

Conceptual Areas of Death Education

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Article:

The need for the inclusion of death education concepts into the curriculum at all levels has been expressed by numerous health educators. In order to effectively meet this need, it is imperative that teachers be adequately prepared to deal with the diverse and sometimes controversial topics encompassed by a death education course. Although there is a vast amount of information in the area of death and dying, there does not appear to be a consensus about the essential knowledge base which should be included in a professional preparation course in death education for health educators. As a result, death education courses vary tremendously in the scope and depth of topics covered. Current events, instructor biases, previous experiences, and departmental philosophy often determine the focus of a death education course.

Current Focus

Several authors have provided suggestions concerning possible content areas that should be included in a college death education experience. Sad-with (1) thinks that the key elements of a death education course should be classroom discussions focused on a wide range of topics from biological aspects of death to the family reaction to death. Leviton (2) suggests that a death education experience be divided into three basic components—the nature of death which would include philosophical, religious, medical, and legal aspects of death; attitudinal and emotional correlates of death and dying which includes attitudes of children, adolescents, adults, and death defying athletes; coping with death and dying which includes communicating with a terminally ill loved one, explaining death to children and the American funeral.

Yarber (3) has provided a more complete list of possible areas of study to be included in a course designed to prepare educators who will be involved with death education. McMahan (4) suggests that an independent study course designed for college students should consist of a variety of subunits ranging from biological, sociological, and psychological definitions of death to understanding the dying relative.

The content areas specified by Sad-with, Leviton, Yarber, and McMahan, have some degree of overlap as well as obvious differences of opinion about knowledge deemed essential for a course in death education. In order to better understand what practicing health educators believe should be included in a death education course designed for professional preparation programs, a Death and Dying Content Questionnaire was developed and administered in 1977.

Questionnaire Development

The purpose of the Death and Dying Content Questionnaire was to determine the specific areas deemed essential or important for inclusion in a professional preparation course in death education. Based on a review of the Death and Dying literature, 30 cognitive content areas were identified. Each participant in the survey was asked to rate each area according to the following criteria.

5-Very important, should be one of the main concepts of the course
4-Important, should be included in the course curriculum

3-Slightly important, should be included if time permits but not be essential

1-Not important, has no relevance to the course, should not be included in the course content

N.O.-No opinion

The questionnaire was administered to 40 individuals who indicated, on the recently completed survey of Association for the Advancement of Health Education (AAHE) members, a professional involvement in the area of death and dying. The returns (N = 38) included 26 members employed in college or university settings, nine from public schools, and three from the public sector.

Table 1. Ranking of 30 content areas

\bar{X} Score (N = 38)	Content
4,800	Understanding dying friends and relatives
4,750	Meaning of death in American society
4,686	Bereavement and mourning
4,629	Explaining death to children
4,576	Preparing for death
4,444	Methods and materials of death education
4,417	Definitions and causes of death
4,361	Cross-cultural view of death
4,333	Curricular development in death education
4,314	Religious views of death
4,306	Legal aspects of death
4,250	Euthanasia
4,235	The life cycle
4,222	Suicide (psychosocial aspects)
4,171	Aging (psychosocial aspects)
4,114	Role of the funeral home
4,056	Aging (biological aspects)
4,028	Expressing condolences to a friend or relative
4,000	Suicide (referral aspects)
4,000	Cost of funerals
3,861	Organ donation and transplant
3,853	History of death and dying
3,743	Alternatives to traditional funerals
3,686	Memorial services
3,611	Death in children's literature
3,611	Cremation
3,500	Embalming
3,389	Death portrayed in music and literature
3,156	Cryogenics
2,786	Necrophilia

Results

The results of the survey (table 1) delineated four broad categories of cognitive areas according to perceived importance. In our judgment, the first category consists of cognitive areas thought to be essential concepts for a death and dying professional preparation course. The five topical areas included in this category would be the basic core of a death education course for prospective health educators.

1. Understanding dying friends and relatives
2. The meaning of death in American society
3. Bereavement and mourning
4. Explaining death to children
5. Preparing for death

The second category consists of those cognitive areas which should be included in a death and dying course, but are not the major concepts. Several of these items relate closely to key concepts identified in the first category.

1. Methods and materials of death education
2. Definitions and causes of death
3. Cross cultural views of death
4. Curricular development in death education
5. Religious views of death
6. Euthanasia
7. Life cycle
8. Suicide (psychosocial aspects)
9. Aging (psychosocial aspects)
10. Role of the funeral home
11. Aging (biological aspects)
12. Expressing condolences to a friend or relative
13. Suicide (referral aspects)
14. Cost of funerals

The third category consists of cognitive areas which should be included in a death and dying professional preparation course if adequate time were available.

1. Organ donation and transplant
2. History of death and dying
3. Alternatives to traditional funerals
4. Memorial services
5. Death in children's literature
6. Cremation
7. Embalming

The fourth category is items which were thought to be of little importance in a professional preparation course.

1. Death portrayed in music and literature

2. Cryogenics

3. Necrophilia

Although the results of the survey are subject to different interpretations, it is hoped that these findings may prove useful to the health educator who is struggling to determine the parameters of a professional preparation course in death education. In addition, the results reflect the collective thinking of 38 practicing health educators experienced in the field of death education. A follow-up survey is planned to examine the perceived death education needs of students enrolled in professional preparation programs in health education

References:

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