

Running Head: A Pre/Post Analysis of Death Anxiety

A Pre/Post Analysis of Death Anxiety as it relates to  
Death Education, Christian Fundamentalism, Anomie,  
Recent Death of a Loved One, Sex, Age, and College Classification

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## ABSTRACT

This research focuses on the topic of death anxiety among college students in a large, metropolitan university. Specifically, it purports to measure the relationship between death anxiety before and after a death education course. Other independent variables include: Christian fundamentalism, sex, age, college classification, and recent loss of a loved one. Many scholars argue that the topic of death was banished from American culture for much of the 20<sup>th</sup> century. Moreover, conversations involving death were often avoided in polite society. Some suggest that avoidance strategies are symptomatic of death anxiety embedded within cultural norms. Framed by these trends, the researcher believed it would be interesting to examine the impact, if any, of a death education course on death anxiety.

A convenience sample was utilized in a class entitled *Sociology of Death and Dying*. The class consisted of students from a variety of majors, ages, and ethnic backgrounds. The students' classifications were juniors, seniors, and graduates. The students were mostly commuters.

Although there was no significant relationship between the pre- and post- test, there was significance with other independent variables. However, there is reason to believe that a larger sample would have yielded significance between death education and death anxiety. Along these lines, and somewhat counterintuitive, this class seemed to engender higher levels of death anxiety. Further research is encouraged on this highly controversial topic.

## INTRODUCTION

*Death: Then and Now*

Death is inevitable. In fact, it could easily be said that we are all dying; though some may be closer to death than others. According to the National Vital Statistics (2008) put out by the Center for Disease Control, there were 2,448,017 deaths in the United States in 2005. However, even during wartime, when death is more prevalent we are somehow able to ignore or avoid its existence. As of March 11<sup>th</sup> of 2009, over four thousand servicemen had died as a result of the Iraq War (USA Today, 2009). Even during this war, we rarely discuss death in our daily lives. Death is ubiquitous and has affected nearly everyone in some way. However, in our society death is a subject that is rarely broached in public.

Over the years death has become an increasingly institutionalized and private issue. Historically, death was common due to the high rate of infectious diseases and therefore was viewed as banal and a family affair. From approximately 1600 to the early 1800's, people died in their homes rather than in an institutional setting such as a hospital or nursing home. The funerary took place in the home of the deceased (Leming & Dickinson, 2007). Prior to the 18<sup>th</sup> century, it was a perceived necessity to have everyone present at an individual's deathbed. Even children were brought into the bedchamber of the dying. In today's society, children are expected to have little to no contact with the dying (Aries, 1974).

In the past, death rates were so high that not many survived past puberty. Babies and young children were at a much higher risk for death (Kastenbaum & Aisenberg, 1976). In 1900 the top causes of death included influenza and pneumonia, tuberculosis, heart disease, accidents, cancer, and infant diseases. Conversely, in 2002 the top causes for death included heart disease, cancer, lung diseases. Essentially, the main causes of death previously were communicable

diseases due to lack of knowledge about hygiene. Today's society faces death caused by degenerative diseases that attack major organs (Corr, Nabe, & Corr, 2006). However, due to knowledge and technology, people can often continue to live with chronic diseases for quite some time.

In 1900, nearly 80 percent of deaths occurred in the home. However, now death occurs more often in institutions such as hospitals and nursing homes. The illnesses that many suffer from are generally the cause for locating them in these institutions. Family members are not prepared to care for loved ones in the comfort of their own home, though that is probably what most of the dying would want if given the choice. There has, however, been a relatively new phenomenon that is allowing some to choose a home option of dying through hospice care (DeSpelder & Strickland, 2009). Although this may be a popular option for the dying, it would likely be strongly opposed by family members who would have to see the dying. Those who are living often want to be separated from the dying.

As previously mentioned, the funerary has migrated in the last few centuries from being the responsibility of the family and community to professionals referred to as funeral directors (DeSpelder & Strickland, 2009). Prior to the 1880s, a family would prepare the body of their deceased family member in clothing. The home would be darkened and the family would mourn preceding the invitation of other mourners into the home (Leming & Dickinson, 2007).

In the late 19<sup>th</sup> century, the undertaker began his profession by simply helping to prepare the body or providing items to the family such as the casket, scarves, mourning clothes, and other decorative items. Later, the undertaker began to provide actual services to the family. He would take part in caring for the dead, transporting the body to the church (where the funeral had been relocated), and finally taking the body to a cemetery for burial (DeSpelder & Strickland,



2009). Clearly, now the funeral service or director has become one which is perceived as providing a necessary service. However, the profession is often clouded in mystery as few want to know what he does to care for the dead.

Cemeteries have also changed over the past few centuries. The *Puritan Cemetery* was developed in the 19<sup>th</sup> century. Bodies were buried in isolated areas away from others as they were not very highly regarded. Another more respectful type of cemetery was the *City Garden Cemetery*, in which cemeteries were transformed into a garden of sorts to hide the grimness of death. The *Rural Cemetery* was a garden in a suburban setting, bringing a simplistic and pleasing feel with trees, grass and flowers. The *Lawn Park Cemetery* is more commonly recognized in today's society with its satisfying look and efficiency and seeming omission of death (Leming & Dickingson, 2007).

#### *Death Socialization*

It has been established that death has been displaced from public society into a private and institutionalized setting. However, we are still socialized to death in one way or another. In general, children and young adults are socialized to many social concepts differently from people of the past. A few of the most common avenues that one may be socialized to death include family, peers, and the media. Also, for the purpose of this research, education will be briefly discussed here and more in-depth further along.

Obviously the family is the oldest and notably the most important in shaping the individual. Charles Cooley was a well-known sociologist who spoke at length about the degree of importance of the family unit in the socializing of the individual. Cooley noted the family as what he called a primary group. A primary group plays an important role in cultivating the individual's ideals and connecting them to the society at large (Cosser, 1971). It is only natural for

the family to be the first source of death information. This socialization may come in messages from parents whether conscious or unconscious. Actions regarding how family members deal with death may also incite certain feelings about death in a child (DeSpelder & Strickland, 2009). Finally, experience with funerals and death of loved ones usually involve the family.

Another way that one may be socialized is through their peers. In fact, in today's society peers are sometimes more influential in providing information regarding taboo topics than are parents. The earliest forms of socialization with peers regarding death involve games. A child can tag someone and they are out of a game, in effect dead. Children also discuss the passing of *cooties* from one to another, which in their mind could harm them (DeSpelder & Strickland, 2009). Though these may seem trivial and humorous to an adult, these teach children that death is to be feared.

Finally, the media is a very prominent form of socialization in a society such as the United States, where nearly every home has multiple televisions and some even multiple computers. These technologies provide thousands of images of death. To illustrate this, PBSKids.org (2004) found that an individual will be exposed to approximately 18,000 death scenes by the popular media by the time he or she is 18 years old. However, even when death scenes are abundant, they either involve characters of little to no importance or the death is one of meaning due to a perceived heroism. Rarely are the deaths truly meaningless as they can be in real life. This reiterates the idea that we do not like to discuss or even think about death and when we do, we prefer to remember those who passed on as having lived a great and fulfilled life, providing a context for their death.

Death education is a relatively recent development. For some death education is a means of gaining information and coping with situations encountered in the workplace. This generally

refers to the healthcare professions such as nursing, home health care workers, and emergency responders. However, there are others such as funeral directors that feel a benefit from death education. Even professionals in the policing profession may seek out an educational course involving death. Stewart, Lord, and Mercer (2000) conducted a study of persons responsible for death notifications, including police officers, and found that most had not taken a course covering death or the topic of death notification. Furthermore, even their training covered death notification only minimally.

These modes of socialization can elicit a multitude of different feelings within an individual concerning death. Though a scarce few individuals may claim to feel content or indifferent about their own death, the preponderance of society likely acknowledge a sense of anxiety about death, particularly their own. This is yet another rationale for why death has become such a taboo topic in society.

It is evident that death has become an increasingly institutionalized cultural phenomenon that has been moved out of the home. In other words, out of sight and out of mind. It could easily be deduced that the living do not want to be reminded of their own immortality and therefore have removed death from the public eye. When a subject is seldom discussed it is likely considered taboo. When the topic does in fact arise, it may bring about feelings of discomfort and anxiety. In other words, because death is an unfamiliar topic for many, it may produce fear within individuals when they are forced to accept their own mortality.

The purpose of this research was to examine death anxiety among college students and determine whether there is a correlation with death education. Supplementary variables included Christian fundamentalism, anomie, recent death of a loved one, sex, age, and college

classification. Additionally, interviews of selected participants were conducted to augment the statistical analyses. The participants were also asked to provide their personification of death.

## REVIEW OF LITERATURE

*Theories of Death Anxiety*

There are several theories on why humans fear death. For example, Philip Slater (1974) suggested that living in a highly individualistic society could increase the fear of death. Further, in many societies we simply do not discuss death in everyday conversation, which may be referred to as the denial of death (Leming & Dickinson, 2007). Other theories include psychoanalytic theories and terror management theory.

*Psychoanalytic Theory:* Theories regarding death anxiety were spearheaded by psychologists such as Freud and extended by some existentialists such as Kierkegaard. Psychological protections are allegedly developed even before the child develops some of the most basic concepts (Firestone, 1993).

At the heart of psychological theories is Freud. During childhood, the individual realizes he is fallible (Becker, 1973). As is well-known, Freud relates almost everything back to some sort of sexual instinct such libido. Freud suggests that humans take part in aggressive and sexual tendencies as a means to escape the dangers of nature, particularly death (Erdogdu, 2008). Freud also discussed at some length the philosophical concepts of life and death, referred to as Eros and Thanatos, respectively. Eros is the motivation that moves individuals forward through growth, adventure, pleasure. Conversely, Thanatos is the natural instinct attempting to draw us away from life and every type of action it brings with it. As the theory goes, these are in constant interaction. When Thanatos is in charge, one will have more disparaging tendencies, sometimes even leading to suicide (Kastenbaum, 2009).

Kierkegaard was an existential philosopher who Becker (197) also discusses at length. Kierkegaard claims that when man fell from God's grace he was given knowledge, even

knowledge of his own death. Kierkegaard believed that if an individual cannot develop some sort of defense mechanism, he or she will become psychotic from the knowledge. Clearly, this would explain a profound fear of death.

*Becker's Theory:* The aforementioned idea of the denial of death was expounded on by Ernest Becker (1973). In his book, Becker elaborates on three primary notions: humans deny their death in an attempt at self-preservation, humans' need to leave a legacy, and dying a meaningful death through heroism.

Becker goes in-depth about psychological concepts, such as the Oedipus Complex and penis-envy, but perhaps one of the most poignant things he states so simply is the fact that humans spend their life devouring other organisms and then once they die, they are devoured by other organisms. This is an animalistic function; however, being human we comprehend this, whereas animals cannot comprehend their impending doom. He points out that if individuals were consciously afraid of death they would not be able to function; clearly a concept derived from Kierkegaard.

Additionally, Becker goes in depth about the need to leave a legacy. This can be accomplished through acts of "heroism" or through one's children. Having children, in particular sons, is encouraged as a means of perpetuating one's family name. Leaving a legacy could also be accomplished through one's achievements. After all, do we not remember with more fondness those who have profoundly affected us? These things suggest having lived a meaningful and eventful life. He suggested that the idea of a meaningless death and a rather uneventful life could lead to higher death anxiety.

Heroic acts can also lead to a meaningful life or a meaningful death. In western society, we place heroes on a pedestal and view them as virtually larger than life, but in a sense that is

what one must be. In our society true heroes are sometimes few and far between because in order to be a hero one must be unafraid of death. Therefore, Becker is a bit cynical in suggesting that perhaps most deaths are essentially meaningless. This is a suggestion that most individuals are only concerned with living, rather than living and dying in a heroic manner.

*Terror management theory:* Recently, researchers have expanded on Becker's writing to posit a theory referred to as terror management theory (Pyszczynski, Greenberg, & Solomon, 1999). This theory suggests that fear of death is derived from an apprehension of complete non-existence (Hui & Fung, 2009). The authors suggest that there are two types of defenses that protect one's conscience concerning imminent death. Proximal defenses protect one's self by putting off the idea of death as being inevitable and instead extending one's longevity. In other words, when a person utilizes this type of defense mechanism, they simply avoid the thought of death as being imminent. One may consider their death to be in the very distant future. Distal defenses involve the unconscious thoughts of death and involve maintaining one's self-esteem. This may be done through advancing one's cultural view, another important aspect of the theory (Basset, 2007; Bassett & Dabbs, 2003; Bozo, Tunca, & Simsek, 2009).

Another component of terror management theory is the concept of cultural worldviews. The theory suggests that when individuals fear death, they may lend more credence to these views to alleviate their fear. As suggested by the inclusion of the word *cultural*, these views will differ from one culture to another. A widely utilized cultural worldview is that of religion. This theory suggests that religious beliefs may help to stifle the effects of death anxiety by providing questions of the unknown (Dezutter et al., 2009). Another suggested cultural worldview that exists in the United States is the importance of appearing young in order to suppress the feelings of a nearing death (Benton, Christopher, & Walter, 2007).

*Death Education*

The emergence of death education began in the 1960's (Downe-Wmboldt & Tamlyn, 1997; Wass, 2004). Herman Feifel (1977) was one of the pioneering educators in the field. Death education is notably predominant in the health professions (Wass, 2004). As noted earlier, many individuals use avoidance techniques in dealing with the topic of death. However, there was a perceived need for death education in the health professions. As time progressed, death education was introduced into other areas.

There have been several studies on the effects of death education on death anxiety. Results have been inconclusive with some noting decreased anxiety and others increased anxiety. This could be due to any number of explanations.

Several studies suggest that death education can decrease death anxiety (Hegedus, Zana, & Szabo, 2008; Mooney, 2005). Rosenthal's study (1996) concerning an 18-week course revealed a significant decrease in high school students' death anxiety levels. Hegedus, Zana, and Szabo (2008) conducted a rare study in Hungary regarding death education. The results of the study revealed a decrease in fear of death following the courses.

Other studies have found that education increased death anxiety (Ballis & Kennedy, 1977; Knight & Efenbein, 1993). Ballis and Kennedy (1977) conducted their research using high school students from two different areas. The results exhibited an increase in fear of death scores following the courses. Knight and Efenbein (1993) also found an increase in death anxiety among participating college students who had completed a college death and dying course.

Though there is conflicting results in the literature there are some explanations for the differences in results such as the use of different scales, the length of the educational program,



and ages of the samples used (Rosenthal, 1996; Ballis & Kennedy, 1977). This lends credence to the notion that similar factors may play a role in this research.

### *Christian Fundamentalism*

Religious beliefs can play a major role in individuals' lives. For this and other reasons, it is reasonable to suspect that religious beliefs may have an impact on one's death anxiety. The primary argument for why religious beliefs may reduce death anxiety is the belief in an afterlife.

Specifically, Freud suggested that belief in life after death would in a sense protect an individual's conscious from the dread of their own mortality (Rose & O'Sullivan, 2002). This notion has been supported by several studies, showing that people with stronger religious conviction have less death anxiety (Alvarado, Templer, Bresler, & Thomas-Dobson, 1995; Kraft, Litwin, & Barber, 1986). In Kraft, Litwin, & Barber's study (1986) using undergraduate students, they found that death anxiety was lower in those individuals with stronger beliefs.

Conversely, some have found an increase in anxiety with relation to strong religious beliefs (Florian & Kravetz, 1983; McMordie, 1981). Still others find no significant association between religiosity and death anxiety (Rose & O'Sullivan, 2002; Leming, 1980). Wink (2006) found in his study of 155 participants that there was no significance between religiosity and fear of death. Another very important study performed by Templer and Dotson (1970) revealed no significance between the two variables.

Other studies specifically analyze the difference between intrinsic and extrinsic beliefs as they relate to death anxiety. Someone with an extrinsic religious orientation uses their religious activities as a means to socialize or achieve certain emotions. Conversely, one with an intrinsic religious orientation participate in religious activity as an ends, rather than a means to achieve something; in other words, they live what they believe (Allport & Ross, 1967; Swanson & Byrd,

1998). Thorson and Powell (1990) found that older participants tend to have more intrinsic beliefs and tend to also have lower death anxiety. Allport and Ross found that fear of punishment played more of a role in predicting fear of death in their sample rather than extrinsic beliefs.

#### *Anomie*

There was no literature on the relationship of anomie to death anxiety. One might extrapolate from Durkheim's original thoughts on anomie, or normlessness. Durkheim (1951) elucidated the implications of being too loosely or too strongly tied to society. He also discussed the ramifications of living in a society that is overly relegated; or as in the case of anomie, a society that is under regulated. He proposed that these types of situations could lead to suicide. One could make the assumption that if an individual living in an anomic society would commit suicide, he or she would not fear death. Suicide could be conceived of as a very courageous act in the face of death.

#### *Recent Death of a Loved One*

There is little research on recent death of a loved one, as such; however, there is research on experience with death and its relation to death anxiety. What research there is on this topic is inconclusive. According to Bluck, Dirk, Mackay, and Hux's study (2008) experience with death was correlated with lower levels of death anxiety.

However, other studies have shown that experience with death, particularly the death of a parent, can have an impact of increased death anxiety. For example, Worden and Silverman (1996) found higher anxiety in school-aged children two years after their parent's death.

Finally, Ens and Bond (2007) found that the death anxiety in adolescents who had experienced the loss of a family member was not significantly different from those who had not experienced death. Though it is unclear why there are such varied results in this variable, there

could be numerous explanations. For example, the study in which there was increased anxiety focused on children, who may simply be more susceptible to death anxiety as it is a concept they may still be struggling to grasp.

### *Sex*

The literature concerning sex as it relates to death anxiety is also contradictory with some reporting that females have higher levels of death anxiety than males, while others defend that there is no significance between the sexes as they relate to death anxiety.

As mentioned, some state that females have higher death anxiety than that of males (Cotter, 2003; Davis, Bremer, Anderson, & Tramill, 1983; Ens & Bond, 2007; Jackson, 2008; Lester, Templer, & Abdel-Khalek, 2006-2007; Rose & O'Sullivan, 2002; Russac, Garliff, Reece, & Spottswood, 2007; Thorson & Powell, 1988). Pierce, Cohen, Chambers, & Meade (2007) surveyed high school and college students and found that women had higher death anxiety than men. Jackson (2008) also confirmed these findings in her study.

Other studies have found that there is no significance in death anxiety levels between males and females. Moreno, Solana, Rico, and Fernandez (2008-2009) studied elderly in institutions. Their research revealed no significance between men and women on death anxiety scores. Fortner and Neimeyer's study (1999) also using a sample consisting of older adults, showed no significant difference between the sexes. Harrawood, White, and Benschhoff (2008-2009) also found that among funeral directors females had similar levels of death anxiety as males.

### *Age*

One could easily assume that death anxiety would increase as one gets closer to dying; in other words, as people get older. Much of the literature contradicts this idea by instead

embracing an inverse relationship between age and death anxiety. Several studies have found that older people have less anxiety regarding death than do younger people (Lester & Templer, 1988; Rasmussen & Brems, 1996; Thorson & Powell, 1988). In a study of health care workers, those ages 40 and over had lower levels of death anxiety than their younger counterparts (Hegedus, Zana, & Szabo, 2008). Jackson (2008) also found an inverse correlation in age and death anxiety.

Conversely, some argue that age is not a reliable variable in relation to death anxiety (Fortner and Neimeyer 1999). De Raedt and Van Der Speeten (2008) found no significant difference between age groups: 20 to 50 years of age and persons over 75 years of age. Keller, Sherry, and Piotrowski (1984) found similar levels of death anxiety in their oldest participants when compared with the younger participants.

#### *College Classification*

There is no literature regarding college classification and its relationship with death anxiety. One might assume that if education has anything to do with college classification that the results might be mixed as they are with death education. However, it is possible that the prime reason for why college classification has not been used is because it is intertwined with age. Generally, those who are seniors have a higher mean age than those who are sophomores. Perhaps, age is a better predictor of death anxiety than is college classification.

#### *Personification of Death*

Symbolism and language plays a vital role in shaping the self according to Mead (1934). This makes it quite conceivable that symbols and imagery used in personifying death play a role in one's anxiety about death. Kastenbaum and Aisenberg (1976) noted four themes when death was described as a person. Further, they, as well as others, noted that death was predominantly

described as a male rather than a female (Cotter, 2003; McDonald & Hilgendorf, 1986). McDonald and Hilgendorf (1986) also found that the majority of their sample viewed death to be older and those who viewed death as younger, tended to have more positive views.

The four themes consist of the Macabre personification, the Gentle Comforter, the Gay Deceiver, and the Automaton (Kastenbaum & Aisenberg, 1976; Kastenbaum, 2009). The Macabre denotes a very negative vision of death, including grisly characteristics and usually accompanied with dark clothing. Usually this version of death is considered old, but is strong and intimidating. In contrast, the Gentle Comforter is far from intimidating and is instead inviting and calming in nature. Sex and age is not necessarily differentiated in this view; however, the Gentle Comforter is usually male. The Automaton may fit somewhere between these first two types. The Automaton is neither intimidating nor inviting, but is unemotional. Though the Automaton may resemble a human, it is more of a machine doing its job than a person with human qualities. Finally, there is the Gay Deceiver. The Gay Deceiver is likely to be initially perceived as attractive in appearance and in nature. This character will appear confident and enchanting. The character would be alluring and enticing to the point that he or she has you baited into the trap that you never saw. In the end, one finds out the true nature of this thing called death.

## DESIGN

Sociologists rely on both quantitative and qualitative research strategies. The former includes surveys, scales, and statistical analyses. The latter (e.g. in-depth interviews, participant observation, content analysis, etc.) is concerned with people's life worlds and how they impute meaning to things involved in that world. The two methods give very different final results and there are disadvantages and advantages to each (Neuman, 2003).

Quantitative research tends to use ordered questionnaires with closed-ended inquiries. Researchers who use these processes typically use larger samples and spend less time with participants involved in the sample. Qualitative researchers are more likely to use a less structured survey or interview with open-ended questions. Samples involved in these methods are usually smaller and the researcher is free to spend more time with individual participants (Patten, 2005).

Quantitative methodology may utilize the use of pretesting and posttesting. In between the two, some sort of stimulus is applied to the participants. This is meant to determine whether the stimulus, or the independent variable, has an effect on the subjects. As in this research, the sample is not a random sample; they are considered a convenience sample consisting of a class of students. There are disadvantages to this method, as some subjects may respond differently despite having no real change in attitude. Further, many may decipher the purpose of the questionnaire by the second time and may purposefully be deceitful in their answers. However, as is the case of this research, with little time passing between the pre- and post- test, it is possible to assume that no other stimuli may have caused a change in the responses. In this case, the participants were given a pre-test followed by one week of class, two weeks of break, one

more week of class and then a post test. Another advantage is that this methodology can be replicated time and again with other subjects to test its validity (Babbie, 2008).

Quantitative methodologies also often utilize the use of surveys. Close-ended questionnaire surveys have advantages and disadvantages. These are often used to depict certain attributes of a large population. However, if a sample is not representative of a larger population, it is difficult to generalize results. A disadvantage of questionnaires is that they may seem somewhat superficial in that they are not tailored to individuals, but rather to a large sample. A further disadvantage is that surveys are inflexible in that they can only be modified to a certain extent by the researcher upon completion by the respondents. They give little room for subjective interpretation by the subjects (Babbie, 2008).

Qualitative methodologies often make use of qualitative or in-depth interviews. In interviews an interaction takes place between the interviewer and the subject. Though the interviewer may have certain questions to ask, they may deviate from these in order to get more specific responses. Interviews and other qualitative methods are particularly useful in observing latent attitudes and behaviors. Another advantage is that interviews are flexible in that they can be modified at any time. A disadvantage of qualitative research is that it does not yield any inferential statistics with which to make decisions about the independent variable (Babbie, 2008).

Another form of qualitative research is content analysis. Content analysis studies human communiqué. Content analysis can utilize media such as newspapers, books, web sites, laws, etc. In the case of this research, narratives describing death written by subjects were analyzed for themes. Content analysis considers manifest content and latent content. Manifest content is the “visible or surface content”. Latent content is the “underlying meaning” (Babbie, 2008, p.356). An advantage of content analysis is its cost and simplicity. Almost anyone could perform a

content analysis. Content analysis over a certain subject can be studied over a long period of time. Content analysis is also often a bit subjective in that the researcher can decide on categories or themes. This could be considered an advantage or disadvantage, depending on the reader of the research (Babbie, 2008).

The researcher designed a study to measure the dependent variable, anxiety toward death, as it relates to the following independent variables: death knowledge, Christian fundamentalism, anomie, death of a loved one, sex, age, and college classification. A quantitative design was utilized to determine if any significant associations exist between the given variables. A qualitative instrument was also designed for use in in-person interviews to supplement the quantitative methods. Along with these methods, the researcher will also employ other forms of qualitative methodology and participant observation.

#### *Participants*

A convenience sample consisting of 36 students was drawn from a course entitled *Sociology of Death and Dying* offered at a large commuter university located in a moderately large mid-southwestern metropolitan area. The participants came from a variety of majors, ages, backgrounds, and classifications. The population of this university is approximately 16,000 of which, 35 percent are part-time. About 60 percent of the students are women, with the average age of all students at 25. There is a degree of cultural diversity, as over 27 percent of the university population consists of minority students. Further adding to the multi-cultural aspect of the study, over 900 students come from 75 countries outside of the United States.

All participants were informed via a simple informed consent form that answering the survey is strictly voluntary and anonymous. Respondents were also notified that nonparticipation, or failure to complete the survey, would not result in *any* negative



consequences. Although participants did not retain anonymity during the in-person interview, they were assured of confidentiality. Students were also asked not to participate if they were under the age of 18.

No record was kept of whether or not a specific subject failed to participate in the study. As mentioned, the surveys were anonymous. The participants were asked to choose a code consisting of a combination of four numbers and one letter which they then used on the post-survey as well as the pre-survey. This ensured that the researcher would be able to match the scores. Though the researcher knew which students participated in the interviewing process, the interview was conducted only following the posting of course grades. The participants were assured that involvement, or lack of involvement, in interviews would not affect their grades. All participants were also given the option to opt out of the survey and interview process or to withdraw at anytime should they feel uncomfortable. No rewards or inducements were offered to the subjects except for the researcher's appreciation in participating.

#### *Quantitative Instrumentation*

A cross-sectional survey instrument was assembled to measure the dependent and independent variables; further, anxiety towards death and death knowledge was measured preceding a college course entitled *Sociology of Death and Dying*. Those variables were also measured at the end of the course. Data for this study was collected via the use of a self-disclosing questionnaire (see Appendix A) to procure information on the following variables:

*Anxiety toward death:* Death anxiety has been researched for several decades; however, in some cases it is referred to differently. For example, in this research a *fear of death* scale was used. One of the most notable scales is the death anxiety scale developed by Templer (1969). Since that time, this scale has been adapted and several others have been implemented such as:

Death Anxiety Scale (Nelson & Nelson, 1975), Death Obsession Scale (Abdel-Khalek, 1998), Fear of Death and Dying Scale (Lester, 1991), and the one used in this study: Leming's Fear of Death scale (1979). Abdel-Khalek (1998) even suggested that one might use a simple one-item scale in measuring death anxiety. Since there is a lack of a singular comprehensive scale, there may be various outcomes from multifarious studies with numerous variables.

The first section of the survey asked participants to respond to a 26-item Likert scale designed to measure anxiety toward death. Scores ranged from 26 (high anxiety) to 130 (low anxiety). This section was adapted from Leming's fear of death scale (1979).

*Knowledge of death:* This section was created by the researcher. It was devised using course notes from a previous semester. The section is a 10-item multiple choice quiz regarding information that was covered in the course. The multiple-choice quiz ranged from zero (none) to 100 (high). The course involved in increasing knowledge covered a number of topics. For a complete view of the course syllabus see Appendix B.

*Christian fundamentalism:* This section was meant to measure Christian fundamentalism, in particular. It consists of a six-item Likert scale which is taken from Glock and Stark (1966). The scores ranged from 6 (fundamentalist) to 30 (non believer).

*Anomie:* The next section measured anomie or normlessness. It was modified into a nine-item Likert scale with statements devised by McClosky and Schaar (1965). The scores ranged from 9 (low anomy) to 45 (high anomy).

*Death of a loved one:* This was measured with one simple question of: Has someone close to you died recently? If so, how long ago? Responses were nominalized into categories which subjects chose from: 0 to 3 months; 4 to 6 months; 7 to 9 months; 10 to 12 months; over 1 year ago; never.

*Sex:* Participants were asked to provide the information of whether they were: 1) male or 2) female.

*Age:* Participants were asked to provide their age. This was left in scale form.

*College classification:* Participants were asked to provide whether they were a freshman, sophomore, junior, senior, or graduate student.

### *Qualitative Instrumentation*

A semi-structured interview schedule was prepared by the researcher for the in-depth interviews (see Appendix C). These questions were aimed at determining whether course material seemed to affect the individuals' views of death and dying. Questions also attempted to gather accounts of experiences with death. Themes and quotes from responses were used to enhance the quantitative methods.

On the first day of the course the professor asked all students to write out their description of death as a person. The students were asked to refrain from providing their name on these narratives. The instructor allowed the researcher to use these portrayals, from the targeted semester and the previous semester, to supplement the other methods and derive some categories of personification through content analysis.

Participant observation was also used by the researcher. This allowed the researcher to examine the students' verbal and nonverbal reactions to the material presented by the instructor. This type of research augmented both the quantitative and content analysis portions by providing context to situations and statements provided by subjects.

## RESULTS

### *Quantitative*

Results regarding test scores on pre- and post- death anxiety as it relates to: pre- and post- death knowledge, Christian fundamentalism, anomie, death of a loved one, sex, age, and college classification were obtained by use of Pearson's correlation, one-way ANOVA, and t-Test. The null was accepted for the following variables: death knowledge, Christian fundamentalism, sex, death of a loved one. The association of these variables with both the pre- and post- death anxiety can be seen in tables 1 and 2 (see Appendices D and E, respectively).

There was significance found between pre-death anxiety and anomie, age, and college classification. Table 3 shows these variables as they were related to pre-death anxiety. There was also significance found between post-death anxiety and college classification (see Appendix F). Table 4 shows the aforementioned variables in relation to post-death anxiety (see Appendix G). The highest significance was with anomie. There was a significant ( $p=.007$ ) correlation between anomie and pre-death anxiety, as anomie increased death anxiety decreased and vice versa. There was also a significant ( $p=.025$ ) correlation between age and pre-death anxiety, as age increased death anxiety decreased and vice versa. As mentioned, college classification was significant with both the pre- and post- death anxiety scores. Tables 5 and 6 depict the means differences with the pre- and post- death anxiety scores (see Appendices H and I, respectively).

Finally, there was no significance found overall from the pre- to post- death anxiety scores. There was a significant ( $p<.0005$ ) increase in death knowledge, with a pre-knowledge mean of 55 and a post-knowledge mean of 79.72. Though it was not significant, death anxiety did increase after the class instruction from a mean of 82.72 on the pre-anxiety to a mean of 80.17 on the post-anxiety ( $p=.175$ ).

Chart 1 and Chart 2 show the overall means on the scale (see Appendices J and K, respectively). The overall means on both the pre- and post- death anxiety tests were slightly toward the low anxiety. In fact, in the nominal variables, only categories in recent death of a loved one and college classification reached above the moderate range on the death anxiety scale.

*Qualitative: Personification Narratives*

There were a total of 38 narratives describing death as a person that were analyzed for content. Most of the students did not assign a sex or age to their personification of death. Ten of the students reported death as male and 4 as female. There were 4 old versions of death and only 1 young version of death. The majority of the depictions fell within the prescribed categories suggested by Kastenbaum and Aisenberg (1976). These included the Macabre, the Gentle Comforter, the Automaton, and the Gay Deceiver. However, there were a few in this sample that deviated by combining some of the categories. There is also a suggested new category which will be referred to as the Misunderstood Professional.

*The Macabre:* As suggested by Kastenbaum and Aisenberg (1976), this tends to be described as a dark individual. It may also be described as being disfigured or ugly. Most importantly, it is viewed as intimidating and frightening.

Approximately 29% of the students had provided a narrative that fell within this category.

One of the students gave this vivid portrayal:

It would look like a human figure with no face. The figure would be dark wearing a black hooded robe yet had not (sic) apparent hands or feet. You would know it was death by the stench and dread you felt from its presence.

Another used the following in their description of death as a person:

Death would be someone who is old and not very good looking. They might not be ugly exactly but just very old with gray hair and wrinkles. Death would look unhealthy but

still able to walk around and do things. Death is grumpy and not exactly mean but not a happy person. Death would also have no friends and walk around alone.

*The Gentle Comforter:* This version of death is almost the opposite of the macabre version. Death is considered calming and inviting and may be seen as any average human or in some cases as suggested by a couple of the students, “a sweet old lady.”

Approximately 24% of the students’ responses were identified as having the characteristics of the Gentle Comforter. One student’s response was as follows:

If death was a person it would be someone who is peaceful and serene. He or she is a calm individual. Death is a transition period, where the trials & tribulations that one once faced is over. Even though the dying process may be painful & tragic at times, the end result is all the same – no more suffering and pain for that person.

Then there was one of the students who envisioned death as, “a sweet old lady. Sweet old ladies are not scary. They are gentle and it might be nice to be taken by someone who looks old enough to have been through it.”

*The Automaton:* This perception of death is one of an unfeeling humanoid. Though it may appear human, it possesses no human characteristics. In more modern terms it may be suggested as a killing machine.

Approximately 18% of the student narratives were categorized into the Automaton theme. There were several very adept examples of this model including the following:

If death was a person it would be a person that had no heart or soul. Death would not have any feelings of any kind. I don’t think death is a good person or a bad person.

And another prototype for this theme:

Death would be a dark lost soul. It would have no identity. Death would have no eyes to see, no ears to hear, and no mouth to speak. My character would have chains wrapped around its body meaning it is bound by death and will never be a living being.

And finally one stated quite simply, “I would characterize death as a person as being ghostlike with no gender, age, or race.”

*The Gay Deceiver:* This was the final paradigm suggested by Kastenbaum and Aisenberg (1976). The character is often described as using a façade to entice others. It is at first viewed as attractive or enticing, but in the end reveals it's frightening and cruel intentions.

Thirteen percent of the narratives were identified as fitting into the role of Gay Deceiver. As is displayed by one student, the media can influence in various ways:

If I had to characterize death it would look like Tom Cruise, nice to look at and wonder about from a distance but once it starts bouncing on your couch your (sic) ready to back away.

A far more vivid and creative description is what one student proffered:

If death were a person she would be soft spoken, pretty face, smooth tanned skin & when she smiled her teeth & gums would be rotten & black! But she would be calm, sweet & welcoming (with extremely bad breath)!

*Combinations:* A few of the students provided some combination of the aforementioned personifications of death. There were a total of four narratives that were combinations. Three of these combined the Gentle Comforter and Macabre and the other one combined the Gay Deceiver and Macabre.

Speaking of what will be referred to as the Macabre-Comforter, two of the narratives referred to a difference in the vision of death depending on Christian beliefs. One example of this is as follows:

To characterize death I would start with it depending on if a person was a Christian or not. As a Christian, when it is my time to pass, I will be greeted by a heavenly Angel that will guide me to the afterlife. In the same tone, if a person doesn't believe in God then their death would be greeted by a person who is very harsh & very dark & cold.

The Macabre-Deceiver example, interestingly written in bright pink ink seemed to draw from some popular media portrayals:

If I had to characterize death he would be a short statured individual. He would wear a charcoal grey hooded trench coat and wear all black accessories. He would carry a lantern with an amazing flame to help lead you through the tunnel toward the light. He would also be without a face and have skeletal hands and feet. His voice would be soft and gentle. Overall he would be more amusing than intimidating.

*Misunderstood Professional:* In this theme death is characterized as having feelings of remorse and loneliness and feeling alone in this. Simultaneously, the individual has an important job to achieve. Only two of the narratives fit into this category, one of which seemed to be related to a loss of a close family member. Because the narratives had no names on them, there was no way to connect this particular narrative with a specific student; however, it is possible that it was written by a student often spoke in class about her sister who had committed suicide.

I have seen death very closely and she was terribly lonely. She believed that everyone's lives would go on as before and perhaps even better without her. She was wrong, of course. She believed that no one could ever understand how she felt or how bad off she really was. She was right because we did not nor could not follow where she went though in life we told her we would follow her anywhere. We were wrong. Death was very proud that day.

The other example seemed to also contain tones of sadness which may have been related to loss.

I believe death would be a very important person always appearing with a goal. I think he or she would be very misunderstood but would never take a life without some meaning behind it. He or she would have to be sad because even if death has meaning it is still something that should be grieved (sic).

#### *Qualitative: Interview Analyses*

The in-person interviews were conducted just a few weeks after the class had ended. There was an attempt to contact every student who had volunteered to be interviewed. There were few responses. In the end, there were a total of 12 interviews administered. Ten of the interviewees were female and two were males.

Interviewees were asked how they felt about death before the class. Most, 55%, reported that they either accepted it or were indifferent about it. Twenty-seven percent felt positive about it; one noting that "they're no longer suffering," referring specifically to the death of her grandmother. Eighteen percent reported having negative feelings about death. One of these



stated, “I don’t know if I really thought about it before.” Another abruptly notified the interviewer that she would prefer not to discuss her feelings of fear.

Participants were asked if they had experienced loss and if so, how they coped with that loss. Twenty-seven percent had not experienced the loss of a family member or close friend. Most of the respondents who had lost someone stated that they coped by realizing that their loved one was no longer in pain, “She was no longer suffering. We can’t be selfish and keep them around.” A couple of the respondents suggested that they had much difficulty in coping. One detailed her account of a friend’s suicide, after which she acted out and “got in trouble.” Another stated that she was quite young when she experienced her first death and she “kinda went crazy.”

When asked what parts of the course were most relevant or interesting, the responses were varied. Half of the participants mentioned the cultural differences and history of death. “Tracing the lineage (history) was relevant. How people died in the past versus today.” A few mentioned grieving as relevant material, “The grieving process, cause everyone deals with it different.” Another mentioned the inevitability of death, “How we blind ourselves to the inevitability of it.” Also, a couple of the students referred to the class field trip to a family-owned funeral home as giving a new “perspective” on death.

Students were asked whether death education courses would be beneficial for those who had experienced loss and for the general public. Eighty-two percent felt that death education would benefit individuals and the general public. One stated, “It would help them realize they’re not alone and they’re not weird for grieving. It’s a normal process.” Most referred to being more knowledgeable about death and the grieving process. Of the other 18%, one said:

Different people will experience it [death] differently and no one course is going to cover everything.

Another referred to individuals re-experiencing loss:

[The class] makes them remember more vividly and re-experience it. They should have closure without the class.

Finally, contributors were asked whether or not their feelings about death had changed after completing the course. Half of the students reported viewing death as less scary or intimidating. One quarter of the students stated that they experienced no change in their feelings about death. One referred to learning about grieving, “Grieving changed my perception for the better. I’m not as angry.” Another spoke about gaining more perspective on the topic:

I just gained another layer of perspective. Even when you’ve experienced it, there’s another side. We’re hiding death, but we can’t hide death.

Perhaps the most interesting outcome concerning the interviews was that most of the participants claimed to be apathetic or have positive feelings concerning death. Either theories concerning humans’ fear of death are over exaggerated or the participants are in denial concerning their anxiety, even following the class. It seems more plausible that it would be the latter of the two.

## DISCUSSION

### *Interpretation of the Results*

The purpose of this study was to examine a pre- and post- test analysis of death anxiety scores. The pre-test was conducted on the first day of a class entitled the sociology of death and dying. The post-test was conducted on the final day of the class. Additional variables included death education, recent death of a loved one, sex, age, and college classification. The findings did not reveal a significant correlation in death anxiety from the pre- to post- test. There was also no significance found on death knowledge (education), Christian fundamentalism, sex, and recent death of a loved one.

There was significance on the pre-death anxiety scores as they related to anomie, age, and college classification. The post-death anxiety scores did not reveal significance with anomie and age. There was, however, still significance on the post-death anxiety scores as they related to college classification.

There was a significant correlation between anomie and death anxiety, showing that as anomie increases death anxiety decreases and vice versa. Unfortunately, there was no literature discussing the role of anomie on death anxiety. Emile Durkheim (1951) is known for his theoretical thoughts on anomie, normlessness, and its effects on suicide. It could be suggested that people who are so frustrated with a normless society that they would commit suicide, would

not fear death. Anomie was not significant when analyzed with the post-death anxiety scores. It is possible that the course simply leveled the playing field in even those previously significant variables.

Age was also significant with the pre-death anxiety scores. As age increases, death anxiety decreases and vice versa. This was consistent with much of the literature which suggested that age and death anxiety are inversely correlated. Only a few others suggested that age was not a reliable variable when studying death anxiety. Perhaps the key to why older adults have less death anxiety can be found in theory, specifically the theory of Erik Erikson. Erikson proffered his ideas of developmental stages. Most adults are able to look back at their life and feel a sense of accomplishment and feel that their life has had meaning. This was what he referred to as *integrity* (Harder, 2002). Older adults who feel they have led meaningful lives are able to surrender to their inevitable death. Age was not significant on the post-death anxiety test. Again, perhaps the death education course negates any differences that were present at the beginning of the course.

College classification was significant with both the pre- and post- death anxiety tests. The pre-test revealed that juniors had significantly higher death anxiety than both seniors and graduate students. The post-test showed graduate students had significantly lower death anxiety than juniors and seniors. There was no available research on this variable; however, it is possible that this is a spurious correlation with age being the determinant factor.

#### *Limitations*

It is important to note that due to the sample being a convenience sample the results obtained from this study may not be generalizable to the population as a whole. The class was slightly biased towards females and towards the social sciences. Further, the approximate mean

age of those who participated in the study was 25. These things further add to the biases of the sample used in this research.

There were a number of procedural limitations that also inhibited this study. The total number of participants used in the quantitative work was 36, which greatly restricted the possibilities of gaining significance among more of the variables. The total class size exceeded 45 students. However, there were issues in determining how to bypass the many anonymity issues that were insisted on by the institutional review board. For instance, it would have been much simpler to ask respondents to simply provide their name on their surveys, but this would remove the protection of anonymity. Instead, students were asked to provide a code at the top of their pre-test. When the time came for them to provide the same code on their post-test, several of the students could not remember their code. Further, some of the students took the pre-test and did not take the post-test and vice versa.

Other procedural issues had to do with the personifications of death. It would have been beneficial to provide students with more direction on how to write these narratives and perhaps to even allow them more time. Students were allowed approximately 10 minutes to write their narratives and were simply asked to describe death as a person. Some individuals seemed to misunderstand the directions and wrote instead about their experiences with death.

Finally, perhaps the most debilitating limitations to this study were some of the instrumental scales. Leming's fear of death scale (1979) was used in this study, but there was no mention of this instrument in the literature. It may have been more profitable to use a more prominent scale such as Templer's death anxiety scale (1969). However, perhaps a larger issue involved in the death anxiety measure is the lack of consensus. As seen in the review of literature, there have been a number of scales developed over the past several decades. There

should be an overhaul on all of these scales to determine the most valid and reliable items and refine these items into one universal scale.

The scale used for Christian fundamentalism was also a questionable choice. Upon further review of the literature, it is clear that there may be other venues to measuring religiosity. The Christian fundamentalism scale used in this research does not differentiate between intrinsic and extrinsic religiosity. Further, it would be beneficial to make a distinction between those who look forward to the advantages of an afterlife versus those who fear punishment in the afterlife. These may be better predictors than Christian fundamentalism.

### *Strengths*

There are multiple strengths of this study. One of these strengths was the length of the course. The course utilized in this study was an intercession class. It was a total of two weeks, which essentially eliminates any possible extraneous factors which could influence the death anxiety scores. If in fact there had been a significant correlation from the pre- to post- test scores, there would be little argument that anything but the class could have caused the change.

The use of multiple methods was an obvious strength. Though many rely on quantitative methods to reveal statistical significance, qualitative methods often augment those quantitative methods by providing context. As mentioned, though the pre- and post- test scores did not come out significant, the qualitative methods revealed anxiety in students. For example, while visiting a family-owned funeral home and looking at caskets, one of the students said, "I want to be cremated. I'm not going underground. I'm scared of being underground."

Finally, though there were limitations in this study, there was also significance found. Additionally, there is reason to believe that had the sample been larger, there would have been

significance in even more of the variables. These quantitative and qualitative results speak to the importance of this research.

### *Implications*

The implications of this study as well as any study pertaining to death anxiety are very important to everyday life. Referring back to why death education began in the first place, healthcare workers and emergency first responders can greatly benefit from these studies. Though this research suggests an increase in death anxiety, the course, nevertheless, does provide pertinent information regarding history, culture, and grieving.

As previously mentioned, many healthcare workers and police officers receive little to no training concerning how to deal with death or, in the case of police officers, how to provide death notifications to family members. Though this class would not provide all of that information, a class could be tailored to these professions to provide practical material.

Also, as was suggested beforehand, death is a topic that is rarely discussed on a daily basis. It is likely that due to this and other reasons death has become a foreboding thought. Instead of pushing the topic of death into institutions and other quiet corners, we should instead invite it into our living rooms as any other typical subject. Instead of allowing death to put fear into our hearts and minds, we should entice it into our homes and water coolers and laugh in its face.

### *Conclusion*

In conclusion, though this research has had several limitations it has also provided useful information. It has also provided insight for future research. For example, future research might consider utilizing different scales in measuring death anxiety and religiosity. Future research might also contemplate comparison studies between short-term courses and long-term courses.

Testing at multiple times would be beneficial in determining at what point death anxiety increases and or decreases. Finally, another suggestion would be to include both pre- and post-interviews to enhance the quantitative methodologies.

While the pre- and post- tests did not reveal a significant change in death anxiety upon completion of the course, it is important to note that the students who participated in interviews did share intimate feelings regarding their own experiences with death. Obviously, death affects almost everyone. For this and many other reasons, it is important to continue discussions of death and death anxiety.



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Appendix A:  
Student Survey



**SURVEY**

**Please do NOT put your name on this survey. Instead in the top right corner neatly print the code used for this class and be sure to remember it.**

Please answer each of the following questions as they pertain to your life experiences and knowledge. This survey will **not** affect your grade in this or any other course. **All responses are confidential, and will be used with other survey participants' to form a composite picture.**

In the selection below, if you strongly agree, mark a **1** in the space provided to the left of the statement. If you strongly disagree mark a **5** in the space provided. Please mark only one number for each statement. Please read **each** statement carefully.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>DisAgree</b>	<b>Strongly DisAgree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- \_\_\_1. I expect other people to care for me while I die.
- \_\_\_2. I am fearful of becoming dependent on others for my physical needs.
- \_\_\_3. While dying, I dread the possibility of being a financial burden.
- \_\_\_4. Losing my independence due to a fatal illness makes me apprehensive.
- \_\_\_5. I fear dying a painful death.
- \_\_\_6. I am afraid of a long, slow death.
- \_\_\_7. The loss of physical attractiveness that accompanies dying is distressing to me.
- \_\_\_8. I dread the helplessness of dying.
- \_\_\_9. The isolation of death does not concern me.
- \_\_\_10. I do not have any qualms about being alone after I die.
- \_\_\_11. Being separated from my loved ones at death makes me anxious.
- \_\_\_12. Not knowing what it feels like to be dead makes me uneasy.
- \_\_\_13. The subject of life after death troubles me.
- \_\_\_14. Thoughts of punishment after death are a source of apprehension for me.
- \_\_\_15. The idea of never thinking after I die frightens me.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>DisAgree</b>	<b>Strongly DisAgree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

\_\_\_16. I have misgivings about the fact that I might die before achieving my goals.

\_\_\_17. I am often distressed by the way time flies so rapidly

\_\_\_18. The idea that I may die young does not bother me.

\_\_\_19. The loss of my identity at death alarms me.

\_\_\_20. The effect of my death on others does not trouble me.

\_\_\_21. I am afraid that my loved ones are emotionally unprepared to accept my death.

\_\_\_22. It worries me to think of the financial situation of my survivors.

\_\_\_23. The thought of my own body decomposing does not bother me.

\_\_\_24. The sight of a dead body makes me uneasy.

\_\_\_25. I am not bothered by the idea that I may be placed in a casket when I die.

\_\_\_26. The idea of being buried frightens me.

The following questions are meant to test your knowledge of the sociology of death and dying. It is a simply multiple choice format. **Please place the letter of the answer you feel is correct in the space provided.**

\_\_\_27. Which of the following patterns accurately characterizes body disposal (disposition) in the U.S.?

- a. The number of cremations had dramatically increased over the past 25 years.
- b. Americans are returning to traditional burial patterns.
- c. Alternative forms of body disposition has nearly disappeared.
- d. I do not know.

\_\_\_28. Most people in the U.S. die in/at \_\_\_\_\_?

- a. Home.
- b. Institutions, such as hospitals and nursing homes.
- c. Hospices.
- d. Places other than those identified above, such as highways, war zones, or as victims of criminal activity.
- e. I do not know.

- \_\_\_29. Socially, what best described Americans' attitudes toward the topic of death in terms of public conversation in the 20<sup>th</sup> century?
- Frequent public discussions.
  - Conversations of death were hidden from public conversation.
  - Death communication was widely welcomed in public conversation.
  - I do not know
- \_\_\_30. Who developed a model that describes the stages of attitudes of a patient that has been informed that he/she is dying from a terminal illness?
- Margaret Mead
  - Victoria Willingham
  - Mother Teresa
  - Elizabeth Kubler-Ross
  - I do not know
- \_\_\_31. In terms of life expectancy, which of the following patterns is correct for the U.S.?
- Life expectancy has remained virtually unchanged for the past 50 years.
  - Life expectancy has increased since the middle of the 20<sup>th</sup> century (1950s).
  - Men can expect to live longer than women.
  - Life expectancy of both men and women are the same.
  - I do not know.
- \_\_\_32. Body disposal is a fact that must be dealt with in every society. Which of the following is true in the U.S.?
- Body disposal is governed largely by federal law.
  - Body disposal is a religious matter—and thereby no state or federal regulations apply.
  - Body disposal is not an issue or holds little importance for most Americans.
  - I do not know.
- \_\_\_33. Bereavement in the U.S. is largely influenced. . .
- By individual choice or tastes.
  - By religious mandates.
  - By state or federal laws.
  - By a business or corporate model.
  - I do not know.
- \_\_\_34. Research indicates that most Americans' grief work is effective in coping with the loss of a loved one.
- True
  - False
  - I do not know.

- \_\_\_35. What best characterizes the funeral home industry in the U.S.?
- a. Research indicates that funeral homes exploits their clients during times of grief by selling them elaborate and expensive funerals.
  - b. Funeral homes continue to serve a vital link to the community in providing services to the community at a modest cost.
  - c. The roles of the funeral home vastly diminished after the 1960s.
  - d. I do not know.

- \_\_\_36. Since all humans die at some time, differences between cultures and societies related to the meaning attached to death are very minor.
- a. True
  - b. False
  - c. I do not know

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>DisAgree</b>	<b>Strongly DisAgree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- \_\_\_37. I know God really exists and I have no doubt about it.
- \_\_\_38. Jesus is the divine son of God and I have no doubt about it.
- \_\_\_39. I believe that the devil actually exists and has influence on our lives.
- \_\_\_40. Belief in Jesus Christ as a savior is absolutely necessary for salvation.
- \_\_\_41. The miracles described in the Bible actually happened just as the Bible says they did.
- \_\_\_42. The Bible is the divine and perfect word of God.

What is your religious preference:   \_\_\_Christian                   \_\_\_Jewish  
    \_\_\_Islamic                       \_\_\_Other (please specify)\_\_\_\_\_

- \_\_\_43. With everything so uncertain these days, it almost seems as though anything could happen.
- \_\_\_44. What is lacking in the world today is the old kind of friendship that lasted for a lifetime.
- \_\_\_45. With everything in such a state of disorder, it's hard for a person to know where he stands from one day to the next.
- \_\_\_46. Everything changes so quickly these days that I often have trouble deciding which are the right rules to follow.
- \_\_\_47. I often feel that many things our parents stood for are just going to ruin before our very eyes.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>DisAgree</b>	<b>Strongly DisAgree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

\_\_\_48. The trouble with the world today is that most people really don't believe in anything.

\_\_\_50. I often feel awkward and out of place.

\_\_\_51. People were better off in the old days when everyone knew just how they were expected to act.

\_\_\_52. It seems to me that people find it easier to decide what is right than I do.

**Please provide the following information:**

Has someone close to you died recently? If so, how long ago?

\_\_\_ 0 to 3 months                      \_\_\_ 7 to 9 months                      \_\_\_ Over 1 year ago

\_\_\_ 4 to 6 months                      \_\_\_ 10 to 12 months                      \_\_\_ Never

Sex:

\_\_\_ Male

\_\_\_ Female

Age:

\_\_\_

College Classification:

\_\_\_ Freshman

\_\_\_ Junior

\_\_\_ Graduate

\_\_\_ Sophomore

\_\_\_ Senior

Appendix B:  
Course Syllabus

**THE DEPARTMENT OF SOCIOLOGY, CRIMINAL JUSTICE,  
AND SUBSTANCE ABUSE STUDIES**

**Presents**

***THE SOCIOLOGY OF DEATH AND DYING***

**REQUIRED TEXT**

Kastenbaum, Robert J.

2008 *Death, Society, and Human Experience*. Ninth ed., Boston: Pearson Education, Inc.

**ABOUT THE COURSE**

It is conceivable that historians 100 years from now will refer to this present age as the AAge of Death. @ It is difficult to imagine any period in human history in which death and dying has rivaled our own in terms of documentation, exploration, exploitation, and discourse among the masses.

Sociologists have an interest in the social dimensions and ramifications of death and dying. While the topic to most students is macabre, sociologists have posited numerous theoretical orientations which are intriguing. We will discuss death and dying within the context of sociological theory. Although this course is not designed to provide a catharsis for those involved in grief work or bereavement, it does, however, provide a venue for discussion. Anecdotally, students have informed me that the information in this course aided them in addressing this issue.

The development of this course was prompted, in part, by personal research coupled with an interest in the topic. The course is divided into two parts. Part one confronts the issue of death in our society. The second part deals with the topic of dying. Dying, sociologically, is a relatively new phenomenon (certainly less than 80 years old). Our objective in this course is to uncover sociological frameworks that illuminate the meaning and aspects of dying in the modern world.

You should anticipate an enjoyable learning experience as we explore this intriguing subject. Please feel comfortable sharing your thoughts, experiences, and feelings relevant to the course material.

**COURSE OBJECTIVES**

After successfully completing this course, you will:

- 1) have the facts, ideas, and principles related to the development of sociological research and theory related to death and dying.

- 2) be able to evaluate and dissect common definitions of death and the sociological significance of such definitions.
- 3) be able to summarize the shift in attitudes from a religious to secular framework of death and dying.
- 4) be able to articulate the death system.
- 5) be able to detail the ideas of grief-work, bereavement, and the significance of institutions related to death and dying.
- 6) be able to assess the intrigue and anxiety that Americans share on death and dying.
- 7) understand the framework of dying in the modern world.
- 8) add to your vocabulary academic terms germane to the discipline of sociology and specifically, the sociology of death and dying.

## COURSE ORGANIZATION

The course objectives will be achieved through the following methods.

- Reading** Prior to the conclusion of the fall semester, you should come to my office and pick up a reading list. This will give you some time to begin the reading assignments.
- Lectures** Lecture material will parallel your reading in the text. It is imperative that you attend class for information which transcends the text.
- Class Particip** Class participation is very important in the dynamics of learning and extrapolating the information to contemporary phenomenon.
- Term Paper** The writing component will aid you in understanding the ideas embedded in the course. A minimum of 8 pages on a relevant topic is required. Your topic must be approved before you begin your research. The paper is worth 75 points. It is due on Saturday (1-10-08).
- Exams** There are two (2) scheduled exams in this course worth 100 pts each. The exams cover lecture, film, class discussions, and reading material. Exams consist of essays, identifications, and objective questions.



## TENTATIVE READING AND EXAM SCHEDULE

### Week 1

#### Chapters 2, 3, 7, 11, & 12

**Topics:** Introduction to the course  
Sociological Perspective  
The Social Construction of Death  
The Precarious Nature of Defining Death  
From a Religious to Secular Framework of Death  
America: The Land Where Nobody Dies  
The Pornography of Death  
Institutionalized Death  
The Social Significance of Bereavement and Grief  
Public and Private Dimensions of Mourning  
The Professionalization of Death Work  
Funerals as Ritualization  
The De-ritualization of the Funerary  
The Death of Pets  
The Death of Children  
Near Death Experiences

**Exam #1- - Most likely the first session on Jan 6, 2009 (Projected)**

*Tentative Reading and Exam schedule con't.*

### Week 2

#### Chapters 4, 5, & 6

**Topics:** Introduction to Dying  
The Medicalization of Dying  
A Historical Perspective on Dying  
Dying: A New Phenomenon of the 20<sup>th</sup> Century  
Dying as a Social Role  
The Health Care Profession and the Management of Dying  
Places of Dying: Hospitals and Hospices  
The Inequality of Dying  
Awareness Context and the Dying

**Exam #2- - The Final session on Saturday (1-10-09)**

## Appendix C:

# Interview Questions

### INTERVIEW QUESTIONS

1. Please describe your feelings about death before taking this course.
2. Have you lost someone you were relatively close to? If so, how did you feel? How did you cope?
3. Was this your first course involving death? What parts of the course were most relevant to your personal experiences with death?
4. Do you think death education courses are beneficial to those who have experienced loss?
5. Do you think death education courses would be beneficial to the general public?
6. Reflecting on the first day of class, you were asked to write a personification of death. How, if at all, has that characterization of death changed?
7. How has this course affected your feelings about death?

## Appendix D:

### Table 1 (Pre-Death Anxiety)

**TABLE 1**  
**Pre-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

Variable	N's	Means	Pearson's	t-Value	F-Value	Sig
<b>Pre-Death Knowledge</b>	36		.03			.881
(0=None/100=Very Knowledgeable)						
<b>Christian Fundamentalism</b>	35		.13			.475
(6=Fundamentalist/30=Nonbeliever)						
<b>Sex</b>	36	82.72		1.75		.090
Male	12	88.83				
Female	24	79.67				
<b>Recent Death of Loved One</b>	36	82.72			.69	.563
0 to 3 mos	5	91.80				
4 to 12 mos	5	80.40				
Over 1 year	23	81.70				
Never	3	79.33				

## Appendix E:

### Table 2 (Post-Death Anxiety)

**TABLE 2**  
**Post-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

Variable	N's	Means	Pearson's	t-Value	F-Value	Sig
<b>Post-Death Knowledge</b> (0=None/100=Very Knowledgeable)	36		-.03			.860
<b>Christian Fundamentalism</b> (6=Fundamentalist/ 30=Nonbeliever)	35		.12			.484
<b>Sex</b>	36	80.17		1.07		.290
Male	12	83.25				
Female	24	78.63				
<b>Recent Death of Loved One</b>	36	80.17			.56	.650
0 to 3 mos	5	77.80				
4 to 12 mos	5	81.60				
Over 1 year	23	81.39				
Never	3	72.33				

## Appendix F:

### Table 3 (Significant Pre-Death Anxiety)



**TABLE 3**  
**Pre-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

Variable	N's	Means	Pearson's	t-Value	F-Value	Sig
<b>Anomie</b> (9=Low/45=High)	36		.44			.007**
<b>Age</b>	27		.43			.025*
<b>College Classification</b>	36	82.72			4.38	.021*
Juniors	5	66.00				
Seniors	23	84.43				
Graduates	8	88.25				

\* $p < .05$  \*\* $p < .01$

## Appendix G:

### Table 4 (Significant Post-Death Anxiety)

**TABLE 4**  
**Post-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

<b>Variable</b>	<b>N's</b>	<b>Means</b>	<b>Pearson's</b>	<b>t-Value</b>	<b>F-Value</b>	<b>Sig</b>
<b>Anomie</b> (9=Low/45=High)	36		.22			.192
<b>Age</b>	27		.36			.066
<b>College Classification</b>	36	80.17			4.43	.020*
Juniors	5	70.60				
Seniors	23	79.17				
Graduates	8	89.00				

\* $p=.020$

## Appendix H:

Table 5 (College Classification Means  
Difference Pre-Death Anxiety)

**TABLE 5**  
**Mean Differences in College Classification on Pre-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

<b>Groups</b>	<b>Means</b>	<b>Juniors</b>	<b>Seniors</b>	<b>Graduates</b>
	<u>66.00</u>	<u>66.00</u>	<u>84.43</u>	<u>88.25</u>
<b>Juniors</b>	66.00	--	18.43*	22.25**
<b>Seniors</b>	84.43	--	--	3.82
<b>Graduates</b>	88.25	--	--	--

\* $p=.012$  \*\* $p=.009$

## Appendix I:

Table 6 (College Classification Means  
Difference Post-Death Anxiety)

**TABLE 6**  
**Mean Differences in College Classification on Post-Death Anxiety**  
 (26=High Anxiety/130=Low Anxiety)

<b>Groups</b>	<b>Means</b>	<b>Juniors</b>	<b>Seniors</b>	<b>Graduates</b>
	<u>70.60</u>	<u>70.60</u>	<u>79.17</u>	<u>89.00</u>
<b>Juniors</b>	70.60	--	8.57	18.40**
<b>Seniors</b>	79.17	--	--	9.83*
<b>Graduates</b>	89.00	--	--	--

\* $p=.039$  \*\* $p=.007$

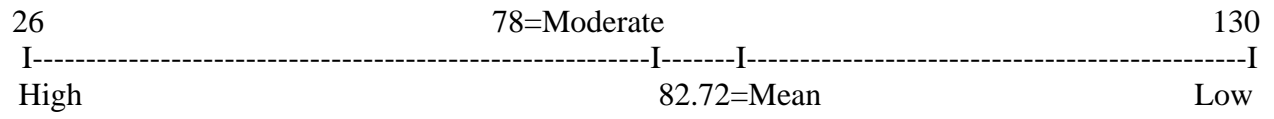
## Appendix J:

### Chart 1 (Pre-Death Anxiety)



**CHART 1**

**Pre-Death Anxiety**



## Appendix K:

### Chart 2 (Post-Death Anxiety)

**CHART 2**  
**Post-Death Anxiety**

