1990

Relationship between perceived meaning in life and death anxiety in the elderly

Kamal Sheth
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Sheth, Kamal, "Relationship between perceived meaning in life and death anxiety in the elderly" (1990). *Master's Theses*. 23.
DOI: <https://doi.org/10.31979/etd.c63t-euz3>
https://scholarworks.sjsu.edu/etd_theses/23

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

INFORMATION TO USERS

The most advanced technology has been used to photograph and reproduce this manuscript from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

Order Number 1341700

**Relationship between perceived meaning in life and death
anxiety in the elderly**

Sheth, Kamal, M.S.

San Jose State University, 1990

U·M·I

300 N. Zeeb Rd.
Ann Arbor, MI 48106

NOTE TO USERS

**THE ORIGINAL DOCUMENT RECEIVED BY U.M.I. CONTAINED PAGES
WITH SLANTED AND POOR PRINT. PAGES WERE FILMED AS RECEIVED.**

THIS REPRODUCTION IS THE BEST AVAILABLE COPY.

**RELATIONSHIP BETWEEN PERCEIVED MEANING
IN LIFE AND DEATH ANXIETY IN THE ELDERLY**

A Thesis

Presented to

**The Faculty of the Department of Nursing
San Jose State University**

In Partial Fulfillment

**of the Requirements for the Degree
Master of Science**

By

Kamal Sheth

August, 1990

APPROVED FOR THE DEPARTMENT OF NURSING

Emilie Musci

Emilie Musci, R.N., D.N.Sc.

Rosario Jambalos

Rosario Jambalos, R.N., M.S.

Tamara Harding

Tamara Harding, R.N., M.S., GNP.

APPROVED FOR THE UNIVERSITY

Serena H. Stanford

ABSTRACT

RELATIONSHIP BETWEEN PERCEIVED MEANING IN LIFE AND DEATH ANXIETY IN THE ELDERLY

by Kamal Sheth

The purpose of this correlational, descriptive study was to explore the relationship between death anxiety and a perceived meaning in life in the elderly. Joyce Travelbee's Human-to-Human Relationship Model (1966), based on the theory of logotherapy formed the conceptual framework. A convenience sample of elderly residents ($N = 31$), living independently in an apartment complex, filled out the Purpose-in-Life Test by Crumbaugh and Maholick (1964) and the Death Anxiety Scale by Templer (1970). Sub groups were examined for trends relating such parameters as age, sex, and religion.

Although not significant, data indicated that a higher perceived meaning in life was marginally associated with low death anxiety. Lower death anxiety in males only was significant with a higher meaning in life ($r = -.81$, $p < .005$). The influence of religion on death anxiety was not significant but the elderly did report lower death anxiety. Recommendations include: (a) promote nursing awareness of mortality in spiritual and psychosocial care of clients, (b) use of logotherapy with elderly, (c) combine family support, income, education, and level of independence, to explore further associations with meaning in life.

TABLE OF CONTENTS

		Page
	LIST OF TABLES	vi
Chapter		
1.	INTRODUCTION.....	1
	Problem.....	3
	Purpose and Need.....	5
	Research Questions.....	7
	Definition of Terms.....	7
	Setting and Sample Population.....	9
	Research Design.....	10
	Instruments.....	11
	Validity and Reliability.....	12
	Data Analysis.....	12
	Assumptions.....	13
	Scope and Limitations.....	13
2.	CONCEPTUAL FRAMEWORK AND RELATED	
	LITERATURE.	15
	Conceptual Framework.....	15
	Review of Related Literature.....	19
	Summary.....	29
3.	RESEARCH DESIGN AND METHODOLOGY.....	30
	Data Collection.....	30
	Risks and Benefits.....	32
	Instruments.....	32
	Purpose-in-Life Test.....	33
	Death Anxiety Scale.....	35
	Data Analysis.....	37

Chapter	Page
4. ANALYSIS AND INTERPRETATION OF DATA.....	38
Descriptive and Correlational Data.....	38
Meaning in Life.....	41
Sex and Death Anxiety.....	44
Age and Death Anxiety.....	45
Religion and Death Anxiety.....	46
5. CONCLUSIONS AND RECOMMENDATIONS.....	49
Conclusions.....	49
Recommendations.....	55
REFERENCES	56
APPENDICES	
A. Human Subjects Permission.....	61
B. Consent form - Chai House.....	63
C. Informed Consent Form.....	65
D. Consent Letters for Use of Questionnaires.....	68
E. Purpose in Life Test.....	71
F. Death Anxiety Scale.....	75

LIST OF TABLES

Table		page
1.	Demography of Respondents	40
2.	Group-wise Mean Variable Scores for PIL and DAS	41
3.	Mean DAS Scores in Sample Distribution by Age	45
4.	Mean PIL and DAS Scores in Sample Distribution by Religion	47

Chapter 1

INTRODUCTION

Interest in "Death and Dying" in the western society has increased remarkably during the past two decades. The literature is replete with information on the subject, and it has become one of the most popular topics for classes of all disciplines, workshops, and seminars. While much research has been published on death and dying, there has been relatively little research on the interrelationship between attitudes toward death and a sense of meaning in life in the elderly.

Death is one irrefutable fact of life. It is an inescapable reality for man. As part of the life process, death comes to each person whether one accepts it or not. Death's inevitability is generally accepted, yet not many people want to talk about it. The general reaction is, "why do you want to talk about something so morbid"? or, "why are you so obsessed with death"?

According to Elizabeth Kubler Ross (1975), death is a subject that is evaded, ignored, and denied by our youth worshipping, progress oriented society. Death is as much a part of human existence, of human growth and development, as being born. Death provides a context for life, for in it lies the meaning in life, and the key to growth. Death must be viewed from a different perspective, and reintroduced into each person's life as an accepted companion to life. Kubler-Ross (1969) asserts that death does not have to be a catastrophic destructive thing; indeed it can be viewed as

one of the most constructive, positive and creative elements of culture and life.

The meaning of death varies from individual to individual depending on events and situations unique to each individual life experience. Attitudes toward death are also the product of collective influence of culture perspectives about death, communicated via mass media and through institutions such as the medical care system (Bengtson, Cuellar, & Ragan, 1977).

According to Carson (1989), avoidance of thinking about death and denying its existence are pervasive in the present culture. Overcoming these attitudes requires a struggle with the issue of personal mortality, reflection on personal fears of dying, and being in touch with or formulating a personal philosophy of life. The latter entails some of the topics of introspection that all people face: the meaning and purpose in life, and the meaning in suffering and death.

Man is always reaching out for meaning, and the problem of meaning in life is a significant one. To live without meaning, goals, values or ideals, seems to provoke considerable distress and anxiety (Frankl, 1978). Frankl has stated that 20% of the neuroses he encountered in his clinical practice were derived from a lack of meaning in life. Meaning in life may also be found when confronted with a hopeless situation, or as its helpless victim, as when facing a fate that cannot be changed. One must then transform a tragedy into a personal triumph, and turn one's predicament into a human achievement. A sense of meaning in

the face of tragedy can limit the effects and intensity of the tragedy. The successful creation and discovery of meaning from the occurrence of a tragedy is often an ego-strengthening and a growth experience (Lantz, 1989).

Koestenbaum (1976) explains that the basic theme of existentialism emphasizes the value of bringing the experience of death into life, so as to bring meaning into life. Understanding the meaning of death is the beginning of all philosophical wisdom. Death provides a key to the meaning of human existence, and gives each individual a chance to discover life's true meaning by coming to terms with death as a part of human development. Confronting personal death, facing up to it, and integrating it fully into one's life, are psychological realities that give one the fullness and richness of life experiences (Koestenbaum, 1976).

Problem

Death is an integral and inevitable part of one's life, but, it is generally viewed with anxiety and denial. It is this negative attitude towards personal mortality that may be partially responsible for people living empty meaningless lives. Awareness of personal mortality compels man to appreciate his/her finiteness, and one's limited time on earth. Death makes the human mind search for answers to its' mysteries, and to understand its true meaning. If a meaning which gives one's life a sense of unique identity is not found, the individual may experience a state of emptiness and frustration (Frankl, 1959).

Fear of the inevitable, and the fear of non-existence has a primitive non-rational dimension like the fear of the dark and the fear of the unknown. According to Rosenthal (1973):

We dread death because we refuse to understand it. Death is variously viewed as a complete loss of power, a defeat, a deprivation of free will which destroys the creative capacity. It is goal-less and static; it represents non-being, nothingness. It means psychobiological separation and isolation (p. 178).

Feifel (1973), asserts that death is both demanding of recognition and difficult to confront, more so for the old and ill than for the young and healthy. Although facing the prospect of death is not an exclusive "aging" problem, it is obvious that personal death is a major consideration of old age. According to Koestenbaum (1976), the failing bodies of the elderly are constant reminders to them of the reality of death. In addition to facing the inescapable reality of death, the older person has also to deal with the possibility of body-image changes, the gray hair, the wrinkled face, the feeling of fatigue, all signifying that youth is gone. The shrinkage of one's social world, independence, sense of control, possible isolation, and loneliness, are some of the other major concerns of the elderly.

Ours is a youth oriented society where fitness and health, achievement and progress, productivity and materialism are highly valued. According to Devins (1979),

these values are so deeply ingrained in society that many elderly persons perceive themselves as lacking significance and self-worth, and no longer consider themselves as useful members of the society. Serious illness, physical disability, retirement, or situations in which one's ability to continue work is blocked may lead to intense anxieties and cause unhappiness. That which had been the source of actualization and the mainspring of energy over many decades must be revised with new values and new meanings (Koestenbaum, 1976).

A review of studies done by Feifel in 1977 suggests that many elders come to reasonable terms with their mortality. They may however have an interest in discussing their death-related attitudes and anxieties, and in sharing their thoughts and feelings on this subject. Honesty in such emotionally charged issues must be tempered with sensitivity and patience on the part of counselors and practitioners, especially in dealing with the aged (Devins, 1979).

Purpose and Need

This study will explore the relationship between a perceived meaning in life and the attitude of anxiety toward death in the elderly, emphasizing the positive aspects of confronting personal mortality. Confrontation with the inevitability of personal death has long been considered a necessary part of authentic living. It is a time of reconsidering one's values, one's priorities and one's sense of meaning in life (Yalom, 1931).

Existential theory documents how a positive attitude toward personal mortality can be a liberating experience, and how it can help one develop an individual identity and bring greater meaning to life (Koestenbaum, 1976).

Koestenbaum (1976) explains that in facing death we face life, and that to come to terms with death in early life is the only way to find our own personal meaning in an alienated world. In the words of Feifel (1977), "Life's ultimate meaning remains obscure unless it is reflected upon in the countenance of death" (p. 109). Kramer (1988) identifies death as a physiological and biological reality, and the dying process as a final opportunity one has to discover life's ultimate meaning.

Death is a philosophical issue, and the analysis of death is a fundamental approach to understanding life. According to Koestenbaum (1976), confronting personal mortality with a positive attitude reorients one to view one's life in a totality. This time of reorientation makes one review life, both past and present, and realize that life has meaning and dignity. Death also helps ascribe meaning to life retroactively which is an extremely useful concept for the elderly. With aging an individual usually places greater emphasis on human relationships, and on the development of the inner self which in turn contribute towards wisdom, well-being, and integrity.

Thus by reflecting upon one's mortality, one explores and searches for answers to the basic questions of life. "Who am I? What is the purpose for my being? What is the

meaning of life? The journey is drawing to an end, what has it signified? In the process of searching for answers about the essence of life, one is able to look back over one's journey through time, the successes and failures, the times of joy and sorrow, and is able to clarify values that are meaningful to personal life.

Research Questions

This study explored the following questions:

1. Is there a correlation between a perceived meaning in life as measured by the Purpose in Life test, and a level of death anxiety as measured by the Death Anxiety Scale, in a sample of elderly people, 65 years or older?
2. Does sex difference influence level of death anxiety in the elderly?
3. Does increasing age influence level of death anxiety in the elderly?
4. Does religion influence death anxiety in the elderly?

Definition of terms

For the purpose of this study, the following definitions apply:

1. Meaning in life is an individual's specific role, aim, function, or mission in life, which is unique and distinct, in that it must be fulfilled by him alone, and only then does it achieve a significance that will satisfy him.
2. Acceptance of death is an acknowledgment of the inevitability of death as a final process of life, and as an

imminent personal outcome, when one neither looks forward to it nor fears its occurrence. Death is viewed not as an escape from pain and suffering, but as a time of reconsidering one's values, priorities and sense of meaning in life.

3. Death anxiety is a struggle with the issue of personal mortality as when one avoids thinking about death. It is having negative thoughts and feelings about death and also denying its inevitability.

4. Personal insignificance is a subjective evaluation of being worthless, trivial, and meaningless.

5. Logotherapy "Logos" in Greek means not only "meaning," but also "spirit." It is a therapy that enters the spiritual dimension of human existence by focussing on man's aspiration for a meaningful existence. It aims to help face crisis situations wherein a radical change in status creates a sense of personal insignificance and loss of identity, to be corrected by a systematic exploration of value areas for a new meaning.

6. Existential neurosis is synonymous with a crisis of meaninglessness. It is a feeling that one has nothing to live for, nothing to struggle for, nothing to hope for, and having no goal or direction in life.

7. Spiritual development is a striving for answers to the basic questions about the essence of life. In the process of searching for answers, an individual usually works out a philosophy of life that gives one a direction in life. It provides one with inner resources which prepares

one to meet the positive and negative experiences of life.

8. Human-to-human relationship is primarily an experience between a nurse and the recipient of her care through which the purpose of nursing is accomplished.

9. Elderly persons are individuals who are 65 years or older, recognized as survivors of many life changes, both positive and negative, that have influenced their perceptions of, and responses to the experiences of daily life.

Setting and Sample Population

Chai House is an unique apartment complex located in the Willow Glen area of Santa Clara Valley, and is sponsored by the Jewish community. The setting promotes a situation where independent older adults can live with security, comfort, dignity and self-respect. Tenants include people of varied cultures and religions.

Chai House is open to all who meet the age and other requirements. For married couples, the minimum age for one member is 60 years; for a single person the minimum age is 60 years. Handicapped residents do not have age requirements, but must meet the government housing definition of handicapped. Tenants must be capable of independent living, and be able to maintain an apartment. All apartments are attractively decorated, along with individual heating and air conditioning controls, TV antenna, and emergency buzzers which are monitored 24 hours a day.

The study consisted of a convenience sample of 31

elderly men and women residing at Chai House Incorporated, who voluntarily agreed to participate in the study. The procedure for screening residents for the study insured that potential participants would be "physically and mentally normal."

The eligibility criteria for the study were:

1. Subjects be mentally alert, without confusion.
2. Subjects be able to read, write, and speak English.
3. Subjects be willing to voluntarily participate in the study.
4. Subjects be 65 years or older.

Human subjects clearance was obtained from the San Jose State University Committee on Human Subjects (Appendix A). Written permission to pursue the study on the premises was obtained from the administrator of Chai House (Appendix B).

Research Design

The research was designed as a correlational, descriptive study, using two questionnaires to collect the data. Notices were posted on the bulletin board requesting volunteers for the study. A brief introduction and the purpose of the study was also included in the notice.

Each potential subject was approached individually and asked to participate as the residents collected in the lobby 30-45 minutes pre and post lunch time. The study was presented to each resident in a general statement that the author was interested in the attitudes of the elderly people living in a retirement community, toward life and death issues in general.

Most of the respondents preferred to complete the questionnaires in a quiet area by the library section of the lobby. Some requested to complete the questionnaires at their leisure, and return them to the interviewer on the following day. The answering procedure for each scale was briefly described along with a suggestion not to expend too much time pondering over each question, but to mark the first answer that came to their awareness. The time spent with each subject varied between 20 minutes to approximately 1 hour. For persons with visual deficits, the items were read by the interviewer so that the testing time varied between 45 minutes to approximately 1 hour. Occasionally the interviewer would stay with participants while they verbalized their fears, opinions, and questions about life and death issues, values, priorities and worthiness of life, and was sensitive and honest in responding.

A consent form (Appendix C), which gave permission for data to be collected was signed by each subject at the time of presenting the questionnaires. Other variables measured were age, sex, and religion.

Instruments

The study used the Purpose in Life test (PIL), a 20-item attitude scale (Part A) developed by Crumbaugh and Maholick in 1964 (Appendix E). Permission for use of this tool was obtained from the test editors of Psychometric Affiliates (Appendix D). The PIL inventory is an interesting and promising multi-dimensional tool with a logically-keyed attitude scale. It is intended to measure

the degree to which a person experiences a sense of meaning in life.

The second instrument was the Death Anxiety Scale (DAS), developed by Donald Templer in 1970 (See Appendix F). The DAS consists of 15 statements which require a true/false response. DAS was used in this study to measure an individual's level of death anxiety. Nine out of the 15 items that comprise the DAS are keyed "true" and six items are keyed "false." Consent in writing for use of the scale was obtained from Dr. Templer (Appendix D).

Validity and Reliability

Crumbaugh and Maholick (1964) evaluated the criterion validity of the PIL by 2 measures and obtained results of the predicted difference between patient and non-patient populations thus supporting the construct validity of the instrument. The split half (odd-even) reliability of the PIL was also determined by Crumbaugh and Maholick in 1964.

Templer (1970) pretested his tool with 31 subjects who participated in the agreement response set research and completed the DAS a second time, 3 weeks after the first administration. A coefficient of .71 demonstrated reasonable internal consistency. Construct validity was established by Templer by undertaking 2 separate projects.

Data analysis

The questionnaires were coded by the researcher to assure anonymity of individual responses. Descriptive statistics and the Pearson correlation was used to analyze the following data:

1. Relationship between perceived meaning in life and level of death anxiety in the elderly.
2. Description of sex difference and level of death anxiety in the elderly.
3. Description of increasing age and level of death anxiety in the elderly.
4. Influence of religion on death anxiety in the elderly.

Assumptions

1. The questionnaires used to obtain the data provided reliable and accurate information.
2. The instruments used were appropriate for the sample population.
3. Subjects answered honestly to the best of their ability, knowledge, and memory.
4. State of Death, and Process of Dying form one single dimension and are bound together. They are not conceptually clear, and both inspire negative thoughts and feelings. The dying process causes anxiety because it leads to the state, and conversely the death state causes concern because it is preceded by the process of dying. "Death" factors tend to contain "dying" terms and vice versa.

Scope and Limitations

This study was based on the data derived from a convenience sample of 31 participants. Because a convenience type of sample was used, the sample may not be representative of the larger population. The study was limited by the questionnaires which may have drawn some

incomplete or false data due to ambiguity or misinterpretation. Due to the fact that data was obtained only from consenting volunteers, a serious possibility of bias existed: It may be that highly death anxious individuals were self-excluded from the study. Further, there was no control over events that had preceded or occurred concurrently, which might have influenced the participants' moods, thought processes, and perceptions.

Despite the need to ventilate, many elderly persons may have been unwilling to discuss personal death related attitudes with frankness and honesty, especially with a stranger. Research has shown that data collected in the form of self-reports (questionnaires or interviews) are questioned in regards to their validity and accuracy. Does the information provided by those questioned reflect the subject's honest opinions, or do they simply select a popular response? Investigators have no choice but to assume that the majority of their responses are sincere (Polit & Hungler, 1983, pp. 46, 319).

Chapter 2

CONCEPTUAL FRAMEWORK AND RELATED LITERATURE

Conceptual Framework

The conceptual framework for this study was derived from Joyce Travelbee's Human-to-Human Relationship Model that focusses on the uniqueness and dignity of the human being, on humanity, on autonomy, and on acceptance of other's values. Joyce Travelbee, a psychiatric nurse practitioner, educator, and writer, based her theoretical propositions on existential philosophy from which she formulated many of her theoretical assumptions. Her experiences in her basic nursing education and initial practice in Catholic charity institutions greatly influenced the development of her theory. Travelbee was also influenced by Viktor Frankl's (1959) concept of logotherapy, which regards its assignment as that of assisting a patient to find a meaning in life.

Travelbee (1966) believed that the nursing care given to patients in institutions lacked compassion. She felt that nursing needed "a humanistic revolution; a return to focus on the caring function of the nurse, in the caring for and the caring about ill persons" (p. 2). Travelbee promoted the Human-to-Human Relationship Model in her book, "Interpersonal Aspects of Nursing" in 1966.

The nurse/patient relationship is the essence of the purpose of nursing. According to Travelbee (1966), in such a relationship, the roles of the nurse and the client are transcended in order to respond mutually to the uniqueness

and humanness of the other. The terms nurse and patient are stereotypes and useful only for communicative economy.

Nursing is an interpersonal process between two human beings, one of whom needs assistance because of an illness situation, and the other who is able to give such assistance. The goal of the assistance is to help a human being cope with an illness situation, learn from the experience, find meaning in the experience, and grow out of each of these experiences (Travelbee, 1966).

Based on the concepts of logotherapy, Travelbee succeeded in systematizing a methodology designed to assist patients to arrive at meaning. Her major belief was that human beings are motivated by a search for meaning in all life experiences, and that meaning can also be found in the experiences of illness, suffering, and pain. She believed that such experiences could be self-actualizing if individuals found meaning in them. Illness and suffering are not only physical encounters for human beings but spiritual and emotional encounters as well.

Travelbee (1966) also believed that illness and suffering, like death, are inherent, inescapable, unforeseen conditions in life, and the attitude and meaning that an individual attaches to these concepts will determine one's ability to endure these experiences. From the nurse's perspective, to accept the finiteness of human existence as a reality without becoming discouraged or denying it sharpens sensitivity toward clients committed to nursing care. Nurses share in their client's pain and in the

process, perhaps discover its special meaning in their own lives (Carson, 1989).

Travelbee asserts that it is the responsibility of the nurse to therapeutically use herself by intervening effectively to assist clients and families to find meaning in life experiences. This implies that the nurse possesses a profound understanding of the human condition. Travelbee's approach calls for a continual self-examination of personal strengths, limitations, motivations, and needs. Self-knowledge is essential if the nurse's presence is to be effective. Taking an honest look at one's own spirituality will not only be personally beneficial, but it will also make the nurse more attuned to and respectful of the client's spirituality (Carson, 1989). The spiritual and ethical values of the nurse, or one's philosophical beliefs about illness, pain, suffering, and death will determine the extent to which he/she will be able to assist individuals and families to find meaning (or no meaning) in such difficult experiences (Travelbee, 1966).

Travelbee's framework was derived from the theory of Logotherapy introduced by Dr. Viktor Frankl (1959), a Viennese author and psychiatrist. In his book "Man's Search For Meaning," Frankl (1959) describes his concentration camp experiences through 3 grotesque years at Auschwitz. During his imprisonment, he discovered, his father, his mother, his brother, and his wife had died in the camps. As soon as Frankl was admitted to the camp, he was stripped of all his possessions, clothing, and identification. His entire body

was shaved and he was given ragged clothes and shoes that did not fit. Like other prisoners, Frankl was deprived of all his possessions, malnourished, reduced to a number, and incessantly dehumanized by the camp guards. Everywhere death surrounded him, and he had no certainty of ever leaving the camp alive. During and indeed partly because of the incredible suffering and degradation of those harrowing years, Frankl came to experience an equally profound freedom, from which he developed his theory of Logotherapy.

Logos is a Greek word that denotes "meaning."

Logotherapy focuses on the meaning of human existence as well as on man's search for such a meaning. According to Logotherapy, the striving to find a meaning in one's life is the primary motivational force in man. Frankl (1959) explains that the search for meaning in life is not an abstract one, but unique and specific for every individual. What matters, therefore, is not the meaning in life in general, but rather the specific meaning in a person's life at a given moment. Each one has his/her own specific vocation or mission in life, and every individual must carry out a concrete assignment that demands fulfillment. The task is as unique as is one's specific opportunity to implement it. Meaning in life always changes, but never ceases to be. It differs from day to day and from hour to hour.

According to Frankl (1959), meaning in life is discovered in three different ways: (1) by doing a deed; (2) by experiencing a value such as a work of nature or

culture, or by experiencing another human being by love; (3) by suffering. While the first two are quite obvious, the third needs further elaboration.

Frankl (1959) explains that life's meaning is an unconditional one, for it even includes the potential meaning of suffering. Whenever one is confronted with an inescapable, unavoidable situation, or a fate that cannot be changed, then one is given a chance to actualize the highest value, to fulfill the deepest meaning, the meaning of suffering. Frankl later discovered that if there is any meaning in life, there must be, as well, a meaning in suffering. He discovered that "everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way" (p. 104). Despite the horror of his surroundings, Frankl learned that suffering deepens a person's life, provides an opportunity for self-transcendence, and is necessary for growth and maturity, and that through suffering each person is uniquely fully free.

Review of Related Literature

Various aspects of gerontology have been investigated; however, no nursing study has attempted to explore the relationship between perceived meaning in life and attitudes of anxiety of the elderly toward personal mortality. The purpose of this review is to present those studies which have examined the relationship between the variables, along with a discussion of other factors associated with the variables.

Smith, Sherman, and Sherman (1983), report findings from previous studies which indicate that while the elderly may have a higher frequency of contact with death and more death related thoughts, they report being less anxious about death than younger individuals. However, according to Smith et al. (1983), most of the data collected thus far relies on self-report measures. Although several explanations have been proposed in support of the above findings, exactly why this is the case has not received empirical investigation. The explanations involve both disengagement theory and habituation to death related stimuli because of greater contact with them. While the latter is self-explanatory, the former theory claims that older people voluntarily withdraw from social and emotional stimulation, both for their own and society's good. Thus it is "normal" for the aging to detach themselves gradually almost as preparation for death (Oberlader, 1982). It is also possible that reporting less death anxiety represents denial on the part of the elderly who are closer to their own deaths than younger people (Smith, Sherman, & Sherman, 1983).

In a study done by Nehrke, Bellucci, and Gabriel (1978), it was noted that: (a) there were no sex differences in death anxiety, (b) years of schooling was not related to death anxiety, and (c) age was negatively related to death anxiety for the total sample. Twenty men and 20 women from each one of 3 residential settings (general community, public housing, and nursing home) participated in the study.

Questionnaires and demographic data were obtained from 120 persons over 60 years of age. Locus of Control, Life Satisfaction, and Death Anxiety scales were administered to all respondents with the general statement that the authors were interested in the attitudes of people over sixty toward a variety of events in society and in their attitudes toward life and death. Due to the significant differences among the 3 residence samples on the variables of age and education, the data were analyzed using both analysis of variance and covariance techniques.

Nehrke et al. (1978) found that community residents who have the most to look forward to, and who feel they are effective in shaping their future are most fearful of death. Nursing home residents, in contrast, are basically at the end of their lives and have few alternatives available to look forward to aside from death. Rather than despair, however, it may be that nursing home respondents look forward to death as a release from disability and dependency. The public housing residents had the highest level of life satisfaction, the most internal locus of control, and low death anxiety.

Nehrke et al. (1978), have attempted to analyze the reported data with a possible explanation for the differences in death anxiety among the 3 residence groups. The age-segregated group living arrangement of the nursing home and public housing residents may provide as a beneficent side effect, the means for the devaluation of, or desensitization to death. In such settings the residents

come in closer, more frequent contact with sickness, the process of dying, and with death than is true for community residents. Death is a constant "presence" for many older persons who live in institutions. When as many as 200 sick, old people live under one roof, death becomes a fact of life, a weekly, if not a daily occurrence (Saul & Saul, 1977).

Hence, such topics as health, sickness, and death become a normal part of the conversation pattern, which consequently provides a forum for the expression and the subsequent neutralizing of death anxiety. The person in the community however, has relatively less direct contact with sickness, death, and dying, so that such items are not usual topics of conversation. The community resident, by his/her independence, lacks a sympathetic, continuous, and common reference group which could function as a desensitizing agent (Nehrke, Belucci, & Gabriel, 1978).

In an effort to explore the meaning of death for the elderly, Bascue and Lawrence (1977) explored the relationship between death anxiety and future time orientation. The purpose of the study was to investigate the relationship between subjective time and death anxiety in the elderly. In a general sense, the concept of time and its meaning for an individual had been clearly linked to personality. The sample was comprised of 88 women over the age of 62 years living in two apartment complexes for the elderly. The overall pattern of results suggested that the elderly may turn away from the future as a way of

controlling death anxiety. The participants exhibited a definite interest in the present, which according to the researchers was perhaps the most realistic alternative, given the dilemma of a limited time span.

In general, Bascue and Lawrence (1977) found that the results of the study supported the long held conjecture that there was an intimate relationship between death and time for elderly people. They reported the findings of their study as being consistent with previous research, which had indicated that elderly people as a group did not generally exhibit a strong involvement in the future. Specifically in relation to time orientation, the one possible reason that elderly people turned away from a consideration of their future was to avoid any thoughts of death. It would then be reasonable to expect that death anxiety would increase with an increase in time orientation. Subjective interpretation of time is not to be underestimated in the continuing exploration of the human personality. The data also provided information with respect to other variables investigated. In general, the factors of education, income, and length of time in residence did not relate to the meaning of death for the elderly. It was also possible to report that the data provided additional support to the conclusions of previous studies that death anxiety was not necessarily inordinately high in normal elderly people (Bascue & Lawrence, 1977).

While discussing the value of their study, Bascue and Lawrence (1977) present the practical implications of the

findings of their study. For nurses working with the elderly, a knowledge of future time orientation and time attitudes can certainly provide information concerning the client's attitudes of anxiety toward death. Elderly people involved in the future, or those exhibiting anxious, possessive, or submissive attitudes about time, are also likely to have higher levels of death anxiety than individuals not exhibiting these qualities. Thus the factors of future time orientation and time attitudes may act as indicators of verbally unexpressed death anxiety.

One particular theme of research has been the attempt to determine the psychological and social variables associated with death anxiety. Bascue and Lawrence (1977) report findings from studies that have investigated the relationship between death anxiety and such factors as: (a) participation in daily activities, (b) living environment, (c) strength of religious beliefs, (d) age, (e) sex and education, (f) neurotic personality patterns, and (g) physical fitness.

Overall, these studies indicate that the healthier an elderly person seems to be, and the more comfortable and accepting one feels towards the environment, the less anxious one gets about death. Individuals who are generally satisfied with life, and who have pleasant life experiences, are able to accept death as a reality and without much anxiety. According to Bascue and Lawrence (1977), some reports indicate that death anxiety varies with the strength of a person's religious beliefs, but the actual influence of

religion remains unclear.

In a study titled "Religious Correlates Of Death Anxiety" (Templer & Dotson, 1970), no significant relationships between the Death Anxiety Scale score of 213 college students and several variables of religious affiliation, belief, and activity were obtained. The apparent absence of any such relationship was explained in terms of religion having quite a limited effect upon the attitudes and behavior of most college students in this society.

In the opinions of Templer and Dotson (1970), the parsimonious explanation for the lack of relationship between death anxiety and religion variables would be that religion is not an important determinant of death anxiety, at least in most relatively "normal" populations. Religion and philosophical values do not form the cornerstone of life for most people in this society. Rather, it is one facet of life which tends to be compartmentalized from other aspects of living. Religious belief does not have a tremendous impact upon feelings concerning death in the average person.

Gesser, Wong, and Reker (1987) suggest that religious behavior and beliefs are strongest among the elderly, and it may be that belief in the afterlife helps the elderly to find meaning in life, as well as in death. Although the elderly realize that their present existence is coming to an end, they can look forward to an afterlife. Death anxiety is successfully overcome because in effect, life goes on after death. In an essay titled "The problem of death,"

Feifel (1973) points out that the published data on death anxiety are contradictory, and the specific influence of religious outlook on the attitudes toward personal death in older persons is not quite clear.

A two factor theory of death anxiety was presented in a paper by Templer in 1976. It was suggested that the degree of death anxiety is produced by one's state of psychological health, and by one's experiences regarding the topic of death. Death anxiety appeared to be for the most part unrelated to physical health or somatic integrity. In another study done by Templer, Ruff, and Franks in 1971, no relationship between DAS scores and age was reported, with subjects ranging from 13 to 85 years.

In regard to life experiences, Templer et al. (1971) found that the death anxiety of high school students resembled that of their parents. The correlations were significantly higher with the parent of the same sex for both the male and female students. The correlation coefficient between the DAS scores of the parents was $r = .59$ ($p < .001$). The findings suggest that death anxiety is far from being dependent largely upon early childhood experiences and basic personality structure. The authors concluded that death anxiety is not so much a fixed entity, but a state that is sensitive to environmental events in general and to the impact of intimate interpersonal relationships in particular.

Further investigation into the literature revealed a study by Duke (1977), in which the hypothesized relationship

between meaning in life and acceptance of death was studied correlationally by a multi-method approach. This study was an investigation of how terminally ill patients accept the approach of death. Sixty-four patients responded to an abbreviated version of the Purpose in Life Test as a measure of meaning in life. Chaplains and nurses then rated patients' acceptance of dying using the Emotional Adjustment Measure, developed by Carey. Other variables measured were: (a) age, (b) sex, (c) religious affiliation, (d) frequency of worship, (e) lines of nurse's notes, (f) occupational prestige, (g) years of education, (h) vital signs, and (i) frequency of medication.

The hypothesized positive relationship between meaning in life and acceptance of death was not found for the total study population. The data did indicate, however, that the relationship between the variables may be a function of religious faith, and that religious affiliation and belief may be very influential in the experience of dying. Clinical impressions were that most terminally ill patients were depressed, denying, or angry. No movement to acceptance of death was observed. Despite these observations, the empirical data indicated that the nature of religious faith and the work of the pastor may be helpful in the dying person's experience (Duke, 1977).

The intent of the following study by Zuehlke and Watkins (1975) was an attempt to determine how therapeutic intervention might minister to the psychological needs of the terminally ill. The study investigated the effectiveness of logotherapy with these patients. The basic

hypothesis was that terminally ill patients could be helped to cope with the emotional stress created by their poor prognosis, and to establish new perspectives on meanings and purposes in their lives. A group of hospitalized patients were assigned alternately to a treatment or to a no-treatment control group. The mean age of the patients was 54.3 years, and the mean duration of knowledge about the seriousness of their illness was 8 months. About 83% of the patients were dying of some form of cancer.

Two dependent measures were utilized to allow the patients to report their perceived death-related anxiety and the sense of purpose and meaning in their lives. At the conclusion of the treatment sessions, patients receiving psychotherapy reported a significantly greater increase in death-related anxiety and in their perceived purpose in life, than did the non-treated group. The therapy experience had the result that patients reported feelings about death anxiety that previously had been denied. Clinical impressions indicated that patients who participated in psychotherapy perceived their treatment experience positively and appreciated the opportunity to explore their feelings about imminent death. The multivariate findings suggested that the reported sense of worthiness, meaning and purpose in the lives of terminally ill patients can be improved by psychotherapy. Other implications of this exploratory study reported are that family members stressed by an impending death in the family also may profit from psychotherapy (Zuehlke & Watkins, 1975).

There are only a handful of studies done on the related variables of this study and all of them are in the dimension of psychology (Durlak, 1972; Blazer, 1973; Duke, 1977; Bolt, 1978; Flint, Gayton, & Ozmon, 1983). A summary of results obtained from the above studies showed significant inverse relationship between meaning and purpose in life and death anxiety. Together, these exploratory and clinical research findings suggest that the experience of purpose in life results in a willingness to accept one's own mortality.

Summary

Existential theorists report a frequently mentioned observation that humans refuse to admit to the fact of death. The reason for this denial is because humans refuse to understand the concept of death. Virtually all modern methods of coping with death are grounded in religious teachings which seek to establish a relationship between Man's life on earth and existence after death. In reality, each person has to integrate his/her dying with personal goals and values. As this spiritual crisis is met, humans can experience a sense of fulfilling their destiny and of yielding to the natural order of the universe. An essential part of finding meaning is submission to death (Conrad, 1985).

The use of logotherapy is an approach to intervention which theoretically recognizes the situation as an opportunity to help the client grow and change. Nurses play an important role in assisting the elderly and their families discover meaning in the face of any tragedy.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

Data Collection

This research was designed as a correlational, descriptive study using questionnaires to collect the data. The data were obtained from 31 elderly men and women living in an apartment complex located in the San Jose metropolitan area. The complex, Chai House Incorporated is sponsored by the Jewish community; however, tenants include people of varied cultures and religions. The setting promotes a situation where independent older adults can live with security, comfort, dignity and self-respect. All apartments are attractively decorated along with individual heating and air-conditioning controls, TV antenna, and emergency buzzers which are monitored 24 hours a day. The facility's procedure for admitting residents insured that potential participants for the study would be able to live independently.

After permission to conduct the study was granted by the administrative head of the complex, two notices were posted on the bulletin board requesting volunteers for a nursing study. A brief introduction and the purpose of the study was also included. The date, day and time of the researcher's return was indicated on the notice, and a sign-up sheet for volunteer participants was kept at the front office desk. On return to the Chai House, four days later, the researcher was notified that not a single person had volunteered to participate in the study.

A one-to-one approach was initiated over the next three weeks, when residents gathered in the main lobby 30-45 minutes pre and post lunch time. An average of thirty minutes were set aside for every participant for answering the study questionnaires, and also for any concerns or questions that may arise from opening up such a vulnerable subject. The study was presented to every potential resident in a general statement that the author was interested in the attitudes of the elderly people living in a retirement community, toward a variety of events in society, and in their attitudes toward life and death.

Most of the voluntary respondents directed the interviewer to a quiet area by the library section of the lobby and completed the questionnaires. A few, however, did appear to the interviewer to be evasive, or to want to hurry through the questions, specifically on the DAS. Some of the subjects requested to complete the questionnaires at their leisure, and return them to the interviewer on the following day. The time spent with each subject varied between 20 minutes to approximately 1 hour.

The answering procedure for each scale was briefly described along with a suggestion not to expend too much time pondering over each question, but to mark the first answer that came to their awareness. For persons with visual deficits, the items were read by the interviewer so that the testing time varied between 45 minutes to approximately 1 hour. Occasionally the interviewer would stay with participants while they verbalized their fears,

opinions, and questions about life and death issues; values, priorities and worthiness of life, and was sensitive and honest in responding.

A consent form (See Appendix C) which gave permission for data to be collected was signed by each voluntary subject at the time of presenting the questionnaires. In addition specific characteristics such as age, sex, and religion were also obtained. A summary of the characteristics indicated that the average age of the participants was 78.9 years, and that a majority (52%) considered themselves Jewish. The sample represented 23 (74.2%) females and 8 (25.8%) males.

Risks and Benefits

Compassion and sensitivity were indicated in all verbal and non-verbal interaction, as there was a possibility that the elderly may have experienced discomfort or a grief reaction during the course of data collection. The risk of unwillingness to discuss such personal and emotionally charged issues existed, and entitled the elderly to refuse to participate any further.

The benefits of this study were that the elderly were able to explore personal experiences, clarify personal values, and had the opportunity to ventilate their feelings and concerns about death and dying issues.

Instruments

Two written questionnaires were used to collect the data. One scale was designed to measure meaning in life, and the other to assess level of death anxiety.

Purpose-in-life (PIL) Test

The PIL was a multi-dimensional, 20-item attitude scale developed by Crumbaugh and Maholick in 1964 (See Appendix E) The PIL, based on Viktor Frankl's principles of Logotherapy (1959), was developed in an attempt to measure the degree to which a person experiences a sense of meaning in life. The instrument originally consisted of two additional sections: a 13-item completion part and an open-ended paragraph to be written on personal ambitions and goals. However, only the first section has been used in subsequent research, and it is the only portion of the test that is objectively scored.

Part A contains 20 sentence stems, each with seven response alternatives, with extreme and neutral points defined. Different descriptive terms are presented as anchors for points 1 and 7. For example the first item reads: "I am usually....." and position one is defined as "completely bored," while position seven is defined as "exuberant, enthusiastic."

The face content of the items deals with several different concepts. Eight items (3, 4, 7, 8, 11, 12, 17 and 20) deal explicitly with life meaning (purpose, goals, aims); six items (1, 2, 5, 6, 9 and 19) deal with life satisfaction (life is boring, routine, exciting, or painful); two items (14 and 18) deal with freedom; one item (15) with fear of death; one (13) with personal responsibility; one (16) with contemplation of suicide; and one (10) with worthiness of one's life.

The instructions printed on the test form were easily

understood and the average time taken to complete the scale was 15-20 minutes. Total score involved the adding across all items of the scale points selected by the participants, with higher scores indicating a higher degree of meaning in life. The direction of magnitude was randomized for the items, in order that position preferences might be minimized. Raw scores of 113 or above suggests the presence of definite meaning in life, while raw scores of 91 or below suggests the lack of clear meaning and purpose.

Both construct and concurrent validity of the PIL have been verified. Crumbaugh (1968) used the order of the means of 4 non-patients to test construct validity. The difference in variance between patient and non-patient populations was significant ($F = 2.20$, $p = .01$). The construct validity of the instrument seems well supported. The concurrent or criterion validity of the PIL was evaluated by two measures: (a) correlation between PIL scores and therapists' ratings of the degree of purpose and meaning in life demonstrated by the patient (the therapist completed a PIL as he thought the patient should have completed it in order to represent the true facts), and (b) correlation between PIL scores and ratings by ministers of the degree of purpose and meaning exhibited by their participating parishioners. The relationship between the scale and therapists' ratings was $r = .38$ ($N = 50$). The relationship between the scale and ministers' ratings was $r = .47$ ($N = 120$). These results are in line with the level of criterion validity which can usually be obtained from a

single measure of a complex trait.

The split-half (odd-even) reliability of the PIL was determined by Crumbaugh and Maholick (1964) as $r = .81$ ($N = 225$), with 105 non-patients and 120 patients. Spearman-Brown corrected to .90. The same relationship was determined by Crumbaugh (1968) as $r = .85$ ($N = 120$) protestant parishioners nonpatients), Spearman-Brown corrected to .92. The significance probability of the observed values were not printed in the text statistics reported by Crumbaugh and Maholick (1969).

Death Anxiety Scale

The DAS developed by Donald Templer in 1970 (Appendix F), was a multidimensional 15-item True/False scale which measured an individual's concerns and anxieties about death. The study involved the construction and validation of a Death Anxiety Scale. Forty items were devised on a rational basis. Twenty-three of these were keyed "true" and 17 were keyed "false." Seven judges then rated the face validity of these items. The judges were a clinical psychologist, 2 graduate students in clinical psychology, and 4 chaplains in a state mental hospital. The average rating for each item was calculated. Thirty-one items that received an average rating of 3.0 or higher were embedded in 200 filler items -the last 200 items of the Minnesota Multiphasic Personality Inventory (MMPI), none of which is scored on the nine primary clinical scales.

To determine internal consistency, item-total score point biserial correlation coefficients for three

independent groups of subjects were utilized. It was decided to retain those items that had point biserial coefficients significant at the .10 level in two out of three analyses. The 15 retained items constituted the final DAS. The probability of a truly zero correlation being significant at the .10 level in two out of three analyses is .028. Phi co-efficients were computed as a means of determining relative independence of items. Since none of the coefficients of correlation between retained items exceeded .65, it can be inferred that there is not excessive inter-item redundancy. Nine out of the 15 items that comprise the DAS were keyed "true" and six were keyed "false." Scale scores range from 0-15, means of non-patient subjects tend to be roughly from 4.5 to 7.0, the standard deviations a little over 3.0.

Thirty-one of the 37 Hopkinsville Community College subjects who participated in an agreement response set research completed the DAS a second time, 3 weeks after the first administration. The Product-Moment correlation coefficient of $r = .83$ between these two sets of scores demonstrated acceptable test-retest reliability. A coefficient of .76 (Kuder-Richardson Formula 20) demonstrated reasonable internal consistency with these 31 subjects.

Boyar's (1964) Fear Of Death Scale (FODS) was employed as one means of determining the concurrent validity of the DAS. Templer (1970) claimed that the DAS items reflect a wider range of life experiences than the FODS. The FODS

items cover primarily the act of dying, the finality of death, bodies and their burial. The high correlation of .74 was found between the two scales which provided mutual evidence for the validity of both scales.

The construct validity of the DAS, was investigated by two separate procedures:

(a) Presumable high death anxiety psychiatric patients were found to have significantly higher DAS scores than control patients.

(b) DAS scores correlated significantly with Boyar's FODS.

Data Analysis

The questionnaires were coded by the researcher to assure anonymity of individual responses. Descriptive means, percentages, and Pearson r correlations were used to analyze the data. The purpose of the analyses of the data was to answer the following questions:

1. Is there a relationship between perceived meaning in life and death anxiety in the elderly?
2. Does sex difference influence level of death anxiety in the elderly?
3. Does increasing age influence level of death anxiety in the elderly?
4. Does religion influence death anxiety in the elderly?

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

Descriptive and Correlational Data

Data from questionnaires obtained from the elderly were analyzed to examine the relationship between meaning in life and attitudes of anxiety toward personal mortality. The study consisted of a convenience sample of 31 elderly people living independently in an apartment complex, who completed the PIL and DAS inventories. Descriptive characteristics of the sample population are presented and compared followed by an analysis of the data associated with the research questions.

Fifty-seven residents were approached on a one-to-one basis out of which 33 volunteered to participate in this study. Twenty-four residents calmly declined from participation, "No, sorry! I am not interested." One volunteer displayed an unwillingness to discuss such "personal" and emotionally charged issues such as death at an open and direct level with a new acquaintance. A male resident who declined a request to participate in the study became quite agitated and said, "these studies are all a waste of time! What can you do anyway after you find out that I am afraid of dying?" Another volunteer wrote the following comment about the DAS questionnaire, "Most of the above questions are morbid to me, I cannot answer them. I like life as it is!" Usable data were obtained from 31 residents.

Interestingly, the great proportion of elderly

individuals indicated that they would be willing to participate if it would be of help to the researcher and to the others in the field. A majority of the participants took 30-45 minutes to complete both questionnaires. Questions and concerns about meaning and purpose in life, death and after-life, family and health issues were raised by a few participants and discussed with the researcher. A total of 42 hours over a period of 3 weeks were spent by the researcher at Chai House Incorporated collecting data for analysis.

A summary of the characteristics indicated an unequal distribution of both sexes, 8 males and 23 females with an average age of 78.9 years. The mean PIL and DAS scores were 111.03 ($SD = 20.08$) and 5.29 ($SD = 3.05$), respectively. The correlation between PIL and DAS scores was negative and non-significant, $r = -.29$ ($p < .1$), indicating that higher perceived meaning in life may be marginally associated with less anxiety about death. Pearson's product moment correlations between scores on the two measures were $r = -.24$ ($p < .2$) for females indicating an insignificant correlation, and $r = -.81$ ($p < .005$) for males. A lower death anxiety was found to have a statistically significant association with a higher meaning in life in 7 of the 8 males. This finding may suggest that males are less willing to verbalize or admit to feelings of anxiety toward death in comparison with females. Also, the small sample number may have skewed the results.

The demographic characteristics studied included:

(a) sex, (b) age, and (c) religion. A majority of the sample, 51.6% ($n = 16$) listed their religion as Jewish, 25.8% ($n = 8$) as Catholic, and 12.9% ($n = 4$) as Protestant. Of the remaining subjects 9.7% ($n = 3$), two classified themselves as "Agnostic," and one as "Hindu." Table 1 provides an overview of the demographic sample characteristics and Table 2 provides an overview of the normative data for the variables.

Table 1

Demography of Respondents (N = 31)

Group	n	%
Sex		
Females	23	74.2
Males	8	25.8
Age(years)		
70-79	16	51.6
80-89	15	48.4
Religion		
Jewish	16	51.6
Catholic	8	25.8
Protestant	4	12.9
Agnostic	2	6.5
Other	1	3.2

Table 2

Group-wise Mean Variable Scores for Purpose in Life (PIL)
and Death Anxiety Scale (DAS)

Group	<u>n</u>	PIL		DAS	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<hr/>					
Sex					
Male	8	112.0	21.23	3.13	1.55
Female	23	110.7	20.05	6.04	3.10
Age					
70-79	16	106.8	24.66	5.44	3.10
80-89	15	115.5	13.05	5.13	3.09
Religion					
Jewish	16	111.6	20.41	5.88	3.18
Catholic	8	121.4	11.98	3.75	1.91
Protestant	4	103.0	12.94	6.50	2.89

Note. 2 Agnostics and 1 Hindu are excluded from the religion sub-group.

Meaning in Life

The PIL test (Crumbaugh and Maholick, 1964) was designed to assess an individual's level of perceived meaning in life. A 20-item, 7-point attitude scale (Appendix E) was specifically designed to evoke responses related to the degree to which an individual experiences meaning in life. Participants were instructed to circle a

number ranging from 1 to 7 that would be most nearly true for them. The numbers extended from one extreme feeling to its opposite kind of feeling. "Neutral" implied no judgement either way. Instructions included a request to use the neutral rating as little as possible.

There were eight statements (3, 4, 7, 8, 11, 12, 17 and 20) that dealt explicitly with life meaning (purpose, goals, aims and progress in life). The results indicated that overall the majority of subjects 80.7% ($n = 25$) had discovered clear goals and aims in life, and in achieving these they had progressed to complete fulfillment. Results indicated their personal existence as being very purposeful and meaningful.

Six statements (1, 2, 5, 6, 9 and 19) dealt with life satisfaction (boring, routine, exciting, painful). The range of responses to item two were, "Life to me seems: completely routine (1) to always exciting (7)." Fourteen subjects (45.2%) reported life as being completely routine, 9.6% ($n = 3$) made no judgement either way, and to the remaining 45.2% ($n = 14$) life seemed "always exciting." Item five ranged from "everyday is: exactly the same (1) to constantly new and different (7)." Seventeen subjects (54.8%) reported that every day was constantly new and different. However, item nine ranged from "my life is: empty, filled only with despair (1) to running over with exciting good things (7)." Twenty-four subjects (77.4%) responded that their lives were "running over with exciting good things," 12.9% ($n = 4$) did not agree, and 9.7% ($n = 3$) made no judgement either way. Independence in social and

financial matters and relatively good health as seen in the residents at Chai House may be associated with higher levels of life satisfaction and meaning in life, and consequently lower levels of death anxiety.

In response to items 10 and 16, dealing with worthiness of life and suicide contemplation, 6.7% ($n = 2$) admitted that life had been completely worthless, and with regard to suicide, they had thought of it seriously as a way out. In item 15 with regard to death, 80.6% ($n = 25$) reported being prepared and unafraid. Interestingly, in response to item 13, all 31 subjects 100% ($n = 31$) claimed to be very responsible persons.

Finally with regard to man's freedom to make his/her own choices (item 14), and to be in control of his/her life (item 18), the results indicated that 22.6% ($n = 7$) believed that man was to a large extent bound by limitations of heredity and environment, and that life was controlled more by external factors. As one ages the feeling of loss of control may be a major concern.

A total PIL score was obtained by summing the ratings assigned to items with higher scores indicating greater meaning in life. Participants were classified as high or low in meaning based on the mean of the total PIL scores ($M = 111.03$), ($SD = 20.08$). The results are amazingly consistent with the scores reported by the PIL authors for normal subjects. Crumbaugh and Maholick (1968) reported an overall PIL mean of 106.47 and a standard deviation of 18.94 for 1151 normal cases. Mean scores in this study for the

PIL test were 110.70 ($SD = 20.05$) for females, and 112.0 ($SD = 21.23$) for males. No significant sex differences for the PIL were found in the present study, a finding consistent with results reported by Crumbaugh and Maholick in 1969.

Sex and Death Anxiety

The 15 items of Templer's DAS addressed distinct outcomes of death anxiety (Appendix F). The key was established by Templer in 1970. One point is scored for each item answered in the keyed high death anxiety direction so that a DAS score could be as low as zero or as high as 15. Each elderly person in the sample had a total DAS score computed.

DAS scores ranged from 1 to 11. The mean was 5.29 with a standard deviation of 3.05. Sixteen or (51.6%) obtained a DAS score of 5 and below which indicated a low level of death anxiety, 11 (35.5%) elderly persons in the sample obtained DAS scores between 5 and 9, and 4 (12.9%) obtained DAS scores of 10 and above indicating extremely high levels of death anxiety.

In terms of demographic characteristics, the death anxiety dimension differentiated males from females to a significant degree. Inspection of means indicated that females expressed greater death anxiety than did males. The observed mean DAS score of 6.04 ($SD = 3.10$) for 23 females was greater than the mean of 3.13 ($SD = 1.55$) obtained by the 8 males. The results are consistent with Reker and Peacock's (1981) suggestion that males express lower death

anxiety and are more accepting of death than females. The findings of the present study may also be a reflection of socialization practices. Perhaps for males in most cultures expression of feelings is not a socially desirable stand and therefore males report less death anxiety than females.

Age and death anxiety.

When the relationship between increasing age and death anxiety was measured in this sample, no significant relationship was found. Sixteen subjects (51.6%) of the 70-79 age group with a mean age of 75.2, scored a mean DAS score of 5.44, and $N = 15$ (48.4%) of the 80-89 age group with a mean age of 82.8, scored a mean DAS score of 5.13 indicating a slight trend of decreasing death anxiety with increasing age (Table 3).

Table 3

Mean Death Anxiety Scores in Sample Distribution By Age
($N = 31$)

<u>n</u>	Age (years)	Mean Age (years)	Mean DAS
16	70-79	75.2	5.44
15	80-89	82.8	5.13

According to Gesser, Wong, and Reker (1988), old age requires an adjustment to retirement, reduced physical vigor

and a gradual withdrawal from active participation within the community. The need to accept one's past life and future death becomes an important developmental task for the elderly. In the process one develops a sense of integrity, which enables one to view life with a sense of acceptance and satisfaction. The elderly may also feel they have received their "fair share" of life, and that there is no point in worrying about death's inevitability.

Religion and Death Anxiety

The findings of this study support Duke's proposition that religious affiliation and belief may be very influential in the experience of death anxiety. In a study done by Duke in 1977, data indicated that the relationship between meaning in life and acceptance of death in terminally ill patients may be a function of religious faith. Roman Catholics, who expressed high meaning in life, also were judged as being quite accepting of death. Protestants, who expressed high meaning in life, were judged as being somewhat rejecting of death.

While the proposition asserted by Duke (1977) was not actually tested, the information obtained in this study is consistent with his perspective (Table 4).

Table 4**Mean PIL & DAS Scores in Sample Distribution by Religion****N = 28**

Religion	<u>n</u>	Mean PIL score	Mean DAS score
Catholic	8	121.37	3.7
Protestant	4	103.00	6.5
Judaism	16	111.56	5.8

The present findings indicate that Catholics who expressed a high meaning in life ($\bar{M} = 121.37$) scored lowest on the DAS ($\bar{M} = 3.7$). The Protestants also expressed a high meaning in life ($\bar{M} = 103$), but scored higher on the death anxiety scale with a mean score of 6.5. The Jewish subjects who expressed a high purpose in life ($\bar{M} = 111.56$) also scored high on the DAS, with a mean score of 5.8.

Since only 1 "Hindu" and 2 who identified themselves as "Agnostics" were included in this study, the researcher did not have significant power to permit generalizations about death anxiety in these groups. Interestingly, both females who identified themselves as Agnostics scored very low on the PIL test, whereas their DAS scores varied from extremes of 3 and 10 indicating a low and a high death anxiety level respectively. The Hindu male who was grieving the recent death of his spouse expressed a positive and accepting

attitude towards death, and stated that watching his children and grandchildren grow and achieve success in life provided an important meaning to his life.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The focus of this study was on the attitudes of the elderly toward personal death and the relationship between death anxiety and a perceived meaning in life. The influence of sex, age, and religion on death anxiety were also investigated.

Death sets a limit on the time in this life urging one to live each day as if it is the only one, one has. The decline of physical capacities, retirement, economic changes, loss of independence, and possible isolation and loneliness are some of the psychological realities that must be confronted. An altered lifestyle in a youth-oriented society, where productivity and materialism are highly valued, may lead the elderly to perceive themselves as useless and non-contributing members of society. New values and meanings must be found, along with a sense of peace and strength to deal with life's disappointments and pain, while always striving to sustain the joys and delights of life.

Nursing theorist, Joyce Travelbee (1966) was greatly influenced by Dr. Frankl's existential theory (1959), and based her theoretical formulations on his concepts of logotherapy. She believed that illness, pain and suffering experiences could be self-actualizing if individuals found meaning in them. The attitude and meaning that an individual attaches to these concepts would determine one's ability to endure the experiences.

Nurses as caregivers are privileged to assist the client and family through pain, suffering and impending death experiences. Since nursing practice is a relational interactive process in which the nurse and client are engaged as whole persons, the centered inner spirit of the nurse is needed to help assigned clients achieve optimal physical, spiritual, and psychological well-being and self-care capacity. The spiritual nature of the nurse is needed to empathetically connect with the client and family, and to help them discover meaning and purpose in suffering and death (Carson, 1989).

The findings of this study suggest that there is a negative correlation between meaning in life and death anxiety, indicating that higher perceived meaning in life is associated with less anxiety toward death and vice versa. This is consistent with Travelbee's suggestion that an individual who finds meaning in life, accepts and finds meaning in suffering and ultimately in personal mortality.

The limitations of a descriptive study must be considered when attempting to draw conclusions from the data. The results of this study cannot be generalized to a larger population although such research does play an important role in fields with problems where little is known.

Not all residents volunteered to participate in the study, and it may be that the very highly death anxious individuals were self-excluded from the convenience sample. A few respondents felt that some of the True/False choices

on the DAS questionnaire were either too absolute or too extreme. One 79 year old female subject commented that some of the statements on the PIL questionnaire were inappropriate and inapplicable for people of her age.

The results of this study partially substantiate the findings of previous investigators (Blazer, 1973; Bolt, 1978; Durlak, 1972) which support the hypothesis that the experience of a high perceived meaning in life results in a willingness to accept one's mortality. Study samples, however were limited to high school and college students who understand the inevitability of death, but the perception that death is remote, remains. A suppressive orientation towards death may weigh more heavily on the older individual because of the greater immediacy of death for him/her. Conflicting results were reported by Duke in 1977, in a study done on terminally ill patients, in which the hypothesized relationship between the two variables was not found for the total study population.

Specifically in relation to age and death anxiety, the results herein are consistent with the proposition presented by Bascue and Lawrence in 1977, that death anxiety is not necessarily inordinately high in normal elderly people. The results suggest that the elderly acknowledge the brevity of life left to live, and therefore may be motivated to make life as full and meaningful as possible. They may feel that they have received their "full share" of life, and that there is no point in worrying about death's inevitability.

The results are also consistent with a review of

studies done by Feifel (1977), which suggest that many elders come to reasonable terms with their mortality, and that death does not necessarily intimidate the older person. Thus it is possible to conclude that the results of this study offer additional support to the statement that death anxiety is not necessarily high in normal elderly people.

Four subjects (12.9%) obtained a score of 10 and above on the DAS scale which indicated a high level of death anxiety. It is then the responsibility of the nurse to be aware, intervene when appropriate, and to motivate, and assist the client to find meaning in life experiences. Nurses skilled in human interactions may facilitate a client's ability to cope with the issue of impending death. They can help the elderly and their families with awareness of each others needs, and to come to an acceptance of an unavoidable reality together. The nurse cannot give meanings to persons but can assist the elderly to formulate meanings themselves that make sense to them. Each person has life tasks that only he or she can fulfill and is uniquely responsible for performing them. The nurse may have to help his/her client see that life may be empty of success but never of meaning. The nurse can help the client see old age as a time not of stagnation, but of potential inner growth; a time that one can now use one's accumulated wisdom and experiences to finding meaning in different activities and relationships.

This dynamic process of spiritual development requires a great deal of insight and soul searching, and most

obviously results in adding joy and meaning to one's life. The nurse also has to be comfortable with his/her own mortality to be effective in helping elders explore death concerns.

The present study also provided an opportunity to explore whether there were any sex differences in attitudes of anxiety toward death. The data showed significant differences on the mean DAS scores for females and males. The lower death anxiety in males compared to females may reflect socialization practices in this country. Males in this culture are exhorted not to express fear, hopelessness, feelings of inadequacy or any such related "negative" attitudes.

In terms of religion, the Jews were the most highly represented group (51.6%). According to Kramer (1988), the Jewish tradition is not of one accord theologically. Judaism contains a range of beliefs, from no view of an afterlife to a belief in the resurrection of the body and the immortality of the soul. Death is not an end, but a transition from one state of human existence to another. It is part of the natural order and must be accepted as such. The Jewish attitude toward death, as toward life is that each is from God and each is good (Carson, 1989). However, the present findings indicate that 75% of the Jewish subjects scored high DAS scores of 10 and above, which leads to the conclusion that religious beliefs may not have a tremendous impact upon feelings concerning death. Religious belief is one facet of life which tends to be

compartmentalized from other aspects of living. The above findings support those of a previous study conducted by Templer and Dotson in 1970.

The above findings also support Duke's study (1977), that religious affiliation and belief may be very influential in the experience of death anxiety. Catholics represented 28.6% of the sample and scored a low mean DAS score of 3.7. In the teachings about death in the New Testament, Catholics believe that those who live good lives will be made happy in heaven forever. Because Christ freely accepted suffering and death in order to liberate all humans from the fear of death, the Christian's attitude toward death includes an anticipated encounter with God (Carson, 1989). In reality, the greater emphasis upon the rewards and punishment in an afterlife of Catholicism occasionally presents cases of death anxiety in obsessive compulsive Catholics who feel distressed about the punishment for their sins in hell and purgatory.

The debate continues over the value of religion influencing an individuals' death anxiety. However, it is not the issue of religious belief that is significant, but rather the ability of the individual to articulate his/her own meaning of death. An essential part of finding meaning must be submission of death, and only then can an individual experience a purposeful meaning in life.

Logotherapy appears to have relevance for hospice/palliative care programs, and by increasing awareness of logotherapy as well as the specific assessment techniques

developed from it, there is potential for its use in therapeutic intervention for terminally ill individuals. According to Hutzell (1987), for many dying individuals, the meaningfulness of their life becomes a significant question regardless of whether or not the question appeared to be salient at previous times in their lives.

Recommendations

Further research may include the spiritual dimension of nursing care. Spirituality is a significant topic for nursing research if nurses are to treat their clients holistically. Because the spiritual dimension is less structured than the physical and most emotional dimensions, measurement is a major concern. The lack of valid and reliable instruments to measure spirituality, nursing interventions that provide spiritual care, or the resulting client outcomes have been lacking.

Nursing administration needs to give positive reinforcement to the nurse who has spent time dealing with the psychosocial and spiritual needs of the client. The findings offer considerable support for the usefulness of logotherapy to help the elderly cope with death anxiety.

The study should be repeated controlling for different variables, such as family support, income, education, and level of independence in order to explore further associations with meaning in life.

REFERENCES

References

- Bascue, L. & Lawrence, R. (1977). A study of subjective time and death anxiety in the elderly. Omega, 8, 81-90.
- Bengtson, V. L., Cuellar, J. B., Ragan, P. K. (1977). Stratum contrasts and similarities in attitudes toward death. Journal Of Gerontology, 32(1), 76-88.
- Blazer, J. (1973). The relationship between meaning in life and fear of death. Psychology, 10, 33-34.
- Bolt, M. (1978). Purpose in life and death concern. The Journal of Genetic Psychology, 132, 159-160.
- Carson, V. B. (1989). Spiritual dimensions of nursing practice. New York: Simon and Schuster.
- Conrad, N. L. (1985). Spiritual needs of the dying. Nursing Clinics of North America. New York: Basic Books Inc.
- Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's noogenic neurosis. Journal of Clinical Psychology, 2, 200-207.
- Crumbaugh, J. C. (1968). Cross-validation of Purpose in Life Test based on Frankl's concepts. Journal of Individual Psychology, 24, 74-81.
- Crumbaugh, J. C. & Maholick, L. T. (1969). Manual of instructions for the Purpose-in-Life test. Munster: Psychometric Affiliates.
- Devins, G. M. (1979). Some subjective reactions of a behavioral scientist involved in thanatological research. International Journal of Psychiatry in Medicine, 9,(3&4), 307-315.

- Duke, E. H. (1977). Meaning in life and acceptance of death in terminally ill patients. Psychology, 38, 3874-3875. (From Dissertation Abstracts International, 1977/1978, Abstract No. 7732297).
- Durlak, J. (1972). Relationship between individual attitudes toward life and death. Journal of Consulting and Clinical Psychology, 38, 463.
- Feifel, H. (1973). The problem of death. In H. M. Ruitenbeek (Ed.), The Interpretation Of Death (pp. 125-129). New York: McGraw Hill Book Co.
- Feifel, H. (1977). New meanings of death. New York: McGraw-Hill Book Co.
- Flint, G., Gayton, W., & Ozmon, K. (1983). Relationship between life satisfaction and acceptance of death by elderly persons. Psychological Reports, 53, 290.
- Frankl, V. (1959). Man's search for meaning. New York: Simon & Schuster, Inc.
- Frankl, V. (1978). The unheard cry for meaning. New York: Simon & Schuster, Inc.
- Gesser, G., Wong, P. T., & Reker, G. T. (1988). Death attitudes across the life-span: the development and validation of the death attitude profile (DAP). Omega, 18(2), 113-127.
- Hutzell, R. (1987). Meaning and Purpose in life: assessment techniques of logotherapy. The HospiceJournal, 2(4), 37-49.
- Koestenbaum, P. (1976). Is there an answer to death? Englewood Cliffs, N.J.: Prentice Hall Inc.

- Kubler-Ross, E. (1969). On death and dying. New York: Macmillan.
- Kubler-Ross, E. (1975). Death: The final stage of growth. New York: Prentice-Hall.
- Lantz, J., & Lantz, J. (1989). Meaning, tragedy, and logotherapy with the elderly. Journal of Religion and Aging, 5, (4), 43-51.
- Nehrke, M., Bellucci, G., & Gabriel, S. (1978). Death anxiety, locus of control, and life satisfaction in the elderly: toward a definition of ego-integrity. Omega, 8, 359-367.
- Reker, G. T. & Peacock, E. J. (1981). The Life Attitude Profile (LAP): A multidimensional instrument for assessing attitudes toward life. Canadian Journal of Behavioral Science, 13(3), 264-274.
- Rosenthal, H. R. (1973). The fear of death as an indispensable factor in psychotherapy. In H. M. Ruitenbeek (Ed.), The Interpretation of Death (pp. 166-179). New York: McGraw-Hill Book Co.
- Saul, S., & Saul S. R. (1977). Old people talk about the right to die. Omega, 8(2), 129-136.
- Smith, R. J., Sherman, M. F., & Sherman, N. C. (1983). The elderly's reactions toward the dying: The effects of perceived age similarity. Omega, 13(4), 319-330.
- Templer, D., & Dotson, E. (1970). Religious Correlates of Death Anxiety. Psychological Reports, 26, 893-897.
- Templer, D. (1970). The construction and validation of a Death Anxiety Scale. The Journal of General Psychology, 80, 165-177.

- Templer, D., Ruff, C. F., & Franks, C. M. (1971).
The relationship of age and sex to death anxiety.
Developmental Psychology, 4, 108.
- Templer, D. (1976). Two factor theory of death anxiety
Essence, 1, 91-93.
- Travelbee, J. (1966). Interpersonal aspects of nursing
(2nd ed.). Philadelphia: F. A. Davis.
- Yalom, I. D. (1931). Existential psychotherapy. New York:
Basic Books Inc.
- Zuehlke, T. E. & Watkins, J. T. (1975). The study of
psychotherapy with dying patients: An exploratory study.
Journal of Clinical Psychology, 31, 729-732.

APPENDIX A
Human Subjects Permission

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Kamal P. Sheth, Nursing

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: December 22, 1989

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Attitudes Toward Death and Meaning in Life"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at 4-2480.

cc: Emilie Musci, Ph.D.

APPENDIX B

Consent Form - Chai House

Consent form for data collection

I, the undersigned, give my approval to Kamal Sheth, R.N., graduate student at San Jose State University, San Jose, California, to pursue her study on my premises. She has my approval to collect data to complete her research study entitled "Relationship between Meaning in life and acceptance of death in the elderly".

I understand that I will remain anonymous and that my name will not appear anywhere in the research study. I understand that at any time during the course of this study, I am free to withdraw my approval.

for Chai Hasek
10/4/89

APPENDIX C
Informed Consent Form

CONSENT FORM

AGREEMENT TO PARTICIPATE IN RESEARCH
AT SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: KAMAL SHETH

TITLE OF PROTOCOL: ATTITUDE TOWARDS DEATH AND MEANING
IN LIFE

I have been asked to participate in a research study that is investigating the attitudes of people towards personal mortality and their ability to find meaning in their lives. Meaning in life is having a unique goal in life, which must be accomplished by an individual person in order to feel good about himself.

The results of this study should further our understanding that a positive attitude towards personal mortality can give fullness and richness to life experiences. It is also hoped that the results of this study will encourage nurses to help their clients clarify and explore personal feelings.

I understand that:

I will be asked to fill out two questionnaires, "Purpose In Life" test, and "Death Anxiety Scale", which will take about 10-15 minutes each. The investigator will be available to talk about my concerns and to answer any questions that may arise.

The possible benefits of this study to me are, that I may explore my personal experiences more fully, clarify my values, and express my concerns and beliefs about death. If the questions cause discomfort or distress, I may refuse to answer or I may postpone the interview.

The results from this study may be published, but any information that can be identified with me will remain confidential and will be disclosed only with my permission or as required by law.

Any questions about my participation in this study will be answered by Kamal Sheth at (408) 266-7758. Complaints about the procedure may be presented to Dr. Gorenberg, Graduate Coordinator, at (408) 924-3120, or to Dr. Emilie Musci, Thesis Advisor, at (408) 924-3152.

My consent is given voluntarily without being coerced; I may refuse to participate in this study, and I may withdraw at any time, without prejudice to my relations with San Jose State University.

I have received a copy of this consent form for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

DATE SUBJECT'S SIGNATURE

SIGNATURE

INVESTIGATOR'S SIGNATURE

SIGNATURE

APPENDIX D

Consent Letters for Use of Questionnaires

CSP

CALIFORNIA
SCHOOL OF
PROFESSIONAL
PSYCHOLOGY

BERKELEY/ALAMEDA
FRESNO
LOS ANGELES
SAN DIEGO
PRESIDENT'S OFFICE

FRESNO CAMPUS

1350 M ST.
FRESNO, CA 93721
(209) 486-8420

October 10, 1989

Ms. Kamal Sheth
2526 Cordoba Way
San Jose, CA 95125

Dear Ms. Sheth:

Thank you for your recent letter. You most certainly have my permission to use my Death Anxiety Scale (DAS). Since it is not on the commercial market, there is no payment for its use.

Enclosed find a DAS form that I have used since 1970, and a couple of articles pertaining to DAS construction, validation, items, scoring and norm-like information. One point is scored for each item answered in the keyed high death anxiety direction so that a DAS score could be as low as 0 or as high as 15. A Likert format for the DAS is described by McMordie in Psychological Reports, 1979, 44, 975-980. I have also enclosed a copy of the Templer-McMordie Death Anxiety Scale.

The book, Death Anxiety, by Richard Lonetto and Donald I. Templer (Hemisphere Publishing Corporation, Washington, 1986) reviews the correlates of death anxiety (age, sex, other demographic variables, parental resemblance, religion, personality, public health, psychopathology, occupation, behavior, death of significant others), factor analyses, death imagery, intervention, the measurement of death anxiety, and Templer's two-factor theory of death anxiety.

Feel free to contact me for additional information or advice, including help in preparation of a manuscript for a journal article if your findings are sufficiently interesting.

Sincerely,

Donald I. Templer

Donald I. Templer, Ph.D.
Professor of Psychology

DIT:tlp
Enclosures

P.S. I am sorry if you did not get this in the mail as I promised. However, you unquestionably have my permission to use the DAS

P.S. #2 Items 1, 4, 8, 9, 10, 11, 12, 13 & 14 are keyed true in the direction and items 2, 3, 5, 6, 7 & 15 are keyed in false direction. One's score could be as low as 0 or as high as 15.

Don Templer

May 15, 1990

Kamal Sheta
2526 Cordoba Way
San Jose, CA 95125

Dear Ms. Sheta:

You have paid the royalties on 40 copies of the Purpose In Life (PIL) test and have permission to use the PIL with 40 subjects.

I wish you success in your research.

Sincerely,

Jeannette Heritage, Ph.D.
PSYCHOMETRIC AFFILIATES
Box 807
Murfreesboro, TN 37133

APPENDIX E
Purpose-in-Life Test

PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

72-74

University Microfilms International

APPENDIX F
Death Anxiety Scale

DEATH ANXIETY SCALE

DIRECTIONS: Please indicate your age and sex, and then answer the 15 questions. If a statement is true or mostly true as applied to you, circle "T." If a statement is false or mostly false as applied to you, circle "F."

AGE _____

MALE _____

FEMALE _____

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