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Life Experiences Influencing Attitudes Toward Personal Death

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LIFE EXPERIENCES INFLUENCING ATTITUDES TOWARD
PERSONAL DEATH

by

Kevin J. Franke

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of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of

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VITA

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INTRODUCTION

Kastenbaum and Costa (1977) state that the influence of personal experiences with death upon thoughts and attitudes toward death are in need of clarification and organized examination. They also state that it is likely that personal orientations toward death are complex, multi-leveled, and subject to situational influences within the same individual. In fact, there have not been many studies investigating factors that influence attitudes toward death. Moreover, there is not much agreement among those studies that have been conducted concerning what factors or life experiences affect death attitudes, or what is the nature of such effects. Finally, studies have not adopted a developmental framework in an attempt to understand factors that affect death attitudes. That is, investigations usually assess the effect of singular variables that occur at one point in time without considering how previous and subsequent events interact to shape feelings about death.

This study is a pilot investigation that attempts to discover the most salient life experiences that influence college students' attitudes toward their personal death. That is, this investigation will seek to discover what life experiences have been important in shaping college students' attitudes toward their own death. From the data to be gathered in the study it is hoped that some statements may be made concerning the relationship between the nature of these experiences, the students' reactions to these experiences, and the influence such

reactions have had upon their attitude toward their own death. Furthermore, the investigation seeks to begin the process of discovering what factors are most salient in determining why a common death experience encountered by different students might lead to quite different influences upon each student's attitude toward his or her own death. Finally, the study hopes to come to some conclusion concerning the most common types of death experiences typically encountered by college undergraduates.

A major problem in previous research has been the assumption that death-related experiences have a singular effect upon subsequent death attitudes, that is, the death of a significant other, for instance, either positively or negatively affects death attitudes. However, the results of some recent studies indicate that positive or negative effects of a particular death experience depend upon the characteristics of the experience in question. The hypothesis at the start of this investigation is that the death-related experiences found to be most common among college students will be shown to have different effects, varying in both strength and direction, depending upon crucial variables connected with these experiences.

REVIEW OF RELATED LITERATURE

Measuring Attitudes Toward Death

In attempting to assess death attitudes, investigators in previous studies have used a variety of techniques, including projective tests, physiological recording and personal interviews. However, the technique used most often in assessing personal attitudes toward death has been the self-report scale or questionnaire. The earliest of these self-report instruments were unidimensional in nature, and focused for the most part upon such negative constructs as fear of death or death anxiety. More recently, a number of scales have been constructed which take into account the mounting evidence that personal orientations to death are multidimensional (Collett & Lester, 1969; Dickstein, 1972; Nelson & Nelson, 1975). In other words, several dimensions seem to be involved in any given individual's feelings and cognitions about death.

Until recently it has remained unclear which death-attitude dimensions these various multidimensional scales actually assess, and precisely how these various dimensions may best be characterized. Durlak and Kass (1981) conducted a factor analytic study of the most popular death scales used in the recent research on death attitudes, in an attempt to clarify the constructs actually being measured by various death attitude scales. Only scales which possessed some demonstrated reliability and validity were included, along with a few more recent scales which purported to tap unique dimensions of personal death

orientations. The results of the Durlak and Kass study yielded five independent death-attitude factors: Negative Evaluation of Personal Death, Reluctance to Interact with the Dying, Negative Reaction to Pain, Reaction to the Reminders of Death, and Preoccupation with Thoughts of Dying. The authors pointed out that not only do their results support existing thanatological theory that death attitudes are multidimensional, but also that several presumably unitary scales were found to be multidimensional, and the names of several scales were found to be inappropriate.

One implication of the Durlak and Kass results is that previous research which has made use of these various death scales is difficult to evaluate. For example, the Templer Death Anxiety Scale has been shown to be composed of anywhere from three (Warren & Chopra, 1978) to five factors (Devins, 1979). Total scores on this scale, along with others evaluated in the Durlak and Kass investigation, are actually uninterpretable, for it cannot be determined which of the multiple factorial components affected the total score in which direction.

A further implication of the Durlak and Kass study is that unitary scales which assess specific dimensions of death attitudes must be constructed and used in future investigations in order to clarify the nature of death attitudes and the factors which contribute to them. The present study is concerned with assessing students' attitudes toward their own death and thus those scales which loaded most heavily on Durlak and Kass' Evaluation-of-Personal-Death factor were chosen. These scales included the Nelson and Nelson Multidimensional Death Scale (1975), the Negative Evaluation of Death Subscale from Dickstein's Death Concern

Scale (1972), and the Collett and Lester (1969) Fear of Death of Self Scale. To date, the above three scales have been subjected to the most scrutiny regarding their reliability and validity. As the Durlak and Kass analysis points out, the names of several death scales do not accurately reflect the construct(s) being measured, so that it is sometimes difficult to tell if previous researchers have actually measured feelings about personal death.

Durlak and Kass suggest that the major influences on death attitudes remain to be discovered, and that future research designed to validate their factor structure by testing hypothetical relationships between certain variables and these factors is called for. The present study is an initial step in that direction. That is, by questioning subjects about the life experiences that have influenced their attitudes towards their own death, and by assessing the affect these salient factors have had through additional questioning, it is hoped that important contributions to students' attitudes about their own death may be identified.

Factors Influencing Attitudes Toward Death

As was noted earlier, not many studies have been conducted which have systematically explored the factors that influence death attitudes. Research over the past several years has tended to support the belief that personality constellations are relatively unimportant in accounting for attitudes toward death, and that situational and interpersonal variables are of more central importance (McDonald, 1976; Selby, 1977). Concerning factors that might be important in affecting individual

attitudes toward death, Lester (1967) says that the effect of physical illness, the death of one's parents in childhood, and the loss of a close friend must be studied. Feifel (1969) further comments that developmental changes, cultural conditioning, religious orientation, personality characteristics and level of threat all contribute to the shaping of one's attitude towards death.

Unfortunately, death research has only begun to explore the importance of the above mentioned factors. The following discussion highlights some of the more salient findings in this regard. Shneidman (1970) and Kalish and Reynolds (1976) conducted survey investigations which suggested the major factors people thought were important in influencing their feelings about death. These findings were helpful in deciding what kinds of experiences should be tapped in the current study. In their 1976 survey Kalish and Reynolds provided subjects with a forced-choice question: "Of the following, which one has influenced your attitudes toward death the most?" Of the eleven possible choices (including "Other"), "The death of someone else" was selected most often, by over one-third of the subjects. The second most frequent answer, given by almost 25% of the subjects, was "Religious background," and the third most frequent was having been close to one's own death, nearly 19%. In Shneidman's survey people were asked to report about the most important influences upon their current attitudes toward death. Introspection and meditation was the most common answer (35%), and the second and third most frequently mentioned influences were the death of someone else and religious background, (19% and 15%, respectively).

A preliminary study was conducted by Durlak and Franke¹ during the fall of 1982. The purpose of this survey was to discover more directly what types of death experiences college students have and have not had, so that appropriate questions could be developed for the interviews to take place in the present investigation. The results of this survey indicated that 88.5% of a sample of 192 college undergraduates had experienced the death of at least one significant other in their lifetime. Furthermore, 51.6% of the subjects had been exposed to at least one life-threatening experience (i.e., accident, injury, illness) during their lifetime. In addition, 75.5% of the subjects reported reading something that had significantly influenced their attitude toward their own death, and 82.2% said they had discussed their death with at least one other person. These results were helpful in structuring the interview schedule so as to include the relevant life experiences which the majority of college students may report as having had some affect upon their attitude towards their personal death. Thus it appears that the following factors may be important in accounting for attitudes towards personal death; death of significant others, life-threatening experiences, and religious orientation. The following sections of this paper attempt to survey the relevant literature regarding the effect of these factors on death attitudes, to summarize the findings on each factor, to discuss the shortcomings of the previous research, and to clarify the nature and the development of the present investigation.

¹This survey is considered pilot data for the current study and has not been written up as a separate investigation.

Death of Significant Other

Goldburgh et al. (1967) conducted a study which examined attitudes of college students toward their personal death. Included in their questionnaire were questions concerning whether or not the students' parents had discussed death with them, how often the subject had discussed his or her personal death with anyone, whether or not the subject was ever sufficiently ill to be near death, and questions concerning contact with the death of others and the students' reaction to these experiences. The results of the study showed that whether or not the parents had discussed death with the subjects had no significant relationship with the student's fear of death, but those whose parents had discussed death with them, were more inclined to talk about their own death and more able to envision a "comfortable" death. The results also indicated that those who feared death seemed to have had as many contacts with the death of others as those who did not fear death. The authors concluded that "communication with children on the matter of death appears to play a significant part in the development of their future attitudes toward the phenomenon" (p. 227).

The results of Goldburgh's study were taken into account in the present investigation in two ways. First, an interview question asking subjects about the extent to which they had spoken to anyone about death in general or about their personal death was asked of all subjects. Secondly, in the rank ordering of factors that may have shaped the subject's reaction to the death of a particular significant other, students were asked to include things other people (i.e., parents) may have said

about the death or about the person who died. Furthermore, since Goldburgh et al. found no significant relationship between previous contact with deaths of others and self-reported fear of death, it is suggested that their failure to take into account relevant aspects of the deaths such as the subject's initial reactions, the subject's age at the time of the death, and most importantly, the specific impact of the death on the subject's attitudes towards his or her personal death, may be responsible for this finding. Therefore, questions aimed at tapping such relevant aspects of the deaths of others have been added to the questionnaire used in this study to try to determine what aspects of such deaths are important in shaping the attitudes toward death of those left behind. Of course, the absence of objective, valid and unidimensional death scales to measure "fear of death" make the results of the Goldburgh et al. study very difficult to assess.

Lester and Kam (1971) conducted a study which investigated the effect of the recent experience of the death of a close friend on personal attitudes towards death. The study examined the relationship between a number of factors related to death or the experience of dying (i.e., fear of death, preoccupation with thoughts about death) and the variable of recent loss of a friend due to death. Lester and Kam concluded, "It is clear that experience of recent loss does affect attitudes toward death" (p. 150). But Lester and Kam suggest that experience of a recent loss seems to have only a slight effect on already existing attitudes toward death, and that other determinants of attitudes toward

death should be sought in earlier experiences. The interview used in the present study was structured such that subjects could give a progressive account of the development of their attitude towards death. This was accomplished in two different ways for the death of a significant other in the subject's life. First, subjects were instructed to talk about the earliest death first, then other deaths as they occurred throughout the subject's life. Secondly, in the rank ordering of the four categories which may have shaped the subject's reaction to a particular death, the subject's "preexisting attitude towards death" was included. Thus, if this was the most important factor accounting for the subject's reaction to the death of a significant other, the subject would have a chance to say so, and also to explain what experiences led to that particular preexisting attitude. In this way, interviewers attempted to trace the development of the subject's attitude towards death throughout the subject's developmental history.

Carey (1974) found dying patients' emotional adjustment was significantly influenced by previous experience with dying persons. More specifically, Carey looked at three aspects of previous experience with dying persons: whether or not the patient had ever talked frankly and openly about death with someone else who knew that he or she was dying, whether or not the patient was ever close to someone who accepted death with inner peace, and whether or not the patient had ever been close to someone who was angry or upset at the very end of his or her life. The results showed that all three factors measuring previous experience with dying persons had a strong influence on social adjustment, with

the first two factors showing a positive relationship with emotional adjustment, and the third factor showing a negative relationship. The results suggest that one of the most important influences on an individual's ability to deal effectively with the prospect of his or her own death may be some prior positive interaction with a dying person. Carey's results also suggest that different ways in which dying persons handle their death may exert different influences on individuals who observe the reactions of these dying patients. That is, previous experience with a dying person may have a positive or negative influence on one's attitude towards one's own death, depending upon how the dying person handled their own death.

Carey's results have been incorporated into the interview schedule used in this study in several ways. Besides lending further support for questions designed to assess the impact of deaths of significant others on our subjects' attitudes toward their own death, our subjects were asked to rank order a set of four categories according to which factor or category was most influential in shaping their reaction to the death of the person in their life who died. Category "A" in these rankings included things that a dying person might have said about their own death if it was an expected death (i.e., the person was ill or seriously injured for some period of time immediately before the death). Depending upon how such a person dealt with their own death, or what they might have said about their own eventual death to the subject, the attitude of the subject towards his or her own death may have been influenced in a positive or a negative manner.

Devins (1979) hypothesized that experience with death in important others (i.e., parents, spouse, siblings, relatives, children and close friends) might be important in the development of death anxiety and in influencing one's attitude towards voluntary passive euthanasia. Devins looked at four separate factors of experience with death in important others: some vs. no experience, total number of experiences, years since most recent experience, and type of important other whose death has had the greatest impact on the individual. Templer's Death Anxiety Scale (DAS) (1970) was used to assess death anxiety. Using a standardized individual interview procedure, Devins reported that neither death anxiety nor attitudes toward voluntary passive euthanasia were influenced by the experience-with-death-in-important-others factor when this dimension was defined in terms of low vs. high number of total experiences, some vs. no experience, or the number of years since an individual's most recent such experience. However, when the subject's most personally meaningful death experience was considered along with the subject's proximity to personal death (as defined by age and health status), death anxiety was shown to be significantly influenced. More specifically, young persons who identified an immediate family member as the highest impact type evidenced greater death anxiety than did those who indicated a close friend or relative, but this trend was reversed among elderly persons. Devins suggested that deaths of important others that conform more closely to a person's expectations concerning his or her own future death may force the individual to entertain the notion of personal death at a more central level, and that such

deliberations could conceivably result in greater death anxiety.

Steinhausen (1979) found that the best single predictor for the acceptance of a teaching approach for a death education course that dealt directly with students' feelings and emotions concerning death was the death of a close friend or relative within the past two years. Subjects who had no such experience were much less accepting of this open and direct teaching method for the death education course. These results may indicate the importance of experience with death in important others in making death a subject of greater concern for those left behind, although the study did not allow for an assessment of whether these subjects with greater acceptance for a direct teaching method had more or less death anxiety than subjects who had no recent experience with the death of an important other. Schulz (1978) lists several fears related to death of self, all of which can be experienced vicariously via the death of someone close to us. Such fears include the fear of pain, of rejection, of non-being, of negative impact on survivors, and others.

Along similar lines, Bowman (1980) conducted an investigation of reactions to various types of deaths (specifically homicide/murder), and found that reactions to deaths of important others ranged from very negative to very positive. Included among the negative effects on survivors were emotional lability, loneliness, depression, fear, anger, and increased sensitivity to events surrounding the tragedy. Positive effects included renewed appreciation of life, personal growth, and acceptance of personal limitations. Richmond (1981) also has investigated the impact of a specific type of death, "cancer caused death,"

on the bereaved. Richmond hypothesized and found that close friends and relatives of cancer victims show changes in subjective life expectancy and in life style, that are significantly different from the bereaved of heart disease victims. The results of Bowman's study and Richmond's study were incorporated into the present interview schedule by asking subjects how the person (significant other) died, and by seeing whether or not the nature of the death was important in accounting for the impact the death had upon the subject's attitude towards his or her own death.

Kafial (1981) conducted an investigation which examined the influence of maturational and demographic variables on the affective and cognitive components of death-orientation. He used Dickstein's Death Concern Scale (DCS) (1972) to assess the affective component of death-orientation, and measured death experience through the administration of a biographical questionnaire. The results of this investigation showed that death experience did contribute to the prediction of DCS scores. Individuals who had experienced the death of a family member evidenced higher DCS scores than those who had no experience with death. However, as with Templer's scale, Dickstein's scale has been shown to load on two distinct factors (Durlak & Kass, 1981): a negative-evaluation-of-personal-death factor, and a preoccupation-with-thoughts-about-death factor. Thus, it could be either or both of these factors which accounted for the relationship with death experience in this study.

Granich (1976) conducted an investigation of experiential factors

in death anxiety under the hypothesis that a high amount of clinical experience in dealing with death would result in lower death anxiety and concern about death. The assumption underlying this hypothesis was that people over a period of time of dealing with death become desensitized to the anxiety surrounding death. Granich used both Dickstein's Death Concern Scale and Templer's Death Anxiety Scale in measuring the death anxiety of the subjects. Contrary to the results of the more recent Kafial study, Granich found no support for her hypothesis and suggested that the results were due to the failure of the study to take into account specific aspects of the deaths, such as who was dying and under what circumstances.

Feifel (1961), Martin and Wrightsman (1964) and Templer (1976) have all expressed the opinion that prior experience with death in important others may be a crucial factor in the development of personal attitudes toward death. Similarly, Maurer (1964) found that when adolescents were asked the question, "What comes to mind when you think about death?", subjects talked mostly in terms of death that had occurred in the family, and their personal involvement with such deaths.

As can be gathered from the above cited studies, the research is not consistent regarding the potential influence of experience with death in significant others on subjects' attitudes toward their own death. While some studies support the importance of this factor in the development of personal attitudes toward death (Shneidman, 1970; Kalish & Reynolds, 1976; Carey, 1974; Kafial, 1981), other studies offer evidence to the contrary (Goldburgh, 1967; Devins, 1979; Granich, 1976). Furthermore, while some studies suggest that experience

with the death of significant others might increase death anxiety in those left behind (Kafial, 1981), other studies suggest a contrary hypothesis, while other studies suggest the affect may vary depending upon the circumstances of the death (Carey, 1974). Through the questions developed for the interview to be used in this study, it is hoped that the influence of this factor on attitudes toward personal death may be clarified, and that the direction of causality may begin to become a little clearer.

The questions concerning deaths of significant others used in the present study include finding out the age of the subject at the time of the death, the subject's relationships with the person who dies, how the person died, how the subject reacted to the death and what accounted for such a reaction, whether or not the subject's view of death has changed at all over time and what accounted for the change, and what the subject believes he or she learned about their own future death as a result of this important other person in their life dying. All of these questions are designed to tap relevant dimensions of the factor (experience-with-death-in-significant-others) that might be salient in determining whether or not this factor is important in shaping subjects' attitudes toward their personal death, and in determining how this factor has a positive or negative effect on such attitudes.

Religion and Attitudes Toward Death

There have been several studies which have examined the relationship between various dimensions of religiosity and various dimensions

of the fear of death. Results of these studies have been particularly difficult to interpret due to the multidimensionality of both the religiosity factor and the fear of death factor. The more recent research in this area has sought to distinguish among the various dimensions within these two broad categories, and to examine the more specific relationships that might exist among them. Allport (1967) distinguished between extrinsic and intrinsic religious orientations, and subsequently, the distinction has gained empirical support in other studies, along with a third religious orientation called "Religion as Quest," (Batson, 1976; 1978). Although conclusive results concerning the relationship between religious orientation and death attitudes are still lacking, somewhat of a general consensus has begun to appear. Several studies seem to support the contention that an intrinsic orientation is associated with a more positive view of death than is the extrinsic orientation (Templer, 1972; Minton & Spilka, 1976; Hoelter & Epley, 1979). Recently, Doerscher (1983) hypothesized that different religious orientations may lead to an increased fear regarding certain death concerns, and a decrease in anxiety regarding other aspects of personal orientations toward death. Her results lend support to the contention that individuals with an intrinsic or a Religion as Quest orientation exhibit less anxiety concerning their personal death than those having an extrinsic religious orientation. Doerscher's results are particularly relevant because the multidimensionality of death attitudes was taken into account, and evaluation of personal death was assessed with the same scales to be used in the present study.

The complex nature of one's religious orientation and practice makes this a particularly difficult factor to take into consideration in accounting for one's attitudes towards personal death. As mentioned earlier, subjects in this study will be given several chances to bring up their religious orientation as an important factor shaping their attitude towards their own death, but subjects will not be questioned directly along these lines. The focus of the present study is on specific "life experiences" that the subjects have somehow participated in or observed which have contributed to their attitude towards their personal death in some way, and religious orientation does not qualify as such a "life experience." However, when subjects bring up their religion as one of the most important influences upon their attitude towards their own death, they will be asked the relevant questions to assess the impact of this factor upon their attitude, and thus useful information regarding the effect of religious orientation on attitudes toward personal death may be gained. However, subjects will not be questioned to determine the nature of their religious orientation (intrinsic vs. extrinsic vs. quest), nor will such a distinction be determined by any method outside of the interview. In addition to assessing the impact the subjects believe their religious orientation has had upon their attitude towards their personal death, further questioning will seek to determine the specific experiences which underlie any relationship between these two factors, such as discussions with parents and others, catechism classes and other formal education experiences, readings from the bible, etc. Through such questioning, it is hoped

that the specific components of religious orientation that contribute to death attitudes may be further clarified, and also, that these relevant components of religiosity may be traced to certain life experiences which have given rise to them. Although it is not a primary concern of this study, this line of questioning may yield some initial ideas as to the salient factors which determine which particular religious orientation a given individual possesses.

In summary then, religious orientation will not be emphasized in this study which focuses upon the evaluation of personal death. Its place in this study will mainly be restricted to seeing whether or not college students spontaneously identify religion as a major factor influencing their evaluation of their own death, and religious orientation will not receive the emphasis that certain other "death experiences" will receive in the interview. If the Shnediman (1970) and Kalish and Reynolds (1976) results hold up for our college students, a substantial amount of our subjects should identify religion as an important influence upon their attitudes towards their personal death. Therefore, the study should allow for an assessment of whether or not religious practice or faith figures into one's evaluation of personal death, and if so, the study should help identify some of the specific influences this factor may contribute.

Previous Nearness to Death and Attitudes Toward Death

Research investigating the role of personal nearness to death as a potential death-experience contributing to evaluation of personal death suffers many of the same shortcomings discussed under the previous

two sections. First of all, not many studies have looked at this variable, and what studies have been done have usually defined personal nearness to death in terms of old age or in terms of a present illness or injury being suffered by the subject (Feifel & Branscomb, 1973). In addition, near-death experience has come to be defined in the recent literature as a loss of consciousness and certain vital functions, followed by eventual resuscitation and restoration to full consciousness. Such experiences have been equated with other out-of-body experiences reported by certain individuals. Furthermore, the studies that have looked at personal nearness to death in terms of accidents, illnesses, injuries or other situations which the subject perceived his or her life as being in real danger, have either not employed valid objective measures of death attitudes, or have employed multidimensional self-report death scales such as Templer's which make the results difficult to interpret.

In Goldburgh's study of college students' attitudes toward personal death (1967), subjects were questioned about whether or not they had ever been sufficiently ill to be near their own death, and 16.1% of the 137 students responded "yes" to the question. However, no further analysis was conducted to investigate the possibility that such an experience might contribute in important ways to these subjects' attitudes about their own death.

Spencer (1976) tested the hypothesis that 16 subjects involved in near-death accidents would have greater fear of death than 16 randomly selected control subjects. Templer's Death Anxiety Scale (DAS),

a clinical interview, and the TAT were used to assess death anxiety in all subjects. The accident subjects were significantly higher in the unconscious measure of death anxiety (TAT), significantly lower on the clinical interview measure, and no difference was found when death anxiety was assessed with the DAS. These inconsistent results are difficult to interpret and suggest a need to get more specific information regarding the effect of the relevant experience on each subject's evaluation of their personal death.

Noyes and Slymen (1979) conducted a factor analysis of questionnaire responses from 189 victims of life-threatening accidents in an attempt to assess subjects' responses to such experiences, and the variables which influence these responses. The specific experiences covered include falls, drownings, automobile accidents, serious illness and miscellaneous accidents. One of the factors assessed by the questionnaire was whether or not the subject believed he or she was about to die during the experience. Results showed that 60% of those who believed they were about to die claimed that their attitude towards death (and life) changed as a consequence of the experience, while significantly fewer subjects (only 39%) of those who did not believe they were about to die reported such a change. Furthermore, results of an earlier investigation (Noyes & Kletti, 1976), were confirmed in that several subjects reported reduced fear of death following their experience. For these subjects, "death seemed more real and more uncontrollable, they seemed more accepting of their lesser control . . .and had a more receptive attitude towards life, approaching it more freely, and with less caution

and worry about the future" (p. 320). The results of the 1979 study also indicated that the age of the subject at the time of the accident, and the specific nature of the accident, were important in influencing the subject's reaction to the experience.

In a subsequent study, Noyes (1980) outlined a distinct pattern of attitude and personality change which seemed to characterize the long-term effects of such life-threatening experiences. The study was based upon interviews with subjects who claimed to have had such an experience. The overall pattern of change for the majority of the 215 subjects was favorable, and "seemed to contribute to the emotional health and well-being of the persons," (p. 235). However, an opposite pattern, associated with psychopathology, was reported by a few subjects. These results further point to the need to question individual subjects about the specific effects of such life-threatening experiences, and to see whether the reduced-fear-of-death effect can be validated with objective measures such as the ones being used in the present study.

Although the results are vague and by no means consistent, the research cited above, along with the surveys mentioned earlier, point to the potential influence of life-threatening experiences on personal attitudes toward death. The interview developed for the present study contains questions to assess the extent to which each subject was ever exposed to such a life-threatening experience, when and what the nature of the experience was, and most importantly, what the subject had to say about the impact of the experience on their attitude towards their personal death.

Other Factors Influencing Attitudes Toward Death

Aside from experience with death of important others, religious factors, and personal life-threatening experiences, few other experiential factors have been seriously considered in previous research investigating death attitudes, and none has been systematically investigated. Such factors as readings about death and dying, formal educational courses on the subject, television programs and other media productions, have not been assessed for their potential impact upon attitudes toward personal death. In addition to giving subjects several opportunities to talk about any experience they felt has had some impact upon their attitude towards personal death, subjects were questioned briefly about the extent to which conversations, readings, and television programs or movies might have affected their evaluation of their own death.

With these previous findings in mind, the present study will be initiated with the expectation that deaths of significant others, religious background and orientation, and personal experiences of nearness to death will be factors that our college students will point to most often in accounting for the development of their present attitudes toward their own death. Moreover, it is expected that the impact these factors have on attitudes toward personal death will vary among individuals depending upon certain characteristics associated with the experiences. In rating the interviews, we should be able to determine the most important factor(s) for each student. We expect that the impact of the one or two most important factors will account for much of the individual's

attitude towards his or her own death. That is, we expect that ratings of the positive or negative impact of the most important experiential factors will correlate significantly with the death scales measuring the student's attitude towards personal death. Thus, we do not expect any particular type of death-related experience to have a consistent effect upon attitudes toward personal death. Rather, we expect the impact of the experience to be positive or negative (i.e., anxiety-provoking or anxiety-reducing), and significant or insignificant, depending upon the characteristics of the specific experience, characteristics which may be different for different experiential factors and different individuals.

METHOD

Subjects

The subjects for the study were 47 undergraduate volunteers, the majority of which were recruited through the subject pool run by the university. They included 18 males and 29 females presently enrolled in an undergraduate psychology course at the university. The remaining subjects (also volunteers) were recruited directly from various psychology courses at the university. All subjects were given some type of extra academic credit in their courses for participation in the study.

Assessment Materials

The subject's evaluation of personal death was measured objectively with three standardized death scales: The Nelson and Nelson (1975) Multidimensional Death Scale, The Negative Evaluation of Death Subscale from Dickstein's (1972) Death Concern Scale, and the Collett and Lester (1969) Fear of Death of Self Scale. These instruments are all Likert scales, and high scores reflect a greater amount of negative emotion in the subject regarding his or her own death. (See Appendix A for a copy of these scales.)

All subjects were also given a recently developed self-efficacy scale (Sherer & Maddux, 1982). This scale has proven reliability and has been shown to possess construct and criterion validity. This is

also a Likert scale and higher scores reflect more positive self-efficacy expectations. Inclusion of the scale in the study should allow for some indication of whether personal sense of self-efficacy does or does not help a person deal with their own death. (See Appendix A for a copy of this scale.)

Each subject's life experiences with death were assessed by means of an individual semi-structured interview. The semi-structured interview was put together with two main objectives in mind: (1) to assess factors that previous research has indicated are potential contributors to individual attitudes toward personal death; and (2) to provide subjects the opportunity to talk about any other life experiences or factors they believed to have been important in influencing their attitude towards their own future death. The opening section of the interview simply asks subjects to think about their own death briefly, and then to report what kinds of thoughts they encounter, and what they believed might be responsible for their having such thoughts. The purpose of this line of questioning was twofold: (1) to give subjects a chance to begin focusing on their thoughts and feelings about their own death (which will be the focus of the entire interview); and (2) to give subjects an initial opportunity to indicate to the interviewer some of the important influences affecting their attitude towards their own death.

The following section of the interview was modelled after the Shneidman (1970) and the Kalish and Reynolds (1976) surveys, and simply asked subjects to tell the interviewer what they believed to have been the most important influences in their life on their attitude towards

their own eventual death. The purpose of this section of the interview was to get an initial rank ordering (in terms of importance) from the subject regarding the life experiences or factors contributing to their evaluation of their own death.

The remaining sections of the interview were more structured in questioning the subject about specific experiences shown by previous research to be possible contributing factors in an individual's attitude towards his or her own death. Included were sections concerning the subject's experiences with deaths of significant others, any life-threatening experiences the subject might have had, and questions concerning conversations, readings or media productions that might have influenced the subject's evaluation of personal death. The specific questions asked under each topic were those pointed out in earlier sections of this paper.

Whenever the subject brought up a particular death experience either in response to an open-ended question, or under one of the specific topics, appropriate questions were asked to assess the impact that particular experiences have had upon the subject's attitude towards personal death. These questions included: "What type of impact has that factor had upon your attitude towards your own death? What accounts for this impact? Has the impact of this experience changed at all over time?"

The final section of the interview includes a question about how well the subject felt prepared for his or her death, and what had helped them most of all in preparation for their own death. Finally, the subject was asked to reflect back upon all that was discussed in the

interview, and to give a final rank ordering of which factors were most influential in shaping their present attitude towards their own eventual death. (A copy of the interview schedule is contained in Appendix B.)

Procedure

The data were gathered from each subject individually during a single experimental session lasting approximately 75-85 minutes. After signing a consent form permitting the interview to be taped and assuring subjects of the confidentiality of their responses, the subject was asked to complete the three death scales and the self-efficacy scale. Next, the subject was given a form containing four statements outlining the general topics to be covered in the interview. (A copy of these statements and a copy of the consent form are contained in Appendix B.) After the subjects were given about 15 minutes to think about these topics, the interviewer turned on the tape recorder and began the interview. The interviews ranged from 45-55 minutes.

The Interviewers. Assisting the primary investigator with the interviews were 5 advanced undergraduate psychology majors at the university. These students were selected from among a group of volunteers, and were subsequently trained by the primary investigator. They were first given training in general interviewing skills through printed guidelines, role-playing and practice interviews. The interviewers were then exposed to the interview schedule, given an explanation of what specific information was being sought in the investigation, and instructed as to the best ways to obtain the desired information. Before

conducting any interview actually used in the data analysis, each interviewer performed at least two complete practice interviews, one on a friend, and at least one on a subject from the subject pool. The primary investigator went over each of these interviews individually with the interviewer who conducted them, providing constructive feedback about interviewing techniques and the specifics of the interview schedule being used. Ongoing feedback was provided by the present author and Dr. Durlak throughout the study, and periodic meetings were held to discuss any relevant questions or problems. Three of the interviewers received course credit for their participation in this study.

Rating the Interviews. The purpose of the interview ratings was twofold: (1) to ascertain life experiences that appeared to affect subjects' attitudes toward their own death and, (2) to estimate the nature and degree of impact of these experiences upon the subjects' current death attitudes.

Rating procedures were as follows. The rater would first listen to the audio-taped recording of a given interview to discover what life experiences had apparently affected the subject's death attitudes. After listening to the subject discuss each particular experience, judges estimated the impact these experiences had had on the subjects current death attitudes. The impact of each experience was rated along a 7-point Likert scale (-3 = intense negative impact, -2 = moderately negative impact, -1 = mild negative impact, 0 = neutral or mixed impact, 1 = mild positive impact, 2 = moderate positive impact, 3 = intense positive impact).

The rater was also required to provide an explanation as to why a particular rating was assigned. That is, the rater was asked to be as specific as possible about how a given experience had contributed to the subject's death attitude. Finally, after the entire interview for a given subject had been listened to and rated, the judges rank ordered the identified experiences in terms of their relative impact upon the subject's current death attitudes. That is, the judge might have identified and rated several experiences which had some apparent impact upon the subject's death attitudes, but some of these experiences were clearly more significant than the others, and judges were asked to rank order these experiences along a continuum from most to least important.

Inter-Rater Reliability. As a preliminary step toward developing reliable ratings, two interviews were selected randomly and rated according to the above procedures by three independent judges (the present author, his thesis advisor, and one of the primary interviewers). There was close agreement among the judges in their ratings and rankings; minor discrepancies in scoring were resolved, and a formal rating schedule was devised.

Following this initial procedure, 11 interviews were randomly selected and independently rated by each of the 2 judges (the present author and one of the primary interviewers) who were to serve as the primary raters for the purpose of data analysis. Judges' ratings for these 11 interviews were compared in 4 ways.

First, judges' identification of the total number of experiences affecting the subjects' death attitudes were compared. There was close

agreement between the raters in this regard. For 5 of the 11 subjects the raters agreed exactly on the number of factors affecting death attitudes; for 5 subjects one of the raters included an additional experience which the other rater did not, and in only one case was there a discrepancy of more than one experience.

The second stage was to examine how experiences affecting death attitudes were identified. Due to instructions given to the judges to be as specific as possible in identifying what exactly about a given experience led to its having had a significant impact upon the subject's death attitudes, this stage of the reliability assessment can be conceptualized on two separate levels. Judges categorized experiences into both broad and narrow categories. Broad categories were drawn from categories described in previous research on death attitudes and included Death of Significant Other, Religion, Near-Death Experience, Work Experiences, Readings, and Conversations. The narrow categories were derived from the present investigation and were based upon the judges' determinations of what specific aspects of a given experience were important in accounting for the impact the experience had upon the subject's death attitude.

Death of Significant Other was broken down into 5 narrow categories: (1) observing reactions of significant others who survived the death, (2) working through intense feelings, (3) observing reactions of the dying person, (4) frequency of death and, (5) nature of death. Religion was broken down into 2 categories: (1) formal religious education and training, and, (2) theological introspection. Near-Death

experience was also broken down into two categories: (1) personal near-death experience, and (2) near death experience of significant other.

There was 77% agreement between the raters in identifying these broad categories of experiences, and 68% agreement in identifying narrow categories. This level of agreement appeared satisfactory given the exploratory nature of this investigation.

The third step in the evaluation of inter-rater reliability compared judges' rankings of the relative impact of experiences affecting death attitudes. When conceptualized in terms of the broad categories referred to above, considerable agreement between the 2 judges was evident. For cases in which judges identified the same life experience as affecting death attitude (all 11 cases), only two differences were observed in the rankings of the relative importance of these experiences. There were no disagreements regarding the experience that had the most impact for each subject, and there was 83% agreement overall in ranking the relative importance of experiences affecting death attitudes. That there were no disagreements in identifying the most important experience for each subject is important as subsequent data analyses will reveal.

In some cases differences between the judges' ratings and rankings were a result of one rater breaking some experience into distinct components that the other rater viewed as a single experience. For example, in one case the first judge had listed the mother's attitude towards death as the most important experience affecting the subject's attitudes towards death. The second rater agreed, and also included an additional experience of the death of the subject's aunt as an important influence.

Subsequent discussion led the judges to agree that inclusion of the aunt's death was superfluous because it was the mother's attitude concerning this death that made it an important experience for the subject.

The fourth stage in demonstrating inter-rater reliability involved the impact ratings assigned to each life experience. First, a reliability coefficient comparing the rating each judge assigned to the most important experience was computed. Secondly, a reliability coefficient comparing the sum total of the ratings for all significant experiences was computed. The results of these analyses yielded a correlation of .92 in both instances

In summary, satisfactory inter-rater reliability was obtained for the interview ratings. These ratings included: (1) the total number of experiences affecting death attitudes, (2) identifying broad and specific experiences affecting death attitudes, (3) the relative importance of these experiences and, (4) the impact of each experience.



RESULTS

Life Experiences Affecting Death Attitudes

Results are first discussed in terms of the number of subjects who were believed to have been influenced by either broad or specific life experiences. Life experiences affecting death attitudes were grouped according to six broad categories: (1) Death of Significant Other, (2) Religion, (3) Near Death Experience, (4) Work Experience, (5) Formal Education and, (6) Information Education.

The broad category of Death of Significant Other was subdivided into 5 narrow dimensions. The first was "reactions of significant others" and refers to how the subjects' attitudes toward death were influenced by the reactions of other persons close to them who also knew the person who died. The second narrow category was "working through intense feelings" and refers to how the subjects' attitudes towards death were influenced by working through and eventually understanding the intense feelings that followed the death of the significant other. The third narrow category was "observing reactions of the dying person" and refers to observing how a person with an incurable disease or serious injury was coping with and reacting to their own impending death. The fourth category under Death of Significant Other ("frequency") refers to the number of significant others who had died. The final category ("nature of death") indicates that the specific nature or type of death on the part of a significant other

was important in influencing the subject's attitudes toward death.

The broad category of Religion was broken down into two narrow categories. The first category was "formal religious education and training." This category included such life experiences as parental teaching and guidance, religious education and theology classes, bible studies, or in general, any systematic exposure to the creeds or rituals of any of the major religions in the world. The second narrow category was "theological-philosophical introspection." This category included subjects who reported that their philosophy of life and death had developed as a result of certain quasi-religious experiences of a more personal nature. Quasi-religious as used in the present context refers to experiences which resulted in cognitions pertaining to traditional religious themes (i.e., transcendence, human nature, good and evil), but which did not center around or flow from any identifiable external stimuli, religious or otherwise.

The broad category of Near-Death Experience consisted of two narrow dimensions. The first was "personal near-death experiences" and refers to a serious accident, injury, or illness experienced by the subjects themselves. During these experiences the subjects believed they were close to death. The second category included subjects whose attitudes toward death were influenced by near-death experiences in significant others as that term was defined in this study.

Narrow categories within the broad category of Work Experience simply referred to different occupations (i.e., nurse, physician, paramedic, etc.). The broad category of Formal Education refers to high

school, college, or university courses designed specifically to deal with the topics of death and dying. Finally, Informal Education was broken down into three narrower categories: (1) readings, (2) conversations and, (3) media productions affecting death attitudes.

The average number of life experiences affecting death attitudes per subject was 2.9 ($sd=.73$), with a range from one to six. Thirty-five or 74% of the subjects were judged to have had an important experience relating to Death of Significant Other. The corresponding percentages for Religion and Near-Death Experience were 38% and 23%. For the remaining three broad categories the percentages were 4%, 6%, and 17% respectively.

For the 35 subjects who had an experience in the category of Death of Significant Other, 16 were judged as having been influenced by their observations of the reactions of significant others to the death. Fifteen were placed in the category of working through feelings, and the corresponding numbers for the other three categories were 2, 1, and 1 respectively.

For the 18 subjects in the broad category of Religion, 13 were judged to have been influenced by formal education and training, and 5 by theological introspection. For the 11 subjects in the broad category of Near-Death Experience, 9 were influenced by a personal near death experience and 2 by a similar experience on the part of a significant other.

Both subjects in the category of Work Experience were nurses. For the two subjects a university course on Death was judged to have influenced death attitudes, and a high school class on the subject of

death was judged to have influenced one subject. Within the category of Information Education, 2 subjects were judged to have been influenced by something they had read, 3 by conversations about death, and 3 also by media production.

In summary, a variety of experiences appear to have had an impact upon our subjects' death attitudes. These experiences were placed into both broad and specific categories. The most prominent broad experiences included death of significant other, religious experience, and near-death experience. Informal sources of education such as readings, conversations, and media production also appear to be of some importance in influencing death attitudes.

Most Important Life Experience

During the process of conducting the interviews, several of the primary interviewers began to comment during periodic supervisory meetings that one life experience often seemed of singular importance in influencing subjects' attitudes toward death. Similar thoughts were expressed by both judges who later rated the interviews. Subsequently, a hypothesis was formed by the present author that the life experience ranked as most important for each subject would be the most important influence relative to all other experiences in affecting death attitudes. This hypothesis was tested by conducting a multiple regression analysis in which subjects' scores on the self-report death scales were used as the criterion variables and the impact ratings for each life experience affecting death attitudes rank ordered in terms of relative importance were entered as predictor variables. Table 1 presents the results of

of this analysis.

The results in Table 1 indicate that the most important experience did emerge as a significant predictor of subjects' death attitudes accounting for 29% or 26% of the variance in death attitudes depending upon the scale in question (Nelson & Nelson's 1975 scale, or Dickstein's 1972 scale). The addition of the second and third ranked life experiences to the equation did not add significantly to the variance accounted for in the subjects' score on either scale. Therefore, the hypothesis that one life experience is of primary importance in influencing subjects' death attitudes was supported by the results of the multiple regression analysis.

Analyses of variance tests were then performed to see if there were significant differences in death scale scores among groups with high negative impact ratings (-3 or -2), ratings in the center of the scale (-1, 0, or 1), and high positive ratings (2 or 3). Post hoc tests for significance between specific groups using the Duncan procedure were also conducted. Table 2 presents the results of these analyses, along with the group means for each impact category for the Nelson and Nelson scale and the Dickstein's scale.

Table 1

Results of the Multiple Regression Analysis of Life Experiences
Affecting Death Attitudes as Measured by the Nelson and Nelson Multi-
dimensional Death Scale and Dickstein's Negative Evaluation of Death
Subscale

| Predictor Variables= Imp. life exp. | Criterion Variable | | | |
|--|-------------------------|----------|-----------------|----------|
| | Nelson and Nelson Scale | | Dickstein Scale | |
| | Multiple R | R Square | Multiple R | R Square |
| Most Important Life Experience | .534 | .285 | .512 | .262 |
| Second Most Important Life Experience | .535 | .286 | .513 | .263 |
| Third Most Important Life Experience | .554 | .306 | .514 | .264 |

Table 2

Means for Impact Categories and Summary of F Analysis and Duncan Tests for Groups with High Negative, Medium, and High Positive Ratings

| Variable | Groups | | | F |
|-----------------------|---------------------------------|--------------------------|---------------------------------|--------------------|
| | High Negative (N=18) Mean | Medium (N=13) Mean | High Positive (N=16) Mean | |
| Nelson & Nelson Scale | 13.39 ^a | 12.69 ^a | 9.56 ^b | 8.12 ^c |
| Dickstein Scale | 12 ^a | 11.92 ^a | 7.81 ^b | 11.68 ^c |

a, b Means in the same row with different subscripts differ from each other at the .05 level of confidence.

c <.001

The results of the F analyses in Table 2 indicate that the impact of the most important experience did reveal significant differences in scores on both the Nelson and Nelson Multidimensional Death Scale and Dickstein's Negative Evaluation of Death Subscale. Among the three groups, the results of the Duncan post hoc tests revealed significant differences in scores on both scales between the Negative and Positive groups, and between the Medium and Positive groups. That is, college students whose most important death-related experience is moderately or intensely positive have significantly less anxiety regarding their own death than do students whose most important experience was less positive, neutral, or negative in its impact. It appears that the degree of positive impact is the crucial factor in determining whether or not a life experience will significantly influence the person's attitudes towards personal death. In the absence of a most important life experience that has had a large positive impact, it seems that the usefulness of personal experience with death in accounting for the variance in death attitudes is limited.

Incidental Analyses

A chi square analysis failed to reveal any significant differences in direction of impact of the most important life experience between males (N = 18) and females (N = 29), $X^2(1) = .21$, $p > .05$. None of the major variables in the investigation showed any relationship to scores on the self-efficacy scale.

Differential Impact of Most Important Life Experiences

This study was initiated with the hypothesis that life experiences

would affect death attitudes differently across subjects. Table 3 presents the number of subjects for whom a particular life experience (in both broad and specific dimensions) was most important along with the direction of impact for each experience.

The results presented in Table 3 support the hypothesis of differential effects for only one of the three broad categories of life experiences: death of significant others. In this category, the death of a significant other affected some subjects positively (N=9), some negatively (N=19), and some not at all (N=2). Religion and Near-Death experiences had uniformly positive affects upon subjects' death attitudes.

Up to now we have focused upon only the most important experiences affecting death attitudes. However, it is important to note with regard to the present hypothesis that for six subjects for whom a near-death experience had had any effect upon death attitudes, all six of these subjects were judged as having been negatively affected by the experience. That is, there was an inverse relationship for the effect of near-death experiences dependent upon whether or not the near-death experience was interpreted to be the most important or a relatively less important influence upon death attitudes.

Accounting for the Impact of Life Experiences Affecting Death Attitudes

We also began this investigation with the intention of offering some initial thoughts explaining how life experiences can affect death

Table 3

Number of Subjects for Whom Life Experience Was Most Important and Direction of Impact for each Experience

| Life Experience | Number of Subjects for Whom Factor was Most Imp. | Direction of Impact | | |
|---|--|---------------------------------------|---|-------------------------------------|
| | | Moderately/Intensely Negative (-3,-2) | Mild Negative/Neutral/ Mild Positive (-1,0,1) | Moderately/Intensely Positive (2,3) |
| Death of Significant Other | 29 | 18 | 4 | 7 |
| Observe Reactions of Significant Others | 13 | 6 | 3 | 4 |
| Working Through Feelings | 12 | 8 | 1 | 3 |
| Observe Reactions of Dying Person | 2 | 1 | 0 | 1 |
| Nature & Frequency of Death | 1 | 1 | 0 | 0 |
| Nature of Death | 1 | 1 | 0 | 0 |
| Religion | 9 | 0 | 1 | 8 |
| Formal Religious Training | 7 | 0 | 0 | 7 |
| Theological/Introspection | 2 | 0 | 1 | 1 |
| Near-Death Experience | 5 | 0 | 1 | 4 |
| Personal Nearness to Death | 3 | 0 | 0 | 3 |
| Significant Other's Nearness to Death | 2 | 0 | 1 | 1 |
| Work Experience | 2 | 1 | 1 | 0 |
| Nurse | 2 | 1 | 1 | 0 |

attitudes differently across individuals and over time with the same individuals. The breaking down of broad categories of life experiences discussed in previous research on death attitudes into the narrower ones put forth in the present study proved very helpful in this regard. For the first category of Death of Significant Other, the logical conclusion would appear to be that however the significant other(s) reacted to the death, the subjects death attitudes would be affected accordingly. When the reaction of significant others included denial, extreme emotional upset, avoidance, prolonged or intense guilt, family bickering, overprotective/defensive reactions, resignation, or negative personality change, a negative affect was imparted. When the reactions of significant others were characterized by acceptance, rational explanation, or family unity, a positive impact was imparted. In summary, some form of modeling effect appears to have transpired between the subject and others who were close to the deceased person.

For the second subcategory of Death of Significant Other, the intense feelings the subject were left with following the death were initially negative in all cases. These included extreme sadness, anger, sorrow, guilt, loneliness, and isolation. Nevertheless, some subjects appeared to have worked through these feelings successfully and were now able to look upon their own deaths more favorably as a result of having gone through the experience. For other subjects, thinking about their own death aroused unpleasant thoughts and feelings such as those just reported which the subject related to a previous death and apparently had never resolved. Often these intense feelings were associated with

the nature of the death, such as guilt over a suicide or even an accident.² For other subjects it was shock, disappointment, despair, or anger associated with the death of a child or young person. For others the intense feelings resulted more directly from some personal interaction between the subject and the deceased, such as guilt from having failed to visit a sick friend, or guilt or anger stemming from a recent argument with the deceased. In all such cases, the essential dynamic for the affect of the experience upon the subject's death attitudes appeared to be the arousal of intense negative emotion and anxiety at the time of the death, and subsequent efforts to deal with these emotions with differing degrees of success.

Of the two subjects whose most important life experiences affecting death attitudes fell within the third dimension of Death of Significant Other ("observing reactions of the dying person"), the impact was positive for one subject but negative for the other. These findings are related to Carey's (1974) suggestion that the different ways in which dying persons handle their death exert different influences on individuals who observe those reactions. Current results take Carey's suggestion a step further in suggesting that not only is the emotional adjustment of dying persons affected by prior experience with dying persons, but also attitude toward personal death among the non-dying may be similarly affected, especially when the person is a

²The distinction between subcategories "working through feelings" and "nature of death" was based upon whether judges believed it was the type of death that seemed to most affect the individual's feelings, or it was the subject realizing and dealing with all the feelings aroused by a death that seemed most significant. For most subjects, the feelings component was most important.

significant other. One subject witnessed her grandmother suffer great pain, become hostile to family and friends, renounce and curse the God to which she had professed a lifelong faith, and eventually fail to find any "inner peace" before her death. The effect of these events was negative, as one might expect. A second subject, who was affected positively, stated how proud she was of the way her mother faced her own impending death with courage, strength of character, dignity and acceptance. Once again a modeling affect appears to be important.

The finding that whenever Religion was the most importance life experience affecting death attitudes it always had a positive impact is logically consistent with the concept of religious belief as a personal and social support in relation to death. These subjects spoke mostly about belief in a pleasant afterlife, about how religion provided them with an understanding of human nature that made life and death meaningful, and about the comfort they took in believing that they would be "perfected" in various ways following their earthly death. We don't know, however, why religion was not the most important factor for more of the subject sample, most of whom had been raised religiously and were currently affiliated with some church or organized religion.

That all those judged to have a Near-Death Experience as their most important experience was rated in the positive direction is consistent with the Noyes and Kletti (1976), the Noyes and Glymen (1979) and the Noyes (1980) investigations. Furthermore, the specific attitudinal components resemble those cited in the Noyes and Glymen (1979) study. That is, these subjects reported a more realistic view of their own death and a belief that their death could come at any time so one

could never prepare for it except by living everyday to its fullest.

They also reported enjoying life more and having a more accepting attitude to all of life's experiences following the near-death experience.

DISCUSSION

This study was a pilot investigation that attempted to discover which prior life experiences had affected college students' current attitudes toward personal death, and to evaluate the resultant impact of these experiences on their current death attitudes. The interview schedule used consisted of a combination of open-ended and more structured questions. The purpose of adopting such an approach was to gather as much information as possible concerning the influence of life experiences upon death attitudes. Several important findings emerged. First, it seemed possible to identify a most important life experience affecting the death attitudes of our subjects. These experiences were shown to correlate significantly (r 's in the .50's) with scores on self-report death scales measuring the extent of negative feelings individuals have regarding their own death. Such results establish the importance of experiential factors in accounting for death attitudes, although, additional information concerning these important life experiences is needed.

Secondly, it seemed important to make distinctions concerning elements of an experience that affected death attitudes. This was important because some effects were positive and some were negative. Subdividing broad life experiences investigated in past research into more specific subcategories proved helpful in elucidating some of the differential effects of life experiences upon death attitudes. This study has taken

an initial step towards defining these specific categories and extending their importance. Additional research is needed to clarify these categories, to confirm their importance for other subject samples, to assure reliability in assessing them, and to begin to answer questions such as why different individuals are affected by different dimensions of these experiences.

The results of this investigation suggest that future research should adopt an individualized approach to the study of life experiences affecting death attitudes. Both studies focusing on the impact of particular life experiences within specified populations and in-depth studies of the death-related history of single subjects may yield important discoveries.

The importance of using an interview format in future studies of life experiences affecting death attitudes is underscored by the fact that the experience initially reported as most significant by our subjects many times turned out to be of secondary importance once the interview was completed. For example, in the beginning of the interview, subjects were asked to speak about the factor or experience they believed had the strongest effect upon their current feelings about death. On five occasions, subjects themselves changed their minds regarding the significance of an experience as they proceeded through the interview. On four other occasions one or both of the judges (once and three times respectively) rated some other life experience discussed by the subject as being relatively more important than the experience identified by the subject. Interviewing subjects is a lengthy and tedious process.

An important contribution to the study of life experiences affecting death attitudes would be the construction and validation of some form of self-report measure that would reliably collect data about what life experiences have affected death attitudes and what impact these experiences have had.

Research on the influence of personal experience upon death attitudes remains at a preliminary stage. The current study could not identify the exact factors that determine when and how a particular experience would exert an influence upon death attitudes or why certain experiences had a positive influence for some subjects and a negative influence for others. Undoubtedly, developmental, cognitive, affective, and personality variables play a complex interactive role in this regard. However, perhaps a good place to begin is consideration of what college students think their death should be like. A review of the literature and analyses of current data have yielded some initial hypotheses in this regard. It appears that the majority of college students share a common ideal regarding what the experience of personal death should be like. When asked to envision their own death, the majority of our subjects spoke of a "painless, meaningful death at an old age." The absence of physical suffering, the presence of shared or personal meaning, and a sufficient amount of time lived appear to be parameters around which our subjects' attitudes may be formed. Life experiences affecting death attitudes reported by our subjects may assume importance insofar as they either in part, confirm or conflict with individualized ideal conceptions of death.

If the influence of personal experience upon death attitudes is, in part, accounted for in the manner described above, two questions are of immediate relevance. First, what is the nature of the learning process or dynamics through which the individual is influenced by the various experiences discussed in this study. Secondly, what defenses do individuals employ once a certain death-related experience has conflicted with one or more of these ideals. Furthermore, the origin of these ideals about death in the minds of our college students is another question that requires further study.

Throughout the interviews it became obvious that experiences which in some way portrayed death as mysterious or not well understood imparted a strong negative impact upon the subjects' death attitudes. Some of the strongest negative reactions occurred when parents or others refused to discuss a death with the child or adolescent. Presumably, such an approach increases death anxiety in the subject because the search for meaning in death becomes a more ambiguous and difficult task. The apparently positive effects of religion may derive from a similar dynamic. Most formal religions offer their faithful some explanation of what happens after earthly death has occurred. As a result, religious individuals may find it easier to ascribe some meaning, personal or communal, to their own death and thus feel more comfortable about it.

More research is needed before a more comprehensive theory of the influence of personal experience upon death attitudes can be offered. This study has taken steps toward expanding upon a developmental approach

to death attitudes. The current data have shown that life experiences do have important affects upon death attitudes, and have suggested some areas of particular importance for the continuing study of the impact of life experiences upon death attitudes.

SUMMARY

This study was a pilot investigation that attempted to discover the most salient life experiences that influence college students' attitudes toward their personal death. The study was successful in identifying a single most important life experience affect death attitudes for each subject, and these experiences were shown to correlate significantly with scores on self-report death scales. Subdividing broad categories of life experiences investigated in past research into more specific subcategories proved helpful in elucidating some of the differential effects of life experiences upon death attitudes. Limitations of the present study as well as its implications for future research were discussed.

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APPENDIX A

The following pages contain a number of questions designed to assess your personal feeling about death and dying. Read each item and decide how you feel about the item. Each item asks you to indicate the strength of your agreement or disagreement but note that the scale changes for some of the questions.

Please make a response for each question.

Before answering the questions on death, please circle a response for questions #1 and #2, and answer #3.

1. Sex: Male Female 2. Marital Status: Single Married
 3. How old are you? _____

Use the following scale to answer questions #4 to #8.

- | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|----------|-----------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |
| 4. I am very much afraid to die. | | | | _____ |
| 5. Everyone in his right mind is afraid to die. | | | | _____ |
| 6. Everyone should fight against death as much as possible. | | | | _____ |
| 7. I am afraid to be put to sleep for an operation. | | | | _____ |
| 8. I worry a lot about dying a painful death. | | | | _____ |

Use the following scale to answer questions #9 to #13.

- | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|---|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| 9. The prospect of my own death arouses anxiety in me. | | | _____ |
| 10. The prospect of my own death depresses me. | | | _____ |
| 11. I envision my own death as a painful, nightmarish experience. | | | _____ |
| 12. I am afraid of dying. | | | _____ |
| 13. I am afraid of being dead. | | | _____ |

Use the following scale to answer questions #14 to #22.

- | Strong Disagreement | Moderate Disagreement | Slight Disagreement | Slight Agreement | Moderate Agreement | Strong Agreement |
|--|-----------------------|---------------------|------------------|--------------------|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I would avoid death at all costs. | | | | | _____ |
| 15. The total isolation of death frightens me. | | | | | _____ |

16. I am disturbed by the shortness of life. _____
17. The feeling that I might be missing out on so much after I die bothers me. _____
18. I would not mind dying young now. _____
19. I view death as a release from earthly suffering. _____
20. Not knowing what it feels like to be dead does not bother me. _____
21. The idea of never thinking or experiencing again after I die does not make me anxious. _____
22. I am not disturbed by death being the end of life as I know it. _____

Finally, please indicate your agreement/disagreement with the following statements using the scale below:

| Strongly Disagree | Moderately Disagree | Slightly Disagree | Slightly Agree | Moderately Agree | Strongly Agree | | | | | | | | |
|-------------------|---------------------|-------------------|----------------|------------------|----------------|---|---|---|---|----|----|----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |

Please make a response for each item.

1. When I make plans, I am certain I can make them work. _____
2. One of my problems is that I cannot get down to work when I should. _____
3. If I can't do a job the first time, I keep trying until I can. _____
4. When I set important goals for myself, I rarely achieve them. _____
5. I give up on things before completing them. _____
6. I avoid facing difficulties. _____
7. If something looks too complicated, I will not even bother to try it. _____
8. When I have something unpleasant to do, I stick to it until I finish it. _____
9. When I decide to do something, I go right to work on it. _____
10. When trying to learn something new, I soon give up if I am not initially successful. _____
11. When unexpected problems occur, I don't handle them well. _____
12. I avoid trying to learn new things when they look too difficult for me. _____
13. Failure just makes me try harder. _____
14. I feel insecure about my ability to do things. _____
15. I am a self-reliant person. _____
16. I give up easily. _____
17. I do not seem capable of dealing with most problems that come up in life. _____
18. It is difficult for me to make new friends. _____
19. If I see someone I would like to meet, I go to that person instead of waiting for him to come to me. _____

20. If I meet someone interesting who is hard to make friends with, I'll soon stop trying to make friends with that person. _____
21. When I'm trying to become friends with someone who seems uninterested at first, I don't give up easily. _____
22. I do not handle myself well in social gatherings. _____
23. I have acquired my friends through my personal abilities at making friends. _____

APPENDIX B

SUBJECT CONSENT FORM

The purpose of this investigation is to discover the factors that are most important in accounting for the attitudes different individuals have towards their own death. You will be interviewed and asked several questions which were designed to aid you in finding out what factors have been most important in determining your attitude towards your own death. The interview will be recorded on audio-tape. The tape will be held until the investigation is completed, and then the tape will be erased. The tape will remain anonymous, and if you wish to terminate the interview at any time after it has begun, you may feel free to do so without any penalty being assessed against you. We do not expect you to experience any great discomfort during the interview, but we want you to be aware of what we are trying to find out in the interview. If you agree to be interviewed and recorded according to the above conditions, please sign your name in the space provided below.

SUBJECT _____

DATE _____

WITNESS _____

DATE _____

1. Many questions will seek to find out what kinds of things have influenced you in your thoughts and attitudes about your own death.

2. Think about the people you have known who have died.

3. Think about any time when your life might have been in danger.

4. Think about some important losses that you have undergone in your life.

5. Think about how prepared you are for the possibility of your death occurring sooner than you or anyone else might expect.

THE INTERVIEW SCHEDULE

I. PERSONAL DEATH

I want you to begin by taking a few minutes to think about your own death, and that is all I am going to say for now.

1. What is the first thing you thought of?
2. What do you think led you to think about that first of all?
3. What other kinds of things did you think of?
4. What led you to think of each of those things?

Now I want you to take a few minutes and think about some things that you think have influenced you in your thoughts and feelings about the prospect of your own death.

5. Let's begin with the thing you think has had the most influence upon your attitude towards your own death, what do you think that would be?
 - a. What type of impact has that had on your attitude towards your own death?
 - b. What accounts for the impact this experience or factor has had?
 - c. Has the influence of this factor on your attitude towards death changed at all over time? What led to the changes?
 - d. What is the present impact of this factor on your attitude towards your own death?
6. What do you think might be the second most important influence upon your attitude towards your death? Repeat a-d. Continue this procedure until the individuals exhaust their responses to the initial question.

IF THE FOLLOWING AREAS HAVE NOT ALREADY BEEN COVERED IN THE OPEN-ENDED QUESTIONING ABOVE, THEY SHOULD BE PURSUED BY THE INTERVIEWER.

II. DEATH OF SIGNIFICANT OTHER

1. Has anyone close to you ever died (parent, spouse, brother, sister, friend, grandparent, relative, neighbor)?
2. When did they die?
3. How did they die?
4. What impact did that experience have upon you at the time it occurred?
5. What led you to react to the death in that way?

RANK ORDER THE FOLLOWING IN TERMS OF THEIR IMPORTANCE IN SHAPING YOUR REACTION TO THAT PERSON'S DEATH.

- a. Things that person did or said prior to their death
- b. Things others did or said before or after the death
- c. The nature of your relationship with that person
- d. Your pre-existing attitude towards death in general (regardless of where the subjects ranks this factor, inquire as to what their pre-existing attitude towards death was, what had led to that attitude (i.e., readings, teachings, conversations), and was their attitude changed at all by the death of that particular person?)

6. How has your reaction to that person's death changed since the time of its occurrence?
7. What accounted for the change in your attitude towards the death?

RANK ORDER THE FOLLOWING IN TERMS OF THEIR IMPORTANCE IN ACCOUNTING FOR THE CHANGE.

- a. Things others have done or said.
- b. Something you read after the death.
- c. Other experiences you have had since that death. Explain.

REPEAT QUESTIONS 2-8 FOR EACH PERSON THE INTERVIEWEE CAN NAME IN REGARD TO QUESTION 1.

III. PROXIMITY OF PERSONAL DEATH

1. Have you ever been very seriously ill or had your own life be in real danger?
2. When?
3. What impact did that experience have upon you at the time it occurred? What accounted for that impact?
4. Has the impact that experience has had upon you changed at all over time? What accounted for the change?
5. Overall, what impact do you think that experience has had upon your attitude towards your own death? Explain.

REPEAT QUESTIONS 2-5 FOR EACH EXPERIENCE BROUGHT UP IN REGARD TO QUESTION 1.

IV. PERSONAL LOSS OTHER THAN DEATH

Now I want you to take a minute to think about what significant losses you have experienced in your life other than through the death of some person. For example, being separated from a close friend, or losing a parent through divorce or separation, or losing a favorite pet. Anything you experienced as a significant loss, it could be almost anything.

1. Let's begin with what you think has been the most important loss in your life, what do you think that would be?
2. What impact did that loss have upon you when it occurred? Explain.
3. Has the impact that loss has had upon you changed at all over time? Explain.
4. What impact do you think that loss has had upon your present attitude towards death? Explain.

REPEAT QUESTIONS 2-4 FOR THE SECOND, THIRD. . . MOST IMPORTANT LOSSES

V. VICARIOUS EXPERIENCE

1. What kinds of experiences, other than what we have talked about already, do you think have had any impact upon your feelings or thoughts about death? Explain.

2. To what extent have you read anything that might have had some impact upon your attitude towards your own death? Elaborate.
3. To what extent have you had any conversations with another person that might have influenced your thoughts or feelings about your own death? Elaborate.
4. To what extent has anything you have seen or heard on TV or at the movies influenced your attitude towards your own death? Explain.

VI. PREPARATION FOR PERSONAL DEATH

1. How well do you feel you are prepared for your own death? Explain.
2. What has helped you most of all to prepare for your own death?
3. In looking back upon all that we have discussed, what would you say is the most important thing influencing the way you feel about your own death?

APPROVAL SHEET

The thesis submitted by Kevin J. Franke has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

April 11, 1984
Date

Joseph A. Durlak
Director's Signature