

**RELATIONSHIP OF AGE, PLACE OF RESIDENCE,
SEX, AND RELIGIOSITY TO DEATH ANXIETY
IN OLDER PERSONS**



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RELATIONSHIP OF AGE, PLACE OF RESIDENCE,
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IN OLDER PERSONS

An Abstract
Presented to
the Graduate Council of
Austin Peay State University

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

by
Julia Pierce Meador

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ABSTRACT

The major purpose of this study was to determine the relationship of age, place of residence, religiosity, and sex to death anxiety among elderly people. Templer's Death Anxiety Scale (DAS) was used as a measure of death anxiety, and an eight variable religious inventory, also developed by Templer, was used to assess religiosity.

Fifty-four people in three different groups who attended recreational activities at the Senior Citizens' Centers in Hopkinsville, Kentucky and Clarksville, Tennessee were used as subjects. Thirty nursing home residents from two nursing homes in Hopkinsville and from one nursing home in Clarksville were used as subjects. Subjects ranged in age from 60 to 99 years.

Differences between means were analyzed for significance using appropriate statistical procedures. The statistical analysis of the data allowed the following conclusions to be drawn:

1. There was no significant difference between nursing home and non-nursing home residents, under and over 75 in terms of death anxiety.
2. There was no significant difference between males and females in terms of death anxiety.
3. There was no significant difference between responses to eight religious variables in terms of death anxiety.

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To the Graduate Council:

I am submitting herewith a Thesis written by Julia Pierce Meador entitled "Relationship of Age, Place of Residence, Sex, and Religiosity to Death Anxiety in Older Persons." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Elizabeth H. Stokes
Major Professor

We have read this thesis and
recommend its acceptance:

Linda Rudolph
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Stephen F. Haub
Third Committee Member

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Dean of the Graduate School

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TABLE OF CONTENTS

| | Page |
|-------------------------------------------|------|
| LIST OF TABLES | vii |
| CHAPTER | |
| I. INTRODUCTION | 1 |
| Review of the Literature | 1 |
| Purpose of the Study | 6 |
| Hypotheses | 7 |
| II. METHOD | 8 |
| Subjects | 8 |
| Instrumentation. | 8 |
| Procedure. | 9 |
| III. RESULTS. | 11 |
| IV. SUMMARY AND RECOMMENDATIONS | 14 |
| Recommendations | 16 |
| BIBLIOGRAPHY | 18 |
| APPENDIX. | 21 |

LIST OF TABLES

| Table | Page |
|---------------------------------------------------------------------------------|------|
| 1. Mean DAS Score as a Function of Place of Residence, Age, and Sex. | 21 |
| 2. Mean DAS Score as a Function of Religious Inventory. | 22 |

CHAPTER I

INTRODUCTION

Most people in our society would state in some fashion or another that death is an inevitable fact of life. Yet, in our society, death is considered a taboo subject by most (Wahl, 1959). Therefore, it is not surprising to find a research void in this area in general, and with the elderly in particular (Rhudick, 1961).

In addition to the problem of lack of research, other problems have also been encountered. For example, Jeffers and Verwoerd (1969) have enumerated three problems encountered in research methodology.

1. . . .there are difficulties with regard to the conceptualization of death and in arriving at operational definitions suitable for research purposes.
2. . . .authors tend to utilize diverse subject groups, methods, questionnaires, and/or interview schedules, so that it is difficult to compare findings from different studies.
3. . . .some of the research methods utilized to date (direct questioning, death attitude scales, sentence completions, projective techniques, and so on) may be inadequate to measure accurately and fully the degrees of death awareness and the meanings death has for different individuals. In addition, such data are generally obtained at only one point in time (p. 164).

Review of the Literature

A variety of methods of studying death have been used and conflicting results have often been reported. Probably one of the earliest studies was reported by Scott in 1896 entitled "Old Age and Death." Swenson (1961) states that Scott's questionnaire study included 16 people whose mean age was 76 years. Ninety-four per cent of these

said they would not care to live their lives over again. Seventy per cent "longed to die," and 14 per cent felt that life was "not worth living now."

Klopfer (1947) studied attitudes towards death by analyzing the response to ten Thematic Apperception Test (TAT) cards. He concluded that fear of death among people in a home for the aged was significantly lessened when greater activity was possible for these persons (Swenson, 1961).

Shrut (1958) used the TAT, a Sentence Completion Test and three questionnaires on health, adjustment, and participation in activities to compare attitudes toward death of 30 ambulatory aged white female residents in the apartment section of the Home for Aged and Infirm Hebrews in New York with 30 similar persons who lived in the larger and more institutionalized Central House of the same Home. He found that subjects living in conditions which were similar to their previous living arrangements (apartment residents) showed less fear or preoccupation with death. This could mean that they enjoyed better mental health and that they were more concerned with planning for continued living. Shrut (1958) also found that "both groups of subjects revealed at least mild anxiety with regard to thoughts of death" (p. 266). In another study (Roberts, Kimsey, Logan, and Shaw, 1970) using a questionnaire and the TAT, most of the 57 nursing home residents interviewed reported that they were not fearful of death and dying. The results of this study were questioned by the authors. They felt that a possible reason for these results was the operation of denial.

Swenson (1961) also investigated living situations along with religious convictions. His subjects were 210 persons who were 60 years of age or older. He used a check list of death attitudes, a forced-choice rating scale on which the subject summarized his attitudes toward death, a 22-item check list on interests, hobbies and activities, and the Minnesota Multiphasic Personality Inventory (MMPI) which was used to obtain a measure of religiosity. He concluded that "persons with more fundamental religious convictions and habits look forward to death more than do those with less fundamental convictions and less activity. Fearful attitudes toward death tend to be found in those persons with little religious activity" (p. 51). Swenson also found that "persons residing in homes for the aged have a more positive, forward-looking attitude than do those who live alone Fear of death is found more often in those living alone than in those living with relatives or in homes for the aged" (p. 52). The results of this study also suggested that "widowed persons passively evade the issue of death, whereas single, separated and married persons tend to look forward to death" (p. 52).

Along with Swenson's study there have been many others that investigated the role of religion in death attitudes. Faunce and Fulton (1958) used incomplete sentences with death involved stems to study attitudes toward death among college students. They reported that "emotional responses suggested either fear of death or of the dead were more frequent among spiritually oriented than among temporally oriented individuals."

Jeffers, Nichols, and Eisdorfer (1961) used two straight-forward questions, "Are you afraid to die?" and "Do you believe in a life after

death?" These questions were asked of a group of 260 community volunteers, 60 years of age and older, during the course of a two-hour social history interview. Fear of death was explored in relation to 52 other variables. In response to the first question, 10 per cent replied "yes" and 35 per cent replied "no." Fifty-five per cent responded "no" but qualified their answers with such statements as, "no, but I want to live as long as possible." In response to the second question, only 2 per cent said "no;" 21 per cent said "not sure;" and 77 per cent said "yes, sure of it." Belief in life after death was examined in relation to 37 variables. From this it was concluded that "religious activities and attitudes appear to be the most important variables associated with belief in life after death. . . (p. 54)."

Feifel (1955, 1959) studied white male veterans living at a VA Domiciliary using direct questions such as, "What does death mean to you?" and "What do you think happens to us after we die?" Forty per cent expressed some religious belief in response to the first question and 60 per cent expressed some religious orientation with regard to the second question. Feifel also reported that older persons who were religiously inclined gave more thought to concepts about death than do those to whom death represents the final end.

Templer and Dotson (1970), using the Death Anxiety Scale (DAS) and a religious inventory, investigated the relationship between death anxiety and religious affiliation, belief, and activity with college subjects. They found no significant relationship between DAS scores and the religious variables investigated.

In another study, Templer (1972) used the DAS and the same religious inventory with religiously very involved persons as indicated by their attendance at one of two interdenominational evangelical retreats. He found that the persons who have stronger religious convictions and attachment, attend religious functions more frequently, are certain of a life after death, and interpret the Bible literally have lower death anxiety.

Several studies have investigated the relationship of age to death attitudes. Schilder and Bromberg (1933, 1942) used a series of questions on death to study the responses given by 70 normal adults of various ages and by mental patients who had prominent death thoughts. They concluded that, "There seemed to be no essential difference as far as age of the subject was concerned It is possible to correlate closely the attitudes toward one's own death with attitudes toward death of other people" (p. 183).

Feifel (1955) investigated which age groups least and most fear death. Forty-five per cent of his older subjects stated that people most feared death in the 70's and beyond, 15 per cent stated that the period at which death was most feared was in the 40's, and 15 per cent saw it as in the 20's. However, old age was singled out by 35 per cent of the older subjects as the time most people least fear death. "The inference was that certain people fear idleness and uselessness in old age more than they do death" (p. 380).

Rhudick and Dibner (1961) felt that death concerns were related to personality factors rather than to demographic factors such as age, sex, and marital status since death concerns in older people are associated with neurotic tendencies. They also felt that health was related to death

attitudes. Fifty-eight subjects were divided into three groups according to age. Each subject was given the Minnesota Multiphasic Personality Inventory (MMPI), the Cornell Medical Index (CMI) and the TAT. It was found that". . . high death concern seems to be related to certain neurotic tendencies, but unrelated to the tested demographic variables" (p. 47). It was also reported that subjects who reported more somatic complaints on the CMI had significantly more death concern.

Christ (1961), using a questionnaire, word association test, and a fear of death scale with 62 psychiatrically disturbed geriatric patients, found that patients with better health were less fearful of death than those with poorer health. No significant relationship was found between fear of death and the other five variables: age, religion, religiosity, schooling and sex.

Dickstein and Blatt (1966) studied the relationship between death concern and future time perspective. Male college students were given a death-concern questionnaire, the Picture Arrangement and Vocabulary subtests of the Wechsler Adult Intelligence Scale (WAIS), and four story-completion roots. From this study it was found that heightened death concern is related to a foreshortened time perspective. People who reportedly are greatly concerned with death seem to live more in the present than in the future.

Purpose of the Study

As noted previously, many problems exist in this area of research as can be seen from the various methods used and the conflicting results. With regard to death attitude studies, Templer (1970) points out that

"with the exception of one questionnaire, neither the reliability nor the validity of any instrument or procedure reported in the literature has been determined" (p. 165). Templer (1970) has constructed and validated a Death Anxiety Scale. This scale has been used in a number of studies involving a variety of subjects and factors. For example, it has been related to MMPI variables (Templer, 1969, 1970), age, sex, and parental resemblance (Templer, Ruff, and Franks, 1971; Lester and Templer, 1972), religion (Templer and Dotson, 1970; Templer, 1972a), race (Pandey and Templer, 1972), extraversion, neuroticism, and cigarette smoking (Templer, 1972b), embedding of its items (Templer, 1971a) and depression and health of retired persons (Templer, 1971b).

Using Templer's Death Anxiety Scale which has been tested for its validity and reliability, the purpose of the present study is to investigate the relationship between death anxiety and age (60-75 and over 75), place of residence (nursing home and living with relatives or independently), religiosity (as measured by eight religious variables), and sex (male and female) among elderly persons.

Hypotheses

It is hypothesized that mean death anxiety scores will be significantly higher among nursing home residents, among persons who do not consider themselves religious, and among the more advanced in age. Previous research has shown that there is no difference between males and females with regard to death attitudes or anxiety. Therefore, it is hypothesized that there will be no significant difference between the mean death anxiety scores of males and females.

CHAPTER II

METHOD

Subjects

Subjects used for this study were sixty years of age and older. Thirty subjects were chosen from Covington's Convalescent Center and Pennyrile Home of Hopkinsville and the General Care Convalescent Center of Clarksville. Of these, 21 were females and nine were males. Subjects were chosen by the director and/or activities director of each nursing home. Each of the subjects was deemed mentally capable of responding to the questionnaire by the respective director and/or activities director.

Fifty-four subjects who attend the Senior Citizens' Centers in Hopkinsville and Clarksville volunteered to take the questionnaire. Forty were females and 14 were males. These subjects were attending recreational functions at the respective centers when asked to participate in the study.

Instrumentation

The two instruments used in this study were devised by Templer, and Templer has given permission for the experimenter to use these instruments in the study. Copies of the scales are included in the Appendix. Templer's (1969, 1970) Death Anxiety Scale (DAS) was employed as the measuring instrument of death anxiety. The DAS is a true-false questionnaire consisting of 15 items. In a reliability study on the DAS, Templer (1970) found a test-retest reliability coefficient of .83 ($N=31$). Using the Kuder-Richardson coefficient formula, Templer (1970) found a reliability

coefficient of .76 on the DAS (N=31) which demonstrated internal consistency.

The construct validity of the DAS (Templer, 1970) was determined by testing high death anxiety psychiatric patients and a control group. A t of 5.79 was significant at the .01 level (two-tailed test). It was concluded that psychiatric patients who spontaneously verbalize death anxiety have higher DAS scores than other psychiatric patients.

DAS scores correlated significantly with Boyar's Fear of Death Scale with a correlation coefficient of .74 and with a sequential word association task, with a correlation coefficient of .25 (Templer 1970). The DAS has a correlation coefficient of .39 with the Welsh Anxiety Scale and .36 with the Manifest Anxiety Scale. These were significant at the .05 level. The DAS correlated significantly with three of the conventional MMPI scales.

A religious inventory developed by Templer (Templer and Dotson, 1970) was used to assess the influence of religion on death anxiety scores on the DAS. The inventory consists of eight religious variables. In one study (Templer and Dotson, 1970) there were no significant relationships between the eight religious variables and DAS scores among college students. In another study (Templer, 1972a), the religious inventory and the DAS were used with religiously very involved persons. Significant relationships between the religious variables and DAS scores were found.

Procedure

The DAS and the religious inventory were given to three different groups at the Senior Citizens' Center in Hopkinsville, Kentucky and Clarksville, Tennessee. The purpose of the study was explained to persons attending regular recreational functions in each of the Centers.

A prepared statement was read so that the explanation would be the same at each administration. A copy of the statement is included in the Appendix. After explanation of the purpose of the study, those who were interested were invited to participate in the study. Because of physical handicaps, the experimenter read most of the questions of the instruments to the residents at the nursing home. This was also necessary for several persons at the Centers.

After the data was collected it was divided according to age, sex, place of residence, and the eight religious variables. The relationship between the variables was then analyzed.

Not all of the respondents answered all of the questions on the religious inventory. However, their responses were included in the study. DAS questionnaires that were not completed were not considered in the study.

CHAPTER III

RESULTS

A two-way analysis of variance was employed to determine if a significant difference existed between nursing home and non-nursing home residents, under 75 and over 75 years of age as a function of DAS score. The analysis of variance produced an F value of .345 with regard to the two age groups. Since an F of 2.48, with the proper degrees of freedom, is significant at the .05 level, the hypothesis of no difference in the DAS scores of the age groups is accepted. An F value of .328 was obtained by analyzing the nursing home residents' scores and the non-nursing home residents' scores. Since an F of 2.48, with the proper degrees of freedom, is significant at the .05 level, the hypothesis of no difference in the DAS scores of the residents of nursing homes and non-nursing homes was accepted. The mean DAS scores of these groups are presented in Table 1.

Analysis of variance was also employed to determine if a significant relationship existed between any of the eight religious variables as a function of DAS score. Analysis of Question 1 yielded an F value of 2.43. An F of 2.72, with the proper degrees of freedom, is significant at the .05 level, therefore no difference was noted between Catholic, Jewish, Protestant, Non-believer, and Other respondents to this question.

Analysis of Question 2 yielded an F value of .72. Since an F of 3.12, with the proper degrees of freedom, is significant at the .05 level, no difference was noted in the scores of those who considered themselves to be strong, moderate, or weak in their attachment to their belief system.

Analysis of Question 3 yielded an F value of 1.88. Since an F of 2.72, with proper degrees of freedom, is significant at the .05 level, there

was no difference in scores with regard to frequency of religious service attendance.

Analysis of Question 4 yielded an F value of 1.83. Since an F of 3.96, with proper degrees of freedom, is significant at the .05 level, there was no difference between those who were of the same religion in which they were reared and those who were not.

Analysis of Question 5 yielded an F value of 1.84. Since an F of 2.72, with proper degrees of freedom, is significant at the .05 level, there was no difference in score between those who believed in a life after death, those who did not, and those who were uncertain.

Analysis of Question 6 yielded an F value of .65. Since an F of 3.98, with the proper degrees of freedom, is significant at the .05 level, there was no difference in the scores of those who considered the possibility of a life after death to be the most important aspect of their belief and those who did not consider this to be the most important aspect of their belief.

Analysis of Question 7 yielded an F value of 2.02. Since an F of 3.96, with proper degrees of freedom, is significant at the .05 level, no difference was noted in the scores of those who took the Bible literally and those who did not.

Analysis of Question 8 yielded an F value of 3.48. Since an F value of 3.96, with proper degrees of freedom, is significant at the .05 level, there is no difference in the score of those who considered their religious convictions to be stronger than others, about the same, or weak. The number of respondents to each alternative to each question and the mean score of each of these is presented in Table 2.

A t test was employed to determine if a significant difference existed between males and females with regard to the mean DAS score. The test yielded a t value of .099. Since a t value of 2.00 is significant at the .05 level, with proper degrees of freedom, no difference was found between the scores of males and females.

SUMMARY AND RECOMMENDATIONS

As stated previously, the purpose of this study was to investigate the relationship of age, place of residence, religiosity, and sex to death anxiety among elderly people. Templer's Death Anxiety Scale (DAS) was used as a measure of death anxiety, and an eight variable religious inventory, also developed by Templer, was used to assess religiosity.

Fifty-four people in three different groups who attended recreational activities at the Senior Citizens' Centers in Hopkinsville, Kentucky and Clarksville, Tennessee volunteered for the study. Thirty nursing home residents from two nursing homes in Hopkinsville and one in Clarksville also volunteered for the study.

The statistical analysis of the data yielded the following conclusions:

1. There was no significant difference between nursing home and non-nursing home residents, under and over 75 in terms of death anxiety.
2. There was no significant difference between males and females in terms of death anxiety.
3. There was no significant difference between responses to eight religious variables in terms of death anxiety.

As noted above, the analysis of mean DAS scores between nursing home and non-nursing home residents, over 75 and under 75 yielded no significant difference. It is interesting to note that Schilder and Bromberg (1933, 1942) found that there was no essential difference in death attitudes with regard to age. Feifel (1955) found that 35 per cent of his older subjects stated that old age was the time most people least fear death.

Shrut (1958) found that subjects living in conditions which were

similar to their previous living arrangement showed less fear of death. Possibly, many nursing home residents in this study have adjusted to their environment and think of it as "home," therefore, their place of residence may not be a determining factor in their degree of death anxiety.

No significant difference was found between mean DAS scores and eight religious variables. Templer and Dotson (1970) found no relationship between DAS and the same eight religious variables in a study with college students. The authors felt that a possible reason for this lack of relationship was the fact that religion was of little importance to the college students. They also speculated that

it is possible that it is the nature of traditional Christian beliefs that lead to a low level of death anxiety. Another possibility is Alexander and Adlerstein's (1958) contention that degree of certainty is more crucial than the content of one's belief. A third possibility is that the combination of a strong religious faith and low death anxiety is a function of personality characteristics, the nature of which remains to be determined (p. 361).

Other factors which could affect the results are the fact that most respondents were Protestants and that most considered themselves religious. This may not be a true representation of this age group.

No significant difference was found between males and females with regard to mean DAS scores. This supported the experimenter's hypothesis. Previous research has also shown this to be true. The mean scores for males and females were 5.304 and 5.59 respectively, with an overall mean of 5.512. According to previous research (Templer and Ruff, 1971), this is within the normal range of DAS scores.

The results of the present study are consistent with the previous findings of Rhudick and Dibner (1971). They felt that death concerns were related to personality factors rather than to factors such as age,

sex, and marital status. Their study found that ". . . high death concern seems to be related to certain neurotic tendencies, but unrelated to the tested demographic variables" (p. 47). Christ (1961) also found no significant relationship between fear of death and age, religion, religiosity, schooling, and sex.

A possible confounder in the present study was the manner in which the instruments were administered. Due to the physical handicaps (e.g. blindness) of many of the nursing home residents and several of the non-nursing home residents, the questions were read to these persons who then responded orally. Instead of answering truthfully, they may have been reluctant to express fear of death to the experimenter. However, in the experimenter's subjective opinion, this was not the case with most of these persons.

Recommendations

Three recommendations for further study in this area are:

1. There is some question as to the use of the direct questionnaire. Munnichs (1961) states that ". . . many older persons have reflected on this topic ("are you afraid to die?) only seldom or superficially; and such a question often surprises them. So their negative reply is a defense against the question abruptly posed, more than a real answer to the question. The questions to be posed demand a suitable context" (p. 60). The use of projective techniques might be more effective than one direct question.

2. The age breakdown of this study was chosen arbitrarily. The results may have been different if there had been a further breakdown in age grouping. Munnichs (1961) cites the fact that some studies have stated

that there are different attitudes and ideas between people who are from 45-50, 60-65, and 70 and older. Further study regarding the breakdown of age should be done to determine if it does yield a significant relationship with death anxiety.

3. Another area for further investigation is the relationship of personality factors to attitude toward death. Swenson (1961) and Rhudick and Dibner (1961) have done some research in this area while Templer and Dotson (1970) have mentioned this possibility.

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APPENDIX

Table 1 Mean DAS Score as a Function of Place of Residence,
Age, and Sex

| | Number of Subjects | Mean Score |
|-------------------------------------|-----------------------|------------|
| Nursing home residents under 75 | 7 | 4.71 |
| Nursing home residents over 75 | 23 | 4.69 |
| Non-nursing home residents under 75 | 41 | 6.41 |
| Non-nursing home residents over 75 | 13 | 4.69 |
| Males | 23 | 5.30 |
| Females | 61 | 5.59 |

Table 2 Mean DAS Score as a Function of Religious Inventory

| Question | Answer Checked | Number of Subjects | Mean Score | F |
|------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|---------------|------|
| 1. What is your religious Belief System? | Catholic | 1 | 11 | |
| | Jewish | 1 | 11 | |
| | Protestant | 79 | 5.38 | |
| | Non-Believer | | | |
| | Other | 3 | 5.33 | 2.43 |
| 2. How strong is your attachment to the belief system checked above? | Strong | 60 | 5.67 | |
| | Moderate | 15 | 5.67 | |
| | Weak | 5 | 4 | .72 |
| 3. How frequently do you attend an organized service or church group of some sort? | At least 1/wk. | 64 | 5.05 | |
| | At least 1/mo. | 6 | 7 | |
| | Several time/yr. | 8 | 7 | |
| | Rarely or never | 7 | 6.29 | 1.88 |
| | | | | |
| 4. Are you presently of the same religious affil- ation in which you were brought up as a child? | Yes | 0.66 | 5.68 | |
| | No | 17 | 4.59 | 1.83 |
| 5. Do you believe in a life after death? | | | | |
| | Yes | 78 | 5.45 | |
| | No | 1 | 11 | |
| | Uncertain | 6 | 5 | 1.84 |
| 6. Is the most important aspect of religion the fact that it offers the possibility of a life after death? | Yes | 62 | 5.66 | |
| | No | 14 | 4.93 | .65 |
| 7. Do you believe that the Bible should be interpreted literally? | Yes | 64 | 5.31 | |
| | No | 17 | 6.47 | 2.02 |
| 8. How is the strength of your religious conviction when compared to those of others? | | | | |
| | | | | |
| | Strong | 50 | 5.06 | |
| | About same | 30 | 6.33 | |
| | Weak | 1 | 5 | 3.48 |

Hello, my name is Julia Meador. I'm a graduate student at Austin Peay.

When I had to choose a topic for my masters' thesis, I decided that I wanted to do something with older people.

I have been interested in older people for a long time since my grandparents have lived with me for most of my life. My grandmother will soon be 90 years old. I have also done volunteer work in a nursing home. Older people are really special people to me and I enjoy being with them.

Research has been done with many people who are various ages, but we are beginning to realize that more work needs to be done with older people so that we will be better able to help and understand them.

One way of learning more about you is by having you answer a few questions. I am particularly interested in your feelings about death and about religion.

Please be as honest as you can in answering the questions. If you have any questions, please ask me.

I appreciate your help very much.

Age: _____

Sex: _____

please circle the following statements True or False as they apply to you.

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

Following each question please circle the statement that is most descriptive of you.

1. What is your religious belief system?

Catholic
Jewish
Protestant
Non-believer
Other

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

Strong
Moderate
Weak

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

At least once a week
At least once a month
Several times a year
Rarely or never

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