Attitude toward death and dying a construct validity study with a clinical perspective

Judy Davis

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project

Part of the Psychology Commons

Recommended Citation
https://scholarworks.lib.csusb.edu/etd-project/213

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.
ATTITUDE TOWARD DEATH AND DYING:
A CONSTRUCT VALIDITY STUDY
WITH A CLINICAL PERSPECTIVE

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment of
the Requirements for the Degree
Master of Science
in
Psychology

Judith Ann Davis
May, 1984
ATTITUDE TOWARD DEATH AND DYING:
A CONSTRUCT VALIDITY STUDY
WITH A CLINICAL PERSPECTIVE

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

by
Judith Ann Davis

Approved by:

[Redacted]
ABSTRACT

Attitude toward death has long been examined by the use of demographic and personality predictor variables. However, due to varying quality in research design and multiple measuring instruments with only limited validity, the data have been considerably inconsistent. This study attempted to clear up past research results and to seek clinical application of the data. Four hypotheses were tested. First, it was anticipated that the multiple referents within the Fear of Death and Dying Scale would provide more specific information than is possible using gross scale measurement and that the data would be construct valid. Second, it was expected that the demographic variables of sex, age, and SES would predict death anxiety and provide useful clinical information. Third, the 20 personality traits of the Personality Research Form were also expected to predict death anxiety and provide clinically relevant data. The fourth hypothesis suggested that variances in death anxiety, demographics and personality would predict preference on issues that related to receiving information about one's own death. All of the hypotheses were, at least partially, supported.
TABLE OF CONTENTS

Abstract. ........................................ iii
List of Tables. ................................... v
Acknowledgements. ............................... vi
Introduction. ...................................... 1
  Scale Development. ............................... 2
  Demographic Variables. ......................... 11
  Personality Variables. ......................... 14
Method. .......................................... 19
  Subjects ...................................... 19
  Instruments. ................................... 19
  Procedure. .................................... 22
Results .......................................... 24
Discussion ....................................... 39
Appendices ....................................... 50
References ...................................... 62
LIST OF TABLES

Table 1 - Factor loadings and percent of explained variance for four principal factors of the FDDS . . . . . . . . . . . . 26
Table 2 - Significant correlations between the death subscales and personality traits . . . . . . . . . . . . . . . . . . . . . . . . . . 32
ACKNOWLEDGEMENTS

First, I would like to thank Donna Willis of Hospice, Apple Valley; Barbara Hackbarch of Hospice, Barstow; and Richard Hoskin of the Senior Citizen's Club, Hesperia for their work as contact liaisons for me with the respective organizations. I would also like to thank Dr. Ron Huston of Victor Valley Counselling Service, Victorville for providing the space for me to run subjects. At California State College, I would like to express my gratitude to Billie Orr and Rob Petris who made time in their busy graduate school schedules to help run subjects that were generated from the college population.

Second, I offer my sincerest appreciation to my committee; Dr. David Lutz, Dr. Diane Halpern, and Dr. Lynda Warren for their invaluable guidance and considerable time. Of great importance to me also, is the continuous moral support and encouragement that each committee member has so willingly given. This acknowledgement would not be complete, however, without paying special homage to Dr. Dave Lutz for his multiple special efforts in time, interest and direction as my thesis chair. Thank you.
Third, I would like to thank my family Bill Davis, and Michael Oakley for their loving support and willingness to share. Their generosity and warmth have made it possible for me to accomplish my goals in an atmosphere of shared enthusiasm. You have given me a gift that only you could give. I will treasure it always.

Finally, it is with great pride that I thank my mother, Eileen Cook. Thank you for being the contact with the hospital volunteers. Thank you for the many long hours that you spent on the often tedious tasks of doing research. Thank you for your undying support; and thank you for being you. Whenever this time of writing my thesis comes to mind, it will bring fond memories of a special time with you.

Thanks to you all, with love.
INTRODUCTION

Kastenbaum and Costa (1977) report that western society does not reward adults who fear death, but instead suspects that they have weakened personalities. Fear, concern and anxiety about death and dying can all be understood as a heightened emotional response to the termination of human life and are only sociably acceptable in children. Adults possess the ability to understand that death is part of life and with this understanding comes the unspoken expectation that the affective response to death will be not only managed or controlled but actually eliminated. When at some point death becomes a personal reality, people find that they can control neither the event nor the emotional response to the event. It is not surprising then that a study by Lowry (1965) found anxiety about death to be reported as feelings of helplessness and impotence.

The process by which both the helplessness and the competence of the human condition are integrated into the life experience is called grieving. For most people, grieving is a normal though difficult process. The movement may be slow and halting but it is relatively continuous over one or two years. For other people,
however, grieving is an extremely difficult task that lingers for many years and prevents them from moving on with the rest of their life. For this reason, people whose careers expose them to the problems of others can expect to deal with death related issues many times within their professional life. Some examples are: a person trying to recover from the sudden death of a spouse, a parent facing the imminent death of a sick child, and a child having difficulty coping with the loss of a sibling. Research has approached this subject by attempting to identify variables that effect attitude toward death. It is anticipated that the attitude a person brings to the grieving process will have the potential to affect its course. The ultimate goals in understanding death attitudes are: 1) the identification of variables that provide predictive information about grieving difficulties so that professional intervention can be accomplished early in the process, and 2) understanding what it is about a person that may cause the difficulty so that the intervention can be more specific.

Scale Development

Early studies used a questionnaire format and counted affirmative responses to face valid questions (Scott, 1896; Middleton, 1936). Another approach has been the interview. Though some studies have used a structured
interview with a statistical (correlational or chi square) analysis (Christ, 1961; Fiefel, 1955), there remain the problems of standardization and interpretation that are inherent in this type of research. A third technique is the projective test, specifically sentence completion and the Thematic Apperception Test (TAT; Murray, 1943) used by Lowry (1965) and Rhudick and Dibner (1961). One problem related to use of the TAT is that the individual cards used in the various studies have not been consistent, making between study comparison a difficult task.

In recent years, the most common method of studying death attitudes has been the rating scale. Probably the first such study was done by Sarnoff and Corwin (1959), who constructed a five item, Likert format death attitude scale called the Fear of Death Scale (FDS). Sarnoff and Corwin reported no reliability figures but did attempt to provide some validity data. They contended that unconscious castration anxiety might manifest itself in conscious fears of bodily injury. Since death is the most extreme consequence of injury, they hypothesized a positive correlation between individual levels of castration anxiety and fear of death. To test this hypothesis, male undergraduate subjects were given the castration anxiety card of the Blacky Test (Blum, 1949), which pictures a dog in situations that have been reported
to measure castration anxiety in males. Subjects also received a pre-experimental administration of the FDS. They were then shown either high or low sexually arousing slides, followed by a post-experimental administration of the FDS. As expected, castration anxiety as measured by the Blacky Test did correlate significantly positively with FDS. It was also found that subjects with high castration anxiety showed a greater increase in fear of death after viewing highly sexually arousing slides as compared to subjects with low castration anxiety. No difference was found between high and low castration anxiety groups when low sexually arousing slides were viewed.

Since this early effort, other attempts have been made to develop a scale that would effectively measure attitudes toward death and dying. Three are reported to have the most normative data (Kurlychek, 1978). The first is the Fear Of Death Scale (FODS; Boyar, 1964) which is an unpublished test. Unfortunately, Boyar used the same name as Sarnoff and Corwin in naming his scale: a problem that the literature has overcome by the initial designation of FDS for the Sarnoff-Corwin questionnaire and FODS for the Boyar questionnaire. Initially, Boyar arrived at a pool of 30 fear of death items which were then rated by a panel of judges for
clarity and relevance to fear of death. Twenty-two received sufficient ratings to be retained. These were embedded into a questionnaire containing 78 filler items and given to 100 subjects. Four more items were then discarded because of low reliability, leaving the final scale with 18 items. Using a two group, pre-post test design, he had subjects in an experimental condition watch a movie about traffic fatalities while subjects in a control condition watched a relatively innocuous movie about urban traffic problems. An analysis of the FODS indicated that the post-experiment scores had significantly increased for subjects in both conditions. However, the scores of the subjects in the experimental condition increased significantly more than those of subjects in the control condition indicating the effectiveness of the FODS in discriminating between death related anxiety and generalized anxiety.

The third scale is the Death Anxiety Scale (DAS; Templer, 1970). Items were established using the logical-content strategy of reason and deductive logic. This strategy is also called the rational approach to item selection. Templer arrived at forty items that he then combined in a true, false format. Seven judges rated them for face validity on a five point Likert scale and nine items that were judged not to have face
validity were dropped from the scale. The remaining 31 were embedded into a questionnaire containing 200 MMPI (Minnesota Multiphasic Personality Inventory) filler items. An internal consistency study using college students then produced 15 items with point biserial coefficients which, at least, approached significance, \((p < .10)\). None of the between item correlations of the 15 items were greater than .65, indicating a lack of redundancy. The Kuder-Richardson Formula 20 internal consistency measurement was found to be .76, while a test-retest study using college students yielded a correlation of .83.

Templer used several validation procedures. First, high death anxiety psychiatric patients, as defined by their spontaneously verbalizing fear of death to hospital staff, were matched with a control group for diagnosis, sex and age. The DAS was administered to both groups, and subjects expressing high death anxiety scored significantly higher than the controls. Secondly, college students were given the DAS and Boyar's FODS with a resulting correlation of .74, between the two measures. The same subjects were then given a word association list containing 14 words, ten of which were death related. A low significant positive correlation of .25 was found between DAS and emotionally laden word
associations to the death words. Finally, subjects completed the MMPI. DAS correlated significantly negatively with the MMPI measure of psychopathic deviancy and defensiveness, and significantly positively with schizophrenia, psychasthenia and depression. Templer also correlated DAS with the Manifest Anxiety Scale (Taylor, 1951), the Welsh Anxiety Scale (Welsh, 1956a), and the Welsh Anxiety Index (Welsh, 1956b), all of which are embedded within the MMPI. The DAS correlated significantly with only the Manifest Anxiety Scale (.39) and the Welsh Anxiety Scale (.36). These moderate correlations with generalized anxiety suggest that the DAS may be a more specific measure of death anxiety than simply another measure of generalized anxiety.

The final scale is the Death Concern Scale (Dickstein, 1972). Forty-eight items, established through a rational approach, were presented in a Likert format to both male and female college students. Eighteen items that failed to discriminate between the top 27% and the bottom 27% were discarded. Four administrations of the DCS provided split-half reliability data ranging from .86 to .88. In the same study, Dickstein administered the DCS twice, over an eight week period to a sample of female undergraduates resulting in a test-retest reliability of .87. Based on the mean scores of that test, he then
selected three groups, each with 22 subjects, to represent high, middle and low death concern. Subjects were also given the Manifest Anxiety Scale (Taylor, 1951), the State-Trait Anxiety Index (Levitt, 1967), the Repression-Sensitization Scale (R-S Scale; Bryne, 1961), the Internal-External Scale (I-E Scale; Rotter, 1966), and the Edwards Personality Preference Scale (EPPS; Edwards, 1959). Subjects who scored high on DCS also scored high on State Anxiety, Trait Anxiety, the R-S Scale, and the heterosexuality and succorance scales of the EPPS, but scored low on the EPPS change scale.

Another interesting scale that has been developed, but without extensive normative data, is the Fear of Death and Dying Scale (FDDS; Collett and Lester, 1969). It is a 36 item questionnaire that is comprised of four subscales: Fear of Death of Self, Fear of Death of Others, Fear of Dying of Self, and Fear of Dying of Others. It has a six point Likert format with 20 answers keyed in the positive direction and 16 in the negative direction to reduce response set. Using data reported by Lester (1974) in the Manual for the Fear of Death and Dying Scale, Dickstein (1978) calculated the average subscale correlation based on intercorrelations among nine different sub-groups at .33. This low correlation between subscales offers strong support for the greater
specificity of measurement in using the four separate scales.

Though Collett and Lester did not provide validity data for the FDDS, other researchers have at least been able to provide some concurrent validity information. Durlak (1972a) had a mixed gender group of undergraduates complete five death attitude scales including the Sarnoff-Corwin FDS, the Boyar FODS, and the Collett-Lester FDDS. Durlak did not calculate the full scale scores for the FDDS but the subscale correlations ranged from .41 to .55 with the FDS and from .40 to .69 with the FODS. In a later study, Dickstein (1978) compared the full scale Collett-Lester FDDS with the Dickstein DCS and the Templer DAS. The correlations between the FDDS and the DAS for both males (r = .83) and females (r = .65) were statistically significant. For females, a significant correlation was also found between the FDDS and the DCS (r = .46), while the correlation for males approached significance (r = .30, p < .10). Since both Durlak (1972a) and Dickstein (1978) found high correlations between the FDDS and other measures of death anxiety that report validity data, there is some indirect evidence to support the concurrent validity of this scale.

One possible problem with the Fear of Death and Dying Scale was reported by Dickstein (1978). He found
that, for women, only three of the subscale intercorrelations were significant with a median correlation of .32, while for men, all six intercorrelations were significant with a median correlation of .52. This suggests that the FDDS distinguishes between the various aspects of attitude toward death more specifically for women than for men. One reason for this phenomenon may be that Collett and Lester developed the four FDDS subscales on an all female sample.

Despite its difficulties, the FDDS appears to have several advantages over other scales. First, it examines four separate dimensions of attitude toward death, which Dickstein (1978) has suggested may increase its specificity. Secondly, it has a Likert format which may be a more sensitive measure of attitudes than a two point alternative method (Kurlychek, 1978). Finally, it does not correlate significantly with social desirability.

Social desirability is a variable that often affects measures of attitude. It is the tendency of subjects to respond in the socially preferred direction. The Marlowe-Crowne Social Desirability Scale (SDS; Crowne and Marlowe, 1960) calculates this type of response and is used to predict defensiveness in reporting personal feelings or attitudes. A high correlation between a
death scale and the SDS would indicate that the test measured more general, socially acceptable attitudes toward death than individual feelings about death. Both Durlak (1972a) and Dickstein (1978) compared the death attitude scales with the SDS. Durlak found that the Sarnoff-Corwin FDS did not correlate significantly with the SDS, but that the Boyar FODS had a low significant correlation. Dickstein reported that the Dickstein DCS for both males and females, and the Templer DAS for males only, correlated significantly with SDS. This is inconsistent with Templer's own research (Templer, 1970) that reported a correlation of .03 between DAS and SDS with a mixed gender college population. Finally, both Durlak and Dickstein report no significant correlation between the Collett-Lester FDDS and SDS.

Demographic Variables

Along with the development of attitude scales, scientists have examined the value of demographic variables as predictors of attitude toward death. The results have been surprisingly inconsistent, however, three variables have emerged as the most salient; age, gender, and socio-economic status. Diggory and Rothman (1961) asked subjects to respond to seven statements that addressed varying aspects of death and dying. They included, dissolution of the body, the possible
pain of dying, fear of life after death, the affective consequences of one's own death, and three activity cessation questions (e.g. "I could no longer care for my dependents."). Their data suggested that women fear dissolution of the body and the possibility of a painful death more so than men. However, men were more concerned than women about the potential inability to care for their dependents. Diggory and Rothman also reported a significant positive correlation between concern for dependent care and age, a fact that is likely attributable to the fact that teenagers are less likely to have dependents than are middle aged persons. Social status was defined in this study by combining reported amount and source of annual income, and the general education level of the family. Upper and middle class subjects were found to fear the possibility of a painful death and the affective consequences of one's own death significantly more than lower class subjects. However, a significant negative correlation was reported between social status and fear of life after death.

In a study by Nelson (1979), males were given a 20 question Likert scale that measured death avoidance, death fear, death denial and reluctance to interact with the dying. Death denial was positively related to age, while the other dimensions showed negative correlations
with age, indicating that aged individuals report less fear and show an increased willingness to approach death but are possibly able to achieve these attitudes by denying the personal relevance of death. Education correlated significantly positively with all the death dimensions except reluctance to interact with the dying.

Bengston, Cuellar and Ragan (1977) conducted a large study using an interview and survey format to measure death attitudes in a highly diversified sample of males and females ranging from 45 to 74 years of age. They found that females reported significantly greater fear of death than males, and that middle aged subjects expressed significantly greater fear of death than did elderly subjects. No differences were reported for socio-economic status as measured by the Duncan (1961) Socio-Economic Status index.

Another study that examined demographics and death attitudes was conducted by Christ (1961). He interviewed psychiatric patients over the age of 60 and found no differences based on gender, educational status and age, but since his sample was comprised of subjects 60 years and over, the restricted age range probably limited the possibility of finding age differences. Other factors that might influence the results reported by Christ are: a) the ten interview questions were chosen a priori,
b) the influence of subject/interviewer interaction, c) the listening skills and recording ability of the record takers, and d) the fact that the subjects were hospitalized at the time of the interview. Swenson (1971) examined a normal population of varying social functioning and concurs with Christ that there are no sex and age differences for persons over the age of 60 in attitude toward death as measured by an adjective check list and a forced-choice rating scale. However, educational level was found to be an effective predictor in that persons with more education were more willing to talk about death.

**Personality Variables**

A second body of research examining attitude toward death has concentrated on the potential influence of personality variables. Several studies have examined the effects of neuroticism and death anxiety. Rhudick and Dibner (1961) administered the TAT to 30 females and 28 males between the ages of 60 and 86. Death concern was operationally defined as the introduction of death as an integral part of the story. Based on this information, high and low death anxiety groups were created, and all subjects took the MMPI. High death anxiety subjects were found to score significantly higher on hypochondriasis, hysteria, dependency and
impulsivity. The authors report no MMPI correlates for
low death anxiety subjects.

Earlier in this paper, it was reported that Templer
(1970) found significant negative correlations between
the Death Anxiety Scale and the MMPI scales, psychopathic
deviance and defensiveness; while a significant positive
correlation was found for DAS and the MMPI measure of
social introversion. In a later study, Templer (1972)
compared DAS to the Extroversion and Neuroticism Scales
of the EPPS, and reported no significant correlation
for Extroversion. He did, however, find a positive
relationship between Neuroticism and DAS. Finally,
Aronow, Rauchway, Peller and DeVito (1980) compared DAS
scores to three personality measures; the Self Acceptance
scale and the Sense of Well-Being scale of the California
Psychological Inventory, and the Self Ideas Discrepancy
scale, a 12 point semantic differential scale created
for this study. They concluded that individuals who
have positive feelings about themselves are less concerned
about death, and therefore, that it is the more neurotic
personality that fears death.

The effects of personality variables on attitude
toward death have also been considered in more general,
non-pathological terms. Durlak (1972b) found that
purpose in life and fear of death, as measured by the
Lester Fear of Death Scale (1967), correlated negatively for a group of college and high school students. Nelson (1979) along with demographic variables, examined personality factors by comparing the Sixteen Personality Factor Questionnaire (Cattell, Eber and Tatsuoka, 1970) with death anxiety as measured by a scale developed for this study. Personality traits such as ego strength, assertiveness, venturesomeness, and apprehensiveness were found to correlate significantly with death anxiety. Dickstein (1972) compared the Death Concern Scale with the EPPS and found that high death anxiety subjects scored high on EPPS heterosexuality and succorance, while scoring low on the EPPS change scale, which is a flexibility measure. Finally, Sadowski, Davis and Loftus-Vergari (1979) correlated DAS with the Reid-Ware Three Factor Locus of Control Scale (Reid and Ware, 1973). They found that self-control correlated positively with death anxiety, and suggested that death may be perceived as being beyond the control of the individual, resulting in anxiety for those who desire control over their lives.

From the research that has been done to date, it appears that both demographic and personality variables possess the potential to affect attitude toward death. However, it is also evident that more research is
necessary before any clear relationships can be established. As indicated previously, Diggory and Rothman (1961) found opposing predictive data for various demographic variables dependent upon which aspect of death and dying was being measured. This suggests that the more global death attitude scales are not sufficient measures and that future research in this area should follow a more specific multi-dimensional approach. The Collett-Lester Fear of Death and Dying Scale is the only multi-dimensional rating scale that is currently available. Besides full-scale information, scores can be calculated for Fear of Death of Self, Fear of Death of Others, Fear of Dying of Self, and Fear of Dying of Others. The major problem associated with use of this scale is its lack of validity data. Though data supporting concurrent validity have been previously cited, no information was found with regard to the construct validity of the FDDS.

The present study will examine attitude toward death using the Collett-Lester Fear of Death and Dying Scale. First, it is expected that the scale will be found to include the four separate referent measures described by Collett and Lester (1969) in their subscales including Death of Self, Dying of Self, Death of Others and Dying of Others. Further, these
referents are expected to be sufficiently different measures of attitude toward death that they provide more specific information than can be obtained by gross scale measurement. This finding would support that of Dickstein (1978) who suggested a greater specificity of measurement using a multi-dimensional approach.

Second, the demographic variables will be used to predict death anxiety in an attempt to examine the construct validity of this scale and to explore the therapeutic value of these variables in determining the process most facilitative to clients with death related issues. It is anticipated that age, gender and socio-economic status, as calculated by the Four Factor Index of Social Status (Hollingshead, 1965) will effectively discriminate between high and low death anxiety; though the inconsistent results of past research and the unavailability of multi-dimensional data make it impossible to suggest a predicted direction. However, these variables can theoretically be understood to effect orientation toward life and may also effect attitude toward death.

Third, the personality traits, as measured by the Personality Research Form (Jackson, 1967) will be measured as predictor variables of death attitude for the same reasons as the demographic variables, i.e.
construct validity and therapeutic value. It is hypothesized that personality variables will be effective in discriminating between high and low death anxiety. Past research (Dickstein, 1972) would predict a significant positive relationship between succorance and death anxiety, and a significant negative relationship between willingness to change and death anxiety. There are no previous data by which to predict a direction of significance for the remaining 18 scales of the PRF which include such traits as Impulsivity, Aggression, Autonomy, Achievement and Understanding. However, since such traits as assertiveness and dependency have been identified as correlates of death anxiety, it is expected that the similar PRF traits might also reveal significant data.

Finally, it is anticipated that death anxiety, demographic and personality differences will provide predictive data about important issues related to one's own death as measured by the Death Information Questionnaire.
METHOD

Subjects

The subjects were 25 male and 75 female volunteers. They ranged in age from 18 to 82, with a median age of 34.5 years. Socio-economic status was reported to range from low, (12) described as unskilled laborer and menial service worker, to high (59) described as major business and professional. The median socio-economic status (29.6) was at the high end of the low-medium range, which is described as machine operator and semi-skilled worker. Subjects were drawn from two sources; college students at California State College, San Bernardino, and members of local community organizations including Hospice, Senior Citizen's Clubs, and hospital volunteers.

Instruments

Fear of Death and Dying Scale. The FDDS (Collett and Lester, 1969) is a 36 item Likert style questionnaire that is comprised of four subscales. The Death of Self subscale consists of nine items such as "The total isolation of death frightens me," while the Death of Others subscale has ten items, one of which is, "It would upset me to have to see someone who is dead." The Dying of Self subscale is made up of six items, for
example, "The intellectual degeneration of old age disturbs me," and finally, the Dying of Others subscale has 11 items such as, "If a friend were dying I would not want to be told." The six point Likert scale that Collett and Lester used follows a format of +1, +2, +3 agreement strengths and -1, -2, -3 disagreement strengths. The present study will retain the six points but will consecutively number the strength to read 1 for strongly agree through 6 for strongly disagree. The purpose of this change is to reduce subject error that may result from the similarity of numbers used in the original design. Information related to scale construction, and issues regarding validity and reliability of the FDDS have been discussed in the introduction of this paper.

Personality Research Form. The PRF (Jackson, 1967) is a True-False questionnaire and is the most recent attempt to measure Murray's constructs. It is available in three forms. Form E contains 20 trait scales and two validity scales and has a total of 352 items. Parallel Forms A and B are made up of 40 items that comprise the same scales as Form E. Finally, Forms AA and BB are also parallel, but consist of only 15 scales and 300 items. Jackson (1967) reported the median KR-20 internal consistency figure for the 20 trait scales to be .93. The relative independence of the 22 scales
was suggested by Gynther and Gynther (1976) who reported from Jackson's figures for 462 intercorrelations that the vast majority of correlations fell between + .30. Bentler (1964) administered Form AA to college students twice over a one week interval and found that test-retest reliabilities for the 20 trait scales ranged from .69 for Change to .90 for Harmavoidance, with the majority of correlations falling in the .80's.

Several validity studies have been done for the PRF, two of which have demonstrated convergent validity. Jackson (1967) compared the PRF with the California Personality Inventory (CPI; Gough, 1969) and noted several interesting correlations with the strongest relationship being .78 between PRF Dominance and CPI Dominance. He also reported some noteworthy relationships for the PRF Achievement scale which correlated .58 with CPI Good Impression and .62 with CPI Achievement via independence. Edwards and Abbott (1973) compared PRF with the Edwards Personality Inventory (EPI; Edwards, 1967) and reported the strongest relationship to be a correlation of .74 between PRF Achievement and EPI Is a Hard Worker. Jackson (1967) examined external validity by comparing PRF scores with behavior rating for various scales. He reported a median validity coefficient of .27 to .30 for the longer forms and .36 to .38 for the
This study used Form E of the PRF since it includes the trait scales Change and Succorance for which there are previous data in research related to death anxiety (Dickstein, 1972). The Form E was chosen over Forms A and B because it takes approximately 15 minutes less to complete.

Death Information Questionnaire. The DIQ was established for the purpose of this research. It is comprised of three questions. The first two request that subjects report who they would most and least want to inform them that they were dying. The third question asks what might be most important about how the information was given, (see Appendix A). This is a face valid, self report measure that has no statistical validity or reliability data. It is included in this study as an area of interest that might introduce useful information for future research.

Procedure

Subjects were informed that this study was to examine a variety of attitudes, including attitude toward death and dying. It was further explained that this information was expected to be facilitative to persons in the helping professions who work with people coping with death and dying. Subjects were asked to
complete the three questionnaires by following the instructions on each form. Order of administration was counterbalanced, and the approximate time requirement was 1 hr. and 15 min.
RESULTS

Overview

Five sets of analyses were applied to the data. First, a factor analysis was performed on the 36 questions of the FDDS and compared to factor data provided by Lester (1974) to examine whether the four subscales described by him were indeed specific to Death of Self, Dying of Self, Death of Others, and Dying of Others. Based on the factor analysis, four new subscales were created and these, plus the original subscales and the total FDDS scores were examined for the specificity of measurement that earlier research (Collett and Lester, 1969; Dickstein, 1978) has suggested may occur with the use of multiple referents, (e.g. death, dying, self, others). Second, since members of Hospice organizations voluntarily expose themselves to intimate and frequent contact with death and dying, this group was compared with all other subjects across all variables of this study. Third, the relationship between the fear of death and the demographic variables was analyzed by comparing the old and new subscales, and the total FDDS scores with sex, age, and SES using correlations, T-tests and ANOVAs. Fourth, the old and
new subscales, and the total FDDS scores were correlated with the personality variables to identify any traits that would consistently predict fear of death. Finally, T-tests and ANOVAs were used to examine the relationship between the answers on the Death Information Questionnaire and the other variables in this study.

Analysis of the FDDS

Initially, a factor analysis with a Varimax rotation was performed on the Fear of Death and Dying Scale. With a cut off of .35 for inclusion of a variable in factor interpretation, 18 items were selected (see Table 1). As in Lester's (1974) formulation, four factors were identified. The first, accounting for 26% of the variance, represents the Death of Self. The second, accounting for 12.2% of the variance appears to be a combination of the two subscales Dying of Self and Dying of Others. This is somewhat different than what Lester anticipated when he labeled these two factors independently. The third factor accounts for 10.4% of the variance and represents the Death of Others. The fourth factor, accounting for 9.4% of the variance, is most likely the willingness to approach Knowledge of Death and Dying, which has not previously been identified as a factor within this scale. Four new subscales were created based on the factor analysis.
### TABLE 1

FACTOR LOADINGS, PERCENTS OF VARIANCE FOR FOUR PRINCIPAL FACTORS OF FDDS

<table>
<thead>
<tr>
<th>Item</th>
<th>F₁</th>
<th>F₂</th>
<th>F₃</th>
<th>F₄</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. physical degeneration of slow death</td>
<td>.45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. easy adjust after death of someone close</td>
<td></td>
<td>.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. inform friend of his or her death</td>
<td></td>
<td>.44</td>
<td>.46</td>
<td></td>
</tr>
<tr>
<td>15. pain of dying frightens me</td>
<td></td>
<td></td>
<td>.48</td>
<td></td>
</tr>
<tr>
<td>16. would want to know if friend dying</td>
<td></td>
<td></td>
<td></td>
<td>.58</td>
</tr>
<tr>
<td>18. OK to identify corpse of someone close</td>
<td></td>
<td></td>
<td></td>
<td>.74</td>
</tr>
<tr>
<td>20. bothered by missing out on things after own death</td>
<td>.39</td>
<td>.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. dead people do not have existence of some kind</td>
<td></td>
<td></td>
<td></td>
<td>.39</td>
</tr>
<tr>
<td>23. bothered by not knowing how being dead feels</td>
<td></td>
<td></td>
<td>.40</td>
<td></td>
</tr>
<tr>
<td>24. would like to be told if dying</td>
<td></td>
<td></td>
<td></td>
<td>.55</td>
</tr>
<tr>
<td>26. not experiencing again after death OK</td>
<td></td>
<td></td>
<td></td>
<td>.63</td>
</tr>
<tr>
<td>27. would miss someone close who died</td>
<td></td>
<td></td>
<td></td>
<td>-.37</td>
</tr>
<tr>
<td>28. not disturbed by end of life as known</td>
<td></td>
<td></td>
<td></td>
<td>.88</td>
</tr>
<tr>
<td>30. intellectual degeneration bothers me</td>
<td></td>
<td></td>
<td></td>
<td>.66</td>
</tr>
</tbody>
</table>
TABLE 1 (Cont'd.)

<table>
<thead>
<tr>
<th>Item</th>
<th>F_1</th>
<th>F_2</th>
<th>F_3</th>
<th>F_4</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. would not want to know if friend dying</td>
<td></td>
<td></td>
<td>.47</td>
<td></td>
</tr>
<tr>
<td>33. would not want to see dead person</td>
<td></td>
<td></td>
<td>.48</td>
<td></td>
</tr>
<tr>
<td>35. not like to see friend physically degenerate</td>
<td></td>
<td></td>
<td>.62</td>
<td></td>
</tr>
<tr>
<td>36. concern by limited abilities while dying</td>
<td></td>
<td></td>
<td>.67</td>
<td></td>
</tr>
</tbody>
</table>

% Variance

|       | 26.2 | 12.2 | 10.4 | 9.4 |

Label

|       | DTS  | DYSO | DTO  | KODD |

Note. Abbreviations for labels:

DTS = Death of Self
DYSO = Dying of Self and Others
DTO = Death of Others
KODD = Knowledge of Death and Dying
A measure of internal consistency, coefficient Alpha, was calculated for each of the new subscales and for the original subscales. Coefficients were .61 for Death of Others, .70 for Dying of Self and Others, .70 for Death of Others, and .62 for Knowledge of Death and Dying. Coefficients for the original subscales were somewhat lower: .73 for Death of Self, .52 for Death of Others, .53 for Dying of Self, and .61 for Dying of Others. This indicates somewhat greater consistency for the new subscales compared to the original subscales.

The new subscales, the original subscales and the total FDDS scores were examined for their ability to provide referent specific information. Pearson correlations between the four original subscales ranged from .20 for Death of Self and Dying of Others, to .41 for Death of Self and Dying of Self. The average correlation of .29 is similar to the .31 correlation found by Collett and Lester (1969) and the .33 correlation reported by Dickstein (1978), and supports the suggestion that the four subscales offer a greater specificity of measurement. The total FDDS score correlated significantly with the Death of Self \( (r = .78, \ p < .001) \), and the Dying of Self \( (r = .66, \ p < .001) \), the Death of others \( (r = .64, \ p < .001) \), and the Dying of Others \( (r = .66, \ p < .001) \). The median correlation
for the four original subscales and the total FDDS was .69, indicating a common theme or topic, which in this case, was assumed to be a measurement of attitude toward death and dying.

Pearson correlations between the four new subscales ranged from .11 for Death of Others and Knowledge of Death and Dying, to .40 for Dying of Self and Others and Knowledge of Death and Dying, with an average correlation of .27. The total FDDS scores correlated significantly with Death of Self \( (r = .62, p < .001) \), Dying of Self and Others \( (r = .53, p < .001) \), Death of Others \( (r = .69, p < .001) \), and Knowledge of Death and Dying \( (r = .50, p < .001) \).

Differences Between Sample Groups

The second set of analyses compared subjects from Hospice organizations with all other subjects. The two groups were not found to differ significantly on the four original subscales when using the multivariate Hotelling's \( T^2 \), \( T^2 [4,95] = 5.69, p = .25 \). Differences between groups were also not noted for the four new subscales \( T^2 [4,95] = 4.28, p = .39 \). This finding was not supported by the total FDDS scores, however, where a significant difference was found \( t [98] = -2.30, p = .02 \). Hospice subjects were more concerned about death and dying \( (M = 141.81) \) than other subjects \( (M = 130.14) \).
Though there is some inconsistency in results, the multivariate data suggest that these groups can basically be considered homogenous. For this reason these two groups will be combined for subsequent analyses.

**Demographic Variables As Predictors**

The third set of analyses examined the demographic variables as predictors of attitude toward death. A significant positive correlation was found for age with the original subscales, Death of Others ($r = .36, p < .001$), Death of Self ($r = .27, p = .007$), and Dying of Others ($r = .26, p = .008$). Age correlated significantly positively with the new subscales, Death of Others ($r = .34, p < .001$), and Death of Self ($r = .22, p = .029$). The total FDDS score also correlated significantly positively with age ($r = .38, p < .001$), clearly indicating that older people fear death more than younger people. A significant positive correlation was noted for socio-economic status and the original subscale Dying of Others ($r = .26, p = .023$), though no significant correlation was found with the new Dying of Self and Others subscales or with the total FDDS scores, suggesting that socio-economic status is of little value in predicting death anxiety. However, while sex provided no information with the original subscales and the total FDDS scores, it was found to
correlate significantly positively with Dying of Self and Others ($r = .25$, $p = .013$), indicating that women might fear the dying process more so than men.

**Personality Variables As Predictors**

The fourth procedure involved comparing the measures of death anxiety with the 20 PRF traits. A total of 22 significant correlations were noted while nine more approached significance (see Table 2). The trait that provided the most consistent information was Aggression which correlated significantly negatively with three of the original subscales, three of the new subscales, and the total FDDS scores. People who were aggressive reported less concern about their own death or the death and dying of others and were not as open to receiving death related information.

Other traits which appeared interesting were Abasement, which correlated significantly positively with death anxiety, and Social Recognition, Defendence and Change which correlated significantly negatively with death anxiety. Subjects who scored high on Abasement (i.e. self-critical) tended to fear the death and dying of others, while those who scored high on Social Recognition (i.e. those who seek social approval for their behavior) tended to be unconcerned about the death of others. Subjects who scored high on Defendence
### TABLE 2

**SIGNIFICANT CORRELATIONS BETWEEN THE DEATH SUBSCALES AND PERSONALITY TRAITS**

<table>
<thead>
<tr>
<th>Death Subscales</th>
<th>Original</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DTS</td>
<td>DYS</td>
</tr>
<tr>
<td>Abasement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement</td>
<td>.17*</td>
<td></td>
</tr>
<tr>
<td>Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggression</td>
<td>-.25**</td>
<td>-.26**</td>
</tr>
<tr>
<td>Autonomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>-.26**</td>
<td></td>
</tr>
<tr>
<td>Cognitive Structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defendence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harmavoidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death Subscales</td>
<td>Original</td>
<td>New</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>DTS</td>
<td>DYS</td>
</tr>
<tr>
<td>Impulsivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurturance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Recognition</td>
<td>.18*</td>
<td>-.31**</td>
</tr>
<tr>
<td>Succorance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Abbreviations: DTS = Death of Self, DYS = Dying of Self, DTO = Death of Others, DYO = Dying of Others, DTS = Death of Self, DYSO = Dying of Self and Others, DTO = Death of Others, KODD = Knowledge of Death & Dying

*p < .10, **p < .05
(i.e. those who protect themselves from others and do not trust them) were less concerned about the death and dying of others, while those who scored high on Change (i.e. those who were flexible and open to new experiences) tended to be least anxious about their own death.

Other significant correlations between death anxiety and personality traits seem to occur randomly, providing no consistent or conclusive relationship information above what might be expected by chance with such a large amount of variables. The new subscales and the total FDDS scores support the significance of only three traits, Aggression, Abasement, and Social Recognition. However, in all cases the new subscales provide more specific information than the total scores by supporting the referent concern reported by the original subscales.

Death Information Questionnaire

Finally, the three questions of the Death Information Questionnaire were analyzed for predictive differences across all variables. The first question of the DIQ was labeled the TELL variables and read, "If it were possible, who would you be most likely to choose as the person to tell you that you were dying?" For analysis, subject responses were placed into one of two groups:
(a) Family, including spouse, friend, child and parent; or (b) Professional, including nurse, doctor, clergyman, and psychologist. The second question asks, "Who would be the person that you would least want to hear this news from?" and was labeled the NO TELL variable. Four groups were delineated for this variable. They were (a) Family, including child, spouse, and parent; (b) Friend; (c) Professional, including nurse, doctor, clergyman, and psychologist; and (d) a person with whom the subject had no alliance, which included stranger, uninformed person, rival, and person for whom the subject had no respect. The third question was called the HOW variable and questions, "What would be most important about the way that you were told of your impending death?" Based upon the responses to this question, five groups were established for analysis. They were (a) Honesty; (b) Timing; (c) Emotional Contact, which included concern and caring, physical touch, nurturance and quiet manner; (d) No Emotional Contact, including direct, straight, and unemotional; and (e) Respect, which included respect and understandable presentation.

The family-professional dichotomy on the TELL variable revealed significant differences between groups on the original subscales when measured by a Hotelling's $T^2$, $(T^2_{[4, 94]} = 21.33, p < .001)$. Persons choosing a
Professional informant ($M = 35.25$) were significantly more afraid of Death of Self ($t \{97\} = -2.74, \ p = .007$) than those choosing a Family informant ($M = 30.15$).

The Professional group ($M = 34.49$) was also significantly more afraid of Death of Others ($t \{97\} = -4.24, \ p < .001$) than the Family group ($M = 29.18$). Results approached significance for Dying of Self ($t \{97\} = -1.79, \ p = .076$; Professional $M = 19.52$, Family $M = 17.59$), while no significance was noted for the Dying of Others ($t \{97\} = -1.46, \ p = .15$; Professional $M = 47.98$, Family $M = 45.91$). This finding was not supported with the new subscale data, for which homogeneity between groups was noted. The Professional group did, however, score significantly higher on the total FDDS ($t \{97\} = -3.85, \ p < .000$; Professional $M = 137.25$, Family $M = 122.82$).

Demographic measures of the family and professional groups revealed significant age differences ($t \{97\} = -2.58, \ p = .01$) with those who chose a Professional informant ($M = 42.6$) being older than those who chose a Family informant ($M = 32.5$). These two groups approached significance for SES ($t \{97\} = -1.79, \ p = .07$) with the Professional informant group ($M = 31.8$) reporting higher SES than the Family informant group ($M = 27.7$). No significant sex differences
were noted.

the TELL variable was also analyzed with the PRF traits as predictor variables. A multivariate Hotelling's $T^2$ was examined and significant differences between groups was noted ($T^2_{[22,76]} = 48.0, p = .05$). Subjects choosing a Family informant scored significantly higher on Aggression ($t_{[97]} = 2.51, p < .01$; Family $M = 56.47$, Professional $M = 52.11$), and Change ($t_{[97]} = 2.53, p < .01$; Family $M = 42.82$, Professional $M = 38.74$), while approaching significant on Exhibition ($t_{[97]} = 1.76, p = .08$; Family $M = 42.82$, Professional $M = 42.54$) and Play ($t_{[97]} = 1.87, p = .06$; Family $M = 40.79$, Professional $M = 37.52$).

The NO TELL and HOW variables were examined by multivariate ANOVAs for group differences in death anxiety, demographic variables, and personality traits. Utilizing Pillai's criterion, no significant differences were found among groups on the original subscales for either the NO TELL ($F_{[3,95]} = .81, p = .63$), or HOW ($F_{[4,94]} = 1.17, p = .29$) variables. Multivariate ANOVAs on the new subscales also were noted to reveal no significant differences between groups for NO TELL ($F_{[3,95]} = .81, p = .63$) and HOW ($F_{[4,94]} = 1.17, p = .29$). The lack of difference among groups was further supported with the total FDDS score by NO TELL ($F_{[3,95]} = .47, p = .70$).
and by HOW (F [4,94] = 1.04, p = .39).

The demographic variables by the NO TELL and HOW variables were examined using one way ANOVAs and were found to show no significant differences among groups for (a) sex, NO TELL (F [3,95] = .19, p = .90) and HOW (F [4,94] = 1.81, p = .13); (b) age, NO TELL (F [3,95] = .29, p = .83) and HOW (F [4,94] = 1.21, p = .31); and (c) SES, NO TELL (F [3,95] = .34, p = .80) and HOW (F [4,94] = 1.31, p = .27).

Finally, the NO TELL and HOW variables were examined for differences with the personality variables. A MANOVA using Pillai's criterion was examined and found to suggest homogeneity among groups for both NO TELL (F [3,95] = .90, p = .70), and HOW variables (F [4,94] = .65, p = .96).
DISCUSSION

Of the four hypotheses tested by this study, all were at least partially supported. First, the factor analysis supported the existence of the four referents; death, dying, self and others with the FDDS. However, this study indicates that the referents may be combined into different subscales than Lester (1974) suggested. It was noted that, while the referent death was paired separately with self and others in the Death of Self subscale and the Death of Others subscale, the referent dying was combined into one subscale with both self and others, in the Dying of Self and Others subscale. Finally, knowledge was identified as a new referent which was paired with both death and dying in the Knowledge of Death and Dying subscale. These discrepancies in factor analysis information can possibly be explained by the difference between samples. Lester examined the data for 241 female nurses, while this study included 100 male and female subjects of various ages and SES. Although not as large a sample, data from this heterogeneous group may be considered more generalizable. The new subscales created by this research are also considered to be more specific measures of their label.
factors since irrelevant items were rejected, and only those with a .35 weight or greater were included. One possible problem with the new subscales, however, is that each consists of only four to six items, which is a small number to adequately measure large constructs that consist of more than one referent.

Included in the examination of the subscales was their ability to provide information not available by gross scale measurement. This hypothesis was clearly supported by this study. The data suggest that while older people fear death of self and death of others significantly more than do younger people, they do not differ in fear of the dying process. Differences in fear of death by gender, however, suggest that women fear the dying process more than men, which supports the finding of Diggory and Rothman (1961) that women fear dissolution of the body and a painful death more so than men. The same specificity of measurement was found using the personality variables. Subjects who scored high on Abasement, indicating they were self-critical, feared dying of others. Those who needed little Social Recognition feared death of others, while those who scored low on Change, indicating that they were inflexible and rigid, feared death of self. Aggressive subjects were notably lower in fear of death.
across all referent measures; and finally, people who scored low on Defendence were open to experiencing other people, and feared the death and dying of others.

This specificity, detected by the use of multiple referents, may explain the conflicting results of past research beyond the already noted problem of design inconsistency. For example, Templer, Ruff and Franks (1971) reported that women feared death more than men, as measured by the Death Anxiety Scale, but they reported no age differences. The present research suggests that women fear the dying process but are no different than men in attitude toward death. Age was found, however, to correlate with fear of death. This suggests that the DAS is more a measure of dying than of death, perhaps able to detect differences in fear of dying while missing differences in fear of death.

Such a hypothesis is further supported by examining past research that used personality variables as correlates of DAS death attitude. Templer (1970) reported a significant negative correlation between death anxiety as measured by the DAS and the MMPI measures, Psychopathic Deviance and Defensiveness. He also noted a significant positive correlation between DAS and MMPI Social Introversion. Psychopathic Deviance and Social Introversion do not appear on the Personality Research Form but
Defendence was found to correlate significantly negatively with Dying of Others. This agrees with Templer's finding of significance and adds the information that the relevant referent is dying of others. The personality and demographic variables seem to provide information that indicates that the DAS is more a measure of dying, both with self and others, while the referent death is perhaps not so clearly defined by that scale.

Dickstein (1972) measured death anxiety using the Death Concern Scale. Correlations with the demographic variables revealed no significant sex differences which refer to dying, and unfortunately, age which refers to death was not measured. From correlations with personality traits, Dickstein reported a significant positive relationship between death concern and EPPS Succorance, and a significant negative relationship between DCS and EPPS Change. When compared with PRF traits in this study, it was noted that the data agreed with Dickstein's finding regarding the relevance of these two traits, and in addition noted that both Succorance and Change correlated with Death of Self. Since the only significant differences appear using the referent death, it is possible that the primary measure of the DCS is death. Though the concept of
using multiple referents to explain past inconsistencies in research is indeed intriguing, obviously future research is needed to organize and understand this confusing body of literature.

The second hypothesis of this study proposed that the construct validity of the FDDS would have some support from the demographic variables. This hypothesis was confirmed, at least, by age. Older people fear death more so than younger people. This finding makes sense since the young probably feel more distant from death and have probably not experienced the loss of significant others. It also seems reasonable that the relevant referent is death and not dying. For aged persons, coping with the progressive deterioration of one's physical being is an ongoing process and can be managed by most, while death is near, final and beyond control. The other demographic variable of interest was gender. Women feared the dying process more so than men. This information might be explained by the societal demand placed on women to maintain a young and youthful appearance. In any case, the explanation for sex differences remains inconclusive.

The third hypothesis examined the construct validity of the FDDS using the personality variables as predictors of attitude toward death. Clear support was noted for
this hypothesis. The five most salient traits were Abasement, Aggression, Defendence, Social Recognition and Change. Abasement correlated significantly positively with death anxiety, but Aggression, Defendence, Social Recognition and Change correlated significantly negatively. Since the PRF scale contains bipolar measures of the traits, adjectives that describe the polar opposites of Aggression, Defendence, Social Recognition and Change will be used in this discussion, as they will be representative of high death anxiety. A person scoring high on Abasement is self-critical and accepts blame or criticism even when it is undeserved. This type of person should also fear the death and dying of others since they are valued more than the self. People who score low on Aggression are passive, manipulative and avoid confrontation at their own expense. These people are very afraid of all aspects of death and dying, perhaps because they see themselves as incapable of taking care of either themselves or others. Since they do not meet anyone's needs well, the thought of having to cope with an issue as powerful as the termination of life may simply be overwhelming. The polar opposite of Defendence is a person who believes in the goodness of others, who accepts criticism constructively, and who is open to experiencing others.
The data suggest such people fear death and dying of others, which seems reasonable considering their genuine appreciation of others. People who score low on Social Recognition tend to be socially isolated and withdrawn, giving little credence to the opinions of others. These people score high on death of others, probably because they justify their aloneness by seeing others as inadequate. Without this defense, their aloneness might be intolerable. Finally, people who score low on Change represent those who are rigid and inflexible in attitude, and who are comfortable with routine. These people are afraid of their own death more than any other aspect of dying. Since they rely so heavily on internalized attitudes, it makes sense that they should fear their own death, after which, they would no longer be able to protect their beliefs. It also is reasonable to consider fear of the unknown as being particularly threatening to someone who is resistant to break routine and to experience new events.

The TELL, NO TELL and HOW variables were also examined for construct validity data but proved somewhat disappointing. The only variable that revealed any significant data was the TELL variable, but even that was unclear. An analysis of the original subscales and
the total FDDS strongly suggested that people who are more afraid of death and dying choose a professional informant. This data received no support from the new subscale data which found no significant differences between the two groups; Family and Professional. Though the data are inconclusive, they provide information to suggest that people preferring a professional informant tend to be older, passive and rigid; while those preferring a family informant are most likely younger, aggressive and flexible. This is pilot information, however, and as such should be considered as a descriptive beginning from which to generate future research.

The final issue addressed by this study was the clinical applicability of the death attitude research. If the premise is assumed that individuals with high levels of fear resist the normal grieving process, identifying the characteristics that would be likely to predict this problem would benefit the therapeutic process. For this reason, a profile was generated from the data of the current study. A low Defendence score was not included in this profile. Though it appears that someone open to others is afraid of losing them it is also expected that their ongoing appreciation of others would have adequately provided them with a
support system outside of therapy. The remaining
variables produce the following profile: a person who
is elderly, rigid, self-critical, passive, and socially
isolated. These characteristics agree with previous
research. Nelson (1979) found that subjects reporting
high death anxiety were low in ego strength and assertiveness,
but high in suspiciousness and apprehensiveness. Aronow,
Rauchway, Peller and DeVito (1980) suggested that persons
having high death anxiety have negative feelings about
themselves and their lives. Finally, Davis, Bremer,
Anderson and Tramill (1983) reported that high death
anxiety correlated significantly negatively with
self-esteem and ego strength. A clinician then, can
anticipate that clients entering therapy for the purpose
of coping with death and dying might possess some of
these characteristics, such as; negativism, social
isolation, an inability to adequately take care of
self and others, and beyond that, a resistance to
change.

This profile suggests the typical neurotic personality
that is frequently seen in therapy and raises the issue
of the most appropriate intervention technique. The
traditional approach to death and dying is explained by
Eisenberg and Patterson (1979) who understand grieving
as a dynamic, nonlinear process and suggest helping
clients to understand and accept their current position in that process. This popular supportive approach, however, may not be a sufficient intervention plan for people who do not have the personal characteristics necessary for adequate self care. These people may benefit more from therapy if a more active, even didactic component is added to the therapeutic plan. Establishing a self concept, values clarification, coping skills, and assertiveness training are some of the skills, that, when offered in a safe, supportive environment, may significantly reduce the length and the intensity of grieving, since they are directed at changing the problem characteristics that are probably responsible for slowing or halting the process.

This research has attempted to clear up some of the discrepancies in the death attitude research and to provide a place for moving forward with these issues. There are several problems with the present study, however. First, because the sample size was only 100, the new subscales may be unstable and will require cross validation by future research to establish their relevance. Second, though Hospice group differences were not identified by this research, the data are suggestive and differences may be noted with a larger sample. This study only had 16 Hospice subjects.
Third, the data from this research reflect a single normative sample. No data were gathered from groups currently coping with the termination of life.

Future research in this area might replicate this study using a larger sample size, including families or individuals coping with death and dying. It might also be interesting to examine variables that might affect who and how doctors inform others of terminality and to compare this data with patient preferences. Finally, the clinical relevance of the attitude data might be examined by outcome studies comparing supportive therapy alone, with supportive plus didactic therapy directed at changing neurotic traits.
APPENDICES

1) Death Information Questionnaire
2) Fear of Death and Dying Scale
3) Personality Research Form
The next three questions are of special interest to doctors and nurses who would like you to help them to meet the needs of the dying patient. Please answer each question as honestly as you can.

1. If it were possible, who would you be most likely to choose as the person to tell you that you were dying. (some examples are: spouse, friend, nurse, doctor, clergyman or psychologist.)

2. Who would be the person that you would least want to hear this news from.

3. What would be most important for you about the way that you were told of your impending death.
THE COLLETT-LESTER FDDS

Age:
Sex: Male Female

How many years of education have you completed?

- [ ] 6th grade
- [ ] 7th-9th grade
- [ ] 10th-11th grade
- [ ] 12th grade
- [ ] some college
- [ ] college graduate
- [ ] graduate school

If you are currently employed, please give your specific job title.

__________________________________________________________________________

If you are married, please give your spouse's education.

- [ ] 6th grade
- [ ] 7th-9th grade
- [ ] 10th-11th grade
- [ ] 12th grade
- [ ] some college
- [ ] college graduate
- [ ] graduate school

What is your spouse's specific job title.

__________________________________________________________________________

Here is a series of general statements. You are to indicate how much you agree or disagree with them. Record your opinion in the blank space in front of each item according to the following scale:

1 strong agreement  4 slight disagreement
2 moderate agreement  5 moderate disagreement
3 slight agreement  6 strong disagreement
1. I would avoid death at all costs.
2. I would experience a great loss if someone close to me died.
3. I would not feel anxious in the presence of someone I knew was dying.
4. The total isolation of death frightens me.
5. I am disturbed by the physical degeneration involved in a slow death.
6. I would not mind dying young.
7. I accept the death of others as the end of their life on earth.
8. I would not mind visiting a senile friend.
9. I would easily adjust after the death of someone close to me.
10. If I had a choice as to whether or not a friend should be informed s/he is dying, I would tell him/her.
11. I would avoid a friend who was dying.
12. Dying might be an interesting experience.
13. I would like to be able to communicate with the spirit of a friend who has died.
15. The pain involved in dying frightens me.
16. I would want to know if a friend were dying.
17. I am disturbed by the shortness of life.
18. I would not mind having to identify the corpse of someone I knew.
19. I would never get over the death of someone close to me.
20. The feeling that I might be missing out on so much after I die bothers me.
1. strong agreement  4. slight disagreement
2. moderate agreement  5. moderate disagreement
3. slight agreement  6. strong disagreement

21. I do not think of dead people as having an existence of some kind.

22. I would feel uneasy if someone talked to me about the approaching death of a common friend.

23. Not knowing what it feels like to be dead does not bother me.

24. If I had a fatal disease, I would like to be told.

25. I would visit a friend on his/her deathbed.

26. The idea of never thinking or experiencing again after I die does not bother me.

27. If someone close to me died I would miss him/her.

28. I am not disturbed by death being the end of life as I know it.

29. I would feel anxious if someone who was dying talked to me about it.

30. The intellectual degeneration of old age disturbs me.

31. If a friend were dying I would not want to be told.

32. I could not accept the finality of the death of a friend.

33. It would upset me to have to see someone who is dead.

34. If I knew a friend were dying, I would not know what to say to him/her.

35. I would not like to see the physical degeneration of a friend who was dying.

36. I am disturbed by the thought that my abilities will be limited while I lie dying.
DIRECTIONS

On the following pages you will find a series of statements which a person might use to describe himself. Read each statement and decide whether or not it describes you. Then indicate your answer on the separate answer sheet. If you agree with a statement or decide that it does describe you, answer TRUE. If you disagree with a statement or feel that it is not descriptive of you, answer FALSE.

In marking your answers on the answer sheet, be sure that the number of the statement you have just read is the same as the number on the answer sheet. Answer every statement either true or false, even if you are not completely sure of your answer.
1. I like to be the first to apologize after an argument.
2. I never go walking in places where there might be poisonous snakes.
3. I am more of a listener than a talker.
4. I like to read several books on one topic at the same time.
5. I prefer not being dependent on anyone for assistance.
6. I would rather work in business than in science.
7. I would like to be married to a protective and sympathetic person.
8. I would not consider myself successful unless other people thought I was.
9. I would never call attention to any of my weaknesses.
10. I would rather have a job serving people than a job making something.
11. I am quite independent of the people I know.
12. I would like to be a judge.
13. I like to be with people who change their minds often.
14. I think that certain people deserve to be put in their places.
15. I would not like to work at the same job all of my life.
16. I would like to be in the spotlight.
17. I would rather have a job serving people than a job making something.
18. I feel confident when directing the activities of others.
19. I feel no great concern for the troubles of other people.
20. I would get into a long discussion rather than admit I am wrong.
21. I would make a poor military leader.
22. I would prefer not being dependent on anyone for assistance.
23. I prefer not being dependent on anyone for assistance.
24. I would rather work in business than in science.
25. I can run a mile in less than four minutes.
66. My life is full of interesting activities.
67. I don't like running errands for others, even my friends.
68. I have rarely done extra studying in connection with my work.
69. I go out of my way to meet people.
70. I seldom feel like hitting anyone.
71. People who try to regulate my conduct with rules are a bother.
72. I like to go to stores with which I am quite familiar.
73. Before I ask a question, I decide exactly what it is I need to find out.
74. People find it very hard to convince me that I am wrong on a point.
75. I avoid positions of power over other people.
76. I am willing to work longer at a project than are most people.
77. The idea of acting in front of a large group doesn't appeal to me.
78. I try to get out of jobs that would require using dangerous tools or machinery.
79. I am pretty cautious.
80. Babysitting would be a rewarding job for me.
81. I am often disorganized.
82. At times I get fascinated by some unimportant game and play with it for hours.
83. I have never seen a statue that reminded me of a real person.
84. I don't buy things just because my friends will like them.
85. I try to share my burdens with someone who can help me.
86. I am more at home in an intellectual discussion than in a discussion of sports.
87. I have never talked to anyone by telephone.
88. I believe people tell lies any time it is to their advantage.
89. I have often let others take credit for something I have done rather than be impolite about it.
90. I will not be satisfied until I am the best in my field of work.
91. I don't really have fun at large parties.
92. When I am irritated, I let it be known.
93. I would feel lost and lonely roaming around the world alone.
94. I believe the more hobbies I have the better.
95. I tend to start right in on a new task without thinking about the best way to do it.
96. I usually let unkind things someone might say about me pass without making any reply.
97. I try to control others rather than permit them to control me.
98. If I get tired while playing a game, I generally stop playing.
99. Others think I am lively and witty.
100. I like to live dangerously.
101. When I go to the store, I often come home with things I had not intended to buy.
102. I have never done volunteer work for charity.
103. A place for everything and everything in its place is the way I like to live.
104. I would prefer a quiet evening with friends to a loud party.
105. Sometimes I feel like stepping into mud and letting it ooze between my toes.
106. I constantly try to make people think highly of me.
107. The person I marry won't have to spend much time taking care of me.
108. I tend to shy away from intellectual discussions.
109. I usually wear something warm when I go outside on a very cold day.
110. If someone gave me too much change I would tell him.
111. I would never allow someone to blame me for something which was not my fault.
112. I try to work just hard enough to get by.
113. People consider me to be quite friendly.
114. I rarely get angry either at myself or at other people.
115. I could live alone and enjoy it.
116. Changes in routine bother me.
117. Often when I telephone someone, I make a list of things to discuss.
118. I don't like people to joke about what they feel are my weaknesses.
119. I don't like to have the responsibility for directing the work of others.
120. I have spent hours looking for something I needed to complete a project.
121. I seldom try to call attention to myself.
122. I would never want to be a forest-fire fighter.
123. Rarely, if ever, do I do anything reckless.
124. I often take young people under my wing.
125. I often forget to put things back in their places.
126. Most of my spare moments are spent relaxing and amusing myself.
127. I don't care whether I drink water from a fine glass or from a paper cup.
128. If I have done something well, I don't bother to call it to other people's attention.
129. I want to be sure someone will take care of me when I am old.
130. I like magazines offering thoughtful discussions of politics and art.
131 I make all my own clothes and shoes
132 I would be willing to do something a little unfaire
133 to get something that was important to me
134 Several people have taken advantage of me but,
135 I always take it like a good sport
136 I would work just as hard whether or not I had
137 to earn a living.
138 I would not be very good at a job which required
139 me to meet people all day long.
131 Stupidity makes me angry
132 I respect rules because they guide me
133 I am always looking for new routes to take on a
134 trip
135 I rarely consider the daily weather report when
136 deciding what to wear.
137 I don't believe in sticking to something when there
138 is little chance of success
139 I was one of the loudest and liveliest children in
131 my neighborhood
140 Parachute flying is a hobby that appeals to me
141 Many of my actions seem to be hasty
142 Caring for plants would be a waste of my time,
143 Even if I had the money and the time, I wouldn't
144 feel right just playing around.
145 One of my favorite pastimes is sitting before a
146 crackling fire
147 I am proud of those of my accomplishments which
148 are recognized by others.
149 I usually make decisions without consulting
150 others
151 Serious books are of little use to me
152 I have never brushed or cleaned my teeth
153 I get along with people at parties quite well
154 I resent being punished
155 I do not let my work get in the way of what I
156 really want to do.
157 I truly enjoy myself at social functions
158 I would never start a fight with someone
159 I would not mind living in a very lonely place.
160 I see no reason to change the color of my room
161 once I have painted it
162 When I make something I want to know exactly
163 what it will look like when finished.
164 I am on guard against people who might try to
165 make a big thing of my mistakes.
166 I have little interest in leading others.
When I am dressing for a party, I look for something that will be liked by other guests.
I prefer to face my problems by myself.
I really don't know what is involved in any of the latest cultural developments.
Sometimes I see cars near my home.
I am glad I grew up the way I did.
If someone accidentally burned me with his cigarette I would certainly mention it to him.
In my work I seldom do more than is necessary.
I spend a lot of time visiting friends.
If someone does something I don't like I seldom say anything.
I would like to be alone and my own boss.
I would be content to live in the same town for the rest of my life.
I try to plan my future so that I can tell what I will be doing at any given time.
I tend to react strongly to remarks which find fault with my personal appearance.
I feel uneasy when I have to tell people what to do.
I rarely let anything keep me from an important job.
I never attempt to be the life of the party.
I have no strong desire to drive a motorcycle.
I have a reserved and cautious attitude toward life.
People like to tell me their troubles because they know I will help them.
I rarely clean out my bureau drawers.
I pride myself on being able to see the funny side of every situation.
I don't get any particular enjoyment from having my neck massaged.
It seems foolish to me to worry about my public image.
If I ever think that I am in danger, my first reaction is to look for help from someone.
I do almost as much reading on my own as I did for classes when I was in school.
I have never had any hair on my head.
I often question whether life is worthwhile.
When someone bumps into me in a crowd, I usually say I am sorry.
I often set goals that are very difficult to reach.
Sometimes I have to make a real effort to be sociable.
I often make people angry by teasing them.
I like to do whatever is proper.
I get annoyed with people who never want to go anywhere different.
I can feel comfortable even when I have a number of unanswered questions in mind.
If someone finds fault with me I just listen quietly.
The ability to be a leader is very important to me.
I don't have the energy to do some of the things I would like.
I seldom feel shy when I am the center of attention.
I would enjoy learning to walk on a tightrope.
Most people feel that I act impulsively.
If I could, I would hire a nurse to care for a sick child rather than do it myself.
If I remove an object from a shelf, I always replace it when I have finished with it.
I believe in working toward the future rather than spending my time in fun now.
I think that my sense of touch is more sensitive than that of most people.
Nothing would hurt me more than to have a bad reputation.
When I was a child, I disliked it if my mother was always worrying about me.
I seldom read extensively on any one subject.
I have traveled away from my home town.
I am always prepared to do what is expected of me.
I try not to let anyone else take credit for my work.
People seldom think of me as a hard worker.
My friendships are many.
I avoid criticizing others under any circumstances.
I would like to have a job in which I didn't have to answer to anyone.
I like to return to the same vacation spot year after year.
I don't like to go into a situation without knowing what I can expect from it.
When people say insulting things about me I usually get back at them by pointing out their faults.
Most community leaders do a better job than I could possibly do.
I will continue working on a problem even with a severe headache.
People think I am quite shy.
I avoid some hobbies and sports because of their dangerous nature.
My thinking is usually careful and purposeful.
It is very important to me to show people I am interested in their troubles.
My personal papers are usually in a state of confusion.
I try to make my work into a game.
I could not possibly identify flowers just by their fragrance.
I don't go out of my way to earn the high esteem of people I know.

I like to be with people who take a protective attitude toward me.

I would enjoy being a scientist who was studying the effects of the sun on our earth.

I have never ridden in an automobile.

My daily life includes many activities I dislike.

When people try to make me feel important, I feel uncomfortable.

As a child I worked a long time for some of the things I earned.

I don't spend much of my time talking with people I see every day.

Sometimes I feel like smashing things.

I usually try to share my problems with someone who can help me.

I would like the type of work which would keep me constantly or the move.

When I take a vacation I like to go without a detailed plan.

I don't mind being teased about silly things I have done.

I am quite effective in getting others to agree with me.

When I get into a hard place in my work I usually stop and go back to it later.

When I am in a crowd, I want others to notice me.

Exploring dangerous sections of a city sounds like fun to me.

Sometimes I get several projects started at once because I don't think ahead.

I don't like it when friends ask to borrow my possessions.

There is no excuse for a messy desk.

I never play jokes on people, and prefer not to have them played on me.

I like to run through heaps of fallen leaves.

My social standing is important to me.

I would rather act on my own than have a superior help me.

I would rather build something with my hands than try to develop scientific theories.

I have never felt sad.

I am one of the lucky people who could talk with my parents about my problems.

I do not particularly enjoy being the object of someone's jokes.

It doesn't really matter to me whether or not I become one of the best in my field.
314 I am never one to sit on the sidelines at a party.
320 I think I would enjoy mountain climbing.
321 I find that thinking things over very carefully often destroys half the fun of doing them.
322 I am not always willing to help someone when I have other things to do.
323 I keep my possessions in such good order that I have no trouble finding anything.
324 I usually have some reason for the things I do other than just my own amusement.
325 I enjoy the feeling of mist and fog.
326 The good opinion of one's friends is one of the chief rewards for living a good life.
327 As a child, I disliked having to be dependent on other people.
328 Studying the history of ideas has no appeal to me.
329 Sometimes I feel thirsty or hungry.
330 I am careful to plan for my distant goals.
331 When standing in line, I don't let other people get ahead of me.
332 I am not really very certain what I want to do or how to go about doing it.
333 I try to be in the company of friends as much as possible.
334 I rarely swear.
335 My greatest desire is to be independent and free.

336 It would take me a long time to get used to living in a foreign country.
337 When I talk to a doctor, I want him to describe in detail any illness I have.
338 I never allow anyone to talk me down on an important issue.
339 I would not want to have a job enforcing the law.
340 Even when I am feeling quite ill, I will continue working if it is important.
341 I could never be a popular singer because I am too shy.
342 I get worried even watching a trapeze artist so I would never actually try it myself.
343 I generally rely on careful reasoning in making up my mind.
344 I feel most worthwhile when I am helping someone who is disabled.
345 Being in a cluttered room doesn't bother me.
346 I enjoy parties, shows, games — anything for fun.
347 I rarely sit and watch the water at a beach or stream.
348 I don't try to keep up with the Joneses.
349 I often seek other people's advice.
350 When I was a child, I read almost every book in my house and often went to the library.
351 I have attended school at some time during my life.
352 I find it very difficult to concentrate.
REFERENCES


Clinical Psychology, 28, 545-547.


Cambridge, Ma.: Harvard University Press.


Welsh, G. S. (1956b). An anxiety index and an internalization ratio for the MMPI. In G. S. Welsh & E. G. Dahlstrom (Eds.), *Basic Readings in the MMPI in psychology and medicine*. Minneapolis, Minn.: University Minnesota Press, 298-307.