

## **Bibliotherapy and Perceptions of Death by Young Children**

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*This study explored the impact of bibliotherapy and parent-child discussion on a child's understanding of death using a true experimental posttest-only control group design. Study participants included 16 girls and 13 boys aged 4 or 5 and their parents. Participants were randomly assigned to either control or experimental groups. Families in the experimental group read books provided by the experimenter and, while following a curriculum, discussed the issue of death. Fourteen "sessions," lasting from 15 to 20 minutes, took place in participants' homes over a 5-week period. Following this experience, both groups of children were interviewed by the experimenter. A t-test did not show a statistically significant difference between the groups at the .05 level. Reasons for this result and recommendations for future studies are given.*

Counselors, psychiatrists and educators have asserted that openly discussing death with children, rather than avoiding the topic, contributes to healthy coping and understanding of death (Slavin, O'Malley, Koocher, & Foster, 1982; Stambrook & Parker, 1987; Woodward, Pope, Robson, & Hagan, 1985; Yalom, 1980). Pohlman (1984), for instance, advocated the im-

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portance of direct communication about death with children so that they might "expand" their perceptions through new levels of understanding. Koocher (1986), in his research with dying cancer patients, noted that surviving children often struggle with the following questions: a) Did it happen (death of a friend/family member) because of something I did (or failed to do)?; b) Will it (death) happen to me or someone else I care about?; and c) Who will take care of me if or when it does happen? (p. 627). This study examined the effects of bibliotherapy and parental discussion on children's understanding of death.

Without an opportunity for effective communication, the child's knowledge and understanding of death is derived from his or her imagination and limited experience (Claes-Goran, 1984). By dispelling myths and providing clarification, children are likely better able to process death and death-related issues in a useful manner. Past writers advocate a similar message: communicate honestly and accurately about life and death with children. For example, the Memorial Sloan Kettering Cancer Center encourages children of seriously ill adult cancer patients in an educational program to share feelings and improve communication skills (Adams-Greenly & Moynihan, 1983). Similarly, siblings of Sudden Infant Death Syndrome (SIDS) victims affected by the loss of their brother or sister are recommended to discuss the SIDS experience directly with adults (Green, 1986; Zebal & Woolsey, 1984). Brookshire and Noland (1985) go further and encourage the addition of death education in school curricula. Smith (1989) has provided guidelines for how to use literature in addressing death. Siebert (1993) has examined the literature and identified death themes in the literature that are appropriate to use with preschoolers. Palmer, Biller, Rancourt, and Teets (1997) suggested the use of "interactive bibliotherapy." This approach encourages facilitators to guide participants through selected pieces of literature. This model was first introduced by Hynes and Hynes-Berry (1986) and shows promise in moving participants from a purely receptive to a more proactive and interactive role. Thus, Palmer et al.'s and Hynes et al.'s recommendations fit well with the model of parent-child discussion of books and stories that was employed in this study.

#### CHILDREN'S CONCEPT OF DEATH

Children conceptualize death first as a temporary and reversible state, like sleep or separation, and later as an internal and universal biological process that results in the complete cessation of bodily functions (Stam-brook & Parker, 1987). Although researchers agree that the child's perception of death develops and becomes increasingly "complete," there are

inconsistencies across studies in terms of the specific age at which an "adult" view is achieved (Speece & Brent, 1984).

The literature suggests that death is not a singular entity, but a complex concept made up of relatively distinct "subconcepts" or components (Beauchamp, 1974; Hoffman & Strauss, 1985; Speece, 1987; Speece & Brent, 1992). The components widely identified as elements necessary for an adult perception of death are Universality, Irreversibility, and Nonfunctionality.

#### Universality

The concept, "universality," in relationship to death, asserts that all who are alive must eventually die (Childers & Wimmer, 1972). Other descriptions include "death as an immediate possibility" (Gartley & Bernasconi, 1967, p. 1299), "death as a personal event" (Swain, 1979, p. 898A), and "necessity" (Hoffman & Strauss, 1985, p. 469).

#### Irreversibility

The concept, "irreversibility," asserts that once a living thing dies, its physical body cannot be made alive again (Speece, 1987; Speece & Brent, 1992). Other researchers define Irreversibility as "death as final" (Gartley & Bernasconi, 1967, p. 71), "death as irrevocable" (Childers & Wimmer, 1971, p. 1300), and "death as permanent" (Koocher, 1972, p. 4512B). Speece (1987) separated the notion of spiritual afterlife from biological death.

#### Nonfunctionality

The concept, "nonfunctionality," asserts that, with death, all life-defining functions cease (Speece & Brent, 1984). Researchers have also termed this notion "dysfunctionality" (Kane, 1975, p. 141) and "cessation" (Nagy, 1948, p. 3; Hoffman & Strauss, 1985, p. 469). Speece and Brent (1992) found that Universality was more readily understood by children than either Irreversibility or Nonfunctionality, which were of equal difficulty. Further, Speece and Brent (1984), in their review of the literature, examined the age at which children usually attained a mature understanding of death. They referred to this as "the age of acquisition," or "the age at which at least 50% of the children in a sample show a mature understanding of a given component" (p. 1677). It was found that the age of

acquisition across all components varied from a low of 2 to 4 years (Swain, 1979) to a high of 10 to 12 years (Orbach, Gross, Glaubman, & Bernan, 1985). However, according to Speece and Brent (1984), "the majority of healthy children in modern urban-industrial societies achieve an understanding of all 3 components between 5 and 7 years of age" (p. 1671).

Although professionals often promote the importance of effective communication with children about death, research does not guide professionals and parents in its mechanics. Further, research fails to specify how communication influences the child's understanding of death. Many researchers and theorists do, however, agree that communication should be proactive. Pohlman (1984) suggested that children especially benefit when communication and education occur before an actual death experience. In her words, "preliminary discussions begin the framework, which can then be expanded" (p. 133). According to this perspective, the child ought to be proactively readied so that he or she is better able to deal with the grief experience when it occurs.

Bibliotherapy can be helpful in both introducing and describing complicated and emotionally-laden topics. Schrank and Engels (1981) define bibliotherapy as "guided reading that helps individuals understand the self and environment, learn from others, or find solutions to problems" (p. 143). Although bibliotherapy involves discussion and provides an opportunity to discuss events before they occur, research indicates that it only sporadically affects attitudes, knowledge, and emotions (Ouzis, 1984; Schrank & Engels, 1981; Tillman, 1984). Researchers tend to explain these findings by suggesting that (1) bibliotherapeutic interventions in the literature often lack depth and adequate discussion (Tillman, 1984); (2) replicable data are not available; (3) controls over experimental variables, such as the effectiveness of the facilitator, are difficult to manage; and (4) valid measures are not yet available. Tillman (1984) has argued that bibliotherapy is more apt to be beneficial if it is extensive and involves comprehensive discussion between facilitator and the facilitated. As such, a bibliotherapeutic model that includes parent-child discussion, in which parents discuss concepts at length with their children, may address these deficits (c.f., Hynes et al., 1986; Palmer et al., 1997; Edwards & Simpson, 1986).

Although professionals promote parent-led bibliotherapy as an avenue in discussing death with children (Edward & Simpson, 1986), research is needed to better understand the influence and usefulness of children's literature and the impact of parent-led discussions. Although this study was not designed as a test of interactive bibliotherapy, it certainly incorporated a number of features of that approach. This study investigated the impact of a parent-led bibliotherapy strategy on 4- and 5-year-old children's perceptions of death.

## METHODS

### Sample

The 29 children involved in this study were from a rural community in the Northwest. Of the 29 families, 20 were actively involved in their religions. All subjects were Caucasian, with the exception of one Asian participant. Sixteen children were female and 13 were male. The mean age of the children in the control group was 59.62 months and the mean age of the children in the experimental group was 60.20 months. The mean age for children across both groups was 59.93 months. A *t*-test was performed, comparing mean ages of the experimental and control groups; results did not show the differences to be statistically significant ( $t > .05$ ). A Pearson's correlation examined the relationship between the participant's age and their interview score. Both groups had positive correlations and were nearly identical for the treatment (.50) and control group (.51). These comparisons provide some confidence that the two groups were qualitatively similar prior to the bibliotherapeutic intervention. The families were lower middle to upper middle class and the parents ranged in educational experience from post-graduate degrees to one parent who had not completed high school.

### Instrumentation

Standardized methods of measuring the child's understanding of death are not available (Speece & Brent, 1984; Stambrook & Parker, 1987). Stambrook and Parker (1987) found that measures designed to identify the child's understanding of death have involved "clinical case studies, natural observations, play, compositions, drawings, definition tasks, projective techniques, questionnaires, structured interviews, and physiological recordings" (p. 136). These measures appear to have face validity, but their psychometric properties are unknown.

The current study employed a structured interview developed by Speece (1987). The interview included four segments: (a) Life and Death Interview, (b) Universality, (c) Irreversibility, and (d) Nonfunctionality.

*The Life and Death Interview* (LDI). The LDI was designed to identify if children were able to distinguish the difference between the states of "alive" and "dead," and assessed children's readiness to be in the study. The remaining component interviews presumed that the child was able to do so. The LDI consisted of 7 core questions, 4 related questions, and 9 follow-up questions. The children were asked to define the term "alive."

and then to give an example of an alive object. The same procedure was followed with the term "dead." Next, the children were shown two live items (a hamster and the investigators) and one dead item (a dead bee), and for each, asked two questions: "Is it alive?" and "Is it dead?" The final question asked children if something could be simultaneously alive and dead.

Interviews were scored by the number of correct answers that were given. Each child received one point for articulating that "alive" and "dead" states were mutually exclusive for each of the 3 objects. One additional point was given for answering correctly whether something could be alive and dead at the same time. Therefore, the highest possible score for this segment was 4; each child needed a score of 3 or 4 to be included in the study.

*The Component Interviews.* The remaining three interviews explored the children's understanding of each component of the concept of death: Universality, Irreversibility, and Nonfunctionality. Interviews were scored in the same way as in the LDI. Therefore, a score of 5 for each component meant that each of the five questions was answered correctly. Speece (1987) defined a score of 15 (5 for each of the 3 components), as a "complete" understanding of death. Speece (1987) also included "follow-up" questions that were designed to explore the reasoning behind each child's "yes" or "no" response. For example, after responding yes or no to the question "Can a dead person still move?" each child was then asked, "How does a dead person move?" or "Why can't he move?" Further, it was believed that follow-up questions would reduce the likelihood of response-set bias.

### PROCEDURES

A true experimental posttest-only control group design was employed to assess the efficacy of the bibliotherapy program. Children were randomly assigned to either the experimental or control groups. Children were recruited in one of two ways. First, the investigators requested that acquaintances and colleagues submit names of children who were either 4 or 5-years old. Second, children were recruited by the principal of a rural primary school who distributed a letter describing the study. Each letter included a self-addressed, stamped post card. Of the 153 letters that were distributed, 63 responses were received, and 35 indicated a desire to participate in the study. Five children were screened out of the project because they were either over the age of 5 or were tardy in responding to the initial recruitment letter. One family who indicated a desire to participate subsequently dropped out of the study. Information needed to begin the in-

tervention was delivered to members of the experimental group within a span of 2 days. This included six books (Fassler, 1983; Brandenberg, 1979; Carrick, 1976; Dabovich, 1986; De Paola, 1973; Wise Brown, 1938), guidelines that identified criteria such as time frame and course of events, and a curriculum guide. Each book dealt directly with the issue of death. More specifically, 3 books discussed the death of a grandparent (i.e., Fassler, 1983), and 3 addressed the death of an animal (i.e., a hen, bird, or a dog). The guidelines and a curriculum guide were developed to control for variables such as time, the content of parent-child discussions, and to ensure consistency. Parents were encouraged to follow the guidelines and the curriculum as closely as they were able, while at the same time being sensitive to their children's needs. A complete description of the guidelines and the curriculum are available from the investigators.

The intervention involved 14 "sessions" over a 5-week period. Each session consisted of a story followed by a brief discussion period. A series of questions provided in the curriculum served as the framework for the discussion period. Each session included its own set of questions. Sessions lasted between 15 and 20 minutes. During the final week of the experimental intervention, the investigators interviewed each of the control group members. During the following week, each participant in the experimental group was subsequently interviewed. Each interview took place in participants' homes.

### RESULTS

Mean interview scores of the experimental group were compared with those of the control group using a *t*-test and are presented in Table 1. Interestingly enough, the differences between group means failed to reach statistical significance ( $p > .05$ ); the study did not support the hypothesis that 4 and 5 year-old children, who participate in a bibliotherapy and parent-child discussion exercise, will evidence significantly higher scores on

Table 1. Comparing Treatment and Control Group Children on Interview Scores

Group	Mean	Standard Deviation	<i>t</i> (26)
Experimental	13.80	1.56	1.59
Control	12.31	3.27	

Speece's (1987) interview schedules, and demonstrate a more complete understanding of death than peers who do not receive the intervention.

## DISCUSSION

The goal of this study was to examine whether 4- and 5-year old children, after participating in a bibliotherapy and parent-child discussion exercise, acquired a significantly more "complete" understanding of death. The statistical comparisons did not support the hypothesis that an intervention of this nature would broaden a child's perception of death. Although these results may appear puzzling, they were not altogether surprising.

Research suggests that development of an understanding of death varies among children (Speece, 1987; Speece & Brent, 1984; Speece & Brent, 1992; Walco, 1985). The moderate correlation between the participants' age and their interview score supports the variability of understanding among children. This finding is consistent with other research: an understanding of death develops progressively, but with variability. What accounts for this variability in the development of death understanding? Kane (1979) proposed that death experience or exposure to death accelerates the child's understanding of death. Others have suggested that socioeconomic status, religious training, and cognitive development affect the ability to conceptualize death (Stambrook & Parker, 1987). Orbach (1986) included anxiety and the child's emotional makeup as significant factors in this process. It is possible that these variables influenced study results.

Children's varying communication ability also created a confounding variable in this study. Since young children have a restricted range of communication skills, it is difficult to accurately identify their perceptions (Stambrook & Parker, 1987). Two pivotal considerations arose. First, it may be that participants had insights into the nature of death, but were unable to articulate that awareness. Second, those who answered the interview questions "correctly" may not have actually grasped the concept, but simply may have repeated information they had heard. Weininger (1979) and Lonetto (1980) supported the former consideration in their suggestion that death education simply provided children with a vehicle to express insights that were already present. Put another way, perhaps exposure to an exercise such as bibliotherapy and parent-child discussion does not induce a cognitive shift, but accelerates the child's ability to communicate existing perceptions. However, if the child does not already have an understanding of death, the brief interventions may not be effective in creating such an awareness. Established theories of cognitive development confirm that brief

interventions do not induce shifts (Kane, 1979). It is therefore possible that participants had not previously demonstrated their true understanding to the interview questions. Thus, study results must be carefully interpreted since it is not known whether the failure to reach statistical significance indicated a lack of statistical power, variability among the children, or as discussed in the next section, a problem in measurement.

Another consideration is that standardized instruments to measure the child's understanding of death are not available (Orbach, 1986; Walco, 1982). Thus, estimates of reliability and validity of the LDI are only speculative at this time. The influence of spirituality also created difficulty for the interview schedule used in this study. Speece (1987), for instance, scored "no" as the correct answer to the interview question, "Can a dead person become alive again?" However, one child responded "yes" to that question, explaining that a person comes back to life "up in heaven." This child, when asked related questions, demonstrated a clear understanding of biological death. Yet, when following the instrument's criteria for scoring, she missed the former question. Despite her apparent ability to differentiate biological death from spiritual afterlife, which may indicate an even higher level of understanding, her response was considered incorrect. In another instance, a child responded "yes" to the question, "Can a dead person become alive again?" This child explained her answer by saying that people become alive again "when other people think of them." Despite this insightful answer, the response was considered incorrect. Random assignment allowed the authors to assume that extraneous variables, such as spirituality, were distributed evenly across groups prior to the bibliotherapy and parent-child discussions. However, the small sample size may have resulted in a randomization failure and the lack of a pretest prevented the accuracy of this assumption from being tested.

Finally, control and procedural issues may limit the validity and generalizability of these findings. Due to the nature of this study where, for instance, the intervention took place in the homes of the participants, confounding variables could have influenced study results. Did participants follow the curriculum? What was the impact of parents' reading ability on the child's interest? How did the nature of the parent-child relationship influence responsiveness? Other confounding variables included parental comfort with death, a relatively short intervention of 5 weeks, and a small sample. These conditions make it necessary to consider study results as preliminary.

Parents' feedback suggests that they believed the experience to be valuable. Nearly all of them reported that the books were helpful in approaching this difficult topic. Generally, in comparison to the control group, the children in the experimental group seemed to be more at ease and verbal

when the investigators interviewed them. Three possibilities may have accounted for this difference: (1) by chance, the experimental group had a higher percentage of "sociability;" (2) the experimental group was more familiar with the investigators' names or faces as they had been introduced to a number of them when they delivered the books; and (3) increased familiarity with death as a concept enabled the children of the experimental group to feel more confident and at ease in articulating their ideas.

It was reported that the children of the experimental group were generally interested and relaxed with the books. Only one child had a markedly fearful reaction to one of the stories. This child reportedly stated, "No more, no more of these books." This child, interestingly, was the only child with a parent who had experienced chronic heart problems with occasional crises. This family continued to read to their child and reported that he became more and more at ease with the issue.

### RECOMMENDATIONS

Based on study results, the following recommendations can be made:

(1) Future investigators should consider the use of expressive bibliotherapy that involves having children go beyond a purely receptive model of bibliotherapy. In the former, children are asked to create oral and written stories and poems; in the latter, children are asked to listen and/or discuss what they have heard. Although it is conjecture at this point, including both receptive and expressive models of bibliotherapy may increase the clinical efficacy of the bibliotherapeutic efforts and should be used in future efforts.

(2) The current study primarily focused on cognitive elements of children's understanding of death. Future researchers should incorporate affective elements as well. Although there was discussion of feelings when children were distraught or appeared puzzled, the current investigation did not systematically incorporate children's affective responses to the material. By incorporating affective elements, future researchers will have a more complete understanding of children's responses to death.

(3) Interventions should extend over a longer time period (at least two months), and include a follow-up of two to six months to provide a more realistic picture of interventive efficacy. Although this study did not find a significant difference between group scores, these findings contradicted the marked improvement that the parents anecdotally noticed in the treatment condition children. Follow-up interviews may address the degree to which the experimental group internalized their thoughts regarding death.

(4) Procedural norms and standardized measures are needed in assessing the child's understanding of death to reduce the current procedural and instrumental variability. Efforts to insure the integrity of the bibliotherapeutic interventions, to standardize the interview protocol, and to verify children's understandings of death are needed. Stambrook and Parker (1987) reported that logistical problems, not natural development, accounted for inconsistent data.

(5) Further consideration should be given to the assessment of the child's spiritual understanding of death. Although current measures tend to rate beliefs in the afterlife as "incorrect" in regard to nonfunctionality, this may actually be indicative of higher-level thinking (cf., Smith & Council, 1991).

(6) In future studies on death, a more rigorous design should be used. For example, a true experimental pretest-posttest control group design is needed to control for randomization failure. In addition, a larger sample size might increase the statistical power of the interventive efforts that in turn might detect significant results that were missing in this study.

(7) Other research methods should be used to investigate children's understanding of death. Sells, Smith, and Sprenkle (1995) advocated the complementary use of qualitative research methods when puzzling or inconsistent findings result from quantitatively-oriented studies. Although a more powerful research design might in fact find statistically significant results, a qualitative effort might help us contextualize why such efforts work with some samples and do not with others.

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