric properties and uses this instrument to investigate children's conceptions of death. The preliminary 20 item CLDQ was developed and administered to 50 subjects from ages 7 to 12 years. Results of item analyses indicate that a revised 12-item CLDQ had adequate internal consistency for the overall conceptualization of death, as well as the specific subconcepts of death. Findings suggest that age, cognitive functioning, and exposure to death were not found to be significantly related to the overall concept of death, although age was related to two subconcepts of death. Understanding of death is, therefore, somewhat contingent on chronological age in that children progressively learn that all things die, and subsequently, how they die. It is argued that the revised CLDQ offers an efficient means of gauging children's concepts of death. (RJM)

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A Scale to Measure the Development of Children's Concepts of Death

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This study examined the psychometric properties of the Concept of Life and Death Questionnaire (CLDQ) -- a scale developed to measure a general concept of death and four specific subconcepts: universality, irreversibility, non-functionality, and causality. The preliminary 20 item CLDQ was developed and administered to fifty subjects between the ages of 7 and 12 years. Results of item analyses indicated that a revised 12 item CLDQ had adequate internal consistency for the overall conceptualization of death, as well as the specific subconcepts of death. Using the CLDQ, we also explored the impact of various variables on children's developing concepts of death. Age, cognitive functioning, and exposure to death were not found to be significantly related to the overall concept of death. However, we did find age to be related to two subconcepts of death. This study underscores areas worthy of further investigation and prompts for ongoing validation of this measure.

Children's developing concepts of death have been investigated sporadically throughout the years. Past research generally sought to obtain precise, accurate, and sequential explanations of how and when children develop concepts of death. Typically, such explanations were formulated from a cognitive developmental perspective -- most notably that of Piaget (1960). Such models assume a linear progression to the acquisition of the concept of death.

The concepts of death most commonly investigated are universality, irreversibility, non-functionality, and causality (Simlansky, 1981). The concept of Universality, also referred to as inevitability, is the understanding that all living things die. Irreversibility, equivalent to the construct of finality, refers to understanding that when a living thing dies its physical body can not be made alive again. Non-functionality, also referred to as cessation, is the notion that all life-defining functions cease at death. Causality, and its subconcept of old age, represent the comprehension that things die for various biological reasons.

Nagy (1948) theorized that the concept of death develops through a linear three stage process contingent on age. According to Nagy, a child's understanding of death entails acquiring two concrete (universality and causality) and two abstract (non-functionality and irreversibility) concepts of death.

Several variables have been investigated in terms of how they may affect children's concepts of death. These include age, cognitive development, and exposure to death. Research has sought to determine if these variables can sequentially explain the development of the concepts of death.

The empirical evidence on age supports a notion that children achieve a complete understanding of death only after the age of nine (Nagy, 1948). Seven-year-olds often fail to see death as a likely event. Even if they do regard death as likely, they still tend to see death as reversible (Swain, 1979). Eight-year-olds, begin to achieve an understanding of the subconcepts of universality and causality. Speece and Brent (1992) found that the understanding of irreversibility and non-functionality occurred most frequently in the second grade, though not all children achieve understanding of these concepts at the same time. Others have found that irreversibility and universality develop first and serve as prerequisites for the other concepts (e.g., Speece & Brent, 1992). Age appears to be particularly important for the understanding of universality. However, its significance for the other concepts remain equivocal. Variables other than age may contribute to the individual differences in children's acquisition of concepts and thus account for the lack of agreement that appears across studies.

The development of cognitive abilities may also be an important variable associated with the development of children's concepts of death. While some studies failed to find a relationship between cognitive development and the understanding of death (e.g., Townley & Thornburg, 1980; White, Elsom, & Prawat, 1978), other data have shown that children's concepts of death may be functions of verbal ability and cognitive developmental level (Lansdown & Benjamin, 1984; Orbach, Gross, Glaubman, & Berman, 1985). However, cognitive functioning has not been empirically attributed to a specific concept of death.

Exposure to death was found to affect conceptualization of death in children younger than seven years (Kane, 1979). These effects result in a more mature view of the subconcepts of universality and non-functionality for the exposed children. Clunies-Ross and Lansdown (1988) found an increase in the understanding of causality for non-healthy children as opposed to healthy children under the age of 7. Children old enough to have achieved a cognitive developmental and chronological level consonant with a more mature understanding of death show no additional differential impact.

Unfortunately, standard methods or instruments for evaluating children's concepts of death have never been used across these studies. Hence, the results often conflict with one another. One question we attempt to answer in the present study is: Can children's concepts of death be gauged by way of a standard set of questions? A second question is whether or not the variables cited in the literature can sequentially explain the development of these concepts.

The present study was designed to evaluate the psychometric properties of a new questionnaire developed for this study (Concepts of Life and Death Questionnaire), then to use this instrument to investigate some lingering questions that have gone unanswered in the literature.

Methods

Subjects

Subjects were 50 children (30 male, 20 female) between the ages of 7 and 12 years ($\bar{x}$=9.61 yr., SD=1.95). All children resided in Broward County, Florida and were included in this study only if they assented to the assessments and their parents or guardians gave informed consent. Twenty-two children were inpatients in a suicide stabilization unit of a large general hospital and had either suicidal ideation, expressed suicidal intent or exhibited suicidal behavior or gestures, and had been diagnosed with a mood disorder. Six children were psychiatric outpatients at a community mental health center and had been given psychiatric diagnoses, but showed no evidence of suicidal plans or behaviors. Another 22 subjects were non-referred children from the community.

Instruments

The Concepts of Life and Death Questionnaire (CLDQ) is the primary instrument being evaluated by the present study. It is a paper-and-pencil questionnaire, comprising four subscales -- each intended to measure one of the four concepts of death: universality, irreversibility, non-functionality, and causality. The subscales developed for this questionnaire were derived from a previous factor analysis by Simlansky (1981). The item statements themselves were rationally generated by two of the authors of the present study (M.C. & HO) and were based on an extensive review of the literature in the field.

The original version of the CLDQ contains five questions for each of the four concepts of death. Examinees respond by placing a check next to one of three statements believed to be most true. An example of such an item is: "All living things die; Most living things die; Some living things die".

Scores for each question range from 1 to 3 points, with higher points reflecting better understanding. The total score yields an overall level of understanding of death. Subscale scores represent a child's understanding of each relevant concept. Higher scores indicate better understanding for a particular concept or the total concept.

The Wechsler Intelligence Scale for Children-Third Edition (WISC-III; Wechsler, 1991) subtest triad of Similarities, Block Design, and Vocabulary were used to estimate children's cognitive abilities. Using information provided by Sattler (1992), an estimated Full Scale IQ (FSIQ) was made from the scores of these three subtests. According to Sattler, IQ estimates from this triad have excellent psychometric characteristics and are highly correlated with FSIQ.

Also, a brief demographic questionnaire was administered to establish rapport and to obtain information pertinent to the independent variables of age, religiosity, and exposure to death.

Procedures

After receiving written consent from a child's parent or guardian and verbal assent from the child, we administered a battery of tests (which included the CLDQ, WISC-III, and the demographic questionnaire) individually to the child. The demographic questionnaire was administered first, in an interview format. The administration of the CLDQ consisted of encouraging each child to respond truthfully about how the child felt on that day. Each child was assured that there were no wrong answers and the researcher was only interested in the child's opinion. Administration of the WISC-III subtests conformed with standard administration instructions provided by Wechsler (1992).

Results

First, we evaluated the internal consistency of the 20 item CLDQ. Chronbach's Coefficient Alpha for the overall scale was .67. The universality, irreversibility, non-functionality, and causality subscales produced somewhat lower alphas of .26, .50, .64, and .41, respectively. However, these figures improved with the removal of eight items which contributed little to the inter-item correlations. The overall alpha of the revised 12 item CLDQ increased to .68, while the subscale alphas improved to .70 for universality (2 items), .53 for irreversibility (4 items), .70 for non-functionality (3 items), and .50 for causality (3 items).

We next examined the relationships between the revised 12 item CLDQ with age, estimated FSIQ, and

exposure to death. None of the Pearson *r*s for these three relationships achieved statistical significance (*r*s=.20, .25, and -.01, respectively, $p<.05$). However, age was found to be significantly correlated with the subconcepts of universality ($r=.32$, $p<.05$) and causality ($r=.43$, $p<.01$).

Discussion

The revised CLDQ has fewer items which allows for a quick and consistent means of evaluating children's general and specific conceptualizations of death. Moreover, its adequate reliability with even relatively young children speaks well for its potential usefulness as both a research and clinical instrument.

The finding that universality and causality are related to age supports the notion that understanding of these concepts is contingent to some degree on chronological development. Children progressively learn that all things die, and subsequently, how they die. These two concepts appear to be less abstract than either irreversibility or non-functionality and may, therefore, be more easily acquired via observation and education.

The revised CLDQ offers an efficient means of gauging children's concepts of death and is worthy of future empirical inquiry and validation. Specifically, future studies should examine the factoral validity of the four concepts as measured by the CLDQ, evaluate concurrent, convergent and discriminative validity, and compare scores from various populations.

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Appendix

CLDQ-12 Items and Scoring Criteria

1. _3_ All living things die.
   _2_ Most living things die.
   _1_ Some living things die.

2. _1_ When somebody dies, they think about things a lot.
   _2_ When somebody dies, they don't think about things much.
   _3_ When somebody dies, they don't think about things at all.

3. _1_ When somebody dies, we see them as much as before.
   _2_ When somebody dies, we see them less than we used to.
   _3_ When somebody dies, we don't get to see them at all.

4. _3_ Sometimes people get very sick and then they die.
   _2_ Even when people get very sick and they won't die.
   _1_ Being very sick can never make people die.

5. _3_ Everybody will die some day.
   _2_ Most people will die some day.
   _1_ Some people will die some day.

6. _1_ Dead people can hear and see their family withoug their family knowing it.
   _2_ Dead people can sometimes hear and see their family withoug their family knowing it.
   _3_ Dead people can not hear and see their family withoug their family at all.

7. _3_ When somebody dies, we never spend any more time with them.
   _2_ When somebody dies, we spend less time with them than we used to.
   _1_ When somebody dies, we spend the same time with them we as used to.

8. _1_ I am never going to be old.
   _2_ I may be old someday.
   _3_ I will be old someday.

9. _1_ Dead people can do everything that living people can do.
   _2_ Dead people can do some of the things living people can do.
   _3_ Dead people can not do anything that living people can do.

10. _3_ When someone dies, they are always dead.
    _2_ When someone dies, they are mostly dead.
    _1_ When someone dies, they are sometimes dead and sometimes alive.

11. _1_ When somebody dies, they can stop being dead if they want.
    _2_ When somebody dies, they can sometimes go back to being alive.
    _3_ When somebody dies, they always stay dead.

12. _3_ Sometimes people die because their heart stops.
    _2_ Sometimes people die because their eyes close.
    _1_ Sometimes people die because they lie down.

Item Distribution

Concept	Items
Universality	1 & 5
Irreversability	3, 7, 10 & 11
Non-functionality	2, 6 & 9
Causality	4, 8 & 12
Total	All items

Concept scores are the sum of the relevant items.

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