

**TILL DEATH DO US PART:  
DEATH ANXIETY IN MILITARY COUPLES**

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**PAM BRAGAN KOOB**

TILL DEATH DO US PART:  
DEATH ANXIETY IN MILITARY COUPLES

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

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

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by  
Pam Bragan Koob  
August 1976



## ABSTRACT

The major purpose of the present study was to determine the death anxiety of military officers and their wives. Templer's Death Anxiety Scale (DAS) was used to measure death anxiety. Previous research reported by Templer and his associates was used for comparison purposes.

Questionnaires were mailed to 135 couples assigned to Fort Campbell, Kentucky. Seventy-two couples returned the completed questionnaires. Ranks of the male subjects ranged from second lieutenant to brigadier general. Ages of the male subjects ranged from 25-51 years; female subjects, 22-49 years.

Officers were found to have a significantly lower fear of death than their wives. However, a significant relationship was found between the DAS scores of husbands and wives.

Comparisons of DAS scores of the officers and their wives to previous research indicated that the DAS scores obtained in the present study were significantly lower than many previously studied groups. In a few isolated cases they proved to be significantly higher.

The results are supportive of the initial hypotheses: (1) that there would be a significant difference between males and females; (2) that there would be a significant relationship between husbands and wives; and (3) that the mean DAS scores of the military subjects would be lower

than "normal" subjects used in previous research with the DAS.



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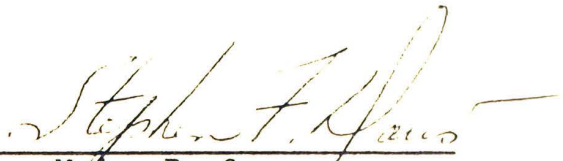
In Partial Fulfillment  
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Pam Bragan Koob  
August 1976

To the Graduate Council:

I am submitting herewith a thesis written by Pam Bragan Koob entitled "Till Death Do Us Part: Death Anxiety in Military Couples." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

  
Major Professor

We have read this thesis and  
recommend its acceptance:

  
Second Committee Member

  
Third Committee Member

Accepted for the Council:

  
Dean of the Graduate School

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Without the voluntary contributions of the participating military couples at Fort Campbell, Kentucky, this particular study would not have been possible. They remain anonymous, but their cooperation will never be forgotten.



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P.B.K.

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## CHAPTER I

### INTRODUCTION

There is a rising interest in the area of death and dying in the field of psychology (Brown, 1972). World War Two prompted Zilboorg (1943) to publish his article on the fear of death. He was interested in "the psychology of the fear of death" more so than a psychology of death. Psychoanalytically oriented, Zilboorg felt that no one is free of the fear of death as is evidenced by the instinct of self-preservation. Further, he suggests that we do as much as possible to maintain our life, the positive, and deny our death, the negative.

Zilboorg points out that medical science is interested in maintaining life and increasing longevity. According to him, we plan for our future as a country and as humanity, and we insist that our lives will never end. He goes on to say that when we turn to religion for solace we are actually seeking immortality with God. Additionally, we must prove our fearlessness in the face of death by courting danger, and our fearlessness means we are not afraid of death, that death will not strike us.

Zilboorg further contends that we look down on a physical coward, and the coward in turn is then afraid and ashamed to admit his fear of death. When we read of fatalities, accidents, and disasters, we think to ourselves



that death will surely not "get" us. For the soldier, when war comes, the fear of death must be mastered, and he accomplishes this mastery by direct aggression, by hating his enemy, and by being eager to witness the defeat of this enemy. The inexperienced soldier is no longer "green" once he has expressed his anger and aggression because he has converted his fear of death into other, more acceptable channels of behavior. Once a few comrades have died, anger is aroused and in this form revenge against death is actually overcome by means of murder. Zilboorg feels that these are all reactions of humans, particularly combat soldiers, in the face of war and death.

In agreement with Zilboorg, Teicher (1953) indicates that "a basic motivation of man is to preserve himself, to preserve his life." To function normally, the fear of death must be properly suppressed, even by the most courageous soldier. Teicher agrees with Zilboorg (1943) that the fear of death is mastered through direct aggression by the soldier, who is expected to kill his country's enemies.

Both Zilboorg and Teicher present a psychoanalytical, and subjective, point of view on the fear of death, and particularly the actual experience of facing death in combat. Their approach is very believable, and quite possible correct, but the present investigator has found no actual research to support their ideas.

The study of the fear of death and human defenses

against it are considered to be very important (Wahl, 1959). In Wahl's opinion, man is powerless against death, although he may postpone death, ease the pain of death, deny death, or rationalize death away. He feels any defense we use to continually escape a reality is psychologically costly and emotionally detrimental, and he points out that this has been shown to be true in the psychiatric literature of cases of denial. Therefore, Wahl concludes that the fear of death, or the denial of death, should be no exception: this fear, too, is psychologically costly and emotionally detrimental.

In the last forty years, interest in the area of death attitudes and death anxiety has become widespread in both the psychological and psychiatric communities. The scientific study of death attitudes and death anxiety appears to have begun with Middleton in 1936. It has continued up to the present time.

In a recent article Cohen (1976) points out that the area of death investigation has become quite popular in recent years. He wonders if dying has become "too hot" an area, and if the field of death has become a bandwagon upon which everyone is boarding. His literature review reveals a great many contributions and the opening up of many more possible areas to explore in the realm of death. He feels that the area of death investigation has not become abused, that instead it has contri-

buted to a greater interest in the open discussion of death and dying.

Yeaworth, Kapp, and Winget (1974) discuss the fact that our society tends to ignore and deny the prospect of death. These authors indicate support of their contention via the following observations: we hospitalize the elderly and the terminally ill; we isolate the geriatric patients in nursing or retirement homes; and, lastly, we reveal by these behaviors that we prefer to avoid contact with the dying, with death itself.

According to Shneidman (1971), the majority of people are distressed by the thought of their own ending. He indicates that death is not something an individual does; instead, it is done for him. Howard and Scott (1965-1966) point out three particular aspects of death which contribute, possibly, to the fear of death: (a) death may be conceived of as defeat of man by nature, (b) death results in separation, and (c) death is a state of inactivity.

Aguilera (1971) and Chasin (1974) state that each individual forms his own ideas and opinions concerning death. Both of these authors feel that these ideas and opinions develop through psychological, emotional, and physical growth. In separate, but similar, articles, they indicate that we are exposed to the attitudes of others, significant or otherwise, and that we are influenced by our education, socioeconomic status, residence,



health, religion, age, and sex in our attitudes toward death.

In an excellent review of correlational and experimental studies of the fear of death, Lester (1967) describes methods of investigation of death attitudes. These methods have included use of direct methods, such as questionnaires, with and without interviews, interviews alone, and projective techniques. According to Lester, an indirect method includes the use of the psychogalvanic response (PGR) to words presented in word association tests. Furthermore, demographic variables which have been investigated include sex, occupation, residence, marital status, interests, health, education, and age. Personal characteristics which have been involved in these studies include degree of consciousness, anxiety, and religion. However, Lester concludes that our understanding of the fear of death has not increased appreciably in comparison to other areas in the field of psychology. Since our attitudes toward life and death are really basic, research in this area does seem to be important (cf. Howard & Scott, 1965-66).

Many psychologists and medical doctors have made the area of death and the many branches of death investigation their primary area of interest. Cohen (1976) points out that the branches of death research include research reports and case histories of the terminally ill,

developmental or psychopathological investigations of death anxiety, demographic variables, sociocultural aspects, legal or ethical issues, coincidentally death-related issues, and a supplementary area which would include the aged. Beginning with Middleton (1936), many authors have worked diligently in making the field of death research as scientific and as objective as possible in all of these various areas.

Middleton (1936) was interested in the thoughts, attitudes, and reactions to the topic of death in college students. He used a 14-item questionnaire and a fairly large sample of 825 male and female students, ranging in age from 15 to 24 years. The survey included questions regarding how frequently the students thought of their own death, specific diseases or accidents they thought would cause their death, the frequency of these thoughts, accounting for thoughts of a particular disease or accident, their thoughts on funerals, cemeteries, and death-related literature, whether or not they feared death itself, and their feelings about life after death. He found in this group of college students that sex differences "are not sharply enough differentiated to be considered very significant." Also, "the great majority of the subjects (92.99 per cent) report that they think of their own death very rarely or only occasionally." Special circumstances seemed to affect their thoughts on death, such as being

depressed, a relative's death, barely missing an accident, or during illness. Twelve and a half per cent of the sample of students reported a strong fear of death; 25% reported no fear of death; and, the majority, 62% reported an indifferent attitude towards death.

In an investigation entitled "Is death a matter of indifference?", Alexander, Colley, and Adlerstein (1957) cite the lack of study in this area. They criticize the methods which have been used and attempt to measure the less conscious aspects of man's awareness of death. A Word Association Test was used, consisting of 3 words each, related to sex, school, and death, and 18 neutral or general words, with the response time and the response word recorded for the 27 words on the stimulus list. In addition, a PGR was obtained to measure the more unconscious aspects of attitudes toward death. The study involved 31 undergraduate male students, and the results revealed significant differences in reaction time ( $p < .05$ ), with considerable differences between individuals ( $p < .01$ ). Greater emotional intensity characterized the responses to words related to death. A longer time to respond and higher magnitudes on the PGR were found in relation to the words in the sex, school, and death groups than to the words in the neutral group. Kalish (1963) feels that this study with male college undergraduates refutes the findings of Middleton, in 1936, that students were rather indifferent to death.



In 1955, Herman Feifel published an interesting article in the area of death attitudes. A prolific researcher in the area of death investigation, he points out that we all have to face the inevitability of death and we do this when we purchase life insurance, when a friend or relative dies, or when we celebrate holidays such as Memorial Day, Veterans' Day, and Pearl Harbor Day. He reiterates that some investigators, Zilboorg, Freud, and Teicher among them, feel that the fear of death is common in all people. His literature review indicates that empirically based studies in the area of death attitudes and death anxiety are few and far between, and his purpose was to add to the limited data on this subject.

Feifel's 1955 study investigated the attitudes of mentally ill patients toward death. With a sample of 38 closed- and 47 open-ward patients, he asked them to rank the age when people in general were most afraid of death. The categories were childhood (up to 12 years), adolescence (13-19 years), in decades past the age of 20 (20-29, 30-39, 40-49, 50-59, 60-69), and 70 years and over. Ranking was done from 1 to 8: 1 for those they felt were most afraid of death, and 8 for those they felt were least afraid of death. Patients were also asked what death meant to them and to draw a picture of death. Feifel found old age was generally felt to be the time when death was feared the most, and childhood the time

when death was feared the least. The greatest number viewed death as inevitable, as the time to go, followed by the religious view that death is the beginning of a new life. The drawings most frequently depicted death as occurring by a traumatic event, such as being run over, being shot, or crashing in a car or plane. Finally, the degree of mental illness had no apparent effect on the overall attitudes toward death, whether neurotic or psychotic, acute or chronic.

Additionally, patients in this particular study were asked to consider three hypothetical situations: the last thing they would wish to do before dying, to make a choice of a non-human they would wish to be if they could return to earth after death, and how they would spend \$50,000 if they had one year to live. In regard to the question concerning "doing only one more thing before dying," the majority (30% closed-ward patients; 34% open-ward patients) chose to benefit others, followed in order by religious activities, reunion with close family and friends, travel, and living better economically. The second hypothetical situation, "returning to earth in a non-human form after death" yielded the following results: 27% closed-ward patients and 36% open-ward patients chose to return as birds. Domestic animals, trees, and wild animals were chosen most frequently after birds, followed in order by nature and fish, with 18% of closed-ward patients and 9% of open-ward patients being undecided. Finally, 31% of

the closed-ward patients and 34% of the open-ward patients chose to help intimates in answer to "spending \$50,000 with only one year to live." The next most frequently chosen categories in this situation were, in order, charity, personal pleasures, and travel.

In continuing his research, Feifel (1959) offers some general findings in a study involving three groups of people: 85 mentally ill patients, mean age of 26 years; 40 older people, mean age of 67 years; and 85 "normal" people, 50 with a mean age of 26 years, and 35 with a mean age of 40 years. He found a philosophical outlook among all but the young people in his normal group. Feifel concluded that in all the groups, especially the mentally ill patients, some participants found "thinking about death so anxiety provoking as to deny having any ideas at all about it." Here again, the degree of mental illness did not produce significant differences in measured death anxiety.

More recently, Feifel (1969) comments that, "The influencing aspect of consciousness of death is active over the entire age continuum and is not restricted to the sick, aged, suicidal, or combat soldier." He indicates that death and its meaning are not the same from individual to individual, and does not even remain the same in the same person. Feifel feels that we accept and reject death to serve our own needs, and that this is particularly true in the seriously and terminally ill patients.



Feifel and Branscomb (1973) contended that the empirical literature in the field of death attitudes was still meager, and they attempted to relate personal fear of death to other variables. In this study, the subjects consisted of a large number (371) of seriously and terminally ill patients. Patients were directly questioned, "Are you afraid of your own death? Why?" By using a Word Association Test and a Color-Word Interference Test, additional data were collected. In regard to the direct questions, these investigators found 71% of the patients to be consciously unafraid of death because it was felt to be inevitable or God's will. Those who answered "yes" to the question indicated this fear of death was due to the fact that it was unknown or because they felt they had not lived long enough. Patients who denied fearing death were reported to be more religious. Religious rating and older ages were "the only predictors found to be linked significantly to the criterion." The Word Association Test revealed "the subjects evidenced a significantly longer mean reaction time to the 10 death words than to the 10 neutral words presented them." Older persons took significantly longer to respond to the death words when compared to their younger co-participants. Finally, "subjects took significantly longer to read the colors of the 50 death words than those of the 50 neutral words" in the Color-Word Interference Test. Here again, the results pointed to an "overall aversion for death by most of our subjects."



Feifel and Hermann (1973) used similar assessment materials in a later study involving 90 mentally ill patients, 63% of which were classified as psychoneurotic and personality disorders and 37% of which were classified as psychotic disorders, and 95 normal, mentally healthy individuals. The materials used were the questions "Are you afraid of your own death? Why?" and "What ideas or pictures come to your mind when you think of your own death?"; a Word Association Test; and a Color-Word Interference Test. Overall, this study revealed no significant differences in fear of death in the two groups on any of the three measurements used. Both groups revealed that they thought about death occasionally and both groups had predominately nonreligious views of life after death. There was an overall similarity in both groups, as well as between the psychotics and neurotics. This study concluded that there are no significant differences concerning fear of death between mentally ill people and what are considered to be mentally healthy people. Also, degree of mental illness, whether it be a psychoneurotic, psychotic, or personality disorder, appears to be unrelated to fear of death. The results of this replication appear to agree with the earlier results obtained by Feifel (1959), and Feifel and Branscomb (1973).

In an 8-page questionnaire study, specifically investigating death attitudes of college students, Golburgh,

Rotman, Snibbe, and Ondrack (1967), asked for a "yes" or "no" answer to questions concerning death. Some of the questions concerned feelings about dying with a terminal illness, dying for a cause, how often the student thought of death, and feelings about contact with the death of others. The results of this study indicated no significant differences with the exception of females being more religiously involved than males. Also, one sex did not appear to fear death more than the other in this group of college students.

Studies involving the investigation of religiosity and death attitudes have specifically interested some investigators. Martin and Wrightsman (1965) used a religious participation scale, a religious attitude scale, and a fear of death scale to investigate the relationship of religiosity and death attitudes. These researchers found that those subjects who reported a greater religious involvement were less fearful of death.

Templer and Dotson (1970), and Templer (1970), using Templer's 15-item Death Anxiety Scale (DAS), found religion to be unimportant as a determinant of death anxiety level. These studies involved college students in introductory psychology classes and will be discussed further with the complete discussion of Templer's DAS and the related studies.

Using his own scale, Lester (1970) found students

with low religiosity to have a significantly higher fear of death. Those students with higher religiosity feared more for the death of others, and those students with lower religiosity feared more for themselves.

Another variable which has been compared to the fear of death is that called "meaning in life," which is related to the area of religion. Blazer (1973) used Lester's Fear of Death Scale (FODS) and the Purpose in Life Test with 400 persons of varied background participating in the research. The results indicated that persons with a high purpose in life have less fear of death; they accept death and have a more positive attitude toward death. The exact opposite was found of those with less meaning in their lives.

The results of these several studies appear to indicate that the more religious person fears death less, that the less religious person fears death more, and that, in some cases (college students), religion does not appear to be important to the fear of death. Also, people with a higher meaning in life are less afraid of death, and those with less meaning in their lives are more afraid of death. The conclusions reached by these authors (Blazer, 1973; Martin & Wrightsman, 1965; Templer, 1970; Templer & Dotson, 1970) are representative of the research done in regard to religious attitudes related to death attitudes. Although the measures used to obtain the results varied, the conclusions drawn were similar, with possibly the ex-



ception being the studies by Templer (1970) and Templer and Dotson (1970), which found religion to be unimportant in a group of college students.

In a study investigating sex differences in relation to the fear of death, Lester (1971) found that males were more likely to think of death than females, but that males had less negative reaction to death than females. Lester (1972), using his own FODS, again investigated sex differences in death attitudes, and found females to have a greater fear of death of self and others, but females did not differ significantly from the males in general fear of death.

In relevant research using Templer's DAS, Berman and Hays (1973) found that college females scored significantly higher than males on the DAS. Handal (1969, 1973) found no significant differences between males and females on a Death Anxiety Scale which he modified from Livingston and Zimet (1965). Lowry (1966) asked his participants to construct stories about death in response to the Thematic Apperception Test (TAT). In his investigation of male-female differences in attitudes toward death, Lowry concluded that differences are indicative of basic male-female differences and basic anxiety in general. Differences do exist, but he feels that any differences are extensions of basic differences, and that the results were not significantly different.



In conclusion, different authors have found no significant differences between males and females as related to death attitudes in differing populations (Handal, 1969, 1973). Others point out that there are significant differences, with conflicts over who does fear death more, the male or the female participants (Berman & Hays, 1973; Lester, 1971, 1972). Lowry (1966) felt that differences are merely basic differences between males and females, but his conclusions did not appear well supported by his single study. Part of the purpose of the present study is to investigate male-female differences in individual married couples, and also compare the entire group of female participants' death attitudes to the entire group of male participants' death attitudes. The results of the present study are expected to shed some light on the area of male-female differences in attitudes toward death.

Thus far, it is difficult to reach any conclusions concerning the fear of death. It is obvious to some authors that we still do not like death nor the discussion of death, death attitudes, death anxiety, or the fear of death, and that we still do not know much about the subject of death (Kastenbaum, 1965). In a review of some of the relevant research, Kastenbaum suggests that death is very much open to scientific study and the reason that investigations have not been done too successfully is that researchers feel uncomfortable with the topic of death.

He points out that there is potential for research into death attitudes and the fear of death, as it is certainly an emerging and important area in psychology.

In agreement with Kastenbaum, Dickstein and Blatt (1966) point out that death concern is a "rich source of hypothesis for further research." Death has many meanings, these authors state, and these meanings may depend on different factors such as age, sex, and the closeness of death itself. The findings have been inconclusive and contradictory, mainly because thus far there has been no precise measurement device to investigate death concern, and the methods which have been used are too different to be compared (Dickstein & Blatt, 1966).

Templer's DAS and Lester's FODS have both been mentioned in the present review of the pertinent literature of death attitudes. These two scales have been the major investigatory instruments used to determine death attitudes or anxiety, and fear of death.

Lester's scale has test-retest consistency ( $r = .58$  over a 6-week period) and parallel forms consistency ( $r = .65$ ) (Lester, 1967). He points out that validity has been almost entirely neglected, and further research with the scale is needed. For the construction of the scale, Lester "used answers to questions concerning thoughts of death and associated behaviors as his validation criteria."

It is the present researcher's conclusion that the most adequate and appropriate scale to measure death anxiety is Templer's DAS (1970). His scale is a 15-item true-false questionnaire which measures an individual's attitude toward his personal death (Tarter, Templer, & Perley, 1974). Forty items were devised and rated for face validity by seven judges ---- a clinical psychologist, two graduate students in clinical psychology, and four chaplains in a state mental hospital. Nine items were discarded and the remaining 31 items were embedded in the last 200 items of the Minnesota Multiphasic Inventory (MMPI). Fifteen items that had point biserial coefficients significant at the .10 level in two out of three analyses were retained, and test-retest reliability of .83 was obtained after a 3-week interval. For validation, the scale was administered to mentally ill patients who had verbalized a high death anxiety and to controls at a state mental hospital. High DAS scores were found in those patients who had verbalized their death anxiety. Additionally, the DAS correlated highly with the Manifest Anxiety Scale and the Welsh Anxiety Scale on the MMPI ( $p < .05$ ), and highly, though not significantly, with the Welsh Anxiety Index on the MMPI (Templer, 1970).

Since the construction and validation of the DAS, Templer and others have conducted a considerable amount of research with the scale. The relevant research with



Templer's DAS has yielded the following results:

- (1) Females have higher DAS scores than males (Templer & Ruff, 1971).
- (2) Experiments with embedding the DAS have little or no effect on the scores (Templer & Ruff, 1971).
- (3) Embedding the items and using a Meeco Galvanic Skin Response (GSR) coupler to measure non-verbalized death anxiety revealed a significant correlation coefficient between the DAS and death-GSR. The two measures appeared to be significantly ( $p < .05$ ) related (Templer, 1971b).
- (4) The DAS was administered to each person from four different populations including upper-middle-class residents, low-income aides, heterogeneous institutionalized psychiatric patients (psychotics and neurotics), and students from 13 to 21 years old and their respective parents. Significant positive product-moment correlations were found between daughters and fathers ( $r = .34$ ), sons and mothers ( $r = .39$ ), sons and fathers ( $r = .51$ ), and daughters and mothers ( $r = .41$ ). The significantly higher correlations were between parent and adolescent of the same sex, with the highest correlation being between husbands and



wives ( $r = .59$ ). No significant correlations were found between DAS score and age of any group. Again, females exhibited significantly higher DAS scores than males (Templer, Ruff, & Franks, 1971).

- (5) Depression correlates positively with death anxiety ( $p < .001$ ), as determined by the use of the DAS and the Cornell Medical Index (Templer, 1971a).
- (6) With "religiously very involved" individuals, mean scores on the DAS were found to be lower than in any other research with the scale, in particular that of Templer and Ruff in 1971 (Templer, 1972).
- (7) The death anxiety of those who work in funeral homes has been found to be within normal limits. The participants had a mean DAS score of 6.06, as compared to the mean score of 6.12 of 1271 average, normal adults (Templer, Ruff, & Ayers, 1974).
- (8) In support of the contention that death anxiety is not a fixed entity (Feifel, 1969), patients who were depressed had a higher mean DAS score (7.87) before treatment for their depression and a significantly lower score (6.80) after treatment ( $p < .05$ ) (Templer, Ruff, & Simpson,

1974).

- (9) No association was found between the DAS and suicide attempters, in relation to risk or lethality. A small, significant correlation ( $p = .05$ ) was discovered between death anxiety and rescue potential (Tarter, Templer, & Perley, 1974).
- (10) Another study revealed a positive correlation between femininity and fear of death ( $p < .05$ ). It is suggested by the authors that these two variables are more associated with general anxiety than with each other; that females have a higher general anxiety level than do males (Templer, Lester, & Ruff, 1974).

The present review of the related literature in the area of death research has revealed many areas in which death attitudes and death anxiety have been investigated. Feifel (1955, 1959, 1969, 1973) has probed the death attitudes of the mentally ill, the aged, and normal populations. Templer and his collaborators have investigated death anxiety in relation to age, sex, parental resemblance, religion, and depression (1970, 1971, 1971a, 1974). The items on Templer's Death Anxiety Scale have been embedded and his scale has been related to the GSR (1971, 1971b).

The present author has made an attempt to point out by the current review of the literature on death attitudes and death anxiety that attitudes toward death are conflicting between males and females. The reasons for any differences are certainly not clear-cut, and further investigation into this area of death attitudes, death anxiety, appears warranted. Selvey (1973) points out that differences between the sexes may be biological or perhaps cultural. She states that males have traditionally been the warrior, the protector, and have more often died early in life when compared to the female. Selvey feels that death has many facets and the possible interpretations of these facets are numerous.

In relation to the area of interest to the present investigator, a small amount of research has dealt with the fear of death in parachute jumpers (Alexander & Lester, 1972), and the fear of death of individuals in high stress occupations, specifically policemen (Ford, Alexander, & Lester, 1971). Both of these studies, using Lester's FODS, revealed no significant differences between these groups and control groups, which consisted of students for the parachute jumpers, and mailmen for the policemen. The authors suggest that, in parachute jumpers, denial of the fear of death is very strong and obscures the conscious fear of death. Further, the researchers feel that the policemen had worked through



their feelings of death anxiety because the policemen were very cooperative in participating in the study. When approached, 6 out of 23 policemen refused to participate in the study, but 22 out of 37 mailmen refused to take part in the project.

Soldiers, as well as parachute jumpers and policemen, live dangerously. A soldier could certainly be considered to be involved in a high stress occupation, with the threat of combat or war a constant reality. A career soldier must face the inevitability of death every day of his life, and he should recognize this when he makes the choice of a career in the Armed Forces. Baruch (1972) contends that the professional soldier welcomes and pursues war; that the soldier prefers a death on the battlefield; that the soldier is addicted to death. Any anxieties or fears he may have need to be worked through, as hypothesized in the case of the policemen, or repressed and denied, as hypothesized in the case of the parachute jumpers.

An investigation of the military officer and his attitudes toward death has not been conducted, according to the current literature. It is the present researcher's plan to undertake such a study; specifically, to investigate the death anxiety of the Army officer, and also that of his wife. It is the present author's hypothesis that the mean DAS scores of the males and the females in the



sample population will be normal or slightly below normal. Of further interest will be a comparison of husbands and wives to determine if significant differences exist between them, in regard to death anxiety as measured by Templer's DAS. In accord with the research of Templer and Ruff (1971), it is expected that there will be a high correlation between husband and wife on the DAS. Another purpose of the present study will be to compare the group of males to the group of females to determine if differences exist between males and females on the DAS, which has previously been observed (Templer & Ruff, 1971). It is expected that the females will have a slightly, though significantly, higher mean DAS score than the males.

The area of the psychology of death and dying, or the psychology of the fear of death and dying, is an interesting and provocative one. Thus far, a great deal of conflicting data has been gathered in this field of psychology. The various assessing measurements used to determine death anxiety, in particular, have contributed to the lack of relationship or agreement among the studies which have been conducted. The present author hopes, and feels, that the use of a valid and reliable instrument (Templer's DAS) will contribute significantly to the research in this field, and most particularly to the research on death attitudes of males and females.

## CHAPTER II

### METHOD

#### Subjects

One hundred thirty-five male Army officers and their wives stationed at Fort Campbell, Kentucky were randomly chosen from the July 15, 1976 organizational chart of the 101st Airborne Division (Air Assault) and Fort Campbell and the Fort Campbell Telephone Directory to serve as subjects. All male subjects were currently serving on active duty in the United States Army.

#### Apparatus

Templer's Death Anxiety Scale (DAS) was used to determine the death anxiety of the participating husbands and wives. A copy of the DAS appears in Appendix 1.

#### Procedure

Two copies of the DAS and an individually addressed form letter (see Appendix) were mailed to each of the 135 couples selected for the study. The form letter requested their voluntary participation in the project. A self-addressed, stamped envelope was also included for convenient return of both questionnaires. Each member of a couple was asked to fill out one questionnaire without consulting his or her spouse. Information-wise, the DAS requests only the age and sex of the participant. In

addition to this, subjects were also requested to give their rank, whether or not and where they had served on combat duty, and their Army career plans. To facilitate data analysis, an 18-day time period was allowed for the return of the questionnaires. Questionnaires received after this period are not included in any analyses.



## CHAPTER III

### RESULTS

#### Descriptive data

Of the 135 couples chosen for the present study, 72 returned the DAS questionnaires within 18 days of the mailing date. Only those questionnaires returned during this period were considered for data analysis. Five additional questionnaires were returned and subsequently discarded from data analysis for the following reasons: one officer was in the Air Force, one male returned his questionnaire stating that his wife "declined to answer," and three females returned questionnaires without their husbands' questionnaires. The return of 144 completed questionnaires (72 couples) represents a 53% return.

The ages of the subjects that returned their questionnaires ranged from 25-51 years for the males; 22-49 for the females. Ranks of the male subjects ranged from second lieutenant to brigadier general. Additionally, the data revealed that 93% of the males were career officers, and 83% of them had served on active duty in VietNam.

#### General comparisons

Mean DAS scores of 4.50 and 5.70 were obtained for the males and females, respectively. A t-test for dependent groups was performed to compare these two groups. This analysis indicated that the males had significantly, t (71)=

2.69,  $p < .01$ , less death anxiety than the females.

To determine any relationship between DAS scores of husbands and wives, a Pearson product-moment correlation was performed. An  $r = .27$  ( $df = 71$ ,  $p < .05$ ) was obtained, indicating that there was a significant relationship between husbands and wives with regard to death anxiety.

### Specific comparisons

It will be recalled that the DAS questionnaire also requested the rank, combat duty, and career plans of the male subjects. Hence, the scores of the male subjects were further divided by rank and the mean DAS score obtained for each rank. Due to the small number of colonels, lieutenants, and brigadier generals, significance tests were not performed on this data. Generally speaking, however, it appears that there are some differences between ranks of officers, and the respective wives. For example, the mean DAS scores of colonels was 3.67 (wives, 4.83); lieutenant colonels, 4.52 (wives, 5.68); majors, 4.50 (wives, 5.28); captains, 4.15 (wives, 6.15); and lieutenants, 7.00 (wives, 7.60). Based on this data, it would appear that an inverse relationship may exist between mean DAS score and rank.

Another area of interest was whether or not the officer planned to make the Army his career. Sixty-seven of the 72 officers answered "yes" to this query. A mean DAS score of 4.34 was obtained for the career group (5.73 for

their wives). A mean DAS score of 6.80 was obtained for the non-career group (5.40 for their wives). Further significance testing was not performed due to the small number in the non-career group. However, it would appear that those choosing the Army as a career have less death anxiety.

Analysis was also performed to determine any differences that might exist between those officers who had served in VietNam and those who had not. The results of this analysis indicated that there was no difference in death anxiety for those officers who had served in VietNam as compared with those who had not served in VietNam,  $t(70) = .92, p > .05$ . Also, there was no difference between the mean DAS scores of the wives of these officers,  $t(70) = .67, p > .05$ .

Further information was to be obtained by assigning the officers and wives to age groups. The subjects were divided into age groups of 20-29, 30-39, and 40-49. One officer, age 51, was not included in this analysis. It should be noted that husbands and wives were not necessarily in the same age bracket. Comparisons ( $t$ -tests) of the males and females in each group yielded the following results:

$t(26) = 6.80, p < .01$ , 20-29 year olds;

$t(73) = 2.24, p < .05$ , 30-39 year olds;

$t(38) = .85, p > .05$ , 40-49 year olds.

These results indicate that: (a) there is a significant difference in death anxiety in the 20-29 and 30-39 age



groups; and (b) there is no significant difference in death anxiety in the 40-49 year group. Consistent with all previously mentioned results, the mean DAS scores for all female groups were found to be higher than the mean DAS scores for the corresponding male subjects.

On the other hand, one might ask what relationship, if any, exists between DAS scores of husbands and wives. It will be recalled that a Pearson product-moment correlation coefficient was calculated to determine this relationship, and that the obtained correlation ( $r = .27$ ) indicated significance ( $p < .05$ ).

Additionally, the analysis of variance technique was employed to determine what, if any, differences existed within the male and female groups when they were blocked into these age categories. The results of these analyses failed to yield significance.

#### Relationship to previous research

Templer and Ruff (1971) point out that "no actual norms have been established for the DAS." However, they indicate that "a considerable amount of relevant data has been collected." The DAS mean scores obtained in the present study were compared ( $t$ -tests) to the means of previous various studies reported by Templer and his associates (Tarter, Templer, & Perley, 1974; Templer, 1971a, 1971b; Templer & Ruff, 1971; Templer, Ruff, & Ayers, 1974).

Although different subject samples and different experimenters were used, the results of these comparisons allow some tentative (albeit speculative) comments to be made. The officers in the present study have a significantly lower mean DAS score than do: Lincoln University undergraduate Negroes, Lincoln University undergraduate whites, heterogeneous psychiatric patients, high death anxiety psychiatric patients and their controls, male Western Kentucky University undergraduates, adolescent males, fathers of adolescents, male heterogeneous psychiatric patients, Bloomfield College males, male suicide attempters, and funeral home workers. However, the mean DAS score of the officers in the present study was significantly higher than very religiously involved males.

The wives reported in the present study also differed significantly from some of the previously reported groups. Their mean DAS score was significantly lower than: heterogeneous psychiatric patients, high death anxiety psychiatric patients, female Western Kentucky University undergraduates, adolescent females, mothers of adolescents, female heterogeneous psychiatric patients, and Bloomfield College females. Additionally, their mean DAS score was significantly higher than: retired females, very religiously involved females, and retired employees of Western Union Telegraph Company.

## CHAPTER IV

### DISCUSSION

In view of previous research, the significantly lower mean DAS score shown by the officers in the present study does not come as a total surprise. However, the meaning of this data may pose some problems. In two previous studies, Fiefel (1959), and Fiefel and Branscomb (1973), concluded their participants had an "overall aversion for death," and that their subjects were denying that they feared death at all. Research on parachute jumpers (Alexander & Lester, 1972) also concluded that a lower than normal score on a death anxiety instrument could indicate that military men also deny that they fear death. Or, in agreement with the conclusions of Ford et al. (1971), perhaps these scores indicate that those associated with the military have actually worked through feelings about death and have accepted the possibility of the suddenness with which death may strike them. The cooperativeness of the participants in the present study, as indicated by the high return of the questionnaires (53%), could possibly support the views of Ford et al. (1971). One would certainly be hesitant to complete and return such a questionnaire if he were attempting to deny fear of death.

The higher mean DAS scores shown by the female subjects in the present study is also supportive of previous



research (Templer, Lester, & Ruff, 1974; Templer & Ruff, 1971; Templer, Ruff, & Franks, 1971). The reasons for these higher scores are certainly not clear, but they may be related to a general or basic anxiety. This possibility has been previously mentioned by Lowry (1966) and Templer, Lester, and Ruff (1974). Perhaps females have in the past not been faced with death as regularly or directly as the male. Traditionally, the male has been the provider, the bread winner, and the worrier. Death also strikes the male at a younger age than the female. Hence, the male has historically been the sex to die first in marriages, leaving the wife as a widow. With the advent of the women's liberation movement and the fact that more women are working, and, therefore, may be the sole support of themselves and a family, whether they are single, widowed, or divorced, it is likely that death attitudes of women will change in the next few years. However, these remarks are mere speculation, and it is possible, too, that instead of continuing to work outside of the home and seek careers, many women will return to the traditional role of homemaker by choice. At present, however, the research does indicate that women do have a higher death anxiety than men.

Despite the significant male-female differences in death anxiety, one might ask if there is some relationship between the scores of husbands and wives. In other words, is there a "common" attitude shared by the pair,

or do they simply differ? Templer, Ruff, and Franks (1971) reported a significant correlation between the death anxiety reported by husbands and wives. Likewise, the present study also produced a significant relationship between officers and their wives on the DAS. Thus, it would appear that even though there are male-female differences, there is also a "family" attitude towards death.

Previous research tends to support contentions made in the literature that religiously involved people have less death anxiety (Lester, 1970; Martin & Wrightsman, 1965). The present study did not provide a measure of religiosity; however, both the males and females in the present study had a significantly higher mean DAS score than did religiously involved persons reported by Templer (1972). Thus, we have an indirect suggestion that the subjects of the present study may not be extremely active in religious activities.

The present study investigated death anxiety in a population which had not previously been studied, the military. Speculations concerning fear of death or death anxiety have been made about the combat soldier (Baruch, 1972; Teicher, 1953; Zilboorg, 1943) and about the individual male in high stress occupations (Alexander & Lester, 1972; Ford, Alexander, & Lester, 1971). The results of the present study lend support to any or all of these previous speculations. Military personnel do, in fact,

tend to have lower death anxiety.

It appears to the present researcher that the area of research into the death attitudes of various populations is an open and provocative field. Other populations could have been chosen for the sample subjects, such as: nurses, aged, hospitalized, children, mentally ill, professors, church members, or teachers. It is hoped that the results obtained from the present sample of military officers and wives will contribute to the relevant research in the area of the psychology of death and also stimulate similar research with the wealth of untapped populations.



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Appendix 1:

Templer's Death Anxiety Scale (DAS)

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 |

Please complete the following:

Age : _____	Have you served on active duty in
Sex : _____	VietNam? _____ Yes _____ No
Rank: _____	Korea? _____ Yes _____ No
	WW II? _____ Yes _____ No

Are you making the Army your career? \_\_\_\_\_ Yes \_\_\_\_\_ No

Appendix 2:

Form Letter



Dear \_\_\_\_\_,

The purpose of this letter is to request your participation and cooperation in a project which I am conducting to complete my Master of Arts degree at Austin Peay State University. I would appreciate it very much if each of you would take five minutes of your time to fill out the enclosed questionnaires. There are two questionnaires, one for you and one for your wife. Each questionnaire should be filled out separately, without consulting each other. This particular point is extremely important for my project.

The use of these questionnaires will be entirely anonymous. I will not know which person filled out which questionnaire. Please return both questionnaires to me as soon as possible in the stamped, self-addressed envelope which I have enclosed.

Permission for this survey has been granted by Colonel Arthur P. Lombardi, Deputy Post Commander. If you have any questions concerning this project, or should you be interested in the results, please feel free to call me in Hopkinsville at 885-6888. Your cooperation is greatly appreciated.

Sincerely,

Pam B. Koob