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Parental death communication style scale (PDCSS): Initial development and preliminary validation via communication privacy management theory

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Research Article

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Abstract

Talking about death with young children is a challenging process for parents. The literature relies primarily on qualitative studies with limited parent samples. One of the main reasons for this is the lack of reliable and valid instruments to measure parental death communication styles. To fill this gap, the current study presents the development and validation of the Parental Death Communication Style Scale (PDCSS), designed for parents of children aged 2–6 years. Exploratory factor analysis (EFA) was conducted with 230 parents of preschoolers using maximum likelihood extraction and direct elimination rotation. EFA revealed a 23-item scale with three factors, “competence on death communication”, “avoidance from death communication” and “honesty and transparency during death communication”, which explained 51.7% of the total variance. The factors demonstrated strong reliability (α = .82–.93). These findings confirm that the PDCSS is a valid and reliable tool that might successfully fill the gap in the death literature. The results also revealed a significant strong correlation between Competence and Honesty (r = .654) but a weak correlation between Competence and Avoidance (r = − .139) and no relationship between Avoidance and Honesty and Transparency. Framed within communication privacy management (CPM) theory, the results suggest that avoidance is independent of competence or honesty. A parent may avoid communication despite feeling competent or remaining honest once communication begins despite initial avoidance of death-related communication. The relationships between these factors highlight the fact that having information on how to talk about death with young children is not enough solely to avoid topic. These findings suggest that death education and psychoeducation provided to parents with young children should prioritize not only information but also emotional self-regulation and privacy boundaries to encourage developmentally appropriate death communication within the family.

1. BACKGROUND

Death is an inevitable part of life; however, it is a topic that humans mostly avoid discussing because of the stress, anxiety, and worry it creates (1). Young children are the most disenfranchised group when the subject is dead (2). This is because they are often believed not to be immune enough to handle death and death (3). However, many children worldwide are exposed to the concept of death either through personal experiences or through media, TV programs, and even digital games (4, 5, 6). Despite this increased exposure and their natural curiosity, children cannot easily find age-appropriate, open, and honest communication opportunities about death and dying either at home or even at preschools. Nevertheless, recent studies consistently highlight the importance of open communication between adults and especially young children to help children develop a true understanding of death (7).

In the literature, there is a great deal of research on how children understand the concept of death and how this understanding develops during childhood. On the basis of these results, we now know that to understand the concept of death truly, one must make meaning of its five different subcomponents: inevitability, irreversibility, causality, nonfunctionality, and noncorporal continuation (8). Inevitability refers to the fact that all living things die; irreversibility implies that a deceased person cannot return, whereas

nonfunctionality refers to the fact that after death, there are no biological or emotional needs. Most of these subcomponents can be understood by young children gradually during the early years of life prior to the age of five. In contrast, causality—which means that there is either an internal (e.g., the heart has stopped) or external (e.g., a traffic accident) reason that caused the death—is typically grasped by young children around the age of seven or eight (8, 9, 10). The final subcomponent, noncorporal continuation, refers to beliefs about life after death, which are shaped mainly by religious beliefs; this is found to coexist with a biological understanding of death even among children as young as four years old (9, 11, 12, 13).

All of these subcomponents should be grasped by children to understand death and dying as adults. During the development of these subcomponents, it is crucial for young children to find adults who can discuss them in an open, age-appropriate, and honest manner. In their study with 5–6-year-old children, Jingjing and Fuyan (14) reported that open communication about death among families significantly affects children's understanding of these subcomponents. Similarly, Yang and Chen (15) clearly reported that compared with children who never find this opportunity, children who have the opportunity to communicate about death with others develop more positive judgments about the topic and exhibit fewer negative somatic reactions. Interestingly, children who cannot discuss death with others are more likely to believe that death is bad and scary; furthermore, their fear of death and death anxiety levels are greater than those of children who can openly discuss the subject with close adults (7).

The aforementioned findings clearly indicate a need for young children, who are concrete thinkers (16), to reach adults who can provide honest guidance for them to think and talk about death and dying. The very first studies on parent–child death conversations revealed that parents and early childhood educators recognize the importance of talking about death with young children. McGovern and Barry (17) reported that although parents recognize the necessity of death education, their personal attitudes and lack of guidance often create barriers to practice. Furthermore, parents agree with the idea that children are naturally curious about the concept of death (3, 18, 19, 20, 21).

In spite of these findings, the literature also consistently indicates that the majority of close adults surrounding young children, including parents and early childhood educators, avoid talking about death with them. For instance, Bridgewater, Menendez, and Rosengren (5) reported that even though parents watch animated films with their young children in which death is portrayed, very few use these films as an opportunity to initiate a conversation on death. In most cases, young children are the initiators of death-related communication (9, 22). Even in these instances, research has shown that parents' answers are often not age appropriate. For example, Bridgewater et al. (5) and Gutierrez et al. (22) reported that parents provide religious explanations for children's questions about the biological components of death. One of the primary reasons for this avoidance is the desire to protect the child from confusion and prevent the creation of fear (3). More recent studies have also revealed that an underestimation of children's ability to understand death or a lack of personal comfort with the subject are further reasons for parental avoidance (21, 23, 24).

Communication privacy management (CPM), which is “a practical theory constructed to permit applications that give us an opportunity to understand everyday problems and events that people encounter in families” (25, p. 36), provides a strong theoretical basis for the parent–child death communication phenomenon. According to this theory, when deciding to share information, people engage in a careful assessment process regarding the potential positive and negative consequences of such disclosure (26, 27). CPM emphasizes that individuals make assessments to determine whether a piece of information should “remain private” or “be shared” (26). As a result of these assessments, they establish various metaphorical boundaries that determine the extent, manner, and circumstances under which they share information. These boundaries are influenced by gender, culture, social context, motivation, and the potential consequences of information sharing (26). With respect to parent–child death communication, this theory was supported by a qualitative study by Toller and McBride (28) involving 14 parents who had lost a close family member. They reported that while parents tried to communicate openly and honestly with their children about death—unlike their own parents—they were also inclined to withhold certain information that might cause harm or violate confidentiality. An interesting finding of this study is that, although parents are motivated to shift privacy boundaries (i.e., they are more motivated to talk about death than their own parents were), they “did not talk about issues of death with their children until a family member had died (or death was inevitable)” (28, p. 42). This suggests that, as proposed by CPM, parents can and do change privacy rules when they feel they must.

The aforementioned studies have provided valuable contributions to understanding the patterns of parent–child death communication; however, nearly all of this previous research is qualitative in nature. Consequently, the literature has failed to identify a general tendency among parents regarding death-related communication with young children. A primary reason for this gap is the lack of a psychometrically validated instrument that can be utilized to systematically assess parental tendencies in death communication.

There are widely used scales in death-related research, such as the Templer Death Anxiety Scale (29), the Death Anxiety Beliefs and Behaviors Scale (30), and the Collett-Lester Fear of Death Scale (31). These scales provided valuable information about personal attitudes regarding death. However, understanding the extent to which parents feel anxious about or fear death is not sufficient for understanding their communicative tendencies. To increase their capacity and provide guidance, particularly for the parents of grieving children, there is a need to understand the extent to which they evaluate their own ability to talk about death with their children. Communication privacy management (CPM) also suggests that protecting the child’s well-being and evaluating the benefits and costs of death conversation might create metaphorical boundaries that are not entirely related to an anxiety or fear of death.

Nevertheless, there is currently no available multidimensional scale to measure parents’ communication competence, avoidance levels, or honesty during death conversations. A valid and reliable scale assessing parents' communicative approaches would provide insights into their personal evaluations of their capacity, behaviors, and tendencies regarding death-related conversations with their young children

rather than merely measuring their personal beliefs, attitudes, or fears of death. This type of scale may offer practitioners the opportunity to focus directly on communicative tendencies instead of deeper personal attitudes toward death while guiding parents, preparing support programs, and enhancing their capacity for death-related communication.

To fill this significant gap, the primary aim of this study is to develop a valid, reliable, and multidimensional parental death communication style scale (PDCSS). This scale is designed to provide information on parents' perceptions of their competence, their level of avoidance, and their ability to explain death in an honest and transparent manner. It is believed that such a measurement tool contributes substantially to death-related research and family support systems by helping professionals identify the specific needs of parents and determine appropriate interventions.

2. METHODS

2.1. Participants

For this exploratory phase of PDCSS, by utilizing a convenient snowball sampling strategy (32), this study reached 230 parents of children aged between 3 and 6 years. Among the participating parents, 186 were mothers, and 44 were fathers. The ages of the participants ranged from 20 to 48 years, with a mean of 31.85 years. With respect to educational background, more than half of the participating fathers and mothers had at least a high school diploma, while the largest group held a university degree (n = 117); only 40 participants had graduated from elementary or secondary school.

The age range of the children was between 2 and 6 years, with a mean of 4.53 years. The sex distribution of the children was nearly equal, with 117 females and 113 males. In terms of economic status, 11 parents reported a low income, 125 reported a medium level, and the remaining parents reported a high economic status. When asked about recent bereavement, 75 parents reported experiencing the death of a close family member within the past three years, while the remaining 155 reported no such experience.

Since the primary aim of this study was to develop a valid and reliable scale, high importance was placed on reaching a ratio of at least five participants for each item in the initial form. This is considered an acceptable ratio according to Gorsuch (33) and Tabachnick and Fidell (34). Furthermore, the Kaiser–Meyer–Olkin (KMO) value obtained during the exploratory factor analysis (EFA) indicated that the sample size was sufficient to conduct factor analysis for the initial 40-item version of the scale (KMO = .907)

2.2. Procedure

The data of the study were gathered through an online form distributed through social media and personal networks, and participants were encouraged to share the form with others meeting the inclusion criteria (having at least one child aged 3–6). All the data were collected between January 2024 and December 2024

2.3. Scale Development Process

2.3.1. Item Generation

The item generation process for the parental death communication style scale (PDCSS) was guided by the core concepts of communication privacy management (CPM) theory and findings derived from previously conducted qualitative studies. As mentioned earlier, Petronio (26) states that individuals determine the content of their communication through metaphorical boundaries, which are shaped by specific privacy rules, risk-benefit assessments, and boundary permeability. Specifically, the items were generated to reflect how parents navigate these privacy boundaries on the basis of qualitative themes identified in the literature.

For instance, by combining CPM's concept of "closed boundaries" with qualitative evidence of parental avoidance, items such as "I believe young children are not ready to understand death" (I-18) and "When my child asks a question about death, I distract his/her attention" (I-14) were generated. Similarly, items such as "I can explain the concept of death in an age-appropriate and correct way" (I-33) were formulated to reflect the parent's decision-making rule to open the privacy boundary when information is deemed developmentally manageable for the child, aligning with the CPM's concept of boundary permeability. Drawing from CPM's focus on "information management," items regarding the technical and procedural aspects of the conversation—such as "I know how to start a conversation about death with my child" (I-4) and "I know how to manage the process while talking about death with my child" (I-10)—were created to capture parents' perceived competence in managing these complex dialogues.

2.3.2. Content validity To evaluate content validity, expert opinions and a piloting process were utilized. After the generation of an item pool consisting of 42 items, all the items were examined by five in-service early childhood educators and four academic staff members in early childhood education. The majority of the experts (n = 6) suggested dropping two items: "I explain that some deceased people are cremated while others are buried in the ground," and "I explain that some people believe the deceased return to the world in a different body," because they found them to be culturally inappropriate for the target population. These items were found to be unfamiliar and not suitable for the social and cultural characteristics of Turkish society.

The experts' feedback focused on the possibility of confusion or discomfort that could be created among parents whose belief systems do not typically include cremation or reincarnation. This decision aligns with communication privacy management (CPM) theory's emphasis on "cultural criteria" as a primary factor in determining privacy rules and the boundaries of shared information. Therefore, these two items were dropped from the item pool. The experts suggested minor changes for the remaining items to strengthen their clarity, and 90% agreement was established between the experts. The final version of the scale with 40 items was piloted with ten mothers and ten fathers by the researcher to understand whether the items were clear, understandable, and readable. All fathers and mothers completed the scale within ten minutes, and none of the parents reported having difficulty understanding the items or discomfort in answering the questions.

2.4. Data Analysis

Jamovi was used to run the exploratory factor analysis (EFA). The results of the KMO measure of sampling adequacy and Bartlett's test of sphericity were checked before the analysis. EFA was run with maximum likelihood extraction, and direct elimination rotation was used. Finally, the Cronbach's alpha values for each factor were calculated.

3. RESULTS

3.1. Construct Validity

The construct validity of the draft scale, which initially consisted of 40 items, was examined using exploratory factor analysis (EFA). To achieve the most robust and theoretically consistent factor structure, a rigorous item purification process was conducted. During the iterative EFA cycles, items were excluded on the basis of the three statistical criteria: (1) failing to exhibit a significant loading, (2) having high uniqueness values, which refer to insufficient shared variances with the underlying constructs, and (3) cross-loading, i.e., high loadings on multiple factors with a difference of less than .10 between them. Table 1 presents clear information about this item purification process.

Table 1
Summary of the Item Purification Process

Reason for Exclusion	Number of Items	Eliminated Items
Failed to load on any factor	6	I1, I12, I18, I23, I24, I40
High uniqueness values (≥ .67)	8	I8, I22, I26, I28, I29, I30, I31, I35,
Cross-loading (difference < .10)	3	I38, I39, I20
Total Items Excluded	**17**	
Final Number of Items	**23**	

Prior to performing the EFA, the suitability of the data for factor analysis was assessed. The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was .907, which is well above the recommended threshold of .60, indicating that the sample size was excellent for factorability. Additionally, Bartlett's test of sphericity reached statistical significance (x^2, $p < .001$), confirming that the correlations between items were sufficiently large for EFA. The results of these tests are presented in Table 2 and Table 3.

Table 2

KMO Measure of Sampling Adequacy

Overall	MSA
	.907
I-2	.937
I-3	.931
I-4	.930
I-5	.926
I-6	.937
I-7	.926
I-9	.831
I-10	.946
I-11	.948
I-13	.865
I-14	.863
I-16	.921
I-17	.872
I-18	.810
I-21	.871
I-25	.902
I-27	.892
I-34	.926
I-15	.860
I-19	.856
I-37	.873
I-38	.800
I-33	.910

Table 3
Bartlett's Test of Sphericity

χ^2	df	p
2892	253	< .001

The final EFA, conducted on the 23 items using maximum likelihood with oblimin rotation, revealed a three-factor structure with eigenvalues greater than 1.0. This three-factor solution accounted for approximately 52% of the total variance. The first factor explained 24.4% of the variance, the second factor explained 14.8%, and the third factor explained 12.3%. Table 4 presents the detailed information.

Table 4
Variance explained by factors

Factor	SS Loadings	% of Variance	Cumulative %
Competence	5.62	24.4	24.4
Avoidance	3.41	14.8	39.3
Honesty & Transparency	2.83	12.3	51.6

The distribution of the 23 items across the three factors was theoretically consistent with communication privacy management (CPM) theory and previous research findings. The factor loadings for the final items ranged from .459 to .892, indicating a strong association between the items and their respective factors, as presented in Table 5.

The first factor was labelled *"competence in death communication"* and included ten items. Example items for this factor included "I know how to start talking about death with my child," "I believe I can handle the process correctly when talking to my child about death," and "I believe I can explain death to my child in the right way." Higher scores obtained from this subscale indicate higher perceived competence in initiating, continuing, and concluding satisfactory death communication.

The second factor was labelled *"avoidance of death communication"* and included eight items, such as "I avoid talking to my child about death," "When talking to my child about death, I avoid using concepts such as 'death' and 'dying'," "I think it is too early to talk to my child about death," "When my child asks a question about death, I divert their attention elsewhere," and "Talking to my child about death makes me anxious/worried." High scores on this factor indicate that the parent has a high level of avoidance regarding conversations on death with their young children. During the item purification process, although a strict uniqueness threshold was initially applied, an exception was made for Items 18, 9, and 13, which loaded onto this factor. Despite their relatively high uniqueness values (above .67), these items were retained in this second factor because of their strong theoretical relevance and their essential role in representing the conceptual domain of the avoidance of death communication factor.

The last factor was named *"Honesty and Transparency in Death Communication"* and included five items, such as "When talking to my child about death, I can explain the concept of death in an age-appropriate and accurate manner," "When talking to my child about death, I am honest and realistic with them," and "I can use clear, straightforward, and simple language when talking to my child about death." The higher scores gathered from this factor indicate an honest approach utilized during death conversations with young children.

Table 5
Factor loading

	Factor			
	1	2	3	Uniqueness
I-6	.883			.207
I-5	.832			.290
I-2	.787			.519
I-10	.787			.348
I-4	.761			.413
I-16	.740			.415
I-7	.595			.525
I-17	.590			.512
I-3	.526			.392
I-11	.523			.509
I-14		.762		.375
I-15		.746		.386
I-37		.737		.421
I-19		.687		.536
I-38		.646		.582
I-18		.564		.672
I-9		.511		.743
I-13		.449		.739
I-27			.710	.479
I-34			.708	.436
I-33			.618	.443

I-21	.616	.591
I-25	.586	.601

Note. 'Maximum likelihood' extraction method was used in combination with a 'oblimin' rotation

An examination of the scree plot (Fig. 1) supported this three-factor solution. The plot displayed a clear break after the third component, with the curve leveling off.

3.2. Interfactor Correlations:

The relationships between the subdimensions of the scale were analysed using Pearson correlation coefficients (see Table 6). The results revealed a statistically significant strong positive correlation between competence in death communication (F1) and honesty and transparency in death communication (F3) ($r = .654$, $p < .001$). This suggests that parents who perceive themselves as competent in talking about death with young children also tend to maintain more transparent and honest dialogue with them.

In contrast, Avoidance of Death Conversation (F2) was significantly but weakly negatively correlated with Competence in Death Communication (F1) ($r = -.139$, $p = .035$), indicating that greater competence in death communication is associated with lower levels of avoidance behaviors. Interestingly, the correlation between Avoidance (F2) and Honesty & Transparency (F3) was not statistically significant ($r = -.112$, $p = .091$). This suggests that the tendency to avoid the topic may be independent of the value the parent places on honesty when a conversation actually occurs. That is, even if a parent may prefer to avoid discussing death, they might still engage in an honest and transparent manner if communication becomes necessary.

Table 6
Interfactor Correlations

Correlation				
		F1-Competence	F2-Avoidance	F3: Honesty
F1-Competence	Pearson's r	—		
	p value	—		
F2-Avoidance	Pearson's r	− .139	—	
	p value	.035	—	
F3: Honesty	Pearson's r	.654	− .112	—
	p value	< .001	.091	—

Note. *p < .05, ***p < .001

3.3. Reliability Analysis

To assess the reliability of each extracted factor, the Cronbach's alpha value for each factor was calculated (see Table 7). Each factor has strong reliability. The Cronbach's α for Factor 1, Competence in Death Communication, is .929; it is .845 for Factor 2, Avoidance of Death Communication, and .823 for Factor 3, Honesty and Transparency in Death Communication.

Table 7
Cronbach's α

Factor	Number of Items	Cronbach's α	1	2	3
1. Competence	10	.929	—		
2. Avoidance	8	.845	− .139*	—	
3.Honesty/Transparency	5	.823	.654***	− .112	—
Note. *p < .05, ***p < .001					

In summary, the exploratory factor analysis resulted in a final 23-item parental death communication style scale (PDCSS) consisting of three distinct factors.

- Factor 1, titled "competence in death communication," included 10 items (e.g., S6, S5, and S2) that reflected parents' perceived ability and knowledge to discuss death with their children.
- Factor 2, titled "Avoidance of Death Conversation," consisted of 8 items (e.g., S14, S15, and S37) focusing on parental tendencies to redirect or avoid the topic.
- Factor 3, titled "Honesty and Transparency in Death Communication," comprised 5 items and assessed the parent's ability to maintain a transparent, calm, and age-appropriate dialogue while supporting the child's emotional expression.

The scree plot clearly supported this three-factor solution, with the "elbow" point occurring after the third component. Collectively, these three factors accounted for 51.6% of the total variance.

The internal consistency of the scale was robust, as evidenced by the Cronbach's alpha coefficients. The reliability values were .929 for Factor 1, .845 for Factor 2, and .823 for Factor 3. Notably, despite the high uniqueness values associated with Items 18, 9, and 13, their inclusion in Factor 2 did not compromise the subscale's overall reliability and was maintained to preserve theoretical depth.

4. DISCUSSION

This study presents a psychometric analysis of a 23-item, three-factor scale, representing the exploratory phase of scale development for measuring parents' death communication style with their young children. A statistical analysis, including EFA and reliability analyses, demonstrated that the scale is a valid and reliable instrument for assessing how parents feel about communicating about death, whether

they choose to avoid talking about death, and whether they can engage in honest and transparent communication on death.

EFA results indicated that 17 of 40 items should be disregarded because of low factor loadings, cross-loadings, or high uniqueness, and the final 23-item structure offers a more parsimonious and robust framework. Specifically, the retention of key items in the “avoidance of death conversation” factor—despite their statistical uniqueness—ensured that the scale maintained its high content validity and theoretical depth. The second factor, titled 'Avoidance of Death Conversation', reflects parents' tendency to redirect or terminate discussions about death. Although items 9, 13, and 18 showed higher uniqueness values, their retention was essential, as they captured the underlying maternal/paternal anxiety that fuels this avoidance.

This scale indicates that parental death communication is a multifaceted phenomenon characterized by competence, avoidance, and honesty/transparency. The partial correlation analysis indicated a strong positive and significant relationship between competence in death communication (F1) and honesty and transparency in death communication (F3). These findings are in parallel with those of previous qualitative studies indicating that parents and teachers who feel competent and more motivated in talking about death can provide more age- and developmentally appropriate information on the concept of death (19, 35).

One of the most noteworthy findings of this study is the significant and negative correlation between two factors: competence in death communication and avoidance of death communication (p=.035$). Although this negative correlation was expected, interestingly, it was observed that this correlation is very low (r=-0.139$). Although these results suggest that higher confidence resulted in lower avoidance, the small effect size indicates that competence alone explains only a minimal fraction of the variance in avoidant tendencies. That is, although a parent feels competent in initiating, continuing, and completing death-related communication, s/he may still prefer to avoid talking about death.

These findings support Feifel’s (36) notion and the theoretical framework suggested by Wass (37). Feifel (36), the pioneer of death education research, stressed that although people's knowledge of death is increasing, the avoidance of talking about it is still persistent. Later, Wass (37) suggested that death education should not only try to increase knowledge on death; instead, it should be intertwined with “personal understanding, values, meanings, and attitudes toward death” to be successful. As Wass suggests, possessing technical information or “know-how” (represented by items such as I-6 and I-4 in the PDCSS) does not automatically eliminate the emotional barriers or the “taboo” nature of death that drives avoidance. Furthermore, the presence of items in the avoidance factor reflecting anxiety (I-9) and the fear of creating misconceptions (I-13) highlights that even 'competent' parents may still be hindered by internal distress. These findings suggest that parental death communication is a complex “style” in which individuals must contend with emotional resistance, reinforcing the idea that interventions for parents should focus not only on information sharing but also on managing the emotional burden of the death dialogue.

These findings confirm that competence and avoidance are not opposite ends of a single continuum; rather, they are independent psychological constructs that can coexist within parents' communicative behaviors during dialogues about death. In this regard, the weak correlation between competence and avoidance strongly supports the notion put forward by Feifel (36) and Wass (37), which suggests that death education should address the emotional barriers that prevent the utilization of knowledge rather than merely focusing on increasing the amount of information.

When evaluated within the framework of communication privacy management (CPM) theory—the theoretical foundation of this study—this finding is highly consistent with the core arguments of the theory. In accordance with CPM, when individuals discuss sensitive topics, they decide on their communicative behavior on the basis of a risk-benefit analysis of the dialogue's potential impact rather than on their perceived competence alone. Accordingly, the current findings suggest that parental avoidance in death-related dialogues may stem from the perceived negative consequences the conversation might have on the child rather than a lack of personal competence. In other words, even when parents possess the necessary “know-how” (high competence), they may still choose to maintain privacy boundaries because of protective instincts.

Another interesting result involves the relationship between avoidance behavior and a transparent approach. The results indicated that there is a small and negative relationship between avoidance and honesty, which was not statistically significant. This information supports the three-factor structure of this scale by indicating that, despite having a tendency to avoid talking about death with young children, parents might still provide honest and transparent information to them once communication is initiated. In other words, avoidant behaviors of parents do not necessarily preclude communicative transparency if this communication has to occur. These results underscore the distinction between the decision to communicate and the quality of that communication.

These results are supported by previous qualitative findings. Most previous studies have shown that parents do not prefer to talk about death with their children since they want to protect them from the possible emotional stress that this conversation may cause (15, 38, 39). More recently, Zajac and Boyatzis (40) reported that parents who choose to open communication about death with their children believe that this communication provides emotional, social, and intellectual benefits for the child. This finding is similar to the notion that this scale empirically indicated.

The avoidance of death conversation is not entirely about the lack of competence; instead, it may be the result of the emotions and values that a parent attributes to the conversation on behalf of the children. In cases where parents believe that such a conversation can be harmful for the child, even if s/he feels competent, s/he can avoid this conversation. In other words, both the qualitative studies conducted with parents and the negative but small correlation between the competence and honesty factors of the PDCSS found in this study clearly indicate that the main reason for avoidance is not feeling incompetent; rather, it is the lack of information regarding how open communication on death benefits the child from a very young age.

The factor structure of the PDCSS and the relationships between these factors are highly consistent with the framework of communication privacy management (CPM) theory. CPM suggests that individuals engage in a careful risk-benefit analysis before sharing information on important and sensitive topics, creating specific rules to manage what, how much, and under which circumstances they will disclose information (26). The interfactor relationships found in the PDCSS empirically validate this discourse.

Specifically, the statistically significant but weak relationship between competence (F1) and avoidance (F2) underscores that perceived self-efficacy does not automatically eliminate avoidant tendencies. Furthermore, the lack of a significant relationship between Avoidance (F2) and Honesty/Transparency (F3) provides a unique insight: it suggests that even if parents initially exhibit avoidant behaviors—potentially to protect their children from the perceived negative consequences of death conversations—they remain capable of maintaining an open, honest, and developmentally appropriate dialogue if communication becomes necessary. Crucially, these results indicate that avoidant behaviors are not inherently linked to a lack of honesty or a total lack of competence; instead, parents may choose to avoid the topic on the basis of their assessment of the potential negative impact on the child. These findings provide strong empirical support for the premise of the CPM that privacy boundaries are dynamic and permeable while also validating the qualitative findings of Toller and McBride (35).

The lack of a significant relationship between avoidance (F2) and honesty (F3), combined with the remarkably low correlation between competence (F1) and avoidance (F2), provides critical insight into the cultural nuances of parental death communication in Türkiye. In Turkish culture, where protective parenting styles are prevalent, the protection of a child’s emotional well-being is often prioritized. Within this context, death is frequently perceived as a 'taboo' or a 'threat' from which children must be shielded. This cultural inclination toward 'overprotection' reinforces a 'protective silence' where avoidance is not viewed as a communicative failure or a lack of honesty. Rather, it is perceived as a culturally appropriate “protective strategy”. These findings regarding parental avoidance in this study are consistent with the cultural patterns observed by Yang and Chen (15) in collectivist societies, where protecting children’s emotional well-being often takes precedence over open communication.

As suggested by the literature, parents in such settings often believe that discussing death might cause irreversible psychological harm. Therefore, even when parents possess the necessary “know-how” (high competence) and value truthful information (high honesty), they may still choose to maintain closed privacy boundaries on the basis of their risk-benefit assessment for the child. This underscores that in collectivist cultures, the decision to communicate (avoidance) is a distinct psychological process independent of the parent's skills or integrity."

5. CONCLUSION

This study contributes to research on parent–child death communication and death education through the developed parental death communication style scale (PDCSS) in several ways. First, the PDCSS is a reliable and valid scale that can be utilized as an assessment tool by professionals working with grieving

families to identify parents' communication styles. This scale helps professionals identify competence, avoidance, and honesty levels, thereby facilitating the preparation of family need-based interventions. Furthermore, by highlighting that avoidance is not merely a result of incompetence but may instead stem from a desire to protect children, professionals can help reduce the "guilt" parents might feel about their avoidance of talking about death.

The factor structure of this scale supports the arguments of Feifel (36) and Wass (37) regarding the content of death education. Death education programs should focus not only on "what should be said to children" to decrease the avoidance level of parents but also on encouraging parents to regulate their own emotional barriers and reorganize their risk-benefit analysis. By applying the PDCSS, parents may be informed about their weaknesses and strengths, understanding that an avoidance tendency does not necessarily mean an inability to provide honesty and transparency in death-related conversations. Clinicians and educators should emphasize the benefits of honest communication rather than merely evaluating a parent's technical ability and capacity to talk.

Despite its contributions, this study has certain limitations. Since the PDCSS was developed within the cultural context of Türkiye, the observed independence of avoidance behavior from competence and honesty may be culture specific. The prevalence of 'protective silence' in this sample suggests that the factor dynamics of the scale might differ in cultures with more individualistic or open communication norms. Therefore, future cross-cultural studies are essential to validate the instrument's applicability in diverse societal settings.

Importantly, this study focused on the exploratory phase of scale development. A significant limitation is the absence of confirmatory factor analysis (CFA) to further verify the identified factor structure in a different sample. Additionally, future research should incorporate test-retest reliability analysis to assess the temporal stability of the scale. Addressing these gaps will strengthen the psychometric robustness of the PDCSS.

Furthermore, the PDCSS was specifically developed and validated with parents of children aged between 2 and 6 years. Since a child's developmental stage and cognitive maturity are crucial factors in how death is perceived, parental communication styles may significantly vary as children grow older. Therefore, the findings of this study should be interpreted within this specific age range, and future research is recommended to test the reliability and validity of the scale with parents of older children and adolescents to understand how these communication styles evolve across different developmental stages.

The present study addresses a critical juncture in death education and communication research by presenting the exploratory phase of scale development for a novel measurement tool. Previous literature, largely qualitative, has consistently indicated that parents—especially those of young children—frequently avoid discussing the concept of death (41, 42). By utilizing a psychometrically validated instrument, this research provides empirical evidence for these observations through the lens of

communication privacy management (CPM) theory, offering a nuanced understanding of the internal dynamics of death-related dialogues (26, 27).

The first key finding of this study validates the “knowledge-action gap” through an empirical lens. Although perceived competence in death communication significantly predicts lower levels of avoidance, the effect size is remarkably small. This confirms the theoretical framework of Feifel (26) and Wass (27), who argued that increasing information alone is insufficient to overcome the silence surrounding death. These findings suggest that personal fears, cultural meanings, and internal anxieties, rather than a mere lack of knowledge, are the primary drivers of parental avoidance.

Second, the results indicate that the decision to avoid the topic is independent of the quality and integrity of the information provided once the conversation occurs. The lack of a significant correlation between the factors of avoidance (F2) and honesty& transparency (F3) demonstrates that avoidant behaviors do not necessarily preclude communicative transparency. These findings challenge the belief that avoidant parents are incapable of honest communication and underscore that avoidance often stems from an emotional reaction to the concept of death rather than a lack of communicative skill. As suggested by CPM, while avoidance may be the result of initial risk–benefit analyses, these metaphorical boundaries can be shifted when parents perceive the communication as necessary or once it is initiated by the child.

Finally, the strong and significant relationship between competence and honesty highlights that feeling efficacious is a crucial prerequisite for maintaining a high-quality, truthful dialogue. When viewed as a whole, the three-factor structure of the Parental Death Communication Style Scale (PDCSS) reveals that death communication is determined by a complex interplay of cognitive, technical, and emotional components. While competence and honesty form the technical and ethical foundation of the dialogue, avoidance remains an emotional barrier that must be regulated to activate these skills.

In conclusion, these results emphasize that interventions for parents of bereaved or grieving children and training for parents of young children, who are curious about the concept of death, must prioritize parents’ emotional self-regulation and the deconstruction of personal fears alongside information delivery related to talking about death. Future death education programs should aim not only to equip parents with “what to say” about death but also to support them in managing the profound emotional burden of the subject. In other words, the aim of those kinds of programs for parents should not be increasing their competence; instead, these programs should prioritize determining the reasons for avoidance and encouraging parents to regulate and decrease their influence while talking about death. It is believed that instead of just providing information on what and how to talk about death, increasing awareness about the long-term benefits of open and honest communication, even with very young children, remains essential for fostering healthy developmental outcomes and encouraging parents not to avoid talking about death since competence and avoidance and avoidance and honesty are independent of each other, as PDCSS indicated.

Declarations

Ethics approval and consent to participate

Ethical approval for the current study was obtained from the Authors' University Social Sciences Institute.

Consent for publication

All participants completed a consent form in which they could read the aim of the study and their right to withdraw from the study whenever they wanted through an online form.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

Author(s) equally contributed to the research process and manuscript preparation.

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Figures

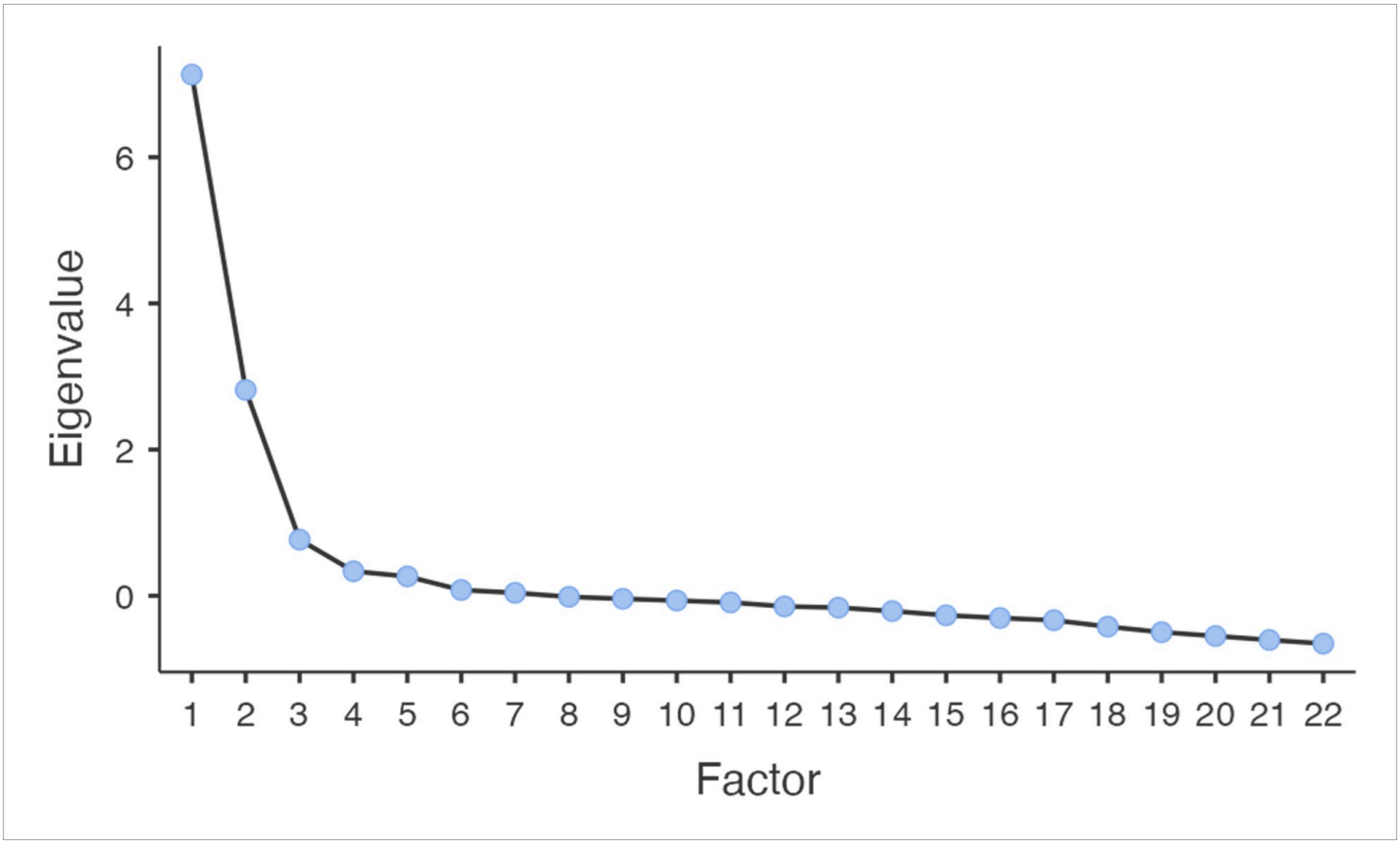


Figure 1

Scree Plot