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DEATH CONCEPT IN ADOLESCENCE (1) CHANGES OF DEATH ANXIETY IN NURSING STUDENTS

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Death anxiety in adolescence was studied with the Death Anxiety Scale and other questionnaire. The influences of nursing training on student's death anxiety were examined especially.

It was suggested that some mechanism coping with death anxiety would organize in psychological process of the students.

INTRODUCTION

People are not necessarily concerned with the matter of death in their daily lives. Even if they met with the death of others, it would not directly affect the idea of their own death. However, they gradually come to form their concept of the death in their developmental process, affected by other's death and the knowledge of death.

Nagy (1948) examined the children aged three to ten on their idea of death. Their essay, drawings, and discussions on death were used for the study. Three stages of development were notable.

(a) Children, from three to five years old, denied that the death was a regular and final process. Death was a departure and temporary.

(b) Children, from five to nine years old, considered death to be connected with a person.

(c) Children, over nine years old, recognized death as a process, the dissolution of bodily life, which take place in their lives.

Portz (1965) confirmed Nagy's schema and found that differences in parental anxiety and parental explanations about death had no effect on children's developmental schema of death.

Koocher (1973) found that chronological age did not correspond to child's level of death cognition, but that a Piagetian classification of mental operations corresponded to it well. He pointed out the importance of mental development of individuals.

According to Shusterman (1973) a man is aware of the inevitability of his own death, but he does not know when it will occur and he is uncertain as to its meaning and nature. Most persons cannot conceive of anything nonexistent, so they develop some kind of framework to think about death. This relieves them of the anxiety of confronting death and seems to allow them to get along without constant tension from the fear of death.

Corey, (1961) suggested four modes in coping with death awareness. These modes derived from the subject's changes in response were avoidance, acceptance, neutralization, and suppression. In the older subjects, avoidance occurred often disproportionately, and in the young subjects, acceptance and neutralization occurred with equal frequency.

PURPOSE

Generally speaking, the death concept would not make a clear figure in an ordinary person's life, since it is such an unpleasant experience. However, when individuals meet with others' death, they are sure to be affected directly or indirectly. The death anxiety and fear of nursing students were studied in order to examine how the adolescent cope with the situation of death, when they are constantly in it.

This study is significant on the following two reasons.

- (1) It is very important to see the death anxiety of nursing students for studying the general process of adolescence.
- (2) Death anxiety and fear are worth due consideration for mental hygiene of nursing students.

HYPOTHESES

The following hypotheses were formulated.

- (1) Death concept in nursing students is different from that of other students.
- (2) Nursing students may form the defensive mode in coping with death anxiety.
- (3) Nursing students may objectively conceptualize death as others' death rather than their own death.
- (4) Nursing students may accept the death concept which identifies death with the dissolution of bodily lives.

SUBJECTS

The members of subjects are shown in Table 1. The control group consists of Miyagi Women's College students. The experimental group consists of nursing students at College of Medical Sciences Tohoku University and those of Rohsai College of Nursing.

Table 1. Groups of subjects

Grade of subjects	1st	2nd	3rd
Control group	129	140	94
Experimental group	79	78	51

METHOD

Four methods of assessment are employed in this study: (1) Semantic Differential Technique, (2) Death Anxiety Scale, (3) Questionnaires, (4) Word Association Method.

The results of the Death Anxiety Scale and only a part of questionnaires are mainly reported in this paper.

The Death Anxiety Scale (DAS) was developed by Templer (1970). It consists of forty items. Subjects were instructed to choose between the true and the false in each item. The contents of the questionnaires employed are very simple. The contents of the answers were not examined in details in this paper.

RESULTS

(1) *Result of the Death Anxiety Scale*

1. *Control group*

The result in control group is presented in Figure 1. Scores in control group show a normal distribution.

The statistically significant differences were not found in the mean scores among each control subgroup. (first, second, and third grade students.)

2. *Reliability of the DAS*

Twenty three subjects in control group were administered the DAS again, three weeks after the first administration. The correlation coefficient of 0.94 (Pearson) between these two sets of scores demonstrated acceptable test-retest reliability.

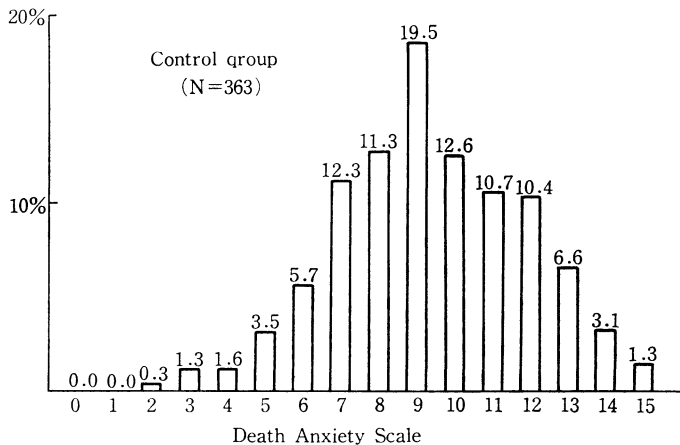


Fig. 1. Distribution of subjects on each score of Death Anxiety Scale.

Table 2. Changes of mean score in experimental group

Grade of subjects	1st	2nd	3rd
Mean	10.15	10.19	8.98
<i>SD</i>	2.85	2.51	2.60

3. *Experimental group*

The comparison of mean scores in each experimental subgroup is given in Table 2.

The *F*-test between each subgroup does not show significant difference. The mean scores between subgroup of the first and the second grade students are not significant statistically. Those between the first and the third grade students, and the second and the third grade ones are significant at the 0.05 level and 0.02 level respectively. That is, the mean scores of the first and second grade subgroup are higher than those of the third grade. This result suggests us that the direct or indirect knowledge about death at the beginning of nursing training may arouse the high death anxiety among students. Nursing training for three years, however, apparently tends to reduce the anxious reaction to death.

4. *Comparison between control group and experimental group*

The changes of the mean score in each grade students in control and experimental group were given in Fig. 2.

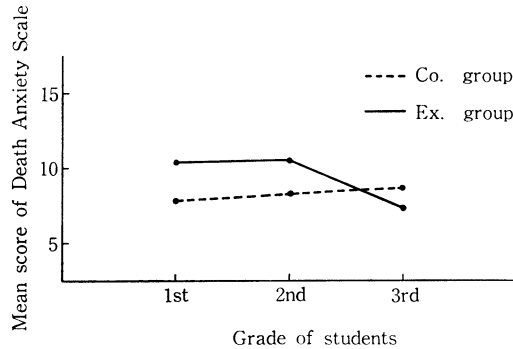


Fig. 2. Changes of mean score of DAS in experimental and control group.

As compared with the mean score of the first grade students in control group, that of the first grade students in experimental group is higher significantly. It is the same with the second grade. But the mean scores of the third grade students in both groups do not show statistical differences.

5. *Comparison of reactions to each item of DAS between two groups*

The comparison between two groups is shown in Table 3, 4.

(2) *Result of questionnaire (body orientation and non body orientation)*

The contents of questionnaires and the responses in two groups are shown in Table 5.

Table 3. The 15 Death Anxiety Scale items

	Contents	Key
1	I am very much afraid to die.	True
2	The thought of death seldom enters my mind.	False
3	It doesn't make me nervous when people talk about death.	False
4	I dread to think about having to have an operation.	True
5	I am not at all afraid to die.	False
6	I am not particularly afraid of getting cancer.	False
7	The thought of death never bothers me.	False
8	I am often distressed by the way time flies so very rapidly.	True
9	I fear dying a painful death.	True
10	The subject of life after death troubles me greatly.	True
11	I am really scared of having a heart attack.	True
12	I often think about how short life really is.	True
13	I shudder when I hear people talking about a World War III.	True
14	The sight of a dead body is horrifying to me.	True
15	I feel that the future holds nothing for me to fear.	False

Table 4. Ratio of answer, true or false, to each item

	Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Key	T	F	F	T	F	F	F	T	T	T	T	T	T	T	F
1st	Co.	73.6%	59.7	51.9	69.8	92.2	60.5	41.9	69.0	97.7	13.2	34.9	51.2	38.0	86.0	96.1
	Ex.	68.4%	82.3	62.0	63.3	92.4	68.4	69.6	81.0	92.4	22.8	39.2	63.3	44.3	68.4	98.7
2nd	Co.	49.5%	77.9	57.9	66.3	64.2	64.2	65.3	67.4	93.7	16.8	32.6	46.3	34.7	81.1	97.9
	Ex.	57.7%	84.6	64.1	79.5	94.9	83.3	75.6	80.8	94.9	14.1	47.4	46.2	43.6	61.5	93.6
3rd	Co.	67.0%	72.3	54.3	64.9	94.7	66.0	59.6	66.0	95.7	8.5	33.0	50.0	38.3	86.2	94.7
	Ex.	47.1%	68.6	51.0	76.5	86.3	62.7	49.0	76.5	92.2	11.8	35.3	56.9	41.2	43.1	98.0

Table 5. Result of questionnaire (Body orientation, Non body orientation)

		Grade of students		
		1st	2nd	3rd
Death is: 1. the end of every thing. (Body orientation)	Co.	24.0%	30.0	24.5
	Ex.	27.8%	42.3	27.5
2. a body is dissolved but a soul never dies. (Non body orientation)	Co.	28.7%	25.0	27.7
	Ex.	36.7%	19.2	23.5
3. uncertain.	Co.	45.7%	39.0	39.4
	Ex.	27.8%	26.9	47.1
4. Others	Co.	1.6%	6.0	8.5
	Ex.	7.6%	11.5	2.0

The result of the second grade students in experimental group supported the hypothesis (4), but those of the third grade did not necessarily support it. In the third grade students of experimental group, the ratio of "It is uncertain" increases. The contents of answers may involve various meanings and the personal frame of references. This tendency of answers interests us. The answer of "It is uncertain" by nursing students probably may have suppressive (defensive) meanings.

On the other hand, the result of control group represents generally same tendencies in each grade students.

DISCUSSION AND CONCLUSION

Death anxiety and fear discussed by Kastenbaum and Costa (1977) are as follows. The psychoanalytic distinction between free-floating anxiety and fear of objects which is available to conscious awareness is important here. Investigators assume that death typically elicits universal anxiety. Where manifest fear is not present, the defensive denial is often inferred. Conscious fear of death is assumed to occur only when the individual defenses are seriously broken down, as in extreme psychopathology. It may be true that this proposition is very difficult to translate into operational measures. And the evidence and its support are correspondingly weak.

In particular, it is highly questionable that direct self-report measures can be used as indicators of death anxiety. High scores on such a measure may indicate high fear of death, but it is distinct by definition from death anxiety which is held to be unconscious. The low scores on such a measure are occasionally taken as indices of anxiety, since they are presumed to derive from vigorous defense. Unless other types of data are available, this interpretation is unsupportable gratuitous: low scoring subjects simply may not be so much concerned with death.

A finding in this study is that students at the earlier period of nursing training show higher death anxiety than other students, and since then this tendency is suppressed. It indicates that they organize the mechanism coping with death. It may be "defense."

The fact that they show higher death anxiety than students of control group suggests us that low death anxiety is a function of control mechanism coping with death.

We presupposed that death concept of nursing students might have implication of the dissolution of bodily life. This assumption was supported clearly in the result of the second grade nursing students, but such tendency was not shown in the third grade students. They show a clearer tendency to respond as "It is uncertain" to death. It was concluded that some defensive organization to death was finally formed in them.

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