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FACILITATING COMMUNICATION ABOUT DEATH BETWEEN MOTHERS AND  
ADOLESCENT SONS USING FICTIONAL CHILDREN'S LITERATURE

by

Deon G. Leavy

A thesis submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Education Specialist

Department of Counseling Psychology and Special Education

Brigham Young University

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a thesis submitted by

Deon G. Leavy

This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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BRIGHAM YOUNG UNIVERSITY

As chair of the candidate's graduate committee, I have read the thesis of Deon G. Leavy in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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## ABSTRACT

### FACILITATING COMMUNICATION ABOUT DEATH BETWEEN MOTHERS AND ADOLESCENT SONS USING FICTIONAL CHILDREN'S LITERATURE

Most children will experience the death of a loved one in their lifetime and will need to develop healthy grieving patterns. Communication between parents and children is a key ingredient in facilitating this development. Current opinions about bibliotherapy, using a book to assist in healing, suggest that books provide understanding about grief and death and open channels of communication. Although the use of bibliotherapy is gaining popularity, little research exists about its efficacy. Utilizing the book *The Bridge to Terabithia*, this study evaluated the facilitation of communication about death between 19 dyads of mother and adolescent sons. Their answers and comments illustrate the effectiveness of bibliotherapy in opening channels of communication about death. The results of this study support the efficacy of bibliotherapy.

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## Introduction

Grieving is a normal part of every person's existence and can be defined simply as the internal thoughts and feelings that occur when a person experiences loss.

Bereavement is the adaptation to loss, and mourning is the process a person goes through while adapting (Pfohl, Lazarus, & Jimerson, 2002; Worden, 1996).

All people will experience grief in their lifetime, including children. We would like to think that children live in a world full of delights and wonders and that under the watchful eyes of loving parents never experience the harsh realities of life, but children of all ages are vulnerable to life's sorrows. In fact, children may experience sorrows such as divorce, disease, abuse, and even death.

At some point most children will experience the death of someone they love, whether it be a parent, sibling, friend, grandparent, or even a pet. In past times, mortality rates were significantly higher than in modern times, and children were more commonly exposed to death ("Hospice Net," 2003). Living conditions were often harsh, especially for families living in rural situations. Medical care was primitive and often unavailable. In earlier centuries the death of a parent or child was not uncommon in a family (Lamers, 2003). Childhood diseases such as infantile pneumonia or measles took the lives of many children. Women often died during childbirth. Because the family took care of the dying, death was a family affair (DiGiulio & Kranz, 1995; Norris-Shortle, Young, & Williams, 1993). The Hospice Foundation of America reminds us, "Adults and children experienced death together, mourned together, and comforted each other" (p. 3).

In modern times, improved living conditions and medical care in developed countries have directly impacted mortality rates. People live longer, and families are not

frequently exposed to death (DiGuilio & Kranz, 1995). People die in nursing homes or hospitals-- away from family and loved ones ("Hospice Net," 2003). The living are often removed from the dying, and children generally view death from a detached position (Norris-Shortle et al., 1993). As a result, death is an unfamiliar experience to most children. Although children today are not exposed to death as frequently as they were in the past, they still need to develop healthy grieving patterns to help them cope with life's inevitable sorrows. Wolfelt (2002) tells us, "If over time, children are not compassionately companioned through their complicated mourning journeys, they are at risk for behavioral and emotional problems" (p. 655). This thought is further supported by Pfhof et al. (2002). They state, "If a child does not experience 'healthy mourning' subsequent development may be negatively affected" (p. 317). Such negative development may be hostility towards others, unnecessary guilt, distrust of parents and peers, and difficulty expressing emotion (Hawkins, 2002). Therefore, it is essential for parents and caregivers to help their children learn healthy grieving patterns.

A major contributing factor to the development of healthy grieving patterns in children is a supportive, loving home environment where children are encouraged to express their feelings and are allowed to grieve in their own time ("Helping Children Cope With Loss," n.d.; Sedney, 2002). Wass (2003) states, "In an atmosphere of love, trust, and openness in which joyful and distressing events and all kinds of thoughts and feelings are shared, children are more likely to express fears they may have about death, to share disturbing thoughts, and to ask questions about the subject" (p. 32). When children can ask questions about death and discuss their feelings, they develop a clearer conception of death and its pain, they adjust better to a new environment without the

deceased, and they successfully relocate the deceased emotionally (Worden, 1996). This openness assists in the development of healthy grieving patterns.

Healthy grieving patterns can be fostered when a death has occurred, yet The Hospice Foundation of America believes that children can also develop healthy grieving patterns before tragedy strikes (“Hospice Net,” 2003). This development will equip them with the necessary coping skills when the death of a loved one actually happens (Gordon, 1995). Moody and Moody (1991) state, “Real grief work should be done before tragedy strikes” (p.587) and “Children can be taught about grief as a necessary and natural emotion that not only is constructive but also facilitates healing” (p. 588).

Before or after a tragedy, healthy grieving patterns will develop in a home where children are given clear explanations about death and where they are free to express their questions, fears, and concerns. Conversely, a home where children are not given license to ask questions about death, where they can’t express painful emotions, and where they are not supported by loving parents may foster unhealthy grieving patterns. These children may have difficulty adjusting to an environment without the deceased, and they may have difficulty emotionally relocating the deceased in their future.

Unfortunately, parents don’t always realize they are contributing to the development of unhealthy grieving patterns in children. Sometimes parents don’t give permission for their children to grieve, and don’t model appropriate expressions of grief. They may avoid discussions with their children about the grief that accompanies the death of a loved one. Some well-intentioned parents may shield their children from the topic of death because they think it is too much for their child. What these parents don’t realize is that in an effort to protect their children from one of life’s difficulties, they are

actually creating more difficulty for their children (Corr, 2004; Wolfelt, 2002). By not exposing their children to the reality of death and not encouraging them to talk about it, they are fostering an environment of confusion and distrust. Children who have not been given clear and honest explanations about death will complete the explanations on their own, often creating scenarios that are traumatic and disturbing. As a result, children may view death as mysterious, traumatic, and frightening (Hawkins, 2002; Reily, 2003).

To avoid the development of unhealthy grieving patterns in children, parents and caregivers must not shield their children from the pain of death. They must give their children permission to grieve and an opportunity to discuss what has happened. In addition they should provide answers to their children's questions about death and provide emotional support and reassurance. Simply avoiding the topic will not teach their children healthy grieving patterns (Strickland & DeSpelder, 2003).

It is easy to tell parents they need to help their children develop healthy grieving patterns for dealing with death, but in reality it may be a difficult task for them to accomplish. Parents may not know how to answer their children's questions about death, or they may be uncomfortable discussing it; however, there are resources to assist parents in helping their children develop healthy grieving patterns. One such resource is a good book about death and grief (Lamers, 2003).

Using a good book to provide guidance and help for people with personal difficulties is called bibliotherapy. The word *bibliotherapy* was created in 1916 by Samuel Crothers. It was created from the word for book (*biblion*) and the word for healing or service (*therapeia*). In other words, bibliotherapy is using a book or books to promote healing (Jones, 2001). Jones tells us, "Reading can influence a child's thinking

and behavior, leading to, in this context, a successful outcome from the trauma of bereavement” (p. 17).

Furthermore, there are many books available that sensitively discuss death. They are written for children of all ages and deal with the death of a friend, family member, or pet and can provide clear explanations about death and its accompanying pain (Waas, 2003). If parents and children read a book about death together, they may find the conversations about death between characters helps promote discussions about death between themselves (Moody & Moody, 1991). Parents and children may relate to the feelings and emotions of the characters. As children relate to a character’s anxiety about death they may be able to express their own anxieties about death (Norris-Shortle et al., 1993). In her research on bibliotherapy and death-related grief, Jones (2001) found, “The general consensus among teenagers was that if adults read modern children’s fiction containing references to grieving children, a greater understanding would result. Youngsters could then express their grief openly” (p. 122). In short, properly selected books can clearly explain death, open lines of communication, and help foster healthy grieving patterns in children.

### *Statement of Problem*

There are scores of recommendations for children’s books about grief and death (Johnson, 2004). These can be obtained from publications, Internet websites, teachers, and librarians. Corr (2004) identified 12 specific issues that children face when confronted with death. In beautiful, descriptive detail he presented and recommended dozens of books that deal with these specific issues. In *Bibliotherapy for Children*, Jones (2001) described specific children’s books about death. In addition to reviewing them

herself she had children review them, offering their feedback on whether or not they were good books.

Yet with all the available recommendations for books about death and the literature suggesting the effectiveness of bibliotherapy in helping bereaved children, Corr (2004) tells us, “Death related literature . . . discusses topics related to bereavement, grief, and mourning in a variety of ways, that should not be surprising since much of the literature was written to help children cope with experiences of death and loss. What is surprising, however, is the apparent absence of formal studies of bereavement issues in this body of literature in the major professional journals in the field of dying, death, and bereavement” (p. 337). Bibliotherapy in helping bereaved children is a widely discussed topic, yet as Jones (2001) states, “Bibliotherapy as an agent of change is not universally proved” (p. 16).

#### *Statement of Purpose*

The purpose of this study is to investigate the effectiveness of bibliotherapy in helping children develop healthy grieving patterns. Experts in the area of grief explain that children develop healthy grieving patterns when they receive clear, honest explanations about death from parents, and when they can openly discuss their fears, questions, and feelings. Open communication about death is essential for children to develop healthy grieving patterns. Bibliotherapy has been discussed as a means to facilitate communication about death between parents and children. Research indicates that young girls are more comfortable openly expressing their feelings than boys (Pfhof et al., 2002). This study will investigate the effectiveness of bibliotherapy in facilitating communication about death between mothers and their adolescent sons.

*Research Questions*

The purpose of this study is to find answers to the following questions:

1. When mothers and their adolescent sons share the experience of reading a well- recommended book about death together, does this experience facilitate their communication about death?
2. Is this communication further facilitated when they ask each other specific death- related questions about the book and answer them in turn?

## Literature Review

Before discussing the development of healthy grieving patterns in children and how books can help facilitate these patterns, it is important to understand the factors underlying children's grief. The following literature review will discuss current information regarding what determines how children grieve about death, how their grief is manifested, what can be done to help them adapt to their loss, the importance of communication in healthy grieving, and how a good book is related to these issues.

### *Grieving Determinants*

*Age and cognitive development.* There are different variables that contribute to how children grieve. The most obvious that has been researched throughout the 20th Century, is that children will grieve relative their understanding of death. This understanding is determined by age and cognitive development (Moody & Moody, 1991).

In 1940 Sylvia Anthony concluded that a child's understanding of death was related to his or her age (Lonetto, 1980). She selected 128 children (71 boys and 57 girls) from areas around the city of London. They ranged in age from under 5 to 13 years 11 months. She collected data to explore each child's concept of death in three ways:

1. She examined parental records.
2. She inserted a child's definition of the word *dead* into the vocabulary scale of the Terman-Miller form of the Binet scale.
3. She gave each child a story completion exercise.

From the data she collected, she classified children's understanding of death into five categories:

1. Apparent ignorance of the word *dead*.
2. Interest in the word *dead* with a limited understanding of what it meant.
3. No evidence of noncomprehension of the word *dead*, but the definition was given by reference of something not biologically or logically essential.
4. Correct definition of *dead*, but a limited reference to death was given.
5. Correct understanding of general, logical, or biological definition of *dead*.

Her research illustrated that all children under the age of 5 had no understanding of the word *dead* or, if they did, it was very limited. There was no child under the age of 8 that had a correct understanding of the definition of *dead*. She concluded there was a definite correlation of the understanding of death to the age of a child. As a children matured, so did their understanding of death (Lonetto).

Although Anthony's study is over 60 years old, more recent research and opinions continue to support her findings. Lombardo and Lombardo (1986), in their book *Kid's Grieve Too!*, created a concise categorization of a child's conception of death based on research conducted in the 20th Century, including Sylvia Anthony's research and Piaget's stages of cognitive development. They described four stages of a child's conception of death. They are as follows:

1. *Stage of Implied Misconceptions, Birth to 2 Years*: There is no evidence that children in this stage have any concept of death. This is consistent with Piaget's description of children in the Sensorimotor Stage, which asserts that children at this age have little if any abstract thinking.
2. *Stage of Gross Misconceptions, 2 to 5 Years*: These children view death as dreamlike, gradual, temporary, reversible, a continuation of life and all bodily

functions. There is no logical comprehension of death. In Piaget's Preoperational Stage, children are beginning to use language to describe their world, but their thinking is still illogical. Their view of death is a misconception.

3. *Stage of Refined Misconceptions, 5 to 9 Years:* These children view death as unnatural, irreversible, not universal, permanent, gradual, and final. Children in this age group are beginning to think logically and objectively. This stage coincides with Piaget's Concrete Operations Stage, which states that children's reasoning activities are based on real, concrete events. Death is not seen by children in this stage as magical or make-believe.
4. *Stage of Mature Conceptions, 9 Years and Above:* These children can think abstractly and theoretically. They no longer need concrete observations. This stage corresponds to Piaget's Formal Operations stage. Children in this stage perceive death as natural, irreversible, inevitable, universal, immediate, and as the cessation of all bodily functions. Death is final.

Although Lombardo and Lombardo's explanations are not exactly like Anthony's, they both conclude that children experience a systematic increase in their understanding of death as they grow and mature. Moreover, in the late 1980s the Harvard Bereavement Study supported Anthony's and Lombardo's findings. This study involved 125 children whose ages ranged from 6 to 17 and who were from 70 families. Each child had lost a parent and was interviewed 3 times over a period of 2 years. Researchers concluded that not only is a child's understanding of death related to his or her age, but also to his or her ability to grieve (Silverman, 2000; Worden, 1996). Worden described four tasks children must complete to facilitate effective grieving:

1. Children must accept the reality of loss.
2. Children must accept the pain of loss.
3. Children must adjust to their new environment.
4. Children must emotionally relocate the deceased and move on.

In order for children to even begin working through these tasks, they must first have an understanding of death. As children develop cognitively, so does their understanding of death, their ability to grieve, and their ability to work through death's associated tasks. In other words, a child's understanding of death is developmental. Worden states, "Loss through death is experienced and expressed in different ways at different developmental phases" (p. 12).

Norris-Shortle et al. (1993) suggest the same idea as Worden. They explain that children need to have an understanding of three distinct factors about death in order to grieve: Nonfunctionality, irreversibility, and universality. Infants and small children do not have this understanding. They will feel the emotional pain of losing an attachment, yet their concept of death or loss is not developed; consequently, children under the age of 2 do not grieve (Lombardo & Lombardo, 1986; Wolfelt, 1983). This development begins around the age of 3 or 4 and continues through adolescence (Norris-Shortle et al., 1993). Lamers (2003) more recently presented similar findings. She describes children's understanding of death developing in the following stages:

1. Death is reversible.
2. Death is permanent, but won't happen to me. Only old people die or people I don't know.
3. Death is universal and will happen to everyone and everything including me.

For children who believe death is reversible and won't happen to them, the loss will not be the same as it will be for children who understand that death is permanent and will happen to them. A 4-year-old child will grieve differently than a 15-year-old child.

The ideas just presented represent a small view of the research available on children's understanding of death. Even though not all researchers share the same views, all are in agreement that children's understanding of death develops from limited or no awareness of the abstract concept of death to a realistic understanding of its abstract nature. This understanding is developmental and increases in both accuracy and complexity over time (Moody & Moody, 1991).

Although the developmental nature of grief is quite clear, people do have misconceptions about grief. One common misconception is that grief is something a person needs to get over, like an illness. They speak of recovering or closing a chapter in life, but in reality grieving is a process extending over a lifetime. Grieving is a key part of transitions people experience in life, an on-going process (Silverman, 2000; Wolfelt, 2002; Worden, 1996). A young child's idea of death may be limited, but it is erroneous to assume that the grief a child experiences at three will take care of a lifetime of grieving. Silverman explains, "Children will revisit the meaning of ... death many times over their lifetime" (p. 217). In other words, small children may have a limited concept of a parent's death and a relatively limited amount of grief, but as they mature and gain a more complete understanding of what has happened and what they have lost, they will grieve again. As children's understanding of death sharpens, they will grieve for the part of the death they did not understand previously. Consequently, as time goes on children

will revisit the death of their loved one many times as they experience significant life events such as marriage or graduation (Zeitlin, 2001).

Furthermore, as children grow and develop they will develop new questions about death. As they mature, they will adjust to new and more complex ways of thinking that evolve as they develop. They will create new ways of coping (Goodman, 2002). They will find resolution. Mullan, Pearlin, and Skaff (2003) tell us, “Resolution is the final component in surviving the death of a loved one. We use this term to refer not to an end point of grief, but to the process whereby individuals manage the circumstances of their lives, as time goes on” (p. 2).

In summary, the depth of children’s ability to grieve and find resolution is directly linked to their age and understanding of death. Understanding this component of children’s grief will help parents offer the assistance necessary for grieving children.

*Home and family environment.* Although children’s ability to grieve develops with age, this maturing does not guarantee their grieving will be healthy. Some children grieve with healthy grieving patterns and some do not. A major contributing factor to children’s healthy or unhealthy grieving patterns is the tone of their surrounding environment. A home where children are free to express their feelings, discuss how they feel, and grieve on their own timetable will produce healthy grieving patterns that will last a lifetime (“Helping children cope with loss,” n.d.). Conversely, a home where children’s feelings are brushed aside, where their needs are ignored, and where they are not given license to grieve may produce just the opposite.

Whether or not parents realize it, their example provides the greatest education their children will receive on how to grieve when a loved one dies. This includes their

action as well as their inaction (Waas, 2003). Children may have the developmental capacity to grieve, but they still need permission to do so and an example of how to grieve (Reily, 2003). Their ability to process pain will be directly influenced by observing how their parents process pain (Worden, 1996).

Unfortunately, some parents may not give permission for their children to grieve, and they may not model appropriate grief. Some well-intentioned parents often shield their children from the topic of death, feeling it is too much for a child. They don't discuss who died, how he or she died, or how it feels. What these parents may not realize is that in an effort to protect their children from one of life's difficulties, they are actually creating more difficulty for their children (Wolfelt, 2002). By limiting children's exposure to the reality of death and not allowing them to discuss it, parents foster an environment of confusion and distrust. Children who have not been given clear and honest explanations about death will complete the explanations on their own, often creating scenarios that are traumatic and disturbing. As a result children will view death as mysterious, traumatic, and frightening (Hawkins, 2002; Reily, 2003).

To avoid these unhealthy grieving patterns, parents and caregivers must not shield their children from the pain of death. They must give their children permission to grieve, an opportunity to discuss death, and provide emotional support and reassurance during this grieving experience. Avoidance of this issue will not teach children healthy grieving patterns (Strickland & DeSpelder, 2003).

Quite often parents avoid discussing death with their children and do not provide an example of healthy grieving. This may be because they themselves are not comfortable with their own thoughts and feelings about death. Waas (2003) states,

“Parents have a fundamental role in helping their children to understand, evaluate, and manage their death experiences through mediation, reassurance, and emotional support. But even today parents are often uncomfortable discussing death with their children and tend to avoid it when possible” (p. 30).

This discomfort in expressing grief may hamper the grieving process of their children. When children do not see their parents grieve, they may feel it is inappropriate to show emotion (Moody & Moody, 1991). They may conclude showing emotion or pain is unacceptable. Lacking an emotional outlet, they may become confused or frightened and misdirect emotional expressions into behavior problems, emotional problems, or hostility towards their family or others. When parents gloss over the pain of death, their children’s pain becomes obscured, significantly impacting the grieving process (Norris-Shortle et al., 1993).

Furthermore, parents should understand that children who are experiencing grief are at risk for developing psychiatric disorders if their grief is not properly addressed (Reily, 2003). Parents can help to prevent this from happening. They need to remember their own behaviors will impact the behavior of their children, and that children are intense observers. Children watch their parents’ response or lack of response to death and pattern their own responses in a like manner. When parents openly express and acknowledge their grief, they will be helping their children do the same by fostering healthy emotions and grieving patterns (Moody & Moody, 1991).

Parents also influence their children’s ability to cope with the death of a loved one. The ability of children to cope with the loss of a loved one is directly linked to their

parents' ability to cope (Silverman, 2000; Worden, 1996). If parents model support-seeking behaviors, their children will most likely do the same (Wolfet, 2002).

Likewise, in a discussion about the Harvard Child Bereavement Study, Silverman (2000) explained that when a family member dies, especially a parent, the entire family system is changed. The family has to adjust to an environment without the deceased. The success of this adjustment depends on the parents' ability to orchestrate this change and guide the family through the adjustment. When parents focus their grief entirely on themselves, their children suffer (Hawkins, 2002; Norris-Shortle et al., 1993). These children may be clothed and fed and encouraged to do daily tasks, yet they are not allowed to talk about their own grief or to understand their parents' grief. These children, as Silverman states, "Do not feel legitimized as mourners" (p. 223).

Obviously, bereaved children who come from homes where the grieving is child-centered learn to talk about death. They learn how their parents feel and are free to discuss their own feelings. These children witness their parents' healthy coping strategies and are better able to develop these strategies themselves (Silverman, 2000; Waas, 2003).

Hence, in addition to children's development, the home environment will largely determine how a child grieves. A home where parents demonstrate healthy coping strategies, where children are not shielded from the realities of death, and where children are free to discuss their fears and emotions will allow children to develop healthy grieving patterns. Conversely, a home where parents are unaware of their children's needs and fail to realize that their children are grieving will promote children with healthy grieving patterns.

### *Normal Grief Reactions in Children and Specific Helps*

Factors contributing to children's grieving patterns have just been discussed--age, development, and home environment. If parents and caregivers understand the influence of these factors, they can understand why their children grieve the way they do. Yet, it is also important for parents and caregivers to understand normal grief reactions in children. Children may react to death in a certain way that may seem odd to parents or caregivers when in reality the reaction may be normal. By knowing what is normal and what is not, parents can provide appropriate support and intervention for children who are adjusting to the loss of a loved one (Wolfelt, 2002).

*Under 2 years of age.* Norris-Shortle et al. (1993) tell us, "Toddlers are not yet capable of grasping the more abstract notions of death and grief. Although their cognitive understanding is limited, children three and younger nonetheless feel and react to the death of an important person in their lives with strong emotions and confusion" (p. 26). Children this age have no understanding of death; however, they understand separation, especially if the person who dies was the primary caregiver (Emswiler & Emswiler, 2000; Lombardo, 1986). These children believe the world revolves around them (Dyregov, 1991). When the person who has always provided comfort on demand is suddenly gone, the child will notice it. The pain of this sudden separation will be intense, and these children will be fussy and may even ask for the parent who has died (DiGuilio & Kranz, 1995; Wolfelt, 1983). These children need to be held and comforted by someone they know, and this new someone needs to be there on demand. These children need the constant physical presence of someone they know and trust (DiGuilio & Kranz, 1995; Wolfelt, 1983).

*Ages 3-5.* These children are still egocentric. They feel the world revolves around them. Because of this they experience a great sense of separation and loss when a person who gave them attention dies. However, they also view death as temporary and reversible and may at times seem unaffected by this loss (Dyregov, 1991; Hawkins, 2002; Lombardo & Lombardo, 1986). Because of this view, they may ask questions and feel sad one moment and then the next moment seem uninterested and ask if they can go outside and play. They may also reason that whoever passed away is on a trip and will be returning. It is not uncommon for these children to ask when the deceased will be coming home (Dyregov, 1991; Lombardo & Lombardo, 1986). These children don't understand that death means the cessation of all bodily functions. They may ask if the deceased is hungry or warm or who is taking care of him or her.

Eventually they will begin to understand the deceased is not returning and may begin wondering what caused the death. They may wonder if they caused it. This is because these children believe in magic--they have magical thinking. They may remember a time when they were angry with the deceased and wished he or she would leave or vanish. They may feel this wish brought about the death. This belief may cause some of these younger children to experience guilt over what they perceive as the cause of the deceased's death (Dyregov, 1991; Hawkins, 2002; Lombardo & Lombardo, 1986; Wolfelt, 1983).

In helping these children it is important to understand their egocentric view. They will be upset by a comment like, "God needed Mommy more." They may question why anyone would need the deceased more than they (DiGuilio & Kranz, 1995). What they need are adults who will simply and honestly explain how the death occurred and what

happens when a person dies. Honest explanations will help these children with feelings of anger or guilt, especially if they are feeling they are in some way responsible for the death (Lamers, 2003; Wolfelt, 1983). Because of their inconsistent responses to the death, these need an adult who will offer consistent love and support, who will not be impatient when they want to play, and who will offer empathy when they want to cry (DiGuilio & Kranz, 1995; Wolfelt, 1983).

*Ages 6-9.* Concrete thinking develops around the age of seven. Children at this age have grasped the irreversible nature of death and may be intrigued with the process of how death occurs and what happens to a body after death. They may actually want to discuss the process of decay and decomposition (Dyregov, 1991; Hawkins, 2002; Lombardo & Lombardo, 1986). Yet, they may also fear what they perceive as the products of death, skeletons and ghosts. Children at this age begin to fear death (Dyregov, 1991). To them, death is a person, someone who can be fought or mastered, and death does not happen to young children. It is the result of old age or violence (Hawkins, 2002). These children view adults as all-knowing and people who can control everything. If an adult dies, these children may initially be angry because the adult did not control their death (Lombardo & Lombardo, 1986).

Because of the logical nature of their thinking, these children are helped by clear, concrete explanations of death. Concrete representations of death such as rituals, tombstones, or pictures may help with these explanations (Dyregov, 1991). Although these children should not be forced to attend a funeral, they may benefit from attending a funeral or viewing and actually seeing a corpse (Lamers, 2003; Worden, 1996; Zeitlin, 2001). Furthermore, these children are more aware of social mourning rules and it is

important that parents rise to the occasion and help their children avoid unhealthy grieving that may be encouraged by social or cultural norms (Dyregov). As in the case of younger children, these children also need patience, love, and understanding from those who surround and take care of them as they adjust to the death of a loved one (DiGuilio & Kranz, 1995; Lombardo & Lombardo, 1986; Silverman, 2000; Wolfelt, 1983, 2002).

*Ages 10–12.* Children at this age also have a logical understanding of the irreversibility of death, but a shift in thought occurs between the ages of 10 and 12 as they develop an abstract understanding of death. There is a notion of spirituality and a realization of limits to their mortality (Webb, 2002). Even though their own mortality becomes questionable, they still do not imagine that it will happen to them and if it does it will happen when they are very old. (Hawkins, 2002) Eventually, this understanding changes as they begin to understand that death can occur at all ages. (Lonetto, 1980). They also begin to understand the injustice of a young person like themselves dying. They may become anxious over the idea of death, especially that it may happen to them (Dyregov, 1991). If a parent dies, they may feel guilty that they did not spend more time with him or her and they may feel anger toward the dead parent for leaving them alone (Worden, 1996).

Children at this age are beginning to seek autonomy from their parents and it may seem more difficult to talk with them or help them. They may seem more resistant to help than younger children; however, these children need support. They should be encouraged to ask questions and their questions need to be answered honestly and directly. In addition, they need reassurance that they are not in danger of dying and that they will be well cared for (Moody & Moody, 1991). They need to feel tenderness and

compassion even though they may not express their desire for it initially (DiGuilio & Kranz, 1995)

*Adolescents ages 13 and up.* As children enter adolescence they are contending with physical, emotional, and social changes. They become preoccupied with forming peer relations and establishing an identity for themselves independent of their parents. These changes have an impact on how they express their grief. On one hand they may not feel comfortable showing emotions to their peers because of the fear of appearing weak, yet because they are striving for independence they may not feel comfortable discussing their feelings with their parents. Their pain and grief can be difficult to assess (DiGuilio & Kranz, 1995; Goodman, 2002).

When adolescents do not feel comfortable discussing their feelings with their parents, they will often confide in another trusted adult—maybe an aunt, uncle, favorite teacher, or religious leader. These adults can offer great support and help for adolescents experiencing grief (DiGuilio & Kranz, 1995; Lamers, 2003).

Wolfelt (2002) tells us if adults understand children's response to loss, they are better equipped to help them at a most difficult time. He states, "As we learn to companion children in grief and not push or pull them through the experience—we become capable of being true helpers. We become available to children not only with our heads but with our hearts" (p. 658). This statement is true for all children, including adolescents.

#### *The Value of Communication about Death*

As previously mentioned, a major contributing factor to children's healthy grieving is a home environment where children are free to ask questions about death, to

express how they feel, and to discuss these feelings. Open communication between parents and their children is essential in helping children develop healthy grieving strategies. Children need to receive accurate messages about death from their parents and in turn need to express their questions and concerns.

Communication is a give-and-take process of exchanging ideas and feelings. In communicating about death, parents and children alternately function as sender and receiver (Strickland & De Spelder, 2003). This sending and receiving of messages can be divided into two categories of communication--nonverbal and verbal communication.

*Nonverbal communication.* A person cannot not communicate. Even when a voice is silent, messages about thoughts and feelings are communicated through a variety of nonverbal means (Book, 1996; Strickland & DeSpelder, 2003). Anger can be displayed in the furrowing of eyebrows, happiness or elation by a laugh or smile, sadness through a tear. The list of nonverbal messages could go on and on, but what is important for parents to remember is their thoughts and feelings about death will be communicated to their children even if they don't discuss them (Waas, 2003).

Parents' silence about death will still communicate ideas about death to their children. It may communicate what a child can and can not do (Book, 1996). For instance, if parents don't cry or openly show emotion, their children may feel it is inappropriate for them to cry or show emotion (Moody & Moody, 1991). Conversely, if children see their parents express emotions related to sorrow, they will learn that sorrow is a normal feeling to have when someone dies. Moody and Moody (1991) state, "Once the realization of normal responses to death is understood and recognized, children in

particular can feel more comfortable with their feelings, which in turn clears the way for expressing the emotions associated with grief” (p. 593).

Furthermore, as children witness their parents’ healthy adaptations to life after a loved one dies—the return of laughter and smiles—they will learn this is part of grieving too. Parents need to remember their children’s ability to process pain will be influenced by observing their parent’s experience. Nonverbal modeling of expressions and feeling by parents can help children adapt to the loss of a loved one (Moody & Moody, 1991; Silverman, 2000; Wolfelt, 1983; Worden, 1996).

Often the most honest expressions of an adult’s grieving experience will come through nonverbal means. Nonverbal cues originate at an unconscious level and are often perceived as being more trustworthy than words. They are more difficult to falsify. Therefore, when it comes to communicating messages about grief and death to children the nonverbal messages parents communicate may have the most dramatic impact (Strickland & DeSpelder, 2003).

Just as important as parents being aware of nonverbal messages they send to their children is their being receptive to the thoughts and feelings their children send to them. Parents need to be keenly aware of nonverbal messages from their children. These messages, expressed as emotions or behaviors, must not be ignored or pushed aside (Wolfelt, 1983). Some of these nonverbal cues include being fearful or belligerent when parents leave, having sleeping difficulties, lacking appetite, temporarily showing a complete lack of emotion, and displaying regressive childhood behaviors (Dyregov, 1991; Wolfelt, 1983; Hawkins, 2002). Parents can communicate their willingness to

understand their children's nonverbal messages by responding with understanding, patience, and love (Reily, 2003; Worden, 1996; Zeitlin, 2001).

*Verbal communication.* Nonverbal messages about death although easily conveyed may not always be easily understood; therefore, to facilitate the understanding of nonverbal messages, parents and children should engage in healthy verbal discussions.

When discussing death with their children the first thing parents should remember is that honesty is the best policy. Children should never be misled into thinking that death is something it is not. However, parents may feel that death is such a difficult part of life that it is best to shield children from a discussion of the topic or offer simple, evasive answers; yet, such avoidance or euphemisms only confuse children and increase their questions and fears about death (Lombardo & Lombardo, 1986; Norris-Shortle et al., 1993; O'Connor, 1991). For example, children being told that Daddy is sleeping may wonder why Daddy never wakes up. These children may fear they will never wake up if they fall asleep (Moody & Moody, 1991). Children may be told that Grandma went on a trip. They may wonder if Grandma is angry with them when she doesn't return. These children may feel guilty and wonder what they did to offend grandma (DiGuilio & Kranz, 1995). Children may be told that God needed Mommy up in heaven. These children may wonder why God would need Mommy more than they do and may question God's love for them (Lombardo & Lombardo). If parents do not offer clear explanations about death to their children, their children will seek answers themselves. These answers will often be frightening, mysterious, and confusing (Reily, 2003). Such euphemisms will eventually have to be unlearned at the expense of the child (Norris-Shortle et al., 1993).

When talking about death, parents need to avoid euphemisms and offer clear, direct, age appropriate answers to their children's questions. They should use correct terminology and offer correct explanations about what happens when a person dies—a person stops breathing, a person does not eat any more, a person will not be coming back. (Moody & Moody, 1991; Norris-Shortle et al., 1993; Strickland & DeSpelder, 2003; Zeitlin, 2001). Children are better able to cope with the realities of death when they have been helped to understand its concepts (Gordon, 1995).

Because communication is a give-and-take process parents should assess their children's understanding of death after it has been explained to them (Strickland & DeSpelder, 2003). Parents may offer what they think are clear and honest explanations about death to their children, but their children in reality may have understood something entirely different. By assessing this understanding, parents can evaluate what their children know about death and can offer additional explanation if needed—they can openly communicate about death.

It is important for children to be able to ask their parents about death and to receive honest answers, but it is also important that children be given the opportunity to talk about the person who has died. Silverman (2000) states, "How [children] talk about [the deceased], and how they understand his or her place in their lives may be more critical than children's age specific understanding of death." Talking about the deceased helps children emotionally relocate the deceased in their lives. This relocation helps children maintain a healthy relationship with the deceased without it encumbering their pleasure or happiness as life moves forward (Worden, 1996). Remembering the deceased

becomes a joyful experience and that joy is increased further when the memories are shared with parents.

*The influence of the media on children's perception of death.* As essential as it is for parents to communicate about death with their children, parents and children in reality do not often approach the topic. Children may search for explanations in other sources such as television, newspapers, or movies. In a study aimed at exploring the impact of television on adolescents' perceptions about death, Waas (1989) and her associates asked teenagers to estimate the number of people murdered each year in the United States. Seventy-five percent of the respondents vastly overestimated the annual incidence of murder and believed the depiction of death on television was realistic. Eighty percent of these teenagers also indicated that they had never discussed the topic of death with their parents.

The influence of the media's inaccuracies about death has existed since the middle of the 19th Century. Ironically, about the time in US history that death and crime rates began to decrease, photography was introduced to the news media. Even though the actual numbers of deaths in the US were declining, people began viewing death as more prevalent because they saw and read about it in the newspaper. Real images of death were replaced with images presented by the media. This trend continues today. Because people frequently view death in the newspaper and on television, they perceive it as more rampant than it really is (Trend, 2003).

In addition to influencing children's perception about the frequency of death, the media also presents children with an incomplete picture of the human response to death. Rarely does the media accurately depict how people die or how their survivors actually

respond to death. The result is an overall depersonalized image of death (Strickland & DeSpelder, 2003).

If parents don't take the opportunity to help their children gain a clear and accurate understanding about death by openly communicating about it, their children will find answers through other means. One such source is the media. More than likely the alternate sources of information will not provide children accurate explanations about death and will only increase their confusion. Inaccurate and exaggerated information forms a basis for unhealthy grieving patterns in children.

*Bibliotherapy and death-related books.* When parents accurately understand children's perception of death and offer clear explanations about it they help children develop healthy grieving patterns. Parents can also further this development by being aware that some normal grieving reactions in their children may not always seem normal. This help and understanding should be offered in a secure environment full of patience and love. This may seem a tall order for parents, but there are resources available that may help them fill it, good books about death and grief. A developmentally appropriate book provides clear answers to difficult questions about death, and, when shared between parents and children, helps open channels of communication about death (Lamers, 2003; Waas, 2003; Worden, 1996). Sharing a children's book about death and grief can be a simple and accessible way to provide a healing measure for children experiencing grief.

The healing power of a book is summed up in the term *bibliotherapy*. The word *bibliotherapy* was coined in 1916 by Samuel Crothers. It comes from the Greek word for book *biblion* and the Greek word for healing *therapeia* (Jones, 2001). Although the use of books to help people through personal stresses and tragedies is not necessarily a new

phenomenon, recognizing that children grieve and that they benefit from literature is (Johnson, 2004).

The history of death and grief being included or not included in children's literature can provide evidence that bibliotherapy for grieving children is a relatively recent phenomenon. Around the turn of the 20th Century few if any children's books about death existed. Society was enjoying increased urbanization and socialization. People did not want to talk about unpleasant things (Johnson, 2004). World War II introduced death as a subject of study. Death was a process that left survivors behind. *The Big Wave* published in 1948 paved the way for future books about death and grief to be published (Corr, 2004; Johnson). The 1950s gave us the children's books *Anne Frank: The Diary of a Young Girl*, *Charlotte's Web*, and *The Dead Bird*. The 1960s were a time of sharing and discovering feelings. The needs of children were beginning to come to the forefront. The book *The Secret Garden* made its appearance (Johnson). Beginning with the 1970s and expanding through the 1980s and 1990s there was an explosion of children's literature published which contained the theme of death. Most of the children's books available about death and grief have been written in the last 25 years (Corr; Johnson; Jones, 2001).

With the availability of children's books about death and grief being a recent phenomenon, it seems obvious that bibliotherapy for bereaved children would correlate with this development. Bibliotherapy is currently an acceptable and widely used therapeutic option for bereaved children with a surprising number of books being published and made available in recent years (Corr, 2004). Jones (2001) states, "The fundamental belief of all bibliotherapists is that through structured or guided approach

using selected books focused on specific needs, reading can influence a child's thinking and behaviors leading to, in this context, a successful outcome from the trauma of bereavement" (p. 17).

Bibliotherapy or the use of a good book to help with the trauma of death is not limited in use by professional therapists or counselors. Parents and caregivers can also utilize this very effective tool in helping their children recover from the trauma of death. Moody and Moody (1991) tell us that books are a medium through which children can recognize their grief and express their anxieties and that "books are . . . tremendous tools for family members to use at home in initiating and facilitating uncomfortable and painful discussions regarding death" (p. 598).

Some books are specifically designed to be read and explored by parents and children creating an environment of sharing. Parents can capitalize on this sharing learning more about their children's the emotional awareness and understanding about grief and death. When parents read the book their children read, the experience creates a more natural introduction to an uncomfortable discussion about death and grief facilitating open communication (Corr, 1984). This discussion may help children express and discuss their fears and anxieties, consequently increasing their parent's understanding of their feelings (Lamers, 2003; Moody & Moody, 1991).

There are many books on the market available for parents to guide their children through bereavement. They are written for children of all ages and range from storybooks and picture books to advanced, sophisticated fiction for junior high and high school age children (Corr, 2004; Wass, 2003).

Many children's novels, although not specifically written for the use in bibliotherapy, may still be appropriate. However, it is essential to choose an appropriate book. When choosing a book to help a grieving child the following criteria should be considered:

1. The book should have an age appropriate plot (Sheen, Heath, Jones, Heaton, & Gstettenbauer, 2005).
2. Death should be explained clearly and logically. Concrete evidences should be apparent and magical explanations should be avoided (Moody & Moody, 1991; Sheen et al., 2005).
3. A book does not necessarily need to portray the death of a person. Many books for children that explain death use stories of animals or pets (Moody & Moody, 1991).
4. A book should deal with the emotional aspect of death and its accompanying pain (Moody & Moody, 1991).
5. The book should provide resolution to the problems related to death (Sheen et al. 2005).

In selecting appropriate books for grieving children, care must be taken in identifying their specific needs and also in considering the unique personality of each child. Children may identify their own suffering with the suffering of characters in a book (Jones, 2001; Sheen et al., 2005). Children may experience an emotional outlet or catharsis through an appropriate book (Hebert & Furner, 1997; Sheen et al., 2005). Children gain insight into their own life's sorrows and an understanding that others in the

world experience similar feelings. Identification, catharsis, insight, and universality are all accepted principles of bibliotherapy and are created when an appropriate book is read.

The use of bibliotherapy is accepted and recommended by many professionals as an effective tool for helping bereaved children and families. Worden (1996) tells us, “A family needs to work and adjust together. A book can help a family do this” (p. 35). Lamers (2003) explains in helping children come to terms with death, adults must first determine what a child knows and believes about death. If communication lines are open this should be easy. If not “another way could be through reading one of the excellent books about death with the child” (Lamers, p. 278). Moody and Moody (1991) state, “Books that deal with the emotional aspects of death can help children express their feelings of denial, anger, sadness, confusion, guilt, and pain” (p. 598). And finally, Wass (2003) tells us, “Parents can be important resource persons guiding their children toward vicarious experiences with death through literature. There are many excellent books on the market written by sensitive writers for children of all ages, which deal with the death of a pet, grandparent, friend, or parent” (p. 32).

The list of professional recommendations for bibliotherapy in helping bereaved families and children could become quite extensive. What is important to remember is that bibliotherapy or the use of good books to promote healing in individuals experiencing trials or stress is a widely accepted and recommended form of treatment. More recently, it has become an acceptable form of treatment for bereaved families and children.

Although bibliotherapy is widely accepted for helping bereaved families, there is limited research on the outcomes of bibliotherapy. Corr (2004) tells us, “Death related

literature...discusses topics related to bereavement, grief, and mourning in a variety of ways. That should not be surprising since much of the literature was written to help children cope with experiences of death and loss. What is surprising, however, is the apparent absence of formal studies of bereavement issues in this body of literature in the major professional journals in the field of dying, death, and bereavement” (p. 337). Jones (2001) also states, “Bibliotherapy as an agent of change is not universally proved” (p. 16).

However, with the apparent popularity of bibliotherapy it seems appropriate that there should be research evidence to support its usefulness. The purpose of this literature review was to illustrate the essential components of healthy grieving in parents and children, to discuss how books can help promote healthy grieving patterns, and to illustrate the lack of formal research on the effectiveness of books in fostering healthy grieving in parents and children. In order to develop health grieving patterns in children, research has illustrated the need for clear understanding about death and the need for open communication between parents and children. Numerous reports state that books can facilitate this communication and development of understanding. Formal studies are needed to support this position.

## Methods

### *Participants*

In an effort to limit the number of variables, the participants for this study were narrowed to a very specific population, mothers and their adolescent sons ages 13-15. The participants were from Provo and Springville, Utah. All were members of The Church of Jesus Christ of Latter-day Saints, all were Caucasian, and all came from homes where the annual income was greater than \$45,000. The average number of children in each participant's home was 4. The range in age for the mothers was 35-54 with a mean age of 42. All mothers reported having at least some college education and at the time of the study all were married. Initially, 20 pairs were asked to participate. Nineteen completed the study. This sampling was chosen for several reasons:

1. It was a convenient sample for the principal investigator to access.
2. The sample was homogenous: similar gender, religion, and socioeconomic status.
3. Adolescents at this age tend to form more intimate relationships with their friends rather than their parents (DiGuilio & Kranz, 1995; Lord, McNeil, & Frogge, n.d.).
4. Research indicated that young girls are more comfortable openly expressing their feelings than boys (Pfohl et al., 2002).
5. Most teenagers have never discussed death with their parents (Waas, 1989).

Both the mothers and sons were asked to participate in this study. If the mother was willing to participate but the son was not, neither was asked to participate. Each participant gave consent to this study. They were given a consent form approved through

the Institutional Review Board at BYU which informed them of the voluntary nature of this study. All participation was voluntary and remained confidential. As compensation for participating in this study, each participant received a copy of *The Bridge to Terabithia*.

### *Procedures*

This study was an exploratory, quantitative, and qualitative study that was completed in four steps.

*Step 1—selection of the book about death to be read.* Because there were no books available that had been evaluated for their effectiveness in helping bereaved children, the first step was to select an appropriate book about death to be read by the participants in this study. This selection came from a list of well-recommended books about death compiled for the National Association of School Psychologists (NASP) by Deon Leavy and Melissa Allen Heath in March 2005. The NASP list was created using book recommendations from current publications, the Internet, teachers, and librarians.

The first step in creating the list for NASP was to find book recommendations from current publications and the Internet. These recommendations were listed on a sheet of paper and tallied each time a recommendation was repeated. The books receiving the most tallies were designated as the most recommended books from the Internet and current publications.

A survey form was then distributed to 3 elementary schools, 2 middle schools, 1 junior high school, and 2 high schools in communities surrounding Brigham Young University-- Provo and Springville, Utah. All middle school, junior high, and high school teachers were from the schools' English departments. Elementary school

recommendations came from teachers teaching grades K-6. The schools were chosen based on their convenience to the researcher's location, their location in relation to BYU, and the willingness of school administrations to have the teachers participate. The survey forms were distributed to the teachers according to the desire of the administration—through personal contact or mediated contact.

This survey asked teachers to list books about death they would recommend to someone helping a grieving child. They listed each of their recommended books according to an age category—ages 4-8, 9-12, 13-15, and 16-18. These categories corresponded with grades K-3, grades 4-6, grades 7-9, and grades 10-12. These categories were similar to the break down of ages found for books recommended on the Internet. The teachers answered several yes or no questions about their recommended books and offered additional explanations if they wanted to clarify their responses. All books from teacher recommendations were listed and tallied. The most frequently tallied books from these survey forms were designated teachers' most frequently recommended books about grief and death. This survey form is found in Appendix A identified as Teacher Book Questionnaire.

The final source for book recommendations came from juvenile reference librarians in the communities surrounding Brigham Young University—Provo, Draper, and Springville, Utah. These librarians worked in school, public, or private libraries. They were given a survey form similar to the survey form given to the school teachers and asked similar questions. The books recommended from these librarians were listed and tallied. The books receiving the most tallies were designated the books most frequently recommended by librarians.

The lists previously described were compared with each other and the books most consistently recommended from all three lists were selected as the most recommended books about grief and death. This form is found in the second part of Appendix A identified as Librarian Questionnaire.

The book on this list that was the most frequently recommended from all sources was *The Bridge to Terabithia* by Katherine Paterson. This book is about a young boy who befriends a new girl who has moved into his rural, Virginia, neighborhood. Together they build an imaginary kingdom alongside a nearby creek which they call Terabithia. The young girl is tragically killed while the boy is away. The story incorporates the intense emotions the boy experiences when he learns about the death and the resolution he finds as he comes to terms with his grief.

It is interesting to note that this book was the most frequently recommended book from teachers in grades 5-12. Corr (2004) described this book as one that emphasized the creating of emotional bonds between a boy and those he loved. The main character in this book was a boy who experienced loss. Because this book had such a broad age recommendation, was so frequently recommended from all sources, and encouraged the emotional development of a young boy, it seemed an appropriate book to use in this study.

*Step 2—reading of the book about death by mothers and their adolescent sons.*

The second step was to have mothers and their adolescent sons both read *The Bridge to Terabithia* and then complete three separate survey forms that assessed the effectiveness of this experience in opening communication about death between them. What was important in this study was to have the mothers and the sons read the book. All

participants decided whether they wanted to read the book together or separately. After they both read the book, they answered the questions found on questionnaire number 1. This questionnaire had two different forms, a mother form and an adolescent son form, completed separately by the mother and her son. The participants were asked questions regarding their comfort level discussing death, their enjoyment reading the book, if they read the book alone or with their parent, and if it helped facilitate communication about death.

After they completed questionnaire number 1, they completed questionnaire number 2 by asking each other specific questions about the book and answered them in turn. Questions asked if they liked the book, who died in the story, how they felt about the death, how the characters reacted, and how they would react in a similar situation.

After they completed questionnaire number 2, they completed questionnaire number 3. This questionnaire also had two separate forms that were completed like questionnaire number 1. It assessed the participant's comfort level discussing death after completing the study and asked the participant's if asking and answering specific questions about the death in the book helped them discuss death with their partner, helped them understand their partner's feelings, and helped them discuss their feelings with their partner. As on questionnaire number 1 this questionnaire asked if the book helped facilitate communication about death. All questionnaires are included in Appendix B.

Each participant was given a personal copy of *The Bridge to Terabithia*, a consent form, and the survey forms to be completed.

*Step 3--data analysis of questionnaires.* The third step was to read, evaluate, and analyze the responses given on the questionnaires from all participants. The *Yes /No* and

scaled answers were analyzed quantitatively. The open-ended questions were analyzed qualitatively. Common themes related to communication about death were coded and analyzed. A more detailed discussion of this analysis will be given in the data analysis section.

*Step 4—final conclusion.* After all data from the questionnaires were analyzed by the primary investigator, the primary investigator concluded: Communication about death between mothers and their adolescent sons was facilitated when they read *The Bridge to Terabithia* together. Additionally, it was concluded: This communication was further facilitated when they asked each other specific death-related questions about the book and answered them in turn. The facilitation of communication about death between mothers and their adolescent sons when they read *The Bridge to Terabithia* together supported current opinions about the efficacy of bibliotherapy in child bereavement issues.

#### *Measures*

Data were collected from all participants using three different questionnaires which were completed sequentially. The mothers and sons completed the first questionnaire separately. This questionnaire assessed their comfort level in discussing death with each other prior to this study, asked if they had talked about death with each other in the past, and if this book helped them talk about death with each other. This questionnaire assessed the general effectiveness of *The Bridge to Terabithia* in facilitating communication about death between mothers and their adolescent sons after they both read it.

The mothers and sons completed questionnaire number 2 together. They asked each other specific questions about the death in the book, how it made them feel, and how they thought they would react to a similar situation. After completing questionnaire number 2, the mothers and sons completed questionnaire number 3. This questionnaire was completed separately like questionnaire number 1. They were asked if specific questions about the death in the book helped them discuss death with their partner, if these specific questions helped them understand their partner's ideas and feelings about death, and if the questions helped them discuss their own feelings about death. As on the first questionnaire they were asked if the book helped them discuss death with their partner. This questionnaire assessed if asking each other specific questions about the death in the book facilitated an increase in communication about death between the mothers and sons from the first questionnaire. Particular attention was paid to those questions that appeared on both the first questionnaire and the third questionnaire. A shift in the response pattern was used to help answer the research questions of this study. For example; on the first questionnaire a son may have responded that the book did not help him discuss death with his mother, but after asking and answering specific questions about the death in the book he may have responded yes on the third questionnaire. This would indicate a shifting of opinion and suggest this book did help facilitate communication about death between the mother and her adolescent son.

The measures were not tested for validity and reliability, but advisors were comfortable with the face validity of measures. However, this was a preliminary study and future research should consider testing reliability and validity.

### *Data Analysis*

The Yes/No and scaled answers were analyzed using the computer statistics program Statistical Package for Social Sciences. A frequency percentage of the Yes and No responses for each question was generated. The percentages of Yes and No responses from questions found on both the first and third questionnaires were compared.

Particular attention was given to a shifting in percentages for each similar question. A shift indicated a change in the opinion of communicating about death from the first to the third questionnaire.

A mean score was generated for each scaled question measuring the participants' comfort level discussing death. The mean scaled scores from the first and the third questionnaires were compared. Particular attention was paid to any change in the mean indicating a shift in comfort level of the participants discussing death with each other.

Using the "crosstabs" command in SPSS, the Yes/No responses from the mothers were compared to the Yes/No responses of the sons to determine consistencies and inconsistencies between their response patterns. A Phi coefficient was used to compare the dichotomous responses. A nonparametric Chi Square Goodness of Fit was used to analyze the change in responses from the first to the third questionnaires. A Wilcoxon Signed Ranks Test was used to determine if an increase in the comfort level discussing death from pre-study to post-study was significant.

The qualitative answers from questionnaire number 2 were reviewed to determine if additional comments enhanced information from simple categorical responses. Each participant was given several opportunities to offer explanations for their Yes or No answers. These free responses were then coded by the primary investigator according to

the response based on recurring topics and themes. Qualitative data was used to support the quantitative data.

### *Research Design*

This was an exploratory, phenomenological, mixed model research study. The quantitative and the qualitative data were collected concurrently using a repeated measures design. To collect research data, the researcher used a series of questionnaires sequenced and administered one right after another to all participants. This data was analyzed and used to obtain the conclusions of this study.



## Results

### *Question #1*

*When mothers and their adolescent sons share the experience of reading a well-recommended book about death together, does this experience facilitate their communication about death?* The first questionnaire attempted to answer this question and was taken by the adolescent boys and their mothers after they both finished reading the book. They were only given the directions to both read the book and to answer the questions on the three questionnaires. No explanation was given on how to discuss the book while reading it or how to read it together. The responses on the first questionnaire revealed that 15.8% or three mother/son pairs read the book together (the mother read while the son listened and vice versa), and 84.2% or 16 mother/son pairs read the book separately. One hundred percent or 19 mothers reported they liked reading the same book as their son and 94.7% or 18 boys reported they liked reading the same book as their mother. None of the mothers reported having concerns about their sons reading *The Bridge to Terabithia* and 78.9% or 15 boys felt comfortable reading a book about death.

One hundred percent or 19 of the mothers reported previously talking with their sons about death and 94.7% or 18 sons reported previously talking about death with their mothers and 5.3% or 1 son reported he had not. The comfort level of discussing death with each participant's partner in this study was measured on a scale from one to six: 1 = *extremely uncomfortable*, 2 = *very uncomfortable*, 3 = *uncomfortable*, 4 = *comfortable*, 5 = *very comfortable*, and 6 = *extremely comfortable*. The mean score for the mothers' comfort levels discussing death with her son prior to participating in this study was 5.69 and the sons' mean score was 4.94. These scores indicate a ceiling effect on both mother

and sons' comfort levels when discussing death prior to participating in this study. Very little upward movement was possible. A slight increase in scores was evident in the post study comfort level scores (mothers = 5.75, sons = 5.75), yet a Wilcoxon Signed Ranks test revealed neither change in score was significant (mothers,  $Z = -1.414$ ,  $p = .157$ ; sons,  $Z = -1.890$ ,  $p = .059$ ). Assuming the parametric test was robust enough to handle ordinal data, a paired samples t-test was also used to assess the upward change in scores.

Although the test did produced a more sensitive result, it also revealed the upward shifting in scores for both mother and sons was not significant (mothers,  $t(18) = -1.455$ ,  $p = .163$ ; sons,  $t(17) = -2.051$ ,  $p = .056$ ). The results of both the Wilcoxon and paired samples t tests may have been limited by the notable ceiling effect in which initial scores for both mothers and sons were quite high. The results may also have been affected by the small sample size which limited the power to find a difference. A trend was evident in the upward shifting of the sons' scores which supported the argument that reading the book together with his mother and discussing specific points helped facilitate an increase in his comfort level in discussing death with his mother.

When asked if they talked about the book with their partner, 73.7% or 14 of the mothers said they did talk with their son about the book and 89.5% or 17 of the boys said they did talk with their mother about the book. Both mothers and sons in the 3 mother/son pairs who read the book together reported they also talked about the book. Of the remaining 16 mother/son pairs who read the book separately 68.8% or 11 mothers reported they also talked with their sons about the book and 87.5% or 14 boys reported they talked with their mothers about the book. A nonparametric Phi coefficient was used to determine whether a relationship existed between reading the book together or

separately and whether or not mothers and sons had discussed the book. This comparison revealed no significant relationship between reading the book together or separately and whether or not mothers and sons discussed the book (mother's report,  $\Phi = .259$ ,  $p = .259$ ; son's report,  $\Phi = .149$ ,  $p = .517$ ).

Each person after completing *the Bridge to Terabithia* was asked on the first questionnaire whether or not they liked the book. One hundred percent or 19 mothers answered yes, 78.9% or 15 boys answered yes, and 21.1% or 4 boys answered no. They were then asked whether or not their partner liked the book. Eight mothers or 42.1% responded yes, 26.3% or 5 responded no, and 31.6% or 6 responded I don't know. Twelve sons or 63.2% responded yes their mother liked the book and 36.8% or 7 responded I don't know.

Each participant's actual liking of the book was then paired with their liking of the book reported by their partner. Eleven or 58% of the mothers correctly identified their son's liking for the book and 42% or 8 did not correctly identify their son's liking for the book. Sixty-three percent or 12 sons correctly identified their mother's liking for the book and 37% or 7 did not correctly identify their mother's liking for the book. For these first questionnaire responses, a nonparametric Phi coefficient was used to determine whether a relationship existed between mothers and sons discussing the book with each other and whether or not they could correctly identify their partner's liking for the book. No significant relationship was found ( $\Phi = .172$ ,  $p = .290$ ).

After reading the book with no instructions on how to read it with their partner or how to discuss it, each participant was asked if this book helped them discuss death with

their partner. Forty-two percent or 8 mothers said yes it did help 58% or 11 mothers said no; 58% or 11 boys said yes and 42% or 8 said no.

*Question #2*

*Is this communication further facilitated when they ask each other specific death-related questions about the book and answer them in turn?* On the second questionnaire the partners directly asked each other specific questions about the death in the book and then answered them in turn. One of the questions was simply, “Did you like the book?” On the third questionnaire as on the first they were asked if their partner liked the book. One hundred percent or all 19 mothers correctly identified their son’s liking of the book, and one hundred percent or all 19 boys correctly identified their mother’s liking of the book.

A Chi Square Goodness of Fit with Yates’ correction for continuity was used to assess the change in participants correctly identifying their partner’s liking for the book from the first to the third questionnaire. The percentages of correct and incorrect matches from the first questionnaire were used as the expected values. The percentages of correct and incorrect matches from the third questionnaire were used as the observed values. This nonparametric test revealed significant changes from the first to the third questionnaire for both mothers and sons (mothers,  $\chi^2(1) = 12.14$ ,  $p < .001$ ; sons,  $\chi^2(1) = 9.56$ ,  $p < .010$ ). There was an increase in the number of correct matches from the first to the third questionnaire.

The third questionnaire assessed the effectiveness of the participants asking and answering specific questions about the death in the book (second questionnaire) in facilitating communication about death between them. When asked if specific questions

about the death in the book helped them discuss death with their partner 63.2% or 12 mothers answered yes and 36.8% or 7 answered no. Ten sons or 52.6% also answered yes and 47.4% or 9 answered no. When asked if specific questions about the death helped them understand their partner's idea of death 36.8% or 7 mothers said yes and 63.2% or 12 said no. Four or 21.1% of the sons said yes and 78.9% or 15 said no. When asked if specific questions about the death in the book helped them understand their partners' feelings about death 68.4% or 13 mothers answered yes and 31.6% or 6 mothers answered no. Thirteen or 68.4% of the sons also answered yes and 31.6% or 6 answered no. When asked if specific questions about the death in the book helped them discuss their feelings with their partner 63.2% or 12 mothers answered yes and 36.8% or 7 answered no. Eleven or 57.9% of the boys answered yes and 42.1% or 8 answered no.

A Phi coefficient was used to examine the relationship between "Did asking specific questions about the death in the book help you discuss death with your partner," and "Did asking specific questions about the death in the book help you learn anything about your partner's idea of death." This comparison revealed a significant relationship for both mothers and sons (mothers,  $\Phi = .583$ ,  $p = .011$ ; sons,  $\Phi = .490$ ,  $p = .033$ )

A Phi coefficient was used to examine the relationship between "Did asking specific questions about the death in the book help you discuss death with your partner" and "Did asking specific questions about the book help you understand your partner's feelings." This comparison revealed a significant relationship for the mothers but not for the sons (mothers,  $\Phi = .655$ ,  $p = .004$ ; sons,  $\Phi = .263$ ,  $p = .252$ ).

A Phi coefficient was used to examine the relationship between "Did asking specific questions about the death in the book help discuss death with your partner" and

“Did asking specific questions about the death in the book help you discuss your feelings with your partner.” This comparison revealed a significant relationship for both mothers and sons ( $\Phi = .548$ ,  $p = .017$ ; sons,  $\Phi = .472$ ,  $p = .040$ ).

A Phi coefficient was used to examine the relationship between “Did asking specific questions about the death in the book help you understand your partner’s feelings about death” and “Did asking specific questions about the death in the book help you discuss your feelings with your partner.” This comparison revealed a significant relationship for the sons but not for the mothers (mothers,  $\Phi = .420$ ,  $p = .067$ ; sons,  $\Phi = .567$ ,  $p = .013$ )

After asking and answering specific questions about the death in the book, each participant (as on the first questionnaire) was asked if this book helped them talk about death with their partner. Thirteen or 68.4% of the mothers answered yes and 31.6% or 6 answered no. Thirteen or 68.4% of the sons also answered yes and 31.6% or 6 answered no.

Comparing the answers to, “Did the book help you talk about death with your partner,” from the first and third questionnaires shows 42.1% or 8 mothers on the first questionnaire answered yes, the book helped them talk about death with their son and 57.9% or 11 mothers said no compared with 68.4% or 13 mothers who answered yes on the third questionnaire and 31.6% or 6 who answered no. Eleven or 57.9% of the sons answered yes and 42.1% or 8 answered no on the first questionnaire compared to 68.4% or 13 who answered yes on the third questionnaire and 31.6% or 6 who answered no. A Chi Square Goodness of fit with Yates’ correction for continuity was used to assess the change in responses from the first to the third questionnaire. This nonparametric test

revealed a significant shift in responses for both mother and sons (mothers,  $\chi^2(1) = 5.4$ ,  $p = .020$ ; sons,  $\chi^2(1) = 5.4$ ,  $p = .020$ ).

### *Consistent Qualitative Themes*

Consistent qualitative themes found in the participants' responses include:

1. Facilitation in communication about death did not occur because high level of communication about death already existed between mother and son prior to this study;
2. Past discussions about death between mothers and sons occurred as a result of the death of a relative or friend and religious discussions.
3. Mothers and sons learned about their partner's views and feelings about death.
4. The mothers felt discussing their son's emotional response to death in the book was the most difficult part of this study.
5. The sons felt discussing their own emotional responses to the death in the book was the most difficult part of this study.
6. Mothers and sons felt this project was worthwhile and did open communication about death between them.



## Discussion

In her study on the media's influence on children's perception of death, Wass (1989) asked teenagers if they had previously talked with their parents about death. Ninety percent of the respondents said no. Twenty adolescent boys between the ages of 13-15 and their mothers agreed to participate in this study with nineteen out of the twenty pairs completing it. Based on Wass's findings, it was supposed that the majority of participants would not have discussed the topic of death with their partner. Surprisingly, 100% of the adolescent boys responded they had talked about death with their mother in the past and would continue to discuss death with her in the future. One hundred percent of the mothers reported the same thing. A measure of the participant's comfort level in discussing death with their partner on a scale from one to six (one being extremely uncomfortable and six being extremely comfortable) revealed prior to this study the average comfort level score was 5.69 for the mothers and 4.94 for the sons. These participants already felt at ease discussing death with their partner before even beginning this study.

All participants belonged to The Church of Jesus Christ of Latter-day Saints and, according to their responses, their communication about death was the result of the death of a relative or friend and religious discussions between them. In response to being asked, "Have you talked about death with your partner in the past? If yes, please describe your discussion," one mother wrote, "My father died even before I was married. We talked about the fact that my son may not know his grandfather, but his grandfather knows him." Her son wrote that his discussions about death with his mother were a result of discussing, "Where we go when we die." A second mother wrote, "Great grandparents

died in his lifetime and a close neighbor died and we talked about death a lot then.” Her son responded. “My neighbor/friend that lived across the street died. Grandparents have died.” Another mother also provided an example of their discussions being the result of the death of a relative and religion when she wrote, “Death of grandparent and scripture study.” Her son stated, “Just the thought coming up because of the discussion of religion.” Additional comments supporting the influence of the participants’ religious beliefs include, “I think being LDS makes death easier because we believe in life after death and that we will see them again.” Another mother stated, “Fortunately, because of our religious beliefs we know someday we will be reunited with those we love who have passed on.”

The influence of the participants’ religion on communicating about death was not considered prior to the study. After its influence became evident, another question surfaced: Would communication about death between the mothers and sons be further facilitated by the reading of the book *The Bridge to Terabithia*? Although some participants felt their level of communication about death was strong and the book had no further influence on their level of communication about death, the majority of mothers and adolescent sons participating in this study felt that reading this fictional children’s book about death did help facilitate communication about death between them. This discussion will provide evidence for this position, it will answer each research question using the data obtained during this study, it will discuss the limitations of this study, and it will discuss future research topics as a result of this study.

*Question #1*

*When mothers and their adolescent sons share the experience of reading a well-recommended book about death together, does this experience facilitate their communication about death?*

Moody and Moody (1991) state if parents and children read a book about death together, they might find that the conversations between characters may help promote discussion about death between themselves. Norris-Shortle et al. (1993) explain that parents and children while reading about death in a story may relate to the feelings of emotions of the characters and as children relate to a character's anxiety about death they may be able to express their own anxieties about death. Jones (2001) found, "The general consensus among teenagers was that if adults read modern children's fiction containing references to grieving children, a greater understanding would result. Youngsters could then express their grief openly" (p.122). In short these authors believe properly selected books can clearly explain death and open lines of communication between their readers; however, in their enthusiasm for promoting the benefits of a book about death in facilitating communication, these authors failed to offer further explanations on how to facilitate communication. Their statements suggest just reading a book is enough to facilitate open communication about death between parents and children.

The first research question in this study was an attempt to determine if this position was correct. Could communication about death be facilitated between mothers and their adolescent sons by just providing them a book about death and asking them to read it? If communication about death was facilitated by this process, this result would clearly support the above popular stance on the benefit of a good book about death.

The book used in this study was *The Bridge to Terabithia*. All participants were given no instructions how to read it or how to discuss it. They were given the freedom to decide if they would read it together with one partner reading while the other followed along or if they would both read it separately. When they had both completed the book they were asked to respond to a series of three questionnaires. Nineteen of the twenty pairs completed the study.

From the responses given on the first questionnaire the majority of mothers and sons found this experience to be a positive one. All of the mothers and most of the sons enjoyed reading the same book as their partner. Not one mother had objections to their son's reading a book about death, and a good portion of the sons felt comfortable reading a book about death. This positive outlook appeared to reflect the high comfort level of all participants in discussing death with their partner prior to this study. The elevated mean comfort level for both mothers and sons prior to the study provided little room for upward movement, resulting in a ceiling effect.

Although there were positive responses about reading this book together and participating in the study, the ceiling effect coupled with the quantitative data from the first questionnaire cast doubts on whether just reading a book together was enough to facilitate communication about death between mothers and adolescent sons.

#### *Quantitative Data*

On the first questionnaire each participant was asked if they liked the book. They were then asked if their partner liked the book. When the two responses were paired together, almost half of the mothers correctly identified their son's preference for the book. More than half of the sons correctly identified their mother's preference. Each

participant was also asked if they had discussed the book with their partner. Most of the participants said yes. A phi coefficient compared whether or not the participants had correctly identify their partner's preference for the book and whether or not they had discussed the book with their partner. No significant relationship was found. This casts doubt on whether correctly identifying their partner's preference was the result of any discussion about the book.

After both mothers and sons completed the book, they were asked if the book helped them discuss death with their partner. Although these percentages of those who answered yes suggested some participants did feel the book facilitated communication about death, when they were considered with the comfort level ceiling effect and the phi coefficients from discussing the book, their significance came into question. The communication about death between partners could also have been the result of other factors such as prior comfort level discussing death and previous discussions about death. Therefore, the quantitative data suggests that just providing participants a book about death and asking them to read it did not significantly facilitate communication about death between mothers and adolescent sons.

If the quantitative data from the first questionnaire were left to stand on its own, the above result would be the final conclusion for the first research question; however, the first questionnaire also provided qualitative data. This data coupled with the quantitative data casts doubt on the above conclusion.

#### *Qualitative Data*

The qualitative data was obtained from the comments recorded by the participants on the second and third questionnaires. In addition to responding to the

written questions several mothers and sons offered addition feedback that was unsolicited. One mother wrote, “When my son finished first he came in to see if I was done. I could tell he wanted to talk about it but didn’t know what to say. He asked me if I was to the museum yet. I told him I reading that part right then. He sat and watched while I read, waiting to see what my reaction would be, watching my face carefully. Then he asked me how I felt when I read that she had died. We had a nice discussion.” When the principle investigator received her completed questionnaires this mother elaborated further and explained a good friend of her son had been killed in a hiking accident the previous summer. After this boy died she and her son had quite a detailed discussion about his death. She felt at this point any issues her son had about death had been addressed, but from this reading experience she learned that her son had never seriously considered death being something that could happen to him until he read this book. After reading *The Bridge to Terabithia* he eagerly wanted to talk to his mom about his feelings and the book provided an avenue for that discussion.

Another mother wrote she and her son discussed, “the difference between Bill and Judy’s reaction to death and Us—LDS version of the same experience.” Although this discussion also had a religious theme, the book provided an avenue for this mother and son to clarify and discuss their beliefs. Other comments include, “The book helped make death understandable as a part of life.” “This book helped the uncomfortable topic of death seem more comfortable.” Another mother recorded she discovered, “[Her] son was afraid of dying,” and another mother mentioned she and her son discussed “stages of grief. What happens when we die. Blessings of knowing what happens. What do you think it would be like to have a friend die?”

These comments support the position presented by Moody and Moody, Norris-Shortle et al., Jones, and Waas, that communication about death can occur when parents and children both read the same book about death. Furthermore, the incongruence between the quantitative and qualitative data suggests the first questionnaire failed to correctly assess whether or not communication was facilitated. A more carefully constructed questionnaire may have provided quantitative data that would have supported the qualitative data. After considering both the quantitative and the qualitative data, the final conclusion for the first research question is yes, communication about death between mothers and sons can be facilitated when both mothers and sons read a book about death thus supporting the popular stance of bibliotherapy for many current researchers of child bereavement issues.

*Question #2*

*Is this communication further facilitated when they ask each other specific death-related questions about the book and answer them in turn?*

Waas (2003) states, "In an atmosphere of love and trust and openness in which joyful and distressing events and all kinds of thoughts and feelings are shared, children are more likely to express fears they may have about death, to share disturbing thoughts, and to ask questions about the subject." Unfortunately, this atmosphere does not always exist in every home. Some well-intentioned parents often shield their children from the topic of death, feeling it is too much for a child (Wolfelt, 2004). They may avoid the topic because they themselves are not comfortable with their own thoughts and feelings about death (Wass). Moody & Moody (1991) state, "Books are tremendous tools for family members to use at home in initiating and facilitating uncomfortable and painful

discussions regarding death” (p. 598). Parents and children may relate to the feelings and emotions of the characters and as children relate to a character’s anxiety about death they may be able to express their own anxieties about death (Norris-Shortle et al., 1993).

The first questionnaire in this study attempted to answer whether or not communication about death was facilitated when mothers and sons both read a book about death. The second questionnaire was an attempt to create a comfortable, non-threatening situation where mothers and sons could discuss their ideas and feelings about death by asking and answering specific questions about the death in the book *The Bridge to Terabithia*. They asked each other questions about the death in the book, how the characters in the book reacted and felt about the death, and how they themselves felt about the death in the book and in turn responded to the questions. All discussions stemming from the questions about death on this questionnaire took place under the comfortable umbrella of a good book about death.

The third questionnaire attempted to retrieve quantitative and qualitative data that could be used to evaluate if communication about death between mothers and adolescent sons was further facilitated when they asked and answered specific questions about the death in the book. The data obtained from the second and third questionnaires support the position that communication about death was further facilitated when the participants asked each other specific questions about the death in the book and in turn answered them.

*Quantitative data.* On the second questionnaire all participants asked their partners, “Did you like the book?” Then on the third questionnaire they were asked as on the first, “Did your partner like the book?” In an attempt to illustrate a simple increase in

communication, the number of participants who correctly identified their partner's response on the first questionnaire was compared to the number who correctly identified their partner's response on the third questionnaire. All participants on the third questionnaire correctly identified their partner's liking for the book except one mother whose son changed his mind from the first to the second questionnaire. A Chi Square Goodness of Fit with Yates' correction was used to examine the continuity of participants correctly identifying their partner's liking of the book from the first to the third questionnaire. This nonparametric test revealed significant changes in the participants correctly identifying their partner's preference from the first to the third questionnaire.

This shift in communication was not profound, yet it did illustrate the effectiveness of asking and answering questions in facilitating more effective communication. Additional measures of communication were completed by asking each participant, "Did asking specific questions about the death in the book help you discuss death with their partner?" and comparing the responses from that question to the responses from the following questions:

1. Did specific questions about the death in the book help you understand your partner's idea of death?
2. Did specific questions in the book help you understand your partner's feelings
3. Did specific questions about the death in the book help you discuss your feelings with your partner?

From these comparisons it was learned that a significant number of both the mothers and sons felt that asking and answering specific questions helped them understand each others idea of death. A significant number of mothers also felt asking and answering questions

about the book helped them understand their son's feelings about death, and a significant number of mothers and sons felt asking and answering specific questions about the death in the book helped them discuss their feelings about death with each other. Comparing the responses of the mothers and sons to the previous questions supports the position that communication about death between mothers and sons was further facilitated when they asked and answered specific questions about the death in the book.

Additionally, a Chi Square Goodness of Fit with Yates' correction for continuity was used to compare the responses to the question, "Did the book help you talk about death with your partner?" from the first and third questionnaires. On the first questionnaire about half of the participants answered yes compared to the majority of participants on the third questionnaire. A Chi Square Goodness of Fit with Yates' correction for continuity revealed a significant shift in yes responses for both mothers and sons from the first to the third questionnaire. This simply suggests that most of the participants felt reading the book then asking their partner specific questions about the death and answering them in turn facilitated communication about death between them better than just simply reading the book. The specific questions about death in the book provided a jump start to the communication about death between the mothers and sons that occurred from reading the book, *The Bridge to Terabithia*. Furthermore, the qualitative data from the responses given by the participants on the third questionnaire gives additional evidence of this increased facilitation.

*Qualitative data.* Each participant asked their partner specific questions about the death in the book, how they felt about the death, and how they would react and then answered their partner's questions in turn. From these questions and answers mothers and

sons both learned about each other's feelings and reactions to death which further facilitated communication about death between them. Comments from the mothers include, "[I learned] anger would be his first response if someone close to him died." "He realized it would be a scary thing for someone close to you to die—not just sadness, but fear." "I learned along with feeling sad and a sense of loss, he would feel empty which was an interesting emotion to learn that he would feel." One mother learned, "He had never given it serious thought before." Comments from the sons include, "She withdrew when someone died." "[my mom felt death] happens to everybody and God made it so we would die." "She feels sad."

It is interesting to note both mothers and sons reported discussing the sons' feelings about the death in the book as the most difficult item about the book to discuss. Several answers from the mothers when they were asked "What items about the death in the book were the most difficult to discuss with your partner?" illustrate this. They include, "People's reaction—he didn't seem to understand or want to understand the feelings of others." "People's feelings and reactions." "Anger, guilt one experiences at the death of a loved one." "How to deal with extreme sadness." "How to deal with emotions." "Just getting him to open up beyond yes and no." Comments from the sons when asked the same question include, "How to react." "How sad I would be if one of my good friends died." "The feelings after the death of Leslie."

The quantitative data suggests that reading the book and asking and answering questions about the helped both the mother and sons understand their partner's feelings about death and to discuss their own. The qualitative data supports the same conclusion.

One son wrote, “It was nice to find out that she had some of the same view points as I did.”

When the boys discussed their feelings about death with their mothers, their mothers learned about their sons. One mother wrote, “Talking to my son about this book did remind me of what a scary thing it is, of how you’re not sure how to react, not sure who you want to share your feelings with.” Another mother wrote, “I found out he is a very deep thinker. He takes things in and really thinks them through.”

The qualitative comments from the third questionnaire provided sensitive and poignant comments made by both mothers and sons about the communication and understanding that resulted from the participants asking and answering specific questions about the death in the book. This data combined with the quantitative data supports the position that asking and answering specific questions about the death in the book further facilitated communication about death between mothers and sons.

Additional comments from the qualitative data recorded by the mothers and sons also support current opinions on childhood grieving. The current position of the American Hospice Foundation is that healthy grieving patterns can be fostered before the death of a loved one actually happens. This development will equip children with the necessary skills for effective grieving when they actually have to face tragedy (“Hospice Net,” 2003). This opinion is also shared by other researchers. They feel children can be taught before they ever lose someone they love that grief is a natural emotion shared by all individuals. Not only is it constructive, but it also facilitates healing (Gordon, 1995; Moody & Moody, 1991). Several comments from this study support this idea. One mother wrote, “I would like to have read this book with my boys before our family’s

death last spring.” Another mother wrote, “We both enjoyed [this book] and we both will remember it. I think the insights he learned could help him deal with death in the future if we need a point of reference to start a conversation.”

Communication about their own anxieties may result when parents and children read about a character’s anxiety in a book about death. They may relate to the feelings and emotions of the character and then be able to express their own feelings and emotions (Jones, 2001; Norris-Shortle et al., 1993; Sheen et al., 2005). This idea was supported by comments from the sons participating in this study when they were asked, “How do you think you would react if someone you loved died?” Several comments include “The same way Leslie’s parent’s reacted—sad, mad, scared.” “Probably like Jess, shocked, scared, sad, not knowing what to do.” “Just like Jess.” These sons had directly related to the character’s reactions to the death in *The Bridge to Terabithia* and identified their own reaction to death because of this.

Children react differently to death based on their level of development. Silverman (2000) explains, “Children will revisit the meaning of death many times over their lifetime” (p. 217). As children grow and develop they will ask new questions about death. They will adjust to a new way of thinking that has evolved and they will create new ways of coping. (Goodman, 2002). A comment from a mother supports this idea. She wrote, “I always felt we had open communication about death in our family because we read the scriptures together and have regular religious discussions that include death. Reading this book, however, helped me realize that my children (ages 4-13) have different understandings about death and that it would probably be good for me to find books about death for each of their levels.” Another mother explained her son was four-years-

old when his father died and they have talked openly through the years about his death and who he was, yet from reading this book and discussing it with him she learned, “That he is less likely to discuss things now at age 14 than he was a few years ago.”

The qualitative comments resulting from the participant’s asking and answering specific questions about the death in the book provided evidence for the further facilitation of communication about death between mothers and sons. This conclusion is supported by the quantitative data obtained from the third questionnaire and the qualitative data obtained from both the second and third questionnaires. In addition to providing evidence for increased facilitation in communication about death, these qualitative comments also provided clear examples that support current positions on child bereavement issues.

#### *Limitations and Further Research Suggestions*

The measures used in this study presented certain limitations to the results. They were not tested for validity and reliability; however, advisors were comfortable with the face validity of the questionnaires and supported their use.

The conclusions from this study are limited to the small, homogeneous sample used for this study and to the one book that was used, *The Bridge to Terabithia*. Ethnic, gender, socioeconomic status, and other cultural variables were not considered in this study. Had they been, the results may have been considerably altered. Conversely, the results may have been the same. This question cannot be answered until further research is conducted. Although these results cannot be generalized to a larger population, they do provide further research questions. Would the results be the same for fathers and daughter or fathers and sons? Would the results be the same for nonreligious families as religious

families? What are the effects of culture on communication about death when using bibliotherapy? Would a picture book about death facilitate communication about death for an adolescent child the same as a chapter book?

These questions and others have been left unanswered, but open the door for future research.



## Conclusion

Children in past generations were frequently exposed to death. Mortality rates were higher and many people died at home. In modern times children are not as frequently exposed to death. Living conditions are improved and more people die away from homes in hospitals or care centers. Although children today are not as exposed to death, most will experience the death of a loved one in their lifetime and need to develop healthy grieving patterns.

A major contributing factor to the development of healthy grieving patterns in children is a supportive, loving home where children can ask questions and discuss their feelings about death. Parents are key players in this communication. Their ideas and attitudes help shape their children's concept of death and ability to cope when a loved one dies. Unfortunately, parents do not always feel comfortable discussing the topic of death. They may feel uncomfortable with the idea of death or they may not understand how to grieve themselves. Fortunately, there is a resource that can provide understanding about death and help facilitate communication about it between parents and children, a good book about death.

Bibliotherapy is using a book or books to promote healing. Current opinions about bibliotherapy and helping grieving children suggest that books can provide understanding about grief and death and can open channels of communication about death between those who read them. Although the use of bibliotherapy is gaining in popularity there is little research about its efficacy. Research illustrating its specific benefits would support its efficacy and current popular opinion.

This study attempted to illustrate the effectiveness of bibliotherapy by illustrating the facilitation of communication about death between mothers and their adolescent sons that occurred when they both read the book *The Bridge to Terabithia*. This study revealed communication about death was facilitated between mothers and adolescent sons when they both read this book and completed the accompanying questionnaires that accompanied it. Additionally, it revealed communication about death was further facilitated when these participants asked each other specific questions about the death in the book and answered them in turn. Receiving this jump-start to communication produced a significant increase in the number of mothers and sons who felt the book helped them discuss death with each other.

These results support the efficacy of bibliotherapy and illustrate the effectiveness of a book about death in facilitating communication about death between its readers. Additionally, these results can benefit those practitioners who specifically help children in suffering grief and loss such as School Psychologists and Counselors. These professionals help children in a school setting, and a book provides a tool for helping bereaved children that is safe and linked to the school environment. All interventions used by School Psychologists and Counselors should be rooted in sound research. The results of this study help provide research that supports the use of bibliotherapy by School Psychologists and Counselors as a viable tool in helping bereaved children.

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## Appendix A

Group: **Teacher 2005**

Grade Currently Teaching:

Other Grades Taught:

How long have you been teaching school?

We are soliciting suggestions for children's books on the topic of grief and death. We would appreciate your input about good books you think help children cope with grief. If a parent came to you asking for a book to help their grieving child, what book/books would you recommend to them? Please fill out the chart below:

Title of book	Age/Grade level of book	Have you read this book?	Could it be used in your class?	Have you used it in your class?	Was it helpful?
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N
		Y N	Y N	Y N	Y N

Please include comments to assist others who may use your recommended books. Thank you for your help.

Group: **Juvenile Reference Librarian 2005**

Circle where you work:    Public Library        School Library        Private Library

We are soliciting suggestions for children's books on the topic of grief and death. We would appreciate your input about good books you think help children cope with grief. If a parent came to you asking for a book to help their grieving child, what book/books would you recommend to them? Please fill out the chart below:

Title of book	Age/Grade level of book	Have you read this book?		Have you recommended it to a teacher?		Have you recommended it to a parent?		Have you recommended it to a child?	
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N
		Y	N	Y	N	Y	N	Y	N

Please include comments to assist others who may use your recommended books. Thank you for your help.

## Appendix B

**Mother Questionnaire 1**

ID# \_\_\_\_\_ DATE : \_\_\_\_\_

Instructions: This questionnaire is to be completed by the mother participating in this study. Please answer these questions separately from your son. After reading the book *The Bridge to Terabithia*, please answer the following questions:

The following questions refer to *The Bridge to Terabithia*.

1. How comfortable do you feel discussing death with your son?  
*Please circle the description indicating your level of comfort.*

---

Extremely comfortable   Very comfortable   Comfortable   Uncomfortable   Very uncomfortable   Extremely uncomfortable

---

2. Did you like the book? Yes/No
3. Did you have any concerns about sharing this book with your son? Yes/No  
If you answered "Yes" please explain why.
4. Did you and your son read this book together? Yes/No
5. Did you and your son read the book separately? Yes/No
6. Did your son like this book? Yes/No/I Don't Know  
If you answered "Yes," explain why your son liked this book.
7. Did you like reading the same book as your son? Yes/No
8. Did you talk to your son about this book? Yes/No
9. Did your son ask you any questions about this book? Yes/No  
If you answered "Yes," what questions did he ask?
10. Have you talked about death with your son in the past? Yes/No  
If you answered "Yes," what brought up the topic?
11. Did this book help you talk about death with your son? Yes/No  
If you answered "Yes" please describe your discussion.

## Adolescent Son Questionnaire 1

ID# \_\_\_\_\_ DATE : \_\_\_\_\_

Instructions: This questionnaire is to be completed by the adolescent son participating in this study. Please answer these questions separately from your mother. After reading the book *The Bridge to Terabithia*, please answer the following questions.

The following questions refer to *The Bridge to Terabithia*

1. How comfortable do you feel discussing death with your mother?  
*Please circle the description indicating your level of comfort.*

---

Extremely comfortable   Very comfortable   Comfortable   Uncomfortable   Very uncomfortable   Extremely uncomfortable

---

2. Did you like this book? Yes/No
3. Did your mother like this book? Yes/No/I Don't Know
4. Did you like having your mother read the same book as you? Yes/No
5. Did you feel uncomfortable reading a book about death? Yes/No
6. Did you talk to your mother about this book? Yes/No
7. Have you talked with your mother about death before? Yes/No  
If you answered "Yes," what brought up the topic?
8. Did this book help you talk with your mother about death? Yes/No

**Mother/Adolescent Son Questionnaire 2**

ID# \_\_\_\_\_ DATE : \_\_\_\_\_

Instructions: This questionnaire has two parts. On Part A the adolescent son participating in this study will ask his mother the questions and record her answers. On Part B the mother will ask her son the questions and record his answers.

Part A: Administered by the adolescent son participating in this study.

Ask your mother the following questions and record her answers in the space provided.

1. Did you like this book? Yes/No
2. What did you like about this book?
3. What did you dislike about this book?
4. Who died in this story?
5. How did this person die?
6. How did you feel when this person died?
7. Is there anything about the death in this book that bothered you? Yes/No  
If you answered "Yes," describe what bothered you.

Part B: Administered by the mother participating in this study.

Ask your son the following questions and record his answers in the space provided.

1. Did you like this book? Yes/No
2. What did you like about this book?
3. What did you dislike about this book?
4. How did you feel when one of the main characters in this book died?
5. How did the other characters in the story react to the death?
6. Did any of their reactions bother you? Yes/No  
If you answered "Yes" please explain what bothered you.
7. How do you think you would react if someone you loved died?
8. Do you think you would feel comfortable talking to your mother about your reaction? Yes/No

**Mother Questionnaire 3**

ID# \_\_\_\_\_ DATE : \_\_\_\_\_

**Instructions:**

This questionnaire is to be completed after completing questionnaire number two. Please answer these questions separately from your son. For additional writing space, use the back of this paper.

1. Did your son like this book? Yes/No
2. Did this book help you talk about death with your son? Yes/No
3. Did asking your son specific questions about the death in *The Bridge to Terabithia* make it easier for you to talk about death with him? Yes/No
4. Did asking your son specific questions about the death in *The Bridge to Terabithia* help you understand his feelings about death? Yes/No
5. After asking your son specific questions about the death in *The Bridge to Terabithia*, did you learn something about your son's idea of death that you didn't know before? Yes/No  
If you answered "Yes," please describe what you learned.
6. Did having your son ask you specific questions about *The Bridge to Terabithia* help you discuss your feelings about death with him? Yes/No
7. Do you think you will talk about death with your son in the future? Yes/No
8. What items about death in the book were the most difficult to discuss with your son?
9. After discussing this book with your son, how comfortable do you feel discussing death with him?  
*Please circle the description indicating your level of comfort.*

---

Extremely comfortable   Very comfortable   Comfortable   Uncomfortable   Very uncomfortable   Extremely uncomfortable

---

10. Please share any additional comments you would like to make about this experience.

### Adolescent Son Questionnaire 3

ID# \_\_\_\_\_ DATE : \_\_\_\_\_

#### Instructions:

This questionnaire is to be completed after completing questionnaire number two. Please answer these questions separately from your mother. For additional writing space, use the back of this paper.

1. Did your mother like this book? Yes/No
2. Did this book help you talk about death with your mother? Yes/No
3. Did asking your mother specific questions about *The Bridge to Terabithia* make it easier for you to talk about death with her? Yes/No
4. Did asking your mother specific questions about *The Bridge to Terabithia* help you understand her feelings about death? Yes/No
5. After asking your mother questions about the death in *The Bridge to Terabithia* did you learn something about your her idea of death that you didn't know before? Yes/No  
If you answered "Yes," please describe what you learned.
6. Did having your mother ask you specific questions about *The Bridge to Terabithia* help you discuss your feelings about death with her? Yes/No
7. Did having specific questions about death and *The Bridge to Terabithia* make it easier for you to talk about death with your mother? Yes/No
8. Do you think you may talk about death with your mother in the future? Yes/No
9. What items about death in the book, were the most difficult to discuss with your mother?
10. After discussing this book with your mother, how comfortable do you feel discussing death with her?  
*Please circle the description indicating your level of comfort.*

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Extremely comfortable   Very comfortable   Comfortable   Uncomfortable   Very uncomfortable   Extremely uncomfortable

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11. Please share any additional comments about what you learned from this experience.