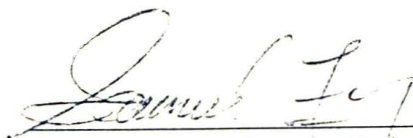


DEATH ANXIETY IN STUDENTS AT A RELIGIOUS COLLEGE

MARY BETH FORREST-CAMPBELL

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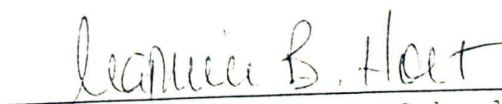


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A Thesis

Presented for the

Master of Science

Degree

Austin Peay State University

Mary Beth Forrest-Campbell

August 1996

DEDICATION

This thesis is dedicated to my husband

Mr. Rusty Campbell

and to my parents

Mr. and Mrs. Terry Forrest

who have given me the confidence to succeed.

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ABSTRACT

This research investigated the relationship of death anxiety and religiosity among students at a religious college and at a non-religious university. Templer's Death Anxiety Scale measured the death anxiety levels of subjects from Free Will Baptist Bible College. These were compared to the levels of subjects in a general psychology course at Austin Peay State University. A religiosity questionnaire was also given. Results showed the subjects from the religious college had significantly lower death anxiety levels than those from the non-religious university. Also found was a negative correlation between the frequency of church attendance and level of death anxiety. This study found a relationship between death anxiety levels and religiosity.

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
CHAPTER 1: Literature Review	1
CHAPTER 2: Methods	15
CHAPTER 3: Results	18
CHAPTER 4: Discussion	20
References	22
Appendices	26

LIST OF TABLES

<u>TABLE</u>	<u>PAGE</u>
1. Group Comparisons of Scores on the DAS	18
2. Correlation Coefficients of Frequency of Church Attendance and DAS Scores	19

CHAPTER 1

Literature Review

Death anxiety research has been focused in different directions. Some studies have investigated the relationship between death anxiety and occupations (e.g., Eakes, 1985; Pratt, Hare & Wright, 1985). Others have dealt with religion and how it affects levels of death anxiety (e.g., Templer & Dotson, 1970; Young & Daniels, 1981). However, very little research has been done with a combination of these topics. The study to be conducted will investigate the effect of religiosity and occupation on death anxiety levels.

Occupation

Several studies have investigated the relationship between death anxiety and occupations. Some studies have used workers or students in the medical field (e.g., Eggerman & Dustin, 1985; Eakes, 1985), while others chose subjects in non-medical occupations (e.g., Pratt, Hare, & Wright, 1985; Neimeyer & Neimeyer, 1984).

One study using medical students dealt with death anxiety and concerns of communicating with terminally ill patients. This study by Field & Howells (1985) found that 77

percent of the students worried about this aspect of their job. Ninety-eight third-year medical students were given an open-ended questionnaire to examine self-reported worry concerning death. These students were in their third year of study, a time during which the authors pointed out that the students were beginning contact with patients and were expected to encounter death as a part of their work.

Results indicated that 98 percent of the students did not worry about "being dead." However, 86 percent expressed worries of "dying yourself." Most of the worries expressed about death were linked to worries about physical pain and the loss of someone close to them. Seventy-seven percent were concerned about the aspect of their job which requires communicating with dying patients. This was even after participating in a course about death and dying as a part of their preclinical studies.

In contrast, a study by Eggerman & Dustin (1985) found a much smaller percentage who admitted to worry about communicating terminal illnesses. It involved medical students as well as family physicians and physician's assistants. While 93% of respondents felt that patients should be told of a terminal illness, 27% of the physicians

and 33% of the medical students admitted feeling uncomfortable about communicating this to the patient. Three indices were considered with regard to the subject's decision to reveal a terminal diagnosis--a threat index, patient index, and death index. None of the differences between the three groups of medical workers with regard to these indices were statistically significant. Measurement and sample problems plagued the study. The sample was disproportionate with 103 medical students, 8 physician's assistants and 15 physicians. A further complication was that the subjects may have answered the questions in socially desirable ways rather than being truly reflective.

Nursing home workers were shown to have job-related death anxiety. In a study by Eakes (1985) 159 nursing home workers, including 108 aides, 26 licensed practical nurses, 14 diploma nurses, 7 associate's degree nurses, and 3 baccalaureate nurses were participants. The Death Anxiety Scale (Templer, 1970) and the Facts on Aging Quiz (Palmore, 1977) were administered to investigate any relationship between death anxiety and attitudes toward the elderly in nursing homes. A mean score of 7.9 on the DAS confirmed that existence of death anxiety among these workers.

Results indicated that there was a significantly negative relationship between death anxiety and attitudes toward the elderly among the nursing home staff. Those who had high death anxiety expressed more negative attitudes toward the elderly. Perhaps those with lower death anxiety would be more effective workers in the field.

Data from hospice workers indicated a correlation between death anxiety and levels of their generalized anxiety. In a study by Amenta & Weiner (1981) of 60 volunteers, 26 students and 14 paid staff levels of death anxiety were measured by the Death Anxiety Scale. There were compared with generalized anxiety as measured by the Sixteen Personality Factor Questionnaire (Cattell, Eber, & Tatsuoka, 1970). The researchers found the participants' mean DAS score fell within the average range. Death anxiety also had a significant positive correlation with generalized anxiety measures ($p < .001$), as well as those of suspiciousness ($p < .001$), guilt proneness ($p < .001$), and ergic tension ($p < .001$). It correlated negatively with ego strength ($p < .001$).

Amenta (1984) conducted a study involving hospice workers who were volunteers. It investigated the

relationship between death anxiety, purpose in life and duration as hospice volunteers. Subjects were hospice volunteers who were given the Death Anxiety Scale and the Crumbaugh & Maholick Purpose in Life test (1964). In this study, the author compared death anxiety levels of 18 subjects who had left the hospice volunteer program between 4 and 11 months of being there with those of 24 subjects who had worked a year or more. The two groups differed significantly in mean scores on both purpose in life and death anxiety measures. Those who persisted in the program averaged moderate to low levels of death anxiety, meaning they had faced the reality of their own death. The author concluded that the volunteers with moderate to low levels of anxiety towards death worked well with the dying.

The study of death anxiety and occupation has not, however, been limited to workers in the "medical" field. Pratt, Hare, and Wright (1985) used early childhood educators as the subjects of a death anxiety study. In the study, a total of 96 teachers and early childhood education students responded to the DAS, and to demographic questions, including religious aspects, personal experiences and academic experiences with death. The survey revealed that

the more anxious teachers were concerning death, the more comfortable they were in dealing with the topic of death. This is opposite of what had been hypothesized. It is interesting to note that respondents with some academic training in children's understanding of death had significantly higher scores on the DAS ($p < .05$), indicating increased anxiety towards death, than those with no training.

A few occupations which deal with death issues have been examined in a couple of studies. Rockwell (1981) compared anxiety levels toward death among psychiatrists, psychologists, suicidologists, and funeral directors. Templer's Death Anxiety Scale was used. The authors predicted that psychiatrists would have the highest level of death anxiety due to their higher rate of suicide. However, results did not support the prediction. Results indicated that psychologists had the highest level, followed by suicidologists, then psychiatrists, and finally funeral directors. It is important to note, however, that the sample as a whole did not score high on the DAS. Their scores ranged from 4.43 to 5.95, as compared to a normal range of 4.50 to 7.00 on a 15 point scale. The author even went so

far as to say that the low level of death anxiety among funeral directors may reflect "occupational self-selection" (p. 981).

Suicide interventionists, in a study by Neimeyer and Neimeyer (1984), were also shown to have significantly lower death anxiety scores than the control group. These results indicate that occupational choice may be related to anxiety towards death. In this study 109 suicide interventionists were used as subjects to examine their death anxiety levels. The Death Anxiety Scale was used, as well as the Suicide Intervention Response Inventory (Neimeyer & Diamond, 1983) which measured the respondent's competence in choosing an appropriate therapeutic response in dealing with the suicidal individual. Results indicate that the interventionists scored significantly lower on death anxiety than did the control group. The two measures of death anxiety and counseling skill did not show a correlation.

Religion

Various aspects of religion have been studied in relation to death anxiety. These include age and religion, religious commitment, and religious affiliation. There also have been a few studies combining religious aspects with

occupational choice and death anxiety levels.

Studies involving death anxiety and religion have resulted in contradictory conclusions (e.g., Templer & Dotson, 1970; Templer, 1972; Thorson, 1991). Templer and Dotson (1970) indicated that there was no significant relationship between religiosity and death anxiety. They attributed this lack of significance to the assumption that religion has little impact on the lifestyles of the 213 college students that participated in the study. In a follow-up study, Templer (1972) surveyed very religiously involved persons. In contrast to the college-age students, Templer found a significant relationship between strong religious convictions and lower death anxiety.

However, other age related studies showed a tendency for age variable significance. For instance, Thorson (1991) found that subjects over the age of thirty tend to have significantly ($p < .01$) lower death anxiety scores with higher religiosity scores. The data also showed greater magnitude of variance by age than by gender.

A study by Richardson, Berman, and Piwowarski (1983) appears to contradict the Thorson (1991) study. They found that the strength of the relationship between religiosity

and concerns about death declines with age. However, the instrument used in this study was not an anxiety measure, but rather the Thematic Apperception Test. While non-religious subjects perceive more death in the TAT pictures, the only significant association was among young adults. Even then only 16 percent of non-religious young adults mentioned death, and 5 percent of religious young adults perceived death themes.

Wagner and Lorion (1984) surveyed 122 elderly persons in order to study variables of death anxiety as they relate to the elderly. The 60 to 89 year old subjects were given the DAS, along with 7 other measures. Results indicated that religion, in terms of Protestant denomination and frequency of attending religious functions had a significant correlation with death anxiety. Those who had a low frequency of attendance at religious services also had higher death anxiety. The authors concluded that religiosity can be a predictor of death anxiety among certain subsamples of elderly persons.

In addition to age, one's beliefs can effect how anxious a person is about death. Religiosity can be defined as "the strength of one's religious commitment" (Young &

Daniels, 1981). This commitment is often measured by the frequency of attendance at religious functions (Wagner & Lorion, 1984).

Nelson and Cantrell (1980) found that those who identify themselves as having strong religious beliefs have been shown to have lower death anxiety. In addition, church attendance seems to have an even stronger effect on death anxiety than belief. The authors measured religious beliefs "according to components of orthodoxy and perceived experience common in Christianity" (p.150). This study found that subjects with strong religious beliefs had significantly lower anxiety towards death. The authors divided death anxiety into four separate dimensions. These included death avoidance, death fear, death denial, and reluctance. More than one-thousand subjects were randomly selected to complete a survey on their church attendance, devotionalism, religious experience, and orthodoxy. The two most substantial measures were church attendance and devotionalism, while orthodoxy and religious experience were least meaningful. However, religious practice, which Nelson and Cantrell measure by church attendance, seems to have more of an effect on a person's level of death anxiety than

does belief. The authors conclude from their findings that the moderately religious have higher levels of death anxiety than do either the highly religious or non-religious. The researchers found a curvilinear relationship in that death anxiety increased with heightened religiosity only to a point, and then decreased.

Downey (1984) found contrasting results. Her study was done with a sample of middle-aged males to compare religiosity, as defined by a "total religiosity score" based on a composite scale, with death anxiety, measured by Boyar's Fear of Death Scale (McDonald, 1976). No significant relationship could be found in death anxiety with regard to religious preference.

Religious affiliation has also been studied with regard to death anxiety. Young & Daniels (1980) found that religious systems which allow its followers to achieve a "born-again" status, as defined in the biblical sense, may help the believer to be less anxious about death due to the fact that they are assured of life after death. "Born-again" Christians have been shown to have lower levels of fear concerning their deaths. Young & Daniels (1981) found that subjects with more liberal denominational affiliations tend

to have greater fears concerning death, perhaps due to higher uncertainty about life after death than those in conservative denominations.

Religions which stress the existence of an afterlife have been shown to affect death anxiety. Afterlife beliefs are seen as a better predictor of low death anxiety than some religious practices (Thorson, 1991). People who believe in an afterlife have less death anxiety, death depression, and death distress (Alvarado, Templer, Bresler, & Thomas-Dobson, 1995). However, it also showed that people who believe that the possibility of life after death is the most important aspect of religion have higher levels of death depression and distress.

In an earlier study by Templer and Ruff (1975), they concluded that some religions may even contribute to higher death anxiety. A religion, such as Catholicism, offers less assurance of eternal life. This is due to its individual teachings of the torments of hell, which await those who die outside of the Church. Such was the case in their study of psychiatric patients who felt the most important aspect of religion was that it offers the possibility of an afterlife; they experienced higher levels of death anxiety than those

who felt this was less important.

Religious occupations have been overlooked when studying death anxiety. While some of the studies have included religion as a demographic (e.g., Eggerman & Dustin, 1985, and Eakes, 1985) religion has not been the primary focus.

Much of the work which has been done involving occupation as it relates to death anxiety has used workers in the medical field as subjects. Death anxiety seems to have an impact on how they deal with patients. A study by Eggerman and Dustin (1985) dealt specifically with the concern of communication with terminally ill patients, but included religion in the demographics. The study examined religion in a limited sense finding that Catholics were significantly ($p=.03$) more likely to have a low score on the Death Index than Protestants. On this scale, the low score indicates that Catholics are more likely to make an association between the terminally ill patient and their own death than are Protestants.

In a few other occupational studies, religion was included as a factor. In a study among nursing home workers by Eakes (1985) the factor of religion did not have a

significant correlation between death anxiety and attitudes toward the elderly patients. In Pratt, Hare and Wright's (1985) study of early childhood educators, personal religion was not shown to effect their levels of death anxiety.

Although several studies have been conducted dealing with death anxiety, few have linked the aspect of religion with occupational choice. The purpose of this study was to investigate a possible relationship between religiosity and death anxiety among college age students.

Hypothesis

It was hypothesized that:

1. The students at a religious college had significantly lower DAS scores than the students from a non-religious university.
2. There was a negative correlation between church attendance and level of death anxiety.

Method

Subjects

A total of one hundred and nine subjects participated in the study. Sixty-six students (38 males and 28 females) from Free Will Baptist Bible College (FWBBC) in Nashville, Tennessee and forty-three (17 males and 26 females) students from psychology classes at Austin Peay State University (APSU) participated. The FWBBC students all had a Bible major of 40 hours which was a requirement for graduation. In this way, they were all expected to have occupations which will be ministerial in nature. These students were asked as a part of the admissions policy whether or not they had been "born-again" and were only admitted if they answered in the affirmative. "Born-again" was defined in the biblical sense of having a personal relationship with God (Young & Daniels, 1980). Religious commitment among the students is not only encouraged, it is required as a part of the curriculum. The students are required to participate in weekly ministry experiences in the community.

Instruments

The Death Anxiety Scale (DAS; Templer, 1970) was used

in the study. It is a 15-item true/false questionnaire (see Appendix A) which has frequently been used to study death anxiety. Each question was given a score of 1 for an answer which corresponded with those of high death anxiety. The higher the score, the greater the anxiety. Norms for the DAS vary from scores of 4.5 to 7.0 with a mean score of 7.25 for young adults. It has a reliability of .76 using the Kuder-Richardson formula coefficient of internal consistency. The test-retest correlation is .83. Validity of the DAS with a similar scale, the Fear of Death Scale, is good at .74 (Fischer & Corcoran, 1994).

A modified version of Templer's religiosity questionnaire (see Appendix B) was used. Question 3 had been altered in that it was broken down into smaller time segments. This was done in order to acquire a more detailed view of the subjects' time commitments to their religion.

Procedure

Informed consent forms (see Appendix C) were given first to inform subjects of study particulars. A set of questionnaires which included a form to gather demographic information on each subject (see Appendix D), the Templer Death Anxiety Scale, and a religiosity questionnaire were

then administered to each subject. The subjects were debriefed after their participation.

CHAPTER 3

Results

Table 1 shows the results of analysis for group comparisons with regard to DAS scores. The mean average for DAS scores of subjects at FWBBC was 4.955 with a standard deviation of 2.247. The APSU subjects scored a mean of 7.140 with a standard deviation of 3.005. An independent measures t-test revealed that the differences between the means were significant ($t = -4.178$, $p < 0.001$).

Table 1

Group Comparisons of Scores on the DAS

College/University	n	M	SD	t	p
FWBBC	66	4.955	2.427	-4.178	0.001
APSU	43	7.140	3.005		0.001

The Pearson correlation analysis was used to analyze the relationship between frequency of church attendance and scores on the DAS (see Table 2). Results showed a negative correlation between the two factors ($r = -0.314$, $p < 0.01$). This shows that the more frequently one attends church, the

lower one's death anxiety level and vice versa.

Table 2

Correlation Coefficients of Frequency of Church Attendance and DAS Scores

Frequency of Church Attendance	
<hr/>	
DAS Scores	$r = -0.314$
	$p < 0.01$
	$N = 109$

Not hypothesized but found significant in analysis were several other aspects. For instance, DAS scores correlated negatively with three variables: the strength of one's attachment to one's belief system ($r = -0.274$, $p < 0.01$), the strength of one's convictions ($r = -0.212$, $p < 0.01$), and one's belief in the afterlife ($r = -0.362$, $p < 0.01$). In addition, the frequency of church attendance was related to belief in the afterlife ($r = 0.559$, $p < 0.01$). Frequency of church attendance was also related to strength of conviction ($r = 0.575$, $p < 0.01$).

CHAPTER 4

Discussion

It was hypothesized that students at a religious college (FWBBC) would have significantly lower DAS scores than students from a non-religious university (APSU). Results supported this hypothesis. The students from the religious college had significantly lower death anxiety than those from the non-religious university. A study by Templer and Dotson (1970) used college students as subjects, but found no relationship between religiosity and death anxiety. The authors attributed this lack of significance to religion having little impact on the lifestyles of these students. The key difference in this study was the dominance of religion in the subjects at the religious college. Since religion is an important part of the lives of students at FWBBC, perhaps it is a factor in determining one's level of death anxiety. The fact that those subjects preparing for ministries at a religious institution had lower death anxiety brings more meaningful understanding to the impact of religion on death anxiety.

The second hypothesis investigated a negative correlation between frequency of church attendance and death

anxiety. This also was supported. The more frequently subjects attended religious functions, the lower their death anxiety and vice versa. This supported the findings of Nelson and Cantrell (1980) who indicated that church attendance was related to the levels of death anxiety. Church attendance appears to have an impact on death anxiety levels, not limited to those at the religious college. This evidence supports the idea that religion may correlate how a person deals with death issues.

Future research could focus on some of the components of this study in more detail, such as one's attachment to one's belief system. Another avenue to explore is a comparison of death anxiety levels among different religious beliefs. Increased knowledge in this area may enable a deeper understanding of how religion affects many areas of one's life, including views of death.

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APPENDICES

Appendix A

Templer's 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 _____

- | | | |
|---|---|---|
| 1. I am very much afraid to die. | T | F |
| 2. The thought of death seldom enters my mind. | T | F |
| 3. It doesn't 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 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 T F
World War III.
14. The sight of a dead body is horrifying to me. T F
15. I feel that the future holds nothing for me to T F
fear.

Appendix B

Religiosity Questions

1. What is your religious belief system?

Catholic _____
 Jewish _____
 Protestant _____
 Non-believer _____
 Other _____

2. How strong is your attachment to the belief system checked above?

Strong _____
 Moderate _____
 Weak _____

3. How frequently do you attend an organized service or church group of some sort?

Rarely or never _____
 Once a year _____
 Several times/yr. _____
 At least 1/mo. _____
 At least 1/wk. _____
 Twice/wk. _____
 Three or more/wk. _____

4. Are you presently of the same religious affiliation in which you were brought up as a child?

Yes _____
 No _____

5. Do you believe in a life after death?

Yes _____
 No _____
 Uncertain _____

6. Is the most important aspect of religion the fact that it offers the possibility of a life after death?

Yes _____
 No _____

7. Do you believe that the Bible should be interpreted literally?

Yes

No

8. How is the strength of your religious conviction when compared to those of others?

Strong

About the Same

Weak

Appendix C

INFORMED CONSENT STATEMENT

The purpose of this study is to investigate various aspect of death anxiety among college students. Your responses will be strictly confidential. Demographic information will be used for the purpose of analysis only, and will not identify you in any way to the investigator. Your participation is on a voluntary basis, and you are free to terminate your participation at any time.

Thank you for your cooperation.

STATEMENT OF CONSENT

I agree to participate in the present study being conducted under the supervision of a faculty member in Austin Peay State University's Psychology Department. I have been informed, verbally and/or in writing, of procedures to be followed and any risks involved. I realize that I am participating voluntarily, and am at liberty to terminate my participation at any time.

Name (please print)

Signature

Date

Appendix D

Demographic Information

Please complete or check (/) the following:

Sex: M () F ()

Age: _____

Class: Freshman () Sophomore () Junior ()

 Senior () Other ()

Race: Asian or Pacific Islander ()

 African American ()

 Hispanic ()

 White ()

 American Indian ()

 Other _____

College Major: _____