I. INTRODUCTION

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"Childhood is not from birth to a certain age and at a certain age
The child is grown, and puts away childish things.
Childhood is the kingdom where nobody dies."

<div align="right">Edna St. Vincent Millay (1943, p. 286)</div>

"Death is not a stranger to children. It is part of their lived experience, figuring into the games they play, stories they hear, movies they watch, and television programs beamed into their homes."

<div align="right">Myra Bluebond-Langner and Megan N. Schwallie (2009, p. 240)</div>

When a child, of whatever age, loses a loved one, childhood comes abruptly to an end. This is the message of the first lines of Edna St. Vincent Millay's poem, "Childhood Is the Kingdom Where Nobody Dies" (1943). The ensuing stanzas reveal that children may experience the death of a distant relative or pet without suffering traumatic loss, but the death of someone who matters deeply to the child will be shattering. The poem's title, repeated as a refrain, conveys another more oblique message as well, namely that there is no place for death in the innocent world of childhood.

In his classic essay, *Western Attitudes Toward Death: From the Middle Ages to the Present* (1974), written 30 years after Millay's poem, Phillip Ariès saw this sentiment as part of the "modern interdiction of death." He remarked, "Think of how carefully people today keep children away from anything to do

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FigURE 1.—Photograph of tombstones. (a) Tombstone in Boston, MA, from 1767 depicting a skull. (b) Tombstone in Beaufort, NC, from 1951 portraying death as analogous to sleep. Photos: NU/Karl S. Rosengren.

with death!" (p. 12). Ariès argued that the modern interdiction of death originated in the United States at the turn of the 20th century. Prior to this time, death was a public event in which families and friends, including young children, would be present in the dying person's bedchamber. Images of death were much more common, as seen in the tombstone in Figure 1a.

These sentiments from earlier moments in history raise the question of how children today encounter death. On the one hand, the idea that children should not be exposed to death remains a familiar one in American popular culture, with parents depicted as shielding their children from death and even acting as if loved ones do not die. On the other hand, as Bluebond-Langner and Schwallie (2009) say, "Death is not a stranger to children. It is part of their lived experience" (p. 240). Indeed, the decades following the publication of Ariès's essay were marked by a new trend: the increasingly graphic and abundant images of death and disaster that are available to children through television and new media. Even in the decade of Ariès's essay it was common for children (males especially) to play games featuring weapons and simulated death, while their parents shielded them from the reality of actual death through silence or analogies that likened death to sleep (Maurer, 1966; see Figure 1b for an example of a tombstone where death is depicted as sleep). These conflicting cultural currents form a complex backdrop for children growing up in the 21st century. Yet very little is

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known about how children come to make sense of death under these circumstances.

Accordingly, the first goal of this monograph is to examine children's understanding of death in context, taking into account the perspectives of parents and other adults whose beliefs and practices structure children's experience as well as the cultural meanings concerning death that circulate widely in American society via books, television, and film. Carried out in one small city in the rural Midwest, our project includes multiple component studies designed to describe these socializing contexts alongside children's own perspectives on death. Like other researchers who seek a contextualized understanding of development, we challenge the view that children construct an understanding of the world on their own. We believe that they actively seek to make sense of death, but that they do so in collaboration with parents and other companions, using whatever cultural resources are available (e.g., Callanan & Valle, 2008; Cole, 1996; Miller, 1994; Miller & Goodnow, 1995; Rogoff, 1998; Shweder et al., 2006). An important implication of this view is that children's understandings of death may differ, depending on the cultural construals of death that are normative in their community. Although the bulk of this monograph focuses on the offspring of highly educated parents of European descent, we also report the results of a preliminary study of Mexican American children and their parents; inclusion of both groups drives home the point that sociocultural groups offer different ways of interpreting death.

Our second goal is to develop a more encompassing view of the multifaceted nature of children's understanding of death. At present, the developmental literature is bifurcated into studies of children's bereavement and studies of the cognitive bases of children's understanding. In the project reported here we investigate the affective and cognitive dimensions of death in the same children. But there is another rationale for seeking a more encompassing vision. In the past, most cognitive developmental research focused on death as a biological process. However, a number of researchers have recognized that children may also come to understand death in religious or spiritual terms and that the "mixture" of vantage points or models of death may vary by culture (Harris & Giménez, 2005; Nguyen & Rosengren, 2004). In keeping with this idea, we inquired into multiple vantage points on death, as expressed by children and their parents.

This introductory chapter is organized as follows. First, we examine the research traditions that have framed past research on children's understandings of death. We then turn to a discussion of death in the context of mainstream American culture. In the next section we provide an overview of the research project, including a rationale for the component studies. We conclude with a roadmap to the monograph.

Research on children's understanding of death is limited in two ways. The most noticeable gap is the lack of empirical inquiry into the contexts that structure young children's experience of death, a point that will be addressed more fully later in this chapter. The second limitation is that the literature that is available is dispersed across different traditions that rarely converse with one another. Most studies have focused *either* on children's bereavement *or* on concepts of death. Harris and Giménez (2005) have suggested three different perspectives in the literature on children and death: psychoanalytic, focusing on the emotional aspects of death (Florian & Mikulincer, 1998; Furman, 1974; Maurer, 1966); clinical, focusing on children's reactions to the death of a loved one (Black & Urbanowicz, 1987; McCown & Pratt, 1985; Prichard & Epting, 1992; Zambelli, Clark, Barile, & de Jong, 1988); and cognitive-developmental, focusing on children's concept of death (Brent & Speece, 1993; Candy-Gibbs, Sharp, & Petrun, 1984; Hoffman & Strauss, 1985; Kenyon, 2001; Lazar & Torney-Purta, 1991; Poling & Evans, 2004; Slaughter, Jaakkola, & Carey, 1999; Speece & Brent, 1992; White, Elsom, & Prawat, 1978). In our view, the psychoanalytic and clinical views share a common etiology, focusing on bereavement and emotional aspects of death. For this reason we have grouped these two perspectives together under the clinical perspective.

Clinical Research

Some of the best-known works on children's experiences of death from a clinical perspective are resource guides for parents and professionals written by clinicians with extensive firsthand experience of working with grieving children and their families (Corr & Corr, 1996; Grollman, 1995; Shapiro, 1994; Webb, 2010) [see Schuurman (2004) for an annotated bibliography]. An important strength of these books is the presentation of detailed case material, dramatizing the range and variety of children's experiences of death and the multitude of factors that affect how they and their families respond. These works reflect a strong consensus that even very young children try to make sense of death and that adults can help grieving youngsters by talking with them about death, by communicating honestly and in age-appropriate ways, and by listening carefully and encouraging children to express what they think and feel. Clinicians' emphasis on the importance of talking to children about death seems rooted, in part, in their experience that parental avoidance of the topic of death can be an obstacle for grieving children.

Most of these authors accept Piaget's (1929) account that children's ability to reason about death changes qualitatively with age and that children younger than 6 years old regard death as temporary and reversible (see also, American Academy of Pediatrics, 2000; Jackson & Colwell, 2001). According

to Grollman (1995), for example, "[young children] often conceptualize death as taking a trip or going to sleep. Death is reversible, not permanent" (p. 4). Young children's lack of understanding that death is permanent is assumed to limit their ability to cope with death. However, as reviewed later in this chapter, the current consensus among cognitive researchers is that Piaget greatly underestimated young children's understanding of death.

Like the foregoing practice-based literature, most empirical studies from a clinical perspective focus on children's experience of grief. There is also a small body of work that focuses on fear of death in nongrieving children. We review these two sets of studies in turn. Related literatures on therapeutic approaches for use with grieving children who require professional help (e.g., Zambelli et al., 1988) and on the feelings and perceptions of death of terminally ill children (e.g., Goldman & Christie, 1993) will not be reviewed here.

Empirical Studies of Grieving Children

According to the American Academy of Pediatrics (2000), "the death of an important person in a child's life is among the most stressful events that a youngster can experience" (p. 445). Research suggests that children under the age of 5 are most vulnerable (Christ, 2000). One factor that contributes to young children's vulnerability is their lack of language skills, making it difficult for them to express their emotions through language (Oltjenbruns, 2001). This has led to the use of play therapy, more recently in combination with cognitive-behavioral therapy (Shelby, 2010), with children younger than 6 years of age. There is consensus that play, fantasy, and drawing are effective modalities for the exploration of children's feelings about death (Christ, 2000; Clark, 2003).

Process of Bereavement. Bereavement is the process by which an individual grieves and mourns the loss of a loved one. Grief is the set of *internal* emotional or affective responses to death, such as what the individual thinks and feels when a loved one dies, whereas mourning is *external*, that is, the social expression of grief (Valente, Saunders, & Street, 1988). At any time during the lifespan, the loss of a loved one will adversely affect an individual's functioning (Balk & Corr, 2001; Quarmby, 1993). The grieving process varies, depending on individual circumstances and the child's developmental level (Furman, 1974; Oltjenbruns, 2001). However, a long and intense bereavement may signal emerging pathology, such as a Major Depressive Episode. Indeed, the DSM-IV-TR specifies a span of 6 months before clinically significant symptoms may meet criteria for a diagnosis of Major Depressive Disorder (DSM-IV-TR, 2000). Whereas this subtle and arbitrary distinction is often confusing to clinicians seeing adult patients, it is even more challenging with children, given the communicative challenges mentioned earlier.

The clinical literature on grieving children suggests that it is very important to identify *what* the child has lost. For example, the death of a neglected goldfish will elicit different reactions than the death of a close family member. Baker and Sedney (1996) discuss the losses that a child has to confront when dealing with the death of a loved one. For example, in the case of a parent's death, not only do children lose an attachment figure, one of the main persons who nurtures them physically and emotionally, but they also lose a personally meaningful relationship, one in which they have been emotionally invested. In addition, the death of a loved one may precipitate a series of secondary losses: moving to a new home, switching schools, changing child care arrangements and domestic routines. Importantly, these changes often occur right after the death when the child is already trying to cope with the loved one's death.

In a review of the literature, Oltjenbruns (2001), concluded that many factors influence how children react to the death of a loved one. These include the age of the child, characteristics of the deceased (e.g., gender, nature of pre-death relationship), the death experience (e.g., inability to anticipate, type of death, reaction of surviving parent), and the family environment (e.g., size, cohesiveness, coping style, socioeconomic status, and ability to provide support). Any combination of the aforementioned factors will affect the child's reaction to the death.

Christ (2000) argued that children's mourning process is brief and intermittent, situation-specific, and reemerges at each succeeding developmental level. Similarly, Willis (2002) characterized children's grieving process as cyclical; with each new stage of development, the child might revisit previous feelings and behaviors associated with the death. One interesting point raised by Baker and Sedney (1996) is that children's reactions tend to be less intense during the period just after the death, but children then gradually accomplish the different psychological tasks of grieving. According to Furman (1974), these tasks include understanding and coming to terms with the reality and circumstances of the death, mourning the deceased loved one, and resuming normal life. Researchers from the American Academy of Pediatrics (2000) also outline how the grieving process unfolds over time. They suggest that children first respond with shock and denial but that these emotions then evolve into sadness and anger (lasting up to several months) until the children finally achieve acceptance and readjustment.

Specific Reactions in Children's Grieving Process. Research reveals that children manifest normal grief in many ways. For example, following the death of a sibling, children exhibit a range of symptoms, including somatic complaints, health fears, enuresis, sleep problems, guilt, depression, antisocial behavior, and difficulty in school (Cain, Fast, & Erickson, 1964; McCown & Pratt, 1985). Unfortunately, it is not possible to distinguish how grief reactions might

change depending on the child's developmental level since most studies treat children between the ages of 4 and 18 as a homogeneous group (Oltjenbruns, 2001). Oltjenbruns (2001) grouped children's normal manifestations of grief into three categories: somatic, intrapsychic, and behavioral. Somatic manifestations are expressed as physical symptoms, such as sleeping difficulties, refusing to eat, bedwetting, headaches, and stomach aches. Intrapsychic manifestations include a wide range of emotions and psychological symptoms: emotional distress, separation anxiety, fear that others will also die, death fantasies, guilt, and learning difficulties (e.g., problems concentrating or misbehaving in school).

Another common emotional response to grief is aggression. McCown and Davies (1995) explored the patterns of grief manifested by children at different ages (4–16 years) in response to the loss of a sibling. They found that virtually all of the youngest children (4–5 years) exhibited behaviors such as: "arguing a lot"; "being stubborn, sullen, or irritable"; "demanding a lot of attention"; and "being disobedient at home." These responses were more common in the younger group, compared with the older (teenaged) group. The authors suggested that since the older children had a better understanding of death as a final, universal, and personal event, they may have been able to benefit more from the symbolic and cultural rituals of death. In addition, aggressive behavior exhibited by young children may be a way of warding off depression (which may, in turn, give rise to masked depression) and for seeking parental attention.

The third category of responses to grief identified by Oltjenbruns (2001) is behavioral manifestations. Because these manifestations may be more subtle than somatic and emotional expressions, it may be difficult for surviving members to interpret children's manifestations of grief for what they are. Some examples of behavioral manifestations include regression (i.e., in behavior and bodily functions), explosive emotions, acting out, temper tantrums, extreme shyness, disinterest in play, overdependence, and demand for attention.

In addition to the expressions of normal grief just described, young children who experience the loss of a loved one might ask questions about the person's whereabouts during the first few weeks or months after the death. For example, in studying children's mourning, Christ (2000) found that children between 3 and 5 years of age repeatedly asked questions about the deceased, including questions about his or her return. Such questions may result from a lack of concrete information provided to the child regarding the death.

Empirical Studies of Fear of Death in Nongrieving Children

In contrast to the foregoing literature on grieving children, very few studies in the clinical tradition have focused on affective dimensions of death

in normative samples of children (O'Halloran & Altmaier, 1996). However, several studies have addressed nongrieving children's fear of death. Yalom (1980) argued that children as young as 4 years have the cognitive resources to understand death but that anxiety leads to a defensive distortion of death. In a study of three groups of Israeli children (6–7, 8–9, and 10–11), Orbach, Gross, Glaubman, and Berman (1985) found that cognitive level, age, and anxiety all affected children's death concepts but that anxiety affected the more intelligent children more than the less intelligent children. They interpreted this to mean that children must attain a minimal level of cognitive functioning in order to understand death, but that anxiety can mask or interfere with their understanding, in line with Yalom's claim. However, in a study of 9-year-old European American children from the southern United States, Cotton and Range (1990) found only limited support for this idea, using a measure of fear of death rather than general anxiety. Slaughter and Griffiths (2007) asked a different question, namely whether children's emerging biological understanding of death is accompanied by a reduction in fear of death. Controlling for age and general anxiety, they found support for this hypothesis in a sample of Australian children whose average age was 6 years. Although acknowledging that the direction of causation is uncertain, the authors predict that mastering the biological facts of death comes first, leading to a decline in children's fear of death. They argue that their findings lend support to the idea that adults should discuss death truthfully with young children.

Taken together, these studies stand as notable exceptions because they ask questions at the intersection of emotion and cognition. Unfortunately, however, it is not possible to draw firm conclusions from this work because the participants varied in age (6–11 years), cultural background (Israeli, Australian, European American), constructs (e.g., general anxiety vs. fear of death), measures, and findings.

Cognitive Research

Contemporary cognitive developmentalists, in contrast to clinicians, have been interested in children's normative understanding of death as part of an emerging intuitive theory of biology (e.g., Carey, 1985; Nguyen & Gelman, 2002; Poling & Evans, 2004); their work does not address the cognitive understandings of grieving children. Much of the current research in cognitive development is based on the assumption that children's acquisition of conceptual knowledge is constrained, in part, by basic skeletal principles that help organize and simplify the complex world (Gelman & Lucariello, 2002; Spelke & Kinzler, 2007), and that these principles serve to promote the acquisition of common conceptual foundations despite large variation across learning environments (Carey,

1985; Carey & Spelke, 1994; Gelman, 2003). From this view, death is an important biological concept that is part of the repertoire of core concepts relating to distinct patterns of causation that determine the underlying basis for a foundational theory of biology (Wellman & Gelman, 1998). Due to common constraints operating across children, the understanding of death has been thought to be relatively similar among children of the same developmental period even if they are growing up in different cultures.

Subconcepts of Death

From an intuitive biological perspective, death can be viewed as the cessation of all of the mechanistic processes that define life (e.g., eating, breathing). Much of the research in this tradition highlights early competencies in children, suggesting that even young children have some understanding of key subconcepts of death. These concepts include the notion that death is final (*finality*), that death cannot be undone (*irreversibility*), that death occurs to all living things (*universality/inevitability*), that after death all life processes cease to function (*non-functionality/cessation*), and that death is brought about by distinct causes leading to the cessation of bodily processes (*causality*) (Speece & Brent, 1984, 1996). (Definitions of these subconcepts will be presented more fully in Chapter IV, along with a more detailed review of this literature.) For now we note that a considerable amount of research has addressed questions about when and in what order children acquire these concepts (Hoffman & Strauss, 1985; Speece & Brent, 1992). Nguyen and Gelman (2002) found that if children are asked about death in simplified, non-emotional situations involving plants, even children under the age of 5 show considerable understanding of the subconcepts of death.

An important implication of the foregoing research from the intuitive biology perspective has been to challenge Piaget's (1929) account that children's understanding of death begins to emerge between 6 and 7, and is not solidified until the acquisition of causality around age 10 (see Slaughter, Jaakola, & Carey, 1999). Piaget (1929) characterized children as initially equating life with motion, death with inactivity, and later confusing fantasy and reality. The current consensus is that children's emerging conceptualization of death is much more advanced than Piaget realized; in fact, children begin to understand the subconcepts of death as early as $3\frac{1}{2}$ years of age and acquire a fairly sophisticated understanding by 5 years. In Chapter IV we present evidence supporting this consensus. For the most part, the differences found in the order of acquisition of the subconcepts can be attributed to methodological differences, such as the questions used to assess subconcepts, and the target entities investigated (i.e., humans, animals, plants, inanimates).

Multiple Models of Death

Although much of the research on death conducted by cognitive developmentalists has focused on the subconcepts of death as a biological phenomenon, a number of researchers have recognized that the biological perspective is not the only vantage point on death. An additional perspective that has been largely ignored by developmentalists but embraced by many American parents is a religious view of death (e.g., Hudley, Haight, & Miller, 2003). For example, some studies have revealed that children's understanding of death includes a religious/spiritual subconcept, dubbed noncorporeal continuity (Bering, 2008; Bering, Hernández Blasi, & Bjorklund, 2005; Harris & Giménez, 2005). Children who are raised in a religious tradition may come to understand death in the context of religious doctrines and texts, worship services, ceremonies, and rituals, informing how they reason about death. Harris and Giménez (2005) have shown that children are more likely to claim that certain biological and mental processes continue after death when they are presented with a narrative that provides a religious rather than secular context. Indeed, a close examination of children's early so-called misconceptions about death reveal strong religious influences, suggesting that "alternative conceptions" would be a more accurate term than "misconceptions" (Nguyen & Rosengren, 2004). Related to religious models of death are spiritual models in which a higher power or purpose is invoked but without the sanction of religious institutions.

An intriguing idea related to this focus on multiple models is that children and adults might combine different types of explanations to understand events that occur around them. This perspective is based on research (Evans, Legare, & Rosengren, 2011; Legare, Evans, Rosengren, & Harris, 2012) showing that individuals often use multiple epistemologies to reason about death and other phenomena. These mixed or blended models incorporate the traditional, biological perspective as well as religious or even magical perspectives.

The developmental literature contains virtually nothing about which of these perspectives young children encounter in their daily lives. This omission likely stems from the idea that cultural and religious influences are by-products of the underlying cognitive architecture (Bering, 2008; Boyer, 1994), rather than shapers of that architecture. If culture is viewed as playing a part in shaping beliefs, it is thought to play a larger role later in development (Bering, Hernández Blasi, & Bjorklund, 2005; Harris & Giménez, 2005). However, we suggest that these multiple perspectives do shape young children's conceptualization of death via their instantiation in socializing contexts and that much of this early understanding of death can be better appreciated by recognizing that children are exposed to a variety of different perspectives on death. How do they sort these out? We address these gaps in Chapter IV by examining the subconcepts of death embodied in children's

questions, parents' responses, and children's books about death, and in Chapter V by exploring children's cognitive models in relation to parents' models and models in children's books.

The Gap Between the Clinical and Cognitive Traditions

Although there has been some interest in integrating affective and cognitive dimensions of children's development (e.g., Bugental & Goodnow, 1998; Emde, Wolf, & Oppenheim, 2003; Miller & Goodnow, 1995; Thompson, 1998), the foregoing review suggests that this focus has had only limited impact on the study of death (for a similar argument, see Lemerise & Arsenio, 2000). One reason for the gap between the clinical and cognitive literatures on death is that the two sets of researchers have different goals. Cognitive researchers search for early normative precursors to more sophisticated reasoning, aiming to uncover children's understanding of abstract cognitive principles via hypothetical scenarios. Affect enters very little, if at all, into their thinking and is effectively ruled out of consideration at the methodological level; in order to reveal the "hidden" early competencies of young children, protocols are used in which all emotional aspects of the death situation are stripped away (Nguyen & Gelman, 2002). Clinicians, on the other hand, focus on affect because their goal is to assist grieving children and their families. They examine death as a personal emotional experience with implications for the survivor's mental health. The resource guides written by practicing clinicians are more holistic than the cognitive studies, taking into account age, cognitive level, cultural background, and a host of other circumstances that shape the grieving process, and they emphasize that even very young children try to make sense of death. Yet these works, as well as empirical studies in the clinical tradition, draw primarily on Piaget's (1929) account of children's understanding of death, remaining largely uninformed by contemporary studies from the cognitive tradition. In this sense, they seem frozen in time. In short, the cognitive tradition does not attend to affective dimensions of children's developing understanding of death, and the clinical tradition, although recognizing that there are cognitive dimensions to grieving, operates with an outdated understanding that underestimates young children's capabilities.

One striking consequence of the lack of conversation between these two traditions is that there is very limited theorizing about the relationship between affective and cognitive elements in children's developing sense making about death. A few cross-cutting ideas can be discerned, however. Yalom's (1980) proposal that children's fear of death may mask or interfere with their understanding of death (Orbach et al., 1985) seems compatible with the rationale for using affectively neutral materials in cognitive protocols, namely that affect impairs children's thinking about death (Nguyen &

Gelman, 2002). This idea may be intuitively appealing to adults who know that cognitive maturity is no insurance against the inroads of grief (see, for example, Didion's *The Year of Magical Thinking*, 2005). On the other hand, immature cognitive understanding may undermine children's ability to cope with death (McCown & Davies, 1995); as they develop a more advanced understanding of death as a biological process, their fear of death may lessen (Slaughter & Griffiths, 2007). Yet another possibility is that children's affective experience of curiosity about death, as expressed in their questions about death (Christ, 2000), may spur their sense making, promoting cognitive growth. Although this idea is not taken up in either literature, we begin to explore this possibility by inquiring into children's questions about death and their parents' responses (Chapters III, IV, and VI).

A second and closely related consequence of the lack of conversation between the two traditions is that there is very little empirical work in which affective and cognitive dimensions are examined in the *same* children; the only exception consists of the small set of studies that explored the relationship between fear of death and concepts of death in nongrieving children. Thus, any effort to fit findings together across the clinical and cognitive literatures is hampered by the possibility that the two literatures reflect different populations of children.

In sum, so far there has been very little cross-fertilization between the clinical and cognitive literatures on children and death. In this monograph we build a bridge between the two literatures by studying the emotional and cognitive dimensions of understanding in the same children, adapting protocols from the cognitive developmental tradition to assess their emerging conceptualization of death (Chapters IV and V), and adding questions about the affective dimensions of their experience (Chapters III and VI).

CONTEXTUALIZING DEATH IN MAINSTREAM AMERICAN CULTURE

This monograph is motivated not only by the goal of forging a more integrated vision of children's understanding of death, but also by the desire to understand death in cultural context. There is a strong consensus among clinicians who work with grieving children and their families that cultural background should be taken into account (e.g., Corr & Corr, 1996; Shapiro, 1994; Webb, 2010), and the American Academy of Pediatrics (2000) recommends that pediatricians "should understand and evaluate children's reactions to the death of a person important to them by using age-appropriate and culturally sensitive guidance" (p. 446). However, empirical research has not addressed the cultural contexts or meanings of death. Although developmental researchers sometimes acknowledge that sociocultural factors play a role in children's emerging comprehension of death (Lazar & Torney-Purta, 1991;

Orbach et al., 1985; Slaughter & Griffiths, 2007), culture remains little more than an afterthought.

The project reported here rests on the assumption that there is variation within and across cultures in the nature of children's exposure to death, depending on the geopolitical, socioeconomic, and cultural realities of their lives (see O'Halloran & Altmaier, 1996; Walter, 2012). Children growing up amidst famine, widespread disease, war, or other conditions of endemic violence, may experience the death of many loved ones, whereas children growing up in the midst of middle-class privilege may have little exposure to death. Further, the anthropological literature shows that gross differences in the incidence of death are culturally mediated (Andrade, 1998; Gagnier de Mendoza, 2005; Garciagodoy, 1998; Scheper-Hughes, 1993). Children learn about death in interaction with parents and other more experienced persons who hold particular beliefs or folk theories about death and about how children should be socialized with respect to death. Parents' folk theories are shaped, in turn, by discourses and images that circulate across many venues: parenting books, magazines, and websites; television shows; portrayals of death in children's literature; informal discussions with other parents; and face-to-face advice from teachers and pediatricians. Thus far, however, there has been very little systematic inquiry into either adults' beliefs or systems of cultural meaning relating to death.

For example, although there is a burgeoning literature on parents' ideas or beliefs and how these influence their childrearing practices, and in turn, their children's development, these studies have not addressed parents' ideas about death (e.g., Bornstein, 2002; Harkness & Super, 1996; Sigel, McGillicuddy-DeLisi, & Goodnow, 1992). The clinical literature repeatedly decries adults' lack of communication with children about death, including avoidance of the topic and use of euphemisms and half-truths (Charkow, 1998; Cotton & Range, 1990; Grollman, 1995; O'Halloran & Altmaier, 1996; Vianello & Lucamante, 1988) but has not investigated these cultural practices empirically. In a study of first and second graders from upper middle-class families in Washington, DC, Lazar and Torney-Purta (1991) reported that only 30% of the parents surveyed allowed their children to participate in a study about death. In the landmark work, *The Private Worlds of Dying Children*, based on participant observation with terminally ill children in a Midwestern hospital, anthropologist Bluebond-Langner (1978) discovered that the children (3–9 years of age) were keenly aware that they were dying but were reluctant to speak about death. Their reluctance stemmed from their understanding that death was a taboo topic as well as their desire to protect their parents and the medical staff.

These sources suggest that children growing up in mainstream American culture may be kept away from dying people, excluded from rituals surrounding death, and denied access to talk about death. The avoidance

of death may even affect whether children's understanding of death is deemed an appropriate topic for study. Harris and Koenig (2006) have argued that many childhood and even adult beliefs are based on secondhand information such as other people's testimony rather than direct experience or observation. Indeed, this is likely true of many important biological concepts, such as growth, illness, and death because these processes involve unseen mechanisms, unfold over a relatively long time frame, and many aspects of these processes are beyond direct observation. It is concepts such as these that would appear to be most strongly influenced by others' testimony. However, if there is a paucity of testimony from middle-class parents about their own experiences of bereavement and death, how do their children learn about death?

Even in societies that try to avoid death, however, death is unavoidable. In their (1999) report on children and death, the Work Group on Palliative Care for Children declared, "No time in life can be guaranteed to be free from all encounters with death, loss, and grief" (p. 460). Even the most vigilant parental "protection" has its limits. Pets die. Grandparents die. Charlotte dies in *Charlotte's Web*, and Bambi's mother dies in *Bambi*. In spite of a culture of avoidance, it is likely that curious children will find ways to wonder about death, to question their parents, and to discuss it among themselves. A 5-year-old child known to the authors regularly pretended with her two kindergarten pals, creating scenarios involving "Pumpkiny," a miniature pumpkin. When Pumpkiny began to rot, the children realized that he was dying, and they planned and carried out an elaborate funeral, complete with tears, flowers, and a procession to the grave where they buried Pumpkiny.

Children are also exposed to death and death-related themes through radio and television news. For example, on September 11, 2001, millions of children and adults around the world witnessed live (and continuously repeated) televised coverage of the terrorist attacks on the World Trade Center in New York City and the Pentagon in Washington, DC. However, events of this scale comprise only a small portion of death-related incidents confronted by children. Stories of war, murder, suicide, and fatal accidents litter televised news coverage on a daily basis. Movies, television shows, and video games bombard children with gruesome fictional depictions of violence and death (Anderson & Bushman, 2001; Campbell, 2004; Eysenck & Nias, 1978).

In sum, the limited information available points to a variety of countervailing cultural currents that shape young children's experience of death. These include habitual media exposure to death from afar, infrequent encounters with the death of near-at-hand humans and animals, systematic exclusion from death and its ceremonies, and evasion of death as a topic of talk. In order to find out more about the contexts of death for young children, the research reported in this monograph includes an ethnographic

description of the local community (Chapter II), perspectives from preschool teachers and other local childrearing experts (Chapter II), parents' folk theories about childrearing and death (Chapter II), portrayals of death in children's books (Chapters III, IV, and V), and parents' responses to children's questions about death (Chapters III, IV, and VI).

OVERVIEW AND RATIONALE FOR THE COMPONENT STUDIES

Based on the foregoing considerations, we suggest that children's understanding of death is not only an important topic of study but also unusually rich in conceptual and contextual complexities. In the interlocking series of studies presented here we attempt to illuminate these complexities by examining multiple layers of context and multiple dimensions of children's understanding, with a focus on 3- to 6-year-olds. We make two novel contributions to scholarship on young children's emerging understanding of death: (1) we explore how they make sense of death as part and parcel of a process of socialization in particular sociocultural contexts and (2) we develop a more integrated vision of the multifaceted nature of their understanding of death, encompassing affective and cognitive dimensions and multiple models of death. The component studies ask questions that revolve around contexts, affect, and cognition respectively, using a combination of qualitative and quantitative methods. In addition, cross-cutting the component studies are analyses that address the various perspectives on death, including religious and spiritual perspectives. Envisioned as the initial investigation in a comparative program of research (see Gutiérrez's, 2009, conducted in Puebla, Mexico), this study focuses on European American children of highly educated parents growing up in the middle-class worlds of "Centerville," a small Midwestern city. We chose this cultural "case" for the initial phase of our work because the bulk of the literature (reviewed above) has focused on children from similar cultural backgrounds.

Figure 2 provides a heuristic for envisioning how the component studies fit together. As in many representations of children in context, notably Bronfenbrenner's (1979), the child is situated at the center of the diagram, embedded in multiple layers of context (family, community, and culture) depicted as concentric circles. Our project was designed to begin to systematically "fill in" these concentric circles, which, until now, have remained empty. Accordingly, the project includes studies corresponding to the family, community, and cultural layers of context, respectively: (1) questionnaire and interview studies of the children's *parents*, with a focus on their beliefs and practices concerning death and their reports of the child's experiences of death, including their questions about death; (2) an
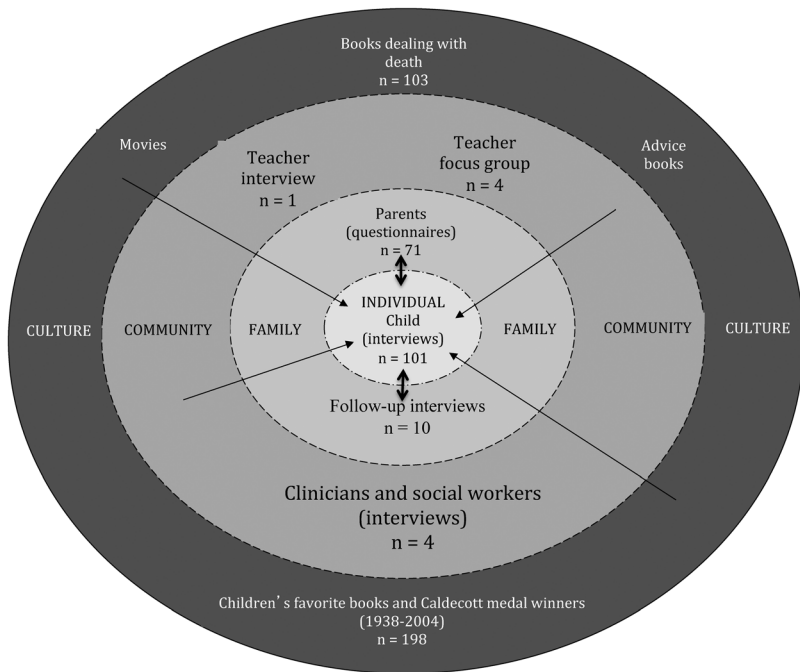
Figure 2.—Organization of component studies.

ethnographic study of the *community* in which the families lived, including interviews with local experts on children; and (3) a content analysis of children's picture *books*, an important cultural artifact. The studies of family and community are presented together in Chapter II; the study of books in Chapters III, IV, and V.

It is important to note that the lines demarcating the layers of context in Figure 2 are perforated to indicate that each layer is, in principle, permeable or overlapping with other layers. For example, children's books about death are depicted in the outermost layer (culture) because books, like other media (e.g., film, internet, television), circulate widely, reflecting and shaping common assumptions about death. But children's books do not exist only at an abstract cultural level. Children directly encounter books on an everyday basis in community institutions, such as schools, churches, and public libraries, and in their own families, where parents choose books for them and mediate their interactions with books. Thus, as a cultural resource, books cross-cut cultural, community, and family contexts, raising questions about whether the messages they embody reinforce or undercut the messages available to children from other sources within and across the contexts of family, community, and culture at large.

Apart from fleshing out the socializing contexts that frame young children's experience of death, we also sought to complicate and enrich existing accounts of children as cognitive/affective meaning makers. Thus, in addition to the component studies of context, our project includes a study of the children's perspectives on death. This study will be the most familiar to scholars of cognitive development because it uses the kind of interview protocol that has become standard in this line of work. However, we adapted the protocol for young children; instead of asking about death in the abstract, we used photographs in combination with questions to create more realistic and personalized hypothetical scenarios. We also added questions about affect, asking participants about the feelings of the child in the depicted scenarios. This augmentation allowed us to garner both cognitive and affective perspectives from the same children. The results of this study are presented in Chapters III, IV, and V.

The final component study in this monograph, presented in Chapter VI, is a preliminary comparative investigation of Mexican American children whose families were part of a small but growing migration of working-class Mexican immigrants to Centerville and the surrounding region. This study includes perspectives from teachers, parents, and children, using procedures comparable to those described above but adapted to be linguistically and culturally appropriate. Although this study is less detailed, it provides a preliminary description of socialization according to different cultural values, providing an important reminder that European American norms should not be taken as "the standard."

In sum, the research project presented in this monograph consists of multiple component studies designed to illuminate young children's understanding of death more comprehensively than has previously been attempted. This encompassing vision required a variety of methods, including ethnography; questionnaires, focus groups, and interviews with adults; and cognitive protocols for children augmented by newly devised affective protocols. We regard this project as another example of efforts to craft innovative combinations of qualitative and quantitative methods to study child development in context (e.g., Clark, 2011; Duncan, Huston, Weisner, 2007; García Coll & Marks, 2009; LeVine, LeVine, Schnell-Anzola, Rowe, & Dexter, 2011; Miller, Fung, Lin, Chen, & Boldt, 2012; Weisner, 1997).

ROADMAP TO THE MONOGRAPH

The remainder of the monograph unfolds as follows. Although contextual information is woven throughout the monograph, Chapter II provides the most sustained presentation of the community and family contexts, including information about "Centerville" as well as beliefs or folk

theories of the European American parents, teachers, and other local child development experts. Chapter III begins with another level of context: representations of death in children's books. Because these representations turned out to be so affect-laden, we also present other results pertaining to affect in this chapter: parents' reports of children's questions about death and children's understanding of the emotional scripts surrounding death. In Chapter IV we turn to children's cognitive understandings of death including the subconcepts of death as a biological process defined by previous research within the cognitive tradition. This chapter also examines books and questions as socializing contexts. Chapter V extends the traditional cognitive view by examining children's and adults' perspectives in terms of different cognitive models. Chapter VI focuses on Mexican American children and their parents, providing a comparative vantage point on the middle-class European American children. The monograph concludes with an overall discussion (Chapter VII).