Teenage Perceptions of Death and Dying

Sandy Marks
Loyola University Chicago

Follow this and additional works at: https://ecommons.luc.edu/luc_theses

Part of the Counseling Psychology Commons

Recommended Citation

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License. Copyright © 1997 Sandy Marks
ACKNOWLEDGEMENTS

A heartfelt thank you goes out to Dr. Lorna London for all of her patience and support.

A special thank you goes out to DJW for all of the love and support that was given to me while researching and writing this paper.

Mom and dad, this one is for you.
# TABLE OF CONTENTS

**COPYRIGHT**................................................................. ii

**ACKNOWLEDGEMENTS**................................................. iii

**LIST OF TABLES**.......................................................... v

Chapter

I. **INTRODUCTION**....................................................... 1

Purpose of This Study

II. **REVIEW OF THE LITERATURE**................................. 3

Theories of Children's Perceptions of Death
Psychological Reactions to Death
Adolescent's Perceptions of Death
Adult Perceptions of Death
Reasons for This Study

III. **METHODS**............................................................ 22

Participants
Procedure

IV. **RESULTS**.............................................................. 24

Demographics
Hypotheses
Results
Initial Intent
Findings

V. **DISCUSSION**........................................................... 33

Recommendations for Future Interventions
Suggested Future Research

APPENDIX

A. **TWENTY STATEMENTS TEST**....................................... 47

B. **SCORING PROCEDURE FOR THE TWENTY STATEMENTS TEST**... 48

C. **VIOLENCE SCREENING FORM**..................................... 55

D. **PERMISSION TO USE THE VIOLENCE SCREENING FORM**....... 63

REFERENCES................................................................. 64

VITA................................................................. 70
**LIST OF TABLES**

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographics and Description of Sample Population</td>
<td>41</td>
</tr>
<tr>
<td>2. Descriptive Data of the Sampled Population</td>
<td>42</td>
</tr>
<tr>
<td>2a. Descriptive Data of the Sampled Population</td>
<td>43</td>
</tr>
<tr>
<td>3. Positive Perceptions of Death and Dying</td>
<td>44</td>
</tr>
<tr>
<td>4. Negative Perceptions of Death and Dying</td>
<td>45</td>
</tr>
<tr>
<td>5. Neutral Perceptions of Death and Dying</td>
<td>46</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Children's perceptions of death and dying and the ways in which they cope with the concept of death largely depend on the child and his or her cognitive abilities. Literature has shown that a child's response to loss varies according to the child's current developmental stage, primarily because children of different ages have different cognitive capacities to understand the cause and meaning of death. Death has been a taboo topic for adults to talk about to children for quite some time. Until recently, literature suggested that the general belief of society was that young children are not interested or even concerned about death because of their developmental age. But, those who have children, live with them, or are devoted to working with them have finally realized that this is not true. Children today are faced with the issue of death as they lose friends and family to disease, violence, suicide and accidents. They have questions and concerns about death that need to be addressed. Therefore, the subject of death is becoming a more necessary topic of discussion with children. Knowledge of the development of children's death concepts can be useful in understanding and treating bereavement, grief, anxiety, and even suicidal ideation.
In the first part of this thesis, theories of children's, adolescent's and adult's perceptions and attitudes of death and dying, as well as their reactions to violence will be discussed. The next section will focus on psychosocial reactions to death. Following this section will be an explanation of the study, a description of the results and implications for future research.

The goal of this thesis is to examine the life experiences of teenagers that may impact their perceptions of death and dying. Results indicated that this sample of teenagers have indeed had life experiences that have effected their perceptions and attitudes of death and dying.
CHAPTER II
REVIEW OF THE LITERATURE

Theories of Children's Perceptions of Death

Children's concepts of death are affected by experiences with death. The more a child has to face experiences with death the more the child can internalize concepts of death and understand that there is a concept called personal mortality (Kane 1979; Reilly, Hasazi, & Bond, 1983).

There have been many theorists that have developed stage models relating to children and their conceptions of death. Piaget's (1972) cognitive development model is widely recognized as a measurement of cognitive development skills. The model states that children's death concepts are affected by cognitive levels. Those who are more developmentally mature have a more accurate conception of death. Piaget (1972) developed stages of operation that relate to the cognitive development processes. The first stage, the preoperational stage, involves children between the ages of two and seven. These elementary-aged children will differ in their capabilities of understanding death. According to Piaget (1972), these children may know of the word dead or death but have very little understanding of its
true meaning. It's likely that they will see death as reversible, so in turn their reactions to death may be one of indifference. Magical thinking, where the child thinks that if he or she wishes for something to happen it very well may happen, may also be present for children at this stage. Piaget's (1972) second stage is the concrete operations stage where children from ages seven through eleven fall. In this stage children display curiosity about death and can organize such thoughts in a logical manner. The child reasons in terms of objects (classes, numbers, etc.) but not in terms of things that can be thought out before knowing whether they are true or false. Therefore, children at this stage continue to be curious about death and dying. The third stage is the formal operations stage which houses children between the ages of twelve and fifteen. In this stage, thinking is related to the development of religious systems and philosophical thought dealing with the nature of death and issues surrounding life after death.

Another contributor to the literature regarding children's conceptions of death is Nagy (1948). Her stage theory describes the evolution of children's understanding of the concepts of universality, irreversibility and inevitability. Nagy (1948) described children five and younger as able to see death as reversible but unable to understand cessation of bodily functions and the
inevitability of death. Children five to nine are said to perceive death as avoidable, due to external or accidental factors and as irreversible if one does die. Children nine and older understand the inevitability, irreversibility and universality of death. Adolescents though, believe that there may be a life after death and see death as final.

In addition to Piaget and Nagy, Smilansky (1987) has contributed to the literature on children's conceptions of death. Smilansky (1987) defined four components of death concepts: irreversibility, finality, causality, and inevitability. Irreversibility is the knowledge and understanding that once a living being has died, it cannot live again. Finality, also called cessation, refers to the understanding that bodily functions stop working at the time of death. Inevitability is the understanding that all living things must eventually die; even oneself must die. Finally, causality refers to knowledge that physical and biological factors can cause death. Each child proceeds through all of these stages as he or she cognitively matures. Therefore, because we know death concepts are affected by cognitive level, the more mature a person is the more realistic the conception of death seems to be. Literature has also shown us that this relationship exists for the concepts of irreversibility (Koocher, 1973), inevitability (White et al., 1978), and causality (Koocher, 1973). However, it may not be true for finality (Townley &
Thornburg, 1980). This may not be true due to a person's feelings and beliefs about reincarnation and the after-life.

**Psychological Reactions to Death**

To understand and treat symptoms such as Post Traumatic Stress Disorder, behavior problems and medical difficulties that may occur when a child faces the loss of a loved one, it is important to examine the symptoms and understand how and why they emerged. For example, anxiety about dying is a common reaction for children who lose a loved one. With anxiety comes an intense fear that death does happen and may happen at any time but, may or may not happen to him or her. Existential theorists and therapists, such as Yalom (1980) and Rochlin (1967), argue that fear and anxiety can interfere with a child's understanding of death via various defense mechanisms such as denial of irreversibility and inevitability. Research needs to focus on how to help children cope with the fear and anxiety associated with death. Discussions about death and the loss of an important person in the child's life would be quite helpful in promoting a safe environment for allowing the child to explore his or her fears and feelings about death. However, depending on the severity of the symptoms, professional interventions may be necessary.

Post Traumatic Stress Disorder (PTSD) has been cited as a common reaction to death. However, it has been more
common in loss due to violence in homes, schools, streets and war zones. Traumas such as these during childhood and adolescence can lead to future disorders. These traumas can in-turn interfere with the child's development. An example of this can be found in the literature. "Depending on the number, nature and pattern of traumatic events, 27% to 100% of youngsters, exposed to sudden, unexpected, man-made violence, develop PTSD" (Schwarz & Perry, 1994). Other children may exhibit a range of "PTSD symptoms, behavior disorders, anxiety, phobias and depressive disorders" (Schwarz & Perry, 1994). Although there has been some controversy as to whether or not PTSD needs to be specifically diagnosed (Garmezy & Rutter, 1985), from the literature reviewed, it was found that children who are present at killings will likely acquire PTSD.

There has been an increased risk for behavior problems that may interfere with coping abilities. Coping can be affected by ambivalence in the environment (Furman, 1964) and or the guardians inability to cope with the loss (Elizur & Kaffman, 1983). The literature on violent death of parents has also shown us that, "the use of denial (Furman, 1964; Miller, 1971), need for substitute parenting (Furman, 1964; Miller, 1971), and environmental consistency" are extremely important to a child coping with loss of a parent (Payton & Krocker-Tuskan, 1988).

It has also been noted that bereavement can be the
cause of physical and mental illness. According to Sprang, McNeil and Wright (1989), the loss of a significant other causes intense emotional suffering or grieving. In addition, grief via loss through violence "is more profound, lingering and complex" (Sprang, McNeil & Wright, 1989). The grieving process for the loss of a person under nonviolent circumstances is outlined by Elisabeth Kubler-Ross (1969). Her stages of grief consist of: 1. denial and isolation, 2. anger, 3. bargaining, 4. dependence and 5. acceptance. A grieving person could experience these stages simultaneously and in any order. However, it is important that individuals experience all stages prior to resolution.

For the person grieving from a loss by violence there is an incredible probability of experiencing medical and psychiatric problems. Violent death seems to intensify and complicate grief reactions of survivors. Grief can be complicated by double-victimization. For instance, family members are first victimized by the murderer and second by the system, which can involve them in lengthy court trials (Sprang, McNeil & Wright, 1989).

Articles on violent death have shown us that the psychological reactions of children who lived in a community where they were exposed to serial murders experienced a number of psychological changes following the murders. This is true even though none of the victims were children and none of the children directly witnessed the murders (Herkov
et al., 1994). Frequently reported symptoms were anxiety-based, such as the fear of being alone and sleeping problems. Vicarious Victimization, (Terr, 1983) a term for someone who experiences victim-like responses to an act of crime even though that person was not a direct victim, was evident in these children. This suggests that it is possible to be affected by violence in a community even though it may not be a direct crime against oneself or one's own family members or friends.

Homicide in the United States is the second leading cause of death for people between the ages of 15 and 24 (Earles et al., 1991). Males have the highest risk of dying via homicide (Richters, 1993). Since the mid 1980's guns have been responsible for 96% of the increase in the homicide rate (Centers for Disease Control, 1990). Inner-city violence is especially predominant in today's world. Significant psychiatric morbidity can result from the violence. As of 1986, Washington, D.C. became the murder capitol of the world with the homicide rate at six times the national average (Shisana & Kofie, 1990). Today, much of the record increase in homicidal actions is accounted for by males twenty years and younger (Bell & Jenkins, 1993).

Interestingly enough, homicide rates for African-Americans are six to seven times greater than that of White rates (Fingerhut & Kleinman, 1990; Griffith & Bell, 1989). For African-Americans, homicide is the leading cause of
death for both males and females between the ages of 15-34 (Griffith & Bell, 1989). In addition, near lethal violence is greater than the homicide rate. A study comparing lethal and potentially lethal violence in 1990 in Chicago showed that for every homicide there were 44 occurrences of assault bad enough to involve the police (Recktenwald, 1991). Evidence has shown us that this violence occurs in inner-city areas and among the young. Females living in these areas are as unsafe as males are. Knowing that inner-city violence kills at a rapid rate, it is critical to understand how the children living in the middle of the violence perceive death and dying and cope with it.

Adolescent's Perceptions of Death

Thus far the discussion in this paper has focused on children's perceptions of death and dying and their coping strategies. The next group of individuals to be discussed are adolescents for they are the group to have "a number of unique developmental experiences and tasks (ie: emotional separation from parents, mastery and intimacy)" and at the same time "experience the normal developmental turbulence of adolescence and ambivalent feelings" (Meshot & Leitner, 1993). In addition, they are also dying of homicidal acts in startling numbers (Earles et al., 1991). The adolescent literature states that crime is a big part of many adolescent's life experiences. According to Wetzel
(1987), one out of five teens and one out of six twenty to twenty-four year olds were victimized in 1984. In addition, "one out of every thirty-three Americans older than eleven years of age experiences in a single year, an assault, robbery or rape" (Adams & Gullotta, 1989, p. 19). In 1984, 2.3 million youths were victimized; one-third were physically injured and many were in need of medical treatment (Adams & Gullotta, 1989). Literature also states that inner-city youths experience higher rates of crime than youths living in suburban areas. According to Irwin (1987), adolescents are thought to be risk-takers by nature. It is therefore important to examine the social and psychological consequences of risk-taking behaviors. The United States loses an equivalent of a medium sized town each year from senseless violent death (Adams & Gullotta, 1989). This fact supports the notion that adolescents are at risk as a life-stage group. According to McNeil et al., (1991), because no one expects young people to die, "when an adolescent does die, the shock, sadness and anger at the "waste of life" felt by relatives, friends, and acquaintances are inevitable" (p. 132). Moreover, literature states that chief causes of death in adolescence are due to "man-made," likely preventable events (McNeil et al., 1991).

Adolescents and teenagers that are growing out of a child's cognitive developmental phase establish formal operations at about the age of twelve to fifteen years. As
a result of such cognitive development the ability to reason hypothetically and independently in concrete states of affairs is effected. Understanding where adolescents are developmentally is important for understanding the adolescent in general.

Literature reveals two major types of theories that have had a strong impact on the study of adolescence. The first theory is a highly deployable theory which can be used to understand basic social and cultural mechanisms of the adolescent. The theory, "Grand Theory" (Adams & Gullotta, 1989), is concerned with broad social, philosophical and cultural issues that influence an adolescent's life such as social roles, cultural expectations, universal or subcultural norms, social processes or community organizations. The second theory, "Mini Theory" (Adams & Gullotta, 1989), focuses on specific settings and behaviors and is more limited to well-defined social settings or psychological constructs. The Mini Theory typically focuses on interpersonal or intrapersonal factors thought to be the cause of specific changes in behavior. While both of these theories give explanations about certain aspects of an adolescent's life, they do not attempt to encompass the adolescent's total realm of behaviors.

Other theories that attempt to look at adolescent behavior and development are a biosocial perspective where adolescent behavior is primarily attributed to biological
change (Adams & Gullotta, 1989). Another theory looks at the adolescent from an interpersonal relations perspective and states that an adolescent is examined as a personal attraction and exchange process (Adams & Gullotta, 1989). In addition, sociological and anthropological theories emphasize the influence of society's environment and institutions on adolescent behavior (Adams & Gullotta, 1989).

From the literature, one can conclude that there are many theories that attempt to discover how the adolescent behaviors emerge. "The principle novelty of this period is the capacity to reason in terms of verbally stated hypotheses and no longer merely in terms of concrete objects and their manipulation" (Piaget, 1972). This period in an adolescent's life marks a turning point because to reason hypothetically and to deduce the consequences that the hypotheses imply is a formal reasoning process. Hypothetical reasoning insinuates the subordination of the real to the domain of the possible and as a result allows for the joining of all prospects to one another by essential implications that encompass the real, but at the same time surpass it. Knowing this, it is important to examine how an adolescent may perceive and cope with death and dying and explore behaviors and the development of such behaviors, attitudes and perceptions.

Literature suggests that from about ten years of age
children understand the permanence and universality of death. They also understand that it is governed by laws of nature. Adolescents twelve years and older are also able to understand these things and in addition, may react to death and grief similarly to adults but with limited resources and abilities and less maturity to deal with them (Glass, 1990). Furthermore, mourning responses of adolescents most closely resemble those of adults, yet adolescents are more vulnerable than adults because of their current life stage.

One of the psychological tasks of the adolescent is to separate from his or her family and establish a sense of personal identity. For example, if an adolescent experiences the death of a parent he or she may endure the same emotions as adults but are less likely to express feelings for fear of being different from his or her peers (Zambelli et al., 1994). Here, an adolescent's lack of coping skills can be attributed to the developmental task of balancing role confusion with identity crisis. "Emerging formal operational thinking capacities facilitate consciousness and understanding of events yet intensity of feelings and egocentrism hamper individual coping efforts" (McNeil et al., 1991, p. 141).

Adolescence is said to be characterized by contradictions. On one hand, teens want to be understood and heard yet are unlikely to be expressive. In addition, they are at an age where they do not want to be told what to
do and therefore, may not ask questions about appropriate ways to grieve and cope. For adolescents, "coping with separations, especially those caused by death, and healing reconnections with peers, family and adults" critically influence how well they learn to stabilize isolation and intimacy needs (DeMinco, 1995, p. 179).

According to Justin (1988), most teenagers have never discussed dying with their families. While the literature states that the young and old seem eager to be in control of their dying as they are of their living, discussions surrounding death and dying remain barren in much of the adolescent population and their families. In a piece of literature on adolescents and death and dying one sixteen year old girl wrote, "I haven't really thought about dying and haven't discussed this with my family. It's hard to bring up the subject" (Justin, 1988, p. 431). In addition, death of a sibling and sibling bereavement during adolescence is unfortunately common. It is also a life crisis for the adolescent survivors. According to White (1976), sibling relationships powerfully influence personality development and contribute evidence of the sincere repercussions in one teenagers life after his sibling's death. Crisis theorists, life-span developmental psychologists, and psychiatric investigators of psychosocial transitions have noted that certain crises present paradoxical prospects to human beings; vulnerability to
major behavior disorganization and possibility for growth (Balk, 1983). Uncertainty about the effects of sibling death upon teenagers' psychological development, as well as the lack of systematic study of their reactions to sibling death (Balk, 1983) is another important reason to look at teenage perceptions of death and dying and their coping strategies. If, as literature suggests, adolescents are not discussing perceptions, feelings and coping strategies surrounding death, how are they ultimately dealing with loss and grief?

In terms of death by illness, literature states that in most cases of adolescent disease-related death, survivors will have inconsequential time for dealing with anticipatory grief and may display depression, anger, and guilt as a result. In addition, Kliman (1978) stated that, "children who are friends and classmates of a deceased child are "indirect-victims" subject to survivor guilt manifested in physical and psychosomatic illness, or acting-out behaviors, especially anger" (McNeil et al., 1991, p. 133). Furthermore, literature also suggests that bereaved peers of an adolescent could become "forgotten grievers" who are infrequently given proper attention as they struggle to cope with a loss.

Recent research discusses grief as an "oscillatory process in which the bereaved can experience a variety of feelings and emotions, both positive and negative
simultaneously" (DeMinco, 1995, p. 179). Grief related stress has been known to cause emotional development, social behaviors and academic performances to decrease. However, each person's pattern of grieving and coping is unique. Unfortunately, society places the burden on an individual to finish coping within a certain time frame (usually one year or less). Research has shown that adolescents grief and effects of loss may continue for years to come. It is logical to propose, as Bugen (1979) did, that the extent and time of grief reactions may very well depend on the relationship the griever has to the deceased, as well as the perceived preventability of such person's death.

Fleming and Adolph (1986) developed a model of adolescent grieving consisting of three phases. Phase one includes adolescents between eleven and fourteen and states that they have the task of emotionally separating from their parents but also have a conflict between separation and reunion. In phase two (fourteen through seventeen) the basic task is competency; mastery and control with the conflict between independence and dependence. Finally, phase three includes people between the ages of seventeen and twenty-one, and contains the task of intimacy or commitment and houses the conflict between closeness and distance. Research states that during these phases there are at least five issues that bereaved adolescents try to resolve cognitively, behaviorally and affectively. "These
issues are predictability of events, self-image, belonging, fairness/justice, and mastery/control" (McNeil et al., 1991, p. 134). Therefore, because adolescents generally do not confide in adults regarding their grief, but rely on their own inner thoughts of coping with death, adults may not see the pain an adolescent may be going through. So the question remains, how do we help them? It is important to look at the adolescent's perceptions of death and dying and his or her coping strategies for all of the above stated reasons. Furthermore, the age group encompassed by such persons is a vulnerable developmental stage where drastic measures are taken to fit in and extreme behaviors and thoughts can easily engulf one's mind culminating into a confused, sad and angry individual. This is yet another reason why it is so important to understand teenage perceptions of death and dying and their coping strategies.

**Adult Perceptions of Death**

Just like children and adolescents, adults are faced with many traumas in their lives that may leave them shocked, saddened, angered and grieving. Some studies have traced adult difficulties with depression to unresolved childhood bereavement (Balk, 1983). However, for an adult it may be assumed that it is easier for him or her to perceive death and dying and to ultimately cope. The term "easier" is not meant to negatively judge or label an adult
but rather to emphasize the developmental process as complete and the mind as mature. An adult's developmental stages are already formed hence the word adult. Clear cut messages about death and dying, grieving and coping are understood and death has most likely been discussed and experienced. Literature states that an adult's coping mechanisms are seen as conscious and unconscious efforts to conform to a struggle or threat in their environments. "Conscious coping can be defined as objective, observable and self-reported behaviors and classified according to different strategies" (Jacobs et al., 1994, p. 557). "Unconscious coping or ego defenses, can be defined as ego psychological mechanisms for warding off and exercising control over instincts, urges and unpleasant feelings" (Jacobs et al., 1994, p. 557). For the adult population it is believed that losses require unique coping skills that tend to be less active, less problem focused and more emotion focused.

Relevant For This Study

The violent death rate for the young in the United States has recently increased and is currently higher than ever recorded. Such increase is due to homicide rates that have doubled and suicide rates that have tripled over the past twenty and thirty years. For 20-24 year-olds, the risk of dying a violent death is greatest, and greater for males
than females; nonwhite rates are currently higher than white rates (Holinger, 1975). If this trend in killing continues the younger generation has death, grief, and sadness to look forward to. In addition, if they are not talking about their feelings now and do not wish to how will they cope with such loss when they lose a relative and or friend in the future? This is clearly another example of why it is so important to tap into teenage perceptions and attitudes about death and dying. The life period from 15 to 20 years marks the beginning of professional choices and also the assembly of a life program corresponding to the talent of the individual. Without proper discussion about death and dying and effective interventions relating to coping with loss and grief professional and life choices may be hindered.

Based on the literature, and teenager's understandings of death and dying, this population was targeted because it is at the highest risk rate for death via homicide. The population is also at an impressional developmental age, and these teens report that they rarely have adults that they can talk to about death and dying and or feel comfortable talking to about these issues. In addition, because research on urban adolescent's reactions to and perceptions of death is limited, this paper will contribute to the understanding of what this sample group experiences in terms of violence and death, and how they perceive death and
dying.

There are two hypotheses being tested for this study. First, it is expected that there are certain life experiences that lead to positive perceptions of death. Secondly, there will be life experiences that are associated with negative perceptions of death.
CHAPTER III

METHODS

Participants

Participants were seventy, inner-city, Chicago high-school teenagers between the ages of fourteen and nineteen. Fifty-five were African-American, three were Bi-racial, two were White, one was Asian, two were Hispanic, and six fell into the category of "other." Thirty-one of the participants were male and thirty-eight were female. One person did not indicate sex. Participants from all high school grade levels were included in the study. Thirty-four were freshmen, four were sophomores, twenty were juniors, and eight were seniors. Four people did not indicate grade level. All subjects received an information letter about the study which was read prior to participation. Students under the age of eighteen received parental consent letters which were returned signed, giving the student permission to participate in the study.

Procedure

Once permission from the minor's parent and/or guardian was received, all participants were given the Twenty Statements Test (Durlak, Horn & Kass, 1990) (see Appendix A).
and a Violence Screening Survey (Bell & Jenkins, 1992; adopted from Richters & Saltzman, 1990) (see Appendix C). The Twenty Statements Test was used for this sampled population because it is age appropriate for adolescents. In addition, other measures were investigated however, they were primarily designed for children.

The Twenty Statements Test is designed to obtain perceptions and attitudes about one's own death. The scoring sheet includes content categories such as religious outlook, termination of experiences, etc. It also includes categories of positive, negative and neutral affective responses. This measure is scored by taking each statement and deciding which category it fits into. The Violence Screening Survey is designed to obtain information about exposure to violence and feelings of safety from violence.

Each participant completed the questionnaires during a fifty minute free period in a group format. During the data collection and after the completion of the measures participants were encouraged to ask questions if they needed clarification. It is important to note that student responses were based on self-report, therefore, this may be viewed as a limitation.

Correlations were performed to determine if there was any relationship among the variables. In addition, a One-Way Anova within groups tested the correlated variables to distinguish the strength of the relationship.
CHAPTER IV
RESULTS

Demographics

Participants in this study consisted of seventy inner-city, high school students between the ages of fourteen and nineteen, with a mean age of fifteen. Seventy-nine percent of the sample were African-American, 3% Hispanic, 3% White, 1% were Asian, 4% were Bi-racial and 7% said they were of another race. One percent did not indicate race. Forty-four percent of the sampled population were male and 54% were female. Forty-four percent of this sample is employed at least part-time and 53% are involved in more than one extracurricular activities. Thirty-six percent of the population attend church at least one time a week (see Table 1).

Descriptive information obtained from this sample revealed that 76% of the students feel that there are adults with whom they feel comfortable talking to. Information concerning participants' exposure to and or perceptions of violence, indicated that 6% experienced a beating on at least one occasion, 73% have had at least one friend and or family member killed, 25% have seen someone killed at least once and 75% have been present when gunshots were fired at
least once; thirty-seven percent felt that their lives had been in danger in this situation (see Table 2 & 2a).

Participants in the study were asked questions about their personal experiences with violence. Exposure to violence questions focused on violence that had been witnessed, that had been directed toward the individual, as well as acts of violence experienced by close friends or family members. This research also examined participants' perceptions and attitudes about their own death.

Perceptions of death, for the purposes of this paper can be classified as either positive, negative or neutral. Statements reflecting positive perceptions of death and dying are, for example, "Seeing other people who I loved and want to see in heaven," and "Going to heaven". Examples of negative perception statements are, "A lot of grieving and crying," and "Missing people who I might never see again." Neutral perception statements are, "Will I be missed," and "Coming back as another person or thing." In addition, in this paper, life experiences are events one has been involved in directly or indirectly that have effected one's perceptions and attitudes about death and dying in a negative, positive and/or neutral way.

Hypotheses

The following are the hypotheses to be tested. First,
it is expected that there are certain life experiences that lead to positive perceptions of death. Secondly, it is expected that there are life experiences that are associated with negative perceptions of death.

The variables measured in this study were correlated with one another. Those variables that were found to be correlated were tested using a One-Way Anova within groups to determine the strength of the relationship.

The initial intent of this thesis was to compare urban and suburban populations in relation to their perceptions and attitudes of death and dying. Because permission was denied by several suburban schools comparisons were done within the sampled population.

The first hypothesis tested examined situations that were associated with one's positive perceptions of death and dying. It was found that some students who have been in violent environments where gunshots have been fired seem to be able to relate positively to death and dying and their own deaths ($F= 2.77, p=.03$). For example, some of these students are able to make statements such as, "Knowing things I never knew," and "Coming back to life through medical attention," even though they have been in places where life altering events have taken place. In addition, although the relationship is not as strong, these people also seem to project favorable statements about death and dying and their own deaths after being around gunshots ($F=$}
Those who have seen someone shot seem to be able to perceive death and dying as a termination of experiences (i.e.: end of physical life) rather than a negative experience ($F = 2.75, p = .03$) (see Table 3).

These within group measurements show that when comparing this sample's experiences with and perceptions of violent and nonviolent backgrounds, it was found that those who perceive their backgrounds as violent seem to be able to keep positive perceptions of death and dying than do those with nonviolent backgrounds. Also, these people did not find that their deaths would produce an impact on others. This finding is exclusively in relation to the first hypothesis.

In terms of life experiences that lead to negative opinions of death and dying (see Table 4), those who feel unsafe in their neighborhoods appear to perceive their deaths as having a negative impact on others ($F = 3.72, p = .01$). Sixty-six percent of those who feel somewhat unsafe in their neighborhoods feel that their deaths will negatively impact others ($F = 3.72, p = .01$). Some students seem to relate negatively to death and dying and their own deaths because they have been in areas where they have been exposed to violence (e.g. gunshots have been fired) ($F = 3.07, p = .02$). Moreover, those who have seen someone shot tend to perceive death and dying negatively ($F = 2.71, p = .03$).
One of the most surprising findings (see Table 5) was that there was a correlation between exposure to violence and a numbing effect of people's attitudes and feeling about his or her own death and dying. For example, some of the teenagers who reported having been stabbed seem to feel their deaths would impact others however, neither negatively or positively (F= 5.73, p= .005). Another example of this was evidenced by 93% of this sample who indicated that they felt somewhat unsafe on their school grounds and feel death is inevitable (F= 8.31, p= .001). Additionally, eighty-seven percent of the students who feel somewhat unsafe at school also feel death is inevitable (F= 4.10, p= .01). Interestingly enough is the finding that suggests that no matter what race a person is some of the students' perceptions remained neutral regardless of established racial stereotypes (F= 6.27, p= .001).

Although statistical significance was not found here, a relationship was shown between those who have been beaten and an inevitable outlook on death and dying (F= 2.55, p= .06). In addition, a relationship was found between those who attend church (72%) and feelings of accepting the inevitability of death; the more a person attends church the more he or she accepts death (F= 4.49, p = .007).

Results

The results of the present study emphasize the
importance of how necessary it is that a teenager feels he or she has someone to talk to and confide in about issues of death and dying. There seems to be a difference in the way teenagers who feel they have friends and or family to talk to about issues of death and dying perceive death and dying and those who do not feel they have anyone to talk to. These differences are apparent in one's outlook (positive, negative, or neutral) on death and dying and the way one perceives his or her own death. In addition, there seems to be differences in the way life experiences alter perceptions of death and dying. For example, this study suggested that there are certain life experiences that lead to positive, negative and neutral/numbing perceptions of death and dying. For example, relating positively to death and dying even though a person was around gunshots. On the other hand, others who have seen someone shot relate negatively to death and dying. However, some of these students feel that they are somewhat unsafe on their school grounds and as a result their deaths are inevitable. These findings are critical for future research.

Initial Intent

The initial intent of this project was to conduct a cross-cultural comparison of two populations (suburban and inner-city high school teenagers). Unfortunately, the suburban schools contacted for this research did not want to
embark on this opportunity because of the study's sensitive nature. In addition, participation was not granted due to serious violent acts that happened upon students in these school districts (ie: the stalking and murder of a high school girl). It is interesting to note, that schools offer education on sensitive issues of safe sex and Aids, and even have speakers on matters surrounding gang violence, and drugs. However, scheduled programs surrounding issues of death and dying to prepare a child as best as possible with coping strategies and advice are not apparent in schools unless a crisis occurs.

Findings

In this study, students were given two questionnaires targeting exposure to violence, death and dying, and perceptions of one's own death. Results indicated that some students seem to be able to relate positively to death and dying and their own deaths even though they have been exposed to violence. This finding could be attributed to these students having people to talk to about topics like death and violence. However, this aspect was not formally looked at but should be for future research.

In addition, it was also found that other students who feel either totally or somewhat unsafe in their neighborhoods, or have seen someone shot or been around gunfire, perceive death and dying negatively. This could be
attributed to these teenagers feeling like they have no one to talk to about death and dying and being scared of dying. However, this aspect was not formally looked at but should be for future research.

Furthermore, and most surprising, is the finding that for some, the more one is exposed to violence the more numb perceptions and attitudes become around issues of death and dying. This may be true due to the amount of exposure one has to acts of violence and death. It may also be true if a person has lost one or more relatives or close friends to homicide via shooting, or stabbing (ie: brutal violence).

One can't help but think that some of the violence and risky behaviors that these teens voluntarily expose themselves to may be death/suicide wishes. For example, being involved in a gang or associating with gang members is a powerful example. This statement suggests that teenagers may feel powerless over their lives and are seeking the support and love of another type of family. So, for future research, what should we focus on?

Today, children and adolescents are dying and being killed at a rapidly increasing rate. It is crucial that we, as adults and authority figures, know how to prepare children for issues surrounding death and dying. Therefore, we, as adults, need to know how to explain and moreover, have the know-how and knowledge to educate children about such issues. Furthermore, adults need to be open to
questions and discussions about topics involving death and dying to promote an environment where a child can feel that it is all right to ask these types of questions.
CHAPTER V
DISCUSSION

Recommendations for Future Interventions

Results of the Twenty Statements Test and the Violence Screening Form indicate that most of the sampled population has been exposed to at least one form of violence in their lives. For example, twenty-seven percent have been stabbed, 36% have seen someone shot in real life, and seventy-four percent have had a family member or friend killed. This means that the exposure to violence and death these teenagers endure encompasses a substantial part of their lives. Because of this it is important to help teenagers cope with issues of death, dying and violence by offering services in their communities and in their schools.

In their school contexts, grieving adolescents may be treated as children by parents and teachers when they are trying to cope with violence and/or death (McNeil et al., 1991). For example, they may be overlooked because of the adult's own grief and/or reprimanded for unusual behaviors (grief reactions) by teachers and parents. Moreover, they may be totally forgotten as support is solely given to the grieving family. Recognizing that schools may be the social interaction and support system for adolescents,
teachers and administrators need to be prepared for individual's personal and symbolic meanings of death and dying and the violence that may have accompanied the event (McNeil et al., 1991). Therefore, what can schools do to acknowledge the feelings of teens that have suffered the loss of a peer or acquaintance in their class or in their immediate group of friends at school?

One possible intervention strategy is to incorporate a multitude of participatory activities (assemblies, classroom discussions) where student input, on a voluntary basis, can be listened to and discussed. This strategy was implemented at a midwestern high school where a popular basketball player died of leukemia (McNeil et al., 1991). Students were encouraged to participate in such activities and provide input on a voluntary basis.

Another intervention strategy is implementing after school programs, in an unstructured format, where student-to-student sharing/discussion can take place (McNeil et al., 1991). This program can afford students an opportunity to heal in their own ways and on their own terms for adults would not be in control of advice giving and healing processes.

An additional intervention strategy can focus on a therapeutic orientation which has been used with soldiers suffering from combat stress reactions (Milgram & Hobfoll, 1986; Salmon, 1919; Toubiana, Milgram & Noy, 1986). For
combat veterans, interventions occur as soon as possible after seeing symptoms, as close as possible to the scene, in a military setting with other affected soldiers, and in an atmosphere where feelings are normalized.

In the case of this sample population, where research has shown homicide, violence, and death to be present in their lives, the same principles can be applied whether the violence took place at school, or in the community. This strategy could be implemented by gathering the affected teenagers together to discuss reactions, feelings and perceptions of death and dying. Adolescents twelve years and older are able to understand the permanence and universality of death but may react differently to death and grief issues then do adults because they are less mature. Because of this, promoting student-to-student discussion, where teenagers can feel comfortable talking in their element and to their peers, would allow for hypothetical and independent reasoning of concrete states of affairs.

The nature of the treatment is short term. It is oriented to the present anguish and to heroic coping behaviors. Venting of feelings is strongly encouraged since anger and depression seem to be the most predominant emotions attached to violence, death and dying. Furthermore, a component of this intervention is group sessions where the therapy takes place. In these groups,
and in addition to the above stated criterion, teens should be encouraged to participate in ceremonies and activities to honor the memory/memories of the deceased. In addition, support systems should be encouraged to be used as often as necessary and until use is not needed. For example, this method was used in Israel when a bus filled with children was struck by a train killing nineteen children and three adults while three other buses filled with children looked on (Toubiana, Milgram, Strich & Edelstein, 1988).

Another component of this intervention is one-on-one counseling, either at school, or in a private setting in the community, where reviewing and reliving the events that have occurred and elaborating on thoughts and feelings are discussed until some form of resolution is acquired.

Interventions on the part of the school community after an act of violence are not only excellent means for support but are vital to those teenagers who have little or no family support system. Because most of the sample surveyed has experienced violence in some form, whether personally or vicariously, intervention strategies and techniques should be centered around focusing on "expanding intellectual understanding of the situation, encouraging participants to experience negative feelings and fears, and identifying and using coping strategies that are most conducive to successful resolution of the crisis" (Arena, Hermann & Hoffman, 1984).
The rationale for interventions like this assumes, "the murder of a child cannot be explained in a rational way, the child's meaning to the world must be acknowledged and the loss mourned, the responsibility of the adult community in ensuring the security needs of its children must be reinforced to whatever degree realistically possible, and the responsibility of the community in assisting children to learn healthy ways of coping should be supported" (Arena, Hermann & Hoffman, 1984). For the sampled population, these strategies will allow for open discussion about sad and trying topics, promote a safe environment in which to do so, and support the person's individual grieving time meaning there would be no specific time period the person is expected to finish grieving in. Whether or not these teenagers have adults and or friends to confide in, this strategy is an effective means to coping with loss and grief issues for it encourages the village to help the child. Furthermore, parents and families should be involved in helping the children outside of school. Therefore, they need to be educated on how to deal with a child suffering from the death of a friend or family member.

In addition, it is critical to the recovery process that cultural issues surrounding this population not be forgotten. It is important to remember that 79% of the sampled population is African-American. Since each cultural group has different ways of dealing with issues of loss and
grief, administrators should be aware of the different racial/cultural groups involved in the grieving process so as to try and effectively help each individual. Coping with death and dying, fear and violence is neither easily or quickly dealt with. With family, community, peer and school support systems readily available the process can become easier and shorter. However, instilled cultural beliefs may inhibit an individual from coping in a school or peer established way. Therefore, education, on the part of the group leaders, is essential for effective recovery/coping to occur.

Therapists, school counselors and administrators using intervention strategies for individuals suffering from numbing effects as a result of violence should focus on making sure the individual is comfortable and feels safe discussing the events that caused such effects. It is important to acknowledge the person's feelings as "natural" so as to normalize his or her perceptions and attitudes. It may be shocking for some students to react in this way if they are normally feeling people. In any case, one-on-one counseling could create an atmosphere that enables a person to openly discuss feelings and thoughts.

These intervention strategies would work well for the sampled population because of their experiences and exposure to violence and death. This research shows, that virtually all of the sampled teenagers involved in this study have
encountered at least one form of violence in their lives. These strategies allow for peer discussion which is important when statistics reveal that 23% feel they have no one to talk to about thoughts and feelings surrounding death and dying. In addition, these interventions would allow individuals to grieve at their own paces and take advantage of group, as well as individual discussions about their reactions to the death or violent acts against their family members and/or friends.

Suggestions for Future Research

One suggestion for future research is to examine how much parents of this sample population know about death and dying and how they would hold discussions with their children if questions should arise.

Another implication for future research, and one of the most important suggestions, is to do a cross-cultural comparison between suburban and inner-city high school teens to examine their experiences with violence, death and dying and their perceptions. I suspect that these two groups will differ markedly in their experiences and perceptions simply because of geographic location.

Literature suggests that homicide is one of the leading killers of males between the ages of 15-24 (Richters, 1993). Because of this, research on current school/community intervention programs, their applicability to the issues and
their success rates is an important piece of research to conduct. For example, some of the teenagers who answered the Twenty Statements Test perceived their deaths to be, "painful," "end of problems," "fear," "hell," and "getting shot or stabbed." Therefore, current intervention programs need to be assessed for effectiveness to look at whether, after receiving an intervention, these teenagers feel safe at school or on their school grounds and/or in their communities.

In conclusion, the teenagers sampled for this thesis seemed to exhibit concrete perceptions and attitudes about death and dying and their coping strategies via positive, negative and neutral means. Therefore, the suggested implications for future research would be beneficial starting points to begin with to try and keep these kids safe, promote open and educated discussions about questions that may arise, and allow for researchers to examine the similarities and differences between urban and suburban teenager's perceptions and attitudes around death and dying. It is my opinion, that had I had the opportunity to do a cross-cultural comparison study, many intriguing and research worthy conclusions would have been found.
Table 1.--Demographics and Description of Sample Population

<table>
<thead>
<tr>
<th></th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # participants</strong></td>
<td>70</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 yo</td>
<td>12</td>
<td>17.1</td>
</tr>
<tr>
<td>15 yo</td>
<td>26</td>
<td>37.1</td>
</tr>
<tr>
<td>16 yo</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>17 yo</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>18 yo</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>19 yo</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>(.)</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>55</td>
<td>78.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>White</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Bi-racial</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>7.1</td>
</tr>
<tr>
<td>(.)</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>31</td>
<td>44.3</td>
</tr>
<tr>
<td>Females</td>
<td>38</td>
<td>54.3</td>
</tr>
<tr>
<td>(.)</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th</td>
<td>34</td>
<td>48.6</td>
</tr>
<tr>
<td>10th</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>11th</td>
<td>20</td>
<td>28.6</td>
</tr>
<tr>
<td>12th</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>(.)</td>
<td>4</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Note: (.) represents missing values and yo represents years old.
Table 2.--Descriptive Data of the Sampled Population

<table>
<thead>
<tr>
<th>Question</th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you attend church?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>27.1</td>
</tr>
<tr>
<td>Bi-monthly</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>1-3 times a month</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Once a week</td>
<td>25</td>
<td>35.7</td>
</tr>
<tr>
<td>.</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Do you work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>55.7</td>
</tr>
<tr>
<td>1-10 hours</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>11-20 hours</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>More than 20 hours</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>How many close friends do you have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>One</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Two or three</td>
<td>37</td>
<td>52.9</td>
</tr>
<tr>
<td>Four or more</td>
<td>24</td>
<td>34.3</td>
</tr>
<tr>
<td>Are there any adults you can share your feelings with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>53</td>
<td>75.7</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>.</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Check all of the extracurricular activities you are involved in.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Athletics</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>Dance/Choir</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>School clubs</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Paper/Yearbook</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Church activities</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>More than one</td>
<td>37</td>
<td>52.9</td>
</tr>
<tr>
<td>.</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>Within the last year have you been in a place where gunshots were fired?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Once</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>Twice</td>
<td>13</td>
<td>18.6</td>
</tr>
<tr>
<td>Three or four times</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Five or more times</td>
<td>25</td>
<td>35.7</td>
</tr>
<tr>
<td>.</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>How many friends and family members do you know that have been killed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>18</td>
<td>25.7</td>
</tr>
<tr>
<td>One</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Two</td>
<td>11</td>
<td>15.7</td>
</tr>
<tr>
<td>Three or four</td>
<td>12</td>
<td>17.1</td>
</tr>
<tr>
<td>Five or six</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Seven or more</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>.</td>
<td>1</td>
<td>1.4</td>
</tr>
</tbody>
</table>
Table 2a.—Descriptive Data of the Sampled Population

<table>
<thead>
<tr>
<th>Has a friend or family member been beaten?..............</th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes; friend/family= 8</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>No; friend/family= 18</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>Yes/no= 22</td>
<td>31.4</td>
<td></td>
</tr>
<tr>
<td>No/yes= 16</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>(.)= 6</td>
<td>8.6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been beaten up requiring medical attention?...</th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never= 59</td>
<td>84.3</td>
<td></td>
</tr>
<tr>
<td>Once= 2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Twice= 1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Three times= 1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Four times= 0</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Five times= 1</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>(.)= 6</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever seen someone killed?..............</th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No= 52</td>
<td>74.3</td>
<td></td>
</tr>
<tr>
<td>Once= 7</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Twice= 3</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Three or four= 1</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Five or more= 5</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>(.)= 2</td>
<td>4.3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has a friend or family member been killed?..............</th>
<th>Raw Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes; friend/family= 13</td>
<td>18.6</td>
<td></td>
</tr>
<tr>
<td>No; friend/family= 19</td>
<td>27.1</td>
<td></td>
</tr>
<tr>
<td>Yes/no= 16</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>No/yes= 15</td>
<td>21.4</td>
<td></td>
</tr>
<tr>
<td>(.)= 7</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Note: (.) represents missing values.
Table 3.--Positive Perceptions of Death and Dying

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relate positively to death dying and being around gunshots....................</td>
<td>*F = 2.77</td>
</tr>
<tr>
<td>Favorable statements about death and dying and being around gunshots...........</td>
<td>**F = 2.38</td>
</tr>
<tr>
<td>Having seen someone shot and perceiving death and dying as a termination of experiences</td>
<td>***F = 2.75</td>
</tr>
</tbody>
</table>

*p = .03, DF 4,55

**p = .06, DF 4,55

***p = .03, DF 4,55
Table 4.--Negative Perceptions of Death and Dying

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling unsafe in the neighborhood and one's death having a negative impact on others.</td>
<td>*F = 3.72</td>
</tr>
<tr>
<td>Feeling somewhat unsafe in the neighborhood and one's death having a negative impact on others.</td>
<td>**F = 3.72</td>
</tr>
<tr>
<td>Being around gunshots and having negative perceptions of death and dying.</td>
<td>***F = 3.07</td>
</tr>
<tr>
<td>Seeing someone shot and having negative perceptions of death and dying.</td>
<td>****F = 2.71</td>
</tr>
</tbody>
</table>

*p = .01, DF 3,55

**p = .01, DF 3,55

***p = .02, DF 4,55

****p = .03, DF 4,55
Table 5.--Neutral Perceptions of Death and Dying

<table>
<thead>
<tr>
<th>Violence and Numbing</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being stabbed and the impact on others</td>
<td>*F = 5.73</td>
</tr>
<tr>
<td>Feeling somewhat unsafe on school grounds and feeling death is inevitable</td>
<td>**F = 8.31</td>
</tr>
<tr>
<td>Feeling somewhat unsafe at school and feeling death is inevitable</td>
<td>***F = 4.10</td>
</tr>
<tr>
<td>Race and neutral perceptions of death and dying</td>
<td>****F = 6.27</td>
</tr>
</tbody>
</table>

* p = .005, DF 2,52  
** p = .001, DF 3,55  
***p = .01, DF 3,55  
****p = .001, DF 5,55
APPENDIX A

TWENTY STATEMENTS TEST

In the spaces provided below, please give twenty statements in answer to the question, "WHAT DOES YOUR DEATH MEAN TO YOU?" Give these answers as if you were giving them to yourself, not to somebody else. Move right along without hesitating until you are finished. You have twenty minutes to complete this.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
8. ____________________________
9. ____________________________
10. ____________________________
11. ____________________________
12. ____________________________
13. ____________________________
14. ____________________________
15. ____________________________
16. ____________________________
17. ____________________________
18. ____________________________
19. ____________________________
20. ____________________________

Permission to use the Twenty Statements Test was granted by Dr. Joseph Durlak, Department of Psychology, Damen Hall, Room 624, 6525 N. Sheridan Road, Chicago, Illinois 60625. Telephone (312) 508-3001. Permission was granted during February, 1996.
APPENDIX B

TST Scoring Guidelines: 1990

REVISED TWENTY STATEMENTS TEST:

SCORING GUIDELINES

These guidelines are designed to supplement Durlak, Horn and Kass (1990) so please see that reference for basic information. A reading of Bakshis, et al. (1974) from which the TST has been revised would also be helpful.

General Instructions

Each response for each respondent is to be scored in two different ways. First, score each response into one of 7 mutually exclusive content categories or consider it to be "unscoreable," meaning it does not fit into any of the 7 categories.

Second, score each response in terms of its affective (emotional) content. (positive, negative or neutral).

There is one exception to the above:

1. If a given response (often a compound sentence) expresses two distinct sentiments each scoreable into a different category, score the response into both categories.

Important notes

1. Respondents are asked to generate 20 separate responses. Many, however, do not make 20 responses, and a few will generate 21 or 22 depending on the exception above. Therefore, we recommend adjusting scores on a percentage basis and then standardizing or transforming such scores to permit the use of commonly used statistical procedures when comparing scores from different respondents.

2. It is often necessary to determine whether the protocol is religious or nonreligious. A religious protocol is one which contains any of the following explicitly religious terms in any statement scoreable into Category One: G-D, Jesus, Devil, Purgatory, heaven angels, resurrection, religious experience, creator, any of the names of other primary figures in the Bible, or any synonyms for G-D, the devil or Christ. The exception here is if the statement expresses uncertainty: "Finding out if there is a G-D." Such statements are scored into Category 5.

Although a number of other terms (such as spirit, spiritual life, judgement day, hereafter, eternal life and reincarnation) are commonly thought of as religious, we have found such terms frequently appear in protocols otherwise devoid of explicitly religious sentiments as noted above. Therefore, only explicitly religious terms can define a protocol as religious in character.

If a protocol is NOT defined as religious, then NO
statement can be coded into Category 4. If a protocol is defined as religious by the presence of explicitly religious terms, then less explicit terms such as spirit, eternal life, ARE SCORED into Category 1.

CATEGORY ONE: RELIGIOUS OUTLOOK

Any statement that does not express uncertainty regarding religion per se and contains either: (a) an explicit reference to G-D, Jesus, the Holy Spirit, Biblical figure, or Satan, or synonymous terms; (b) a reference to a spiritual afterlife (religious); (c) an indirect religious or afterlife reference of some form contained within a protocol that has explicit religious references such as those in (a); (d) reference to reunion with reference others after death.

INCLUDE 
joining my ancestors; seeing my dead grandmother; meeting all the others who have died; G-d's plan, meeting G-D; going before G-D.

INCLUDE only if protocol is otherwise determined to be religious:

eternal life, the beginning of a new life; another form of living, immortality, going to a better place, new manner of living, eternal peace, spirit leaving the body, "joining other spirits" "Judgement day"

Note. Occasionally, a response will reflect uncertainty but be clearly religious in tone. We have decided to code such responses into Category 1 instead of Category 5 e.g., "heaven or hell?" and "Will the Lord save my soul?" is scored into Category 1 since reference is clearly religious regardless of outcome, but "will I go to heaven?" is scored into Category 5 since uncertainty here could involve there being no heaven at all.

CATEGORY TWO: TERMINATION OF EXPERIENCES

Any statement that refers to the terminations of personal and social experiences or any generally unfavorable or negative statements not scoreable elsewhere.

Note. Factor analysis has indicated these two types of responses (termination of experiences and generally unfavorable) load on the dimension. the most common termination statements involve references to personal feelings, relationships with others, personal life goals, plans or ambitions, loss of sensations, or possessions.
Note. Termination or the ending of one's physical life or existence on earth is scored into Category 7.

INCLUDE

not able to see friends, no more friends, no more loving, no longer being able to love my husband, no more laughing/work/stress/ or no more: seeing beautiful things/smelling the flowers/having sex, will have no children, will never be a doctor, won't see my children grow up, can't achieve goals, or my life dreams.

Generally unfavorable sentiments:
Include into Category 2: "anger" "fear" "I'm" not ready to die" "loneliness" "helpless" "coldness" "confusion" "regrets" "I don't want to die" "I don't think about it"

Note. We have decided to score "unfinished business" into Category 2 and score it as negative in affective tone.

Score into other categories:
"people forgetting existed:" "others will mourn" (each goes into Category 3 since reference is to others not oneself.)

"The possibility of never seeing my friends or family again" (score into Category 3 since reference is to others not oneself.)

"fear of the unknown" (Score into Category 5)

CATEGORY THREE: IMPACT ON OTHERS

Any statement that refers to the impact one's death will have on others, or any statement referring to funerals, wakes, cemeteries, and other ceremonies or rituals associated with death.

INCLUDE

"grief for others," "people forgetting I ever existed," "it will hurt my loved ones:" "possessions for others," "leaving a space for someone else," "my body will be left for science," "leaving having contributed something to others (or society),"

Also include: "casket," "body rotting," "six feet under" "flowers on the grave" "reading the will"

Note. In some protocols, references to funerals or ceremonies can be assumed given the context of previous responses. For instance, multiple responses such as:
casket, eulogy, flowers, can all be scored into this category. If the single response, "flowers" appears in a protocol, however, it is not possible to know the reference: P we have treated such responses as unscoreable.

Some responses that potentially refer to near-death experiences are particularly problematic: "shining light", (Unscoreable: what's the referent here?) Since the respondents' believe in such experiences as reflecting an afterlife is unknown, we have usually treated such responses as unscoreable unless another category is possible: "beautiful music" (into Category 6).

Score into other categories:
"Sadness" (score into Category 2; cannot be sure sadness refers to reference others).
"I want others to remember me" (Category 5: wants and wishes reflect uncertainty about outcome)
"Will others remember me?" (Category 5)

CATEGORY FOUR: CONTINUED EXISTENCE AFTER DEATH (NONRELIGIOUS)

Any statement that contains reference to a continued existence in some form after death within a protocol devoid of explicit religious references.

INCLUDE
"reincarnation," "living in a different manner," "beginning of eternity," "death is not the end," "a new chance," "starting over" "my spirit will live on"

Note. above responses would be scored into Category 1 if protocol contains other explicitly religious references.

Score elsewhere:
"a new experience" "sleeping" "a time to evaluate my life" (We consider such responses as unscoreable since here is no way of knowing if reference is to continued existence after death, the process of dying, or the moment of eat itself.)

CATEGORY FIVE: UNCERTAINTY

Any statement that expresses uncertainty regarding death's religious, personal or social consequences. Include statements concerning finding out answers or clearing up any confusion or mystery about death.

Note. A useful guide is to score as uncertainty any statement that contains the words hope, wish, or want, or responses expressed as questions.
INCLUDE:
"Will I be missed?" "I want to die knowing all my affairs are in order" "Hopefully, it will mean happiness" "A mystery" "fear of the unknown" "An answer to my questions" "I don't want my death to hurt others" "I may be better off dead" "Will I see G-D?" "Finding out if there is a heaven" "what my family do?" "I hope there's no pain." "I want it to be peaceful"

CATEGORY SIX: FAVORABLE STATEMENTS

This category includes all generally positive responses not scoreable elsewhere.

INCLUDE:
"satisfaction" "freedom" "I have no regrets" "An accepted fact" "Death should be accepted" "It doesn't bother me to think about death" "peace"

Score elsewhere:

"no more sorrow" (into Category 2)
"good for mankind" (into Category 3) "a time for learning" (into Category 5)

CATEGORY SEVEN: INEVITABILITY/END OF PHYSICAL LIFE

This category contains all references to the universality or inevitability of death, plus all references to the end of physical life and denial of any afterlife. Include sentiments referring to the fact everyone dies, death makes us equal, death is a part of life and all statements relating to the end of physical life or denial of afterlife.

INCLUDE:

"death is inevitable" "completion of life cycle (or life)" "the last part of life" "it's going to happen" "death comes to all" "no more" "stopping of my organs" "no more breathing" "the end" "end of existence" "end of life as we know it" "finished" "end of a process"

AFFECT CATEGORIES

In addition to content scoring, each scoreable response is also scored in terms of what type of affect is expressed: category 8 (positive), Category 9 (negative), or Category 10 (neutral).

Score into Category 8:

All responses from category 6 which by definition are positive, plus such responses as: "family togetherness" "joy
"in heaven" "eternal bliss" "no more: stress/problems/pain, etc" "joy in a new beginning" "joy for others"

Note. "heaven" is scored here since it connotes positive sentiments, but expressions of afterlife "eternal life" are not scored here unless specific positive emotion is mentioned: "eternal peace"

Score into Category 9:

Responses from category 2 which refer to the loss or termination of positive experiences: "no more: loved ones/fun/career/plans to be a doctor, etc" plus other unfavorable sentiments scored into Category 2 such as: "sadness" "fear" plus any other response reflecting negative emotions: "I worry about how painful it will be" "my friends will grieve" plus any negative responses from other categories. "I will pay for my sins" "It could be terrifying"

Score into Category 10:

By definition all responses not scored into 8 or 9. No clear emotional tone is expressed: end of life" "life after life" "living on in a new way" "my heart and lungs will stop" "cemetery" "reading of the will" "quiet" "a new adventure"

Note. uncertainty responses can be scored a either positive or negative: "hopefully, I will be in heaven" or "fear of what comes next."

UNSCOREABLE RESPONSES

Inevitability, some responses cannot be scored into any content category. (If the response can be scored into an affective category, then it should be scored into one of the 7 content categories.)

Note. Unscoreable responses ar not counted in determining each respondent's scores. If 2 responses out of 20 are unscoreable, base your scoring for that respondent on 18, not 20 responses.

UNSCOREABLE:

"a new experience" "stillness" "sleep" "means I'm dead" "numbness" "I wonder who of my friends will die before me" "day of reckoning" "judgement"

It is not clear here if reference is religious or not.
Score elsewhere:

"I suppose death will be beautiful" (into Category 5)
"incomprehensible" (into Category 2)
HIGH SCHOOL STUDENTS AND VIOLENCE

Violence and the threat of violence is often a concern of those who live in cities. The purpose of this survey is to determine the amount of violence, if any, that high school students have been exposed to and some possible consequences of that exposure.

Please answer the questions as honestly and thoughtfully as possible. Your name is not on the questionnaire and no one will know how you've responded to the survey.
1. Your age:____________________

2. Sex: ( ) Male ( ) Female

3. Race/Ethnic Background:
   ( ) Black/African American
   ( ) Hispanic
   ( ) Other (Specify)
   *( ) White
   *( ) Asian
   *( ) Biracial

4. Grade in school____________________

5. Who do you live with? (Check all that apply)
   ( ) Mother
   ( ) Stepmother
   ( ) Father
   ( ) Stepfather
   ( ) Grandmother
   ( ) Grandfather
   ( ) Brother, How Many_____
   ( ) Sisters, How Many_____
   ( ) Other relatives
   ( ) Other____________________

6. Do you have any children?
   No____
   Yes____
   a. how many____
   b. do they live in the house with you? yes__ no__

7. What is the highest grade in school completed by your mother (or female guardian)? (please circle)
   Grammar : 1 2 3 4 5 6 7 8
   High School: 9 10 11 12
   College: 1 2 3 4
   Don't know: ______

8. Does your mother (or female guardian) work?
   ( ) Yes
   ( ) No
9. What is the highest grade in school completed by your father or male guardian (please circle)?

Grammar : 1 2 3 4 5 6 7 8
High School : 9 10 11 12
College : 1 2 3 4
Don't know : ______

10. Does your father (or male guardian) work?

  ( ) Yes
  ( ) No
  ( ) Don't know

11. Do you work?

  ( ) No
  ( ) Yes, 1-10 hours per week
  ( ) Yes, 11-20 hours per week
  ( ) Yes, more than 20 hours per week

12. At the end of last semester (June, 1992), how many of the following grades did you receive?

A__________
B__________
C__________
D__________
F__________

13. How many days have you been absent from school during the past month?

  ( ) None
  ( ) 1-2 days
  ( ) 3-5 days
  ( ) 6-10 days
  ( ) 10 + days

14. Overall, what kind of student do you think you are?

  ( ) Excellent
  ( ) Pretty good
  ( ) Average
  ( ) Not so good

15. Have you ever repeated a grade in school?

  ( ) Yes
  ( ) No

16. During this semester, how much "trouble" have you
gotten into at school?
  ( ) A lot
  ( ) Some
  ( ) Very little/none

17. Check all of the extracurricular activities in which you are currently involved:

  ( ) athletics           ( ) dance and/or choir
  ( ) debating and/or theater ( ) school clubs
  ( ) band and/or orchestra ( ) school paper or yearbook
  ( ) student government   ( ) church activities
  ( ) youth groups (Scouts, "Y", boys club...)

18. Do you attend church?

  ( ) No
  ( ) Yes, every couple of months
  ( ) Yes, 1-3 times a month
  ( ) Yes, once a week or more

19. How many close friends around your age would you say that you have...people that you talk to about your problem and share your feelings with?

  ( ) None   ( ) One   ( ) Two or Three   ( ) Four or more

20. Are there any adults that you can talk to about your problems and share your feelings with?

  ( ) Yes
  ( ) No

Note: * means that the race group was added for purposes of this study.
VIOLENCE SCREENING FORM

I. WITNESS

Below are some questions about acts of violence you may have seen or that have happened to you or people close to you. The first questions are about things you've seen happen in real life, you know, not on TV, but you were there.

1. Have you ever seen someone shot in real life?

   Yes____  No____ (if NO, go to question # 2)

   A. If yes, how many times? (circle only one)
      a. 1 time       c. 3 or 4 times
      b. 2 times       d. 5 times or more

   B. Who was the person(s)? (Put number on blank)
      a. stranger____  d. parent(s)____
      b. acquaintance(s)____ e. brother/sister(s)____
      c. friend(s)____  f. other relative(s)____

   C. When was the last time you saw someone shot?
      i.e. How long ago?____

   D. How old were you the first time you saw someone shot?____

2. Have you ever seen someone stabbed in real life?

   Yes____  No____ (if No, go to question # 3)

   A. If yes, how many times? (circle only one)
      a. 1 time       c. 3 or 4 times
      b. 2 times       d. 5 times or more

   B. Who was the person(s)? (Put number on blank)
      a. stranger____  d. parent(s)____
      b. acquaintance(s)____ e. brother/sister(s)____
      c. friend(s)____  f. other relative(s)____

   C. When was the last time you saw someone stabbed?
      i.e. How long ago?____
D. What is your earliest memory of seeing someone stabbed? i.e. How old were you? —

3. Have you ever seen someone killed in real life (include those who may have been shot or stabbed)

   Yes____  No____(if No, go to question # 4)

   A. If yes, how many times? (circle only one)
       a. 1 time
dx. 3 or 4 times
       b. 2 times
d. 5 times or more

   B. Who was the person(s)? (Put number on blank)
       a. stranger____
       d. parent(s)____
       b. acquaintance(s)____
       e. brother/sister(s)____
       c. friend(s)____
f. other relative(s)____

   C. When was the last time you say someone killed? i.e. How long ago? —

   D. What is your earliest memory of seeing someone killed? i.e. How old were you? —

II. OTHERS

   Below are some questions about some things that may have happened to people that you know, whether you saw these things or not.

4. To your knowledge, has a friend or family member ever had these things happen to them? (put number on blank)

<table>
<thead>
<tr>
<th>Friend</th>
<th>Family</th>
</tr>
</thead>
</table>
   a. beaten up so badly they required medical attention ——— ———
   b. robbed with a weapon ——— ———
   c. raped ——— ———
   d. shot ——— ———
   e. stabbed ——— ———
   f. killed ——— ———

5. (A) Altogether, about how many friends and family members
do you know who have been killed? (circle one)

a. none                     d. 3 or 4 people
b. 1 person                  e. 5 or 6 people
c. 2 people                  f. 7 or more people

(B) Who were these people? (Put number on blank)

a. acquaintance(s)___       d. brother/sister(s)___
b. friend(s)___              e. other relative(s)___
c. parent(s)___

III. YOURSELF

6. Have any of the following things ever happened to you? (circle number of times)

How many times have you been:          NUMBER OF TIMES

a. beaten up so badly you needed medical attention 0 1 2 3 4 5
b. robbed with a weapon                      0 1 2 3 4 5
   c. raped                                   0 1 2 3 4 5
d. shot                                     0 1 2 3 4 5
e. stabbed                                  0 1 2 3 4 5
f. shot at                                  0 1 2 3 4 5

7. Within the last year, have you been in a place (at home, in streets, at school, etc) where gunshots were fired?

   Yes____ No____(if No, go to question # 8)

   a. How many times?

      ____ 1 time
      ____ 2 times
      ____ 3 or 4 times
      ____ 5 times or more

   b. On any of these occasions did you feel as though your life was in danger?

      Yes____ No____
8. On the following scale indicate how safe from physical harm and danger, do you feel in the following places?

<table>
<thead>
<tr>
<th></th>
<th>Very Safe</th>
<th>Somewhat Safe</th>
<th>Not too Safe</th>
<th>Not Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In your home</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>b. In your neighborhood</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>c. In the school</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>d. On the school grounds</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>e. Between school and home</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>
The enclosed materials are in response to your request. If we may be of further assistance, please let us know.

Research Department

Community Mental Health Council, Inc.
8704 South Cottage Avenue
Chicago, IL 60617
Tel: (312) 734-4013 Ext 175

Date: 11/3/95
References


Earles et. al. Position paper: Panel on prevention of violence and violent injuries. Solicited by the Division of


VITA

Sandy Marks was born in Chicago, Illinois on July 18, 1971. She currently resides in the Lincoln Park area of Chicago. Sandy graduated from the University of Wisconsin, Madison in 1993, and began her graduate studies at Loyola University in the Fall of 1994. Sandy's training includes working at an inner-city high school with adolescents, and a substance abuse/methadone maintenance clinic in an adult, out-patient program. In addition, Sandy also worked in a cultural diversity enrichment program with sixth graders. Currently, Sandy is seeking a challenging position in the field of clinical psychology. In the future, she anticipates completing her graduate studies in a doctoral program in clinical psychology.
The thesis submitted by Sandy Marks has been read and approved by the following committee:

Lorna London, Ph.D., Director
Assistant Professor, Counseling Psychology
Loyola University Chicago

L. Arthur Safer, Ph.D.
Professor, Educational Leadership and Policy Studies
Loyola University Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts.

10/16/96 Date  Lorna London, Ph.D.
Director's Signature