

INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.
2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.
3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.
4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.
5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

**University
Microfilms
International**

300 N. Zeeb Road
Ann Arbor, MI 48106



8515672

Williams, Jacqueline Cecile

THE RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION AND THE
PERSONAL DEATH ATTITUDES OF ELDERLY CHRISTIANS

City University of New York

PH.D. 1985

**University
Microfilms
International** 300 N. Zeeb Road, Ann Arbor, MI 48106

Copyright 1985

by

Williams, Jacqueline Cecile

All Rights Reserved

THE RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION AND
THE PERSONAL DEATH ATTITUDES OF ELDERLY CHRISTIANS

by

JACQUELINE CECILE WILLIAMS

A dissertation submitted to the Graduate Faculty
in Psychology in partial fulfillment of the
requirements for the degree of Doctor of
Philosophy, The City University of New York.

1985

© COPYRIGHT BY
JACQUELINE CECILE WILLIAMS

1985

This manuscript has been read and accepted by the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

4/15/85

date

Morton Bard

Chairman of Examining Committee

4/15/85

date

Herbert D. Saltzstein

Executive Officer

Professor Morton Bard

Professor Florence Denmark

Professor David Owen

Supervisory Committee

The City University of New York

Abstract

THE RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION AND THE PERSONAL DEATH ATTITUDES OF ELDERLY CHRISTIANS

by

Jacqueline Cecile Williams

Advisor: Professor Morton Bard

This study focused on the relationship between religious orientation and the personal death concerns of 39 elderly church members from three denominations, Catholic, Baptist and Presbyterian. In this exploratory study, religious orientation was assessed using modifications of the Allport-Ross intrinsic-extrinsic religious orientation subscales (1967) and Spilka and associates' committed-consensual scales (1976). The study's interview questions focused on respondents' personal death concerns as they pertained to anxiety regarding the state of death, the process of dying and views of the afterlife. Other factors were also examined such as the influence of denominational affiliation and views regarding the fate of the corpse.

The major hypotheses focused on assessing differences between respondents with an intrinsic-committed versus

an extrinsic-consensual orientation. Extrinsic-consensual respondents were expected to show greater death anxiety but no difference in dying process concerns. This latter concern would be the most prominent for all respondents. It was hypothesized that more Presbyterians would be extrinsic-consensuals.

Statistical analyses revealed the following major findings:

- (1) respondents with a high extrinsic-consensual orientation showed no greater personal death anxiety or concern over the dying process than respondents lower in this orientation.
- (2) the majority of respondents, irrespective of religious orientation, expressed few death-related concerns. Of the concerns expressed, those related to the act of dying evoked the greatest concern (e.g., pain, burden).
- (3) the extrinsic-consensual orientation did not significantly interact with respondents' church membership. Furthermore, church affiliation did not significantly affect the degree of death anxiety expressed nor influence the concern regarding the dying process.

Explanations for these results are discussed with respect to the interpretation of the religious orientation constructs and experience of death and religion for the religiously active elderly. The influence of respondents' age and education on the study's findings were also examined.

Acknowledgements

This is dedicated to the memory of Nellie and Cecil from whom I inherited a trait that proved essential, stubbornness. With heartfelt thanks to Dr. Morton Bard, my advisor, whose own tenacity as well as support, patience and wise counsel help make the completion of this research possible. My appreciation to the other members of my committee, Drs. Florence Denmark and David Owen. Thank you David for your thoughtful suggestions, encouragement and for giving so freely of your time in helping me to hone my psychometric and computer skills.

A special thanks to a special person and friend, Dr. Peter Weston, who generously provided me with concrete and emotional assistance during this taxing period. Without you Peter, the struggle would have been that much harder. Finally, I am indebted to the participants in my study, gallant individuals who showed me that growth can continue even as age advances, and to those other individuals whose help and advise made possible this dissertation.

TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT.....	iv
ACKNOWLEDGEMENTS.....	vii
LIST OF TABLES.....	x
 CHAPTER 1 - INTRODUCTION	
Introduction.....	1
Theology Background.....	2
Research Issues.....	7
Overview of Death Research.....	14
Religious Orientation.....	26
Religion and the Elderly.....	32
Religious Affiliation Differences.....	34
Research hypotheses.....	40
 CHAPTER 2 - METHOD	
Sample.....	43
Religious Background.....	44
Social and Religious Climate.....	48
Research Instrument.....	48
Procedure.....	55
 CHAPTER 3 - RESULTS	
Religious Orientation.....	60
Death Concern.....	67
Death Anxiety.....	71
Dying Process.....	76
Religion's Role.....	80
Fate of the Body.....	80
The Afterlife.....	86
Summary of Findings on Death Variables.....	90
Profile of Extrinsic-Consensuals.....	92
Religious Life.....	93
Denominational Influence.....	95
A Summary of Denominational Influence.....	102
 CHAPTER 4 - GENERAL DISCUSSION	
Discussion of Extrinsic-Consensuals.....	103
Overview of Respondents' Death Views.....	116
Death Anxiety.....	117
Dying Process.....	119
The Afterlife.....	121
A Closing Note on Method and Theory.....	126
Postscript: Future Research.....	134

FOOTNOTES.....	136
APPENDICES.....	139
REFERENCES.....	196

LIST OF TABLES

	<u>Page</u>
1. Interactions Between Religious Orientation Scales.....	64
2. Death Anxiety Variables with Questions & Response Key.....	68
3. Dying Process Variables with Questions & Response Key.....	69
4. Religion's Role in Death & Dying Variables with Questions & Response Key.....	70
5. The Afterlife Variables with Questions & Response Key.....	72
6. Body Concern Variables with Questions & Response Key.....	73
7. <u>t</u> test Comparisons of High Extrinsic-Consensuals & Low Extrinsic-Consensuals on Death Anxiety Variables.....	74
8. Percentage Comparisons of High Extrinsic-Consensual & Low Extrinsic-Consensuals on Death Anxiety Variables.....	75
9. <u>t</u> test Comparisons of High Extrinsic-Consensuals & Low Extrinsic-Consensuals on Dying Process Variables.....	78
10. Percentage Comparisons of High Extrinsic-Consensual & Low Extrinsic-Consensuals on Dying Process Variables.....	79
11. <u>t</u> test Comparisons of High Extrinsic-Consensuals & Low Extrinsic-Consensuals on Religion's Role Variables.....	81
12. Comparisons of High Extrinsic-Consensuals & Low Extrinsic-Consensuals on Body Concern Variable.....	83
13. Content Analysis of Non-Quantified Body Concern Questions.....	85
14. <u>t</u> test Comparison of High Extrinsic-Consensuals & Low Extrinsic-Consensuals on Afterlife Variables.....	87
15. Correlation Matrix for High Extrinsic-Consensuals on Afterlife Variables.....	88

16. Correlation Matrix for Low Extrinsic-Consensuals on Afterlife Variables.....	89
17. The Interaction Between Denominational Affiliation & Religious Orientation.....	97
18. <u>t</u> test Comparisons of Presbyterians with Catholics & Baptists on Death Anxiety Variables..	98
19. <u>t</u> test Comparisons of Presbyterians with Catholics & Baptists on Dying Process Variables..	99
20. Content Analysis of Non-Quantified Dying Process Question.....	110

CHAPTER 1

Introduction

One universal truth is that we die. With few exceptions, throughout the ages mankind has sought explanations for mortality in religion. Consequently, the overall purpose of this study was to examine the influence of religion on the death views of the religious elderly. Specifically, this is an exploratory research inquiry into the religious orientation and belief upon personal death attitudes, particularly fear of death, in a sample of practicing Christian elderly. The respondents were of three different Christian affiliations and at the time of their involvement in this interview study, they were regular participants in their churches' religious services. These respondents' overall religious orientation and the content of their afterlife beliefs were reviewed to determine their influence on the individual's death views.

Among the specific death concerns examined were the generalized anxiety associated with death, the fears associated with the process of dying, concerns over physical death and disposition of the corpse, and concern over what happens after death.

A second research goal was to determine what influence respondents' denominational affiliation had upon

their religious orientation and, consequently, their death concerns. The demographic factors of age, education and quality of life were reviewed to assess their influence on death views.

Theology Background

Religion has been called "the opiate of the people" (Marx, cited in Stevenson, 1948), the way mankind defends itself from the troubles of this world and the awareness of its mortality. It is believed by some that the heart of the common man's adherence to religion's strictures is the belief in a promised reward in the world beyond death. This hope is embodied in many of the world's major religions. Even the sought for Nirvana ("nothingness") of Buddhism is tempered by the intermediate pleasure of the "Buddha Fields" with its transitory joys of paradise.

Christian eschatology is quite elaborate on the theology of death. McBrien in his book, Catholicism (1981), presents a comprehensive overview of the biblical authority for the Jewish and Christian views of death and the after-life. For the ancient Hebrew, death meant the departure of the soul from the body. With its departure the soul loses the power of the body and goes to reside in Sheol, the

abode of the dead. Sheol is neither a place of reward nor punishment. It was not until the second century B.C. that the concepts of an afterlife of grace and bodily resurrection became an explicit theme in Judaism. To the present day, this resurrection view is maintained by Orthodox Judaism (Lamm, 1969). However, the concept of an individual's immortality as obtained through others--through their memories of one's thoughts and the works left behind--is the more dominant view in contemporary Reform and Conservative Judaism. In general, Jewish theology places far less emphasis on what happens after death than does Christianity.

Like the second century Hebrews, the Christian Church adopted a resurrection view but unlike Judaism this view became the linchpin of the Christian faith:

Death has been largely the domain of the Christian Church. Man's birth was interpreted as a creation in the image of God. In between, he passed the days of his years as a pilgrim in preparation for that meeting.

(Mills, 1969, p. 7)

In traditional Christian theology, it is only through death that mankind can truly benefit from living a life in accordance with God's principles. Death is the gate through which one must pass to get the final reward.

Consequently, one might think that Christians would rejoice at the approach of death, as the early Christians were said to have done. While individual Christians may indeed rejoice, the generally accepted Christian perspective sees death as a dreaded enemy to be overcome. In illustrating this point, theologians have contrasted the deaths of Socrates and Jesus. Socrates after a reasoned scholarly discourse with his disciples, calmly ends his life by taking poison. Jesus in marked contrast expressed anguish and uncertainty as he approached his end. This difference as some theologians have pointed out is due to the distinction between the Greek concept of the immortality of the soul and the Christian conception of the resurrection (Cullman, 1958; Moore, 1963). To Socrates the death of the body did not matter; in fact, it could be welcomed because the spirit ("soul") was the true self. The body was a corrupt container that held the immortal soul.

Jesus held the Jewish belief in the true nature of man as an animated body, a soul inseparable from the body. According to biblical teachings, even Jesus was briefly conquered by death before he was once again united with his incorruptible body, "he descended into hell (Sheol), the third day he arose again from the dead" (Apostle Creed).¹

So with death the body is conquered but death's conquest is temporary for at Judgment Day the body would rise again incorruptible.²

For the believer, death presents a paradox of mingled sadness and joy. The commemoration of Jesus' death, Good Friday, and resurrection, Easter, vividly illustrate this paradox. Good Friday's sadness and solemnity finds the clergy in somber vestments with churches draped in the black of mourning. Only two days later, these same churches are festooned with flowers and the white of resurrection dominates as clergy and congregations praise Jesus and rejoice in the miracle of his conquest of death. Some of the funeral customs of different Christian ethnic groups also have this paradoxical quality. Witness the solemn and woeful musical march to the cemetery for the the deceased New Orleans black and the joyful parade as the mourners return or the feasting and the exchange of anecdotes that were traditionally part of the wake for the Irish dead.

It would seem that the Christian attitude toward death is not unidimensional. Death is dreaded but acknowledged as the only passageway by which one can unite with God. So for the faithful Christian, heaven is the reward on the other side of the passageway. However, there

is another fate that can befall the Christian who rejects and turns from his religion's precepts, hell. Hell is a condition (or place) of eternal punishment. Whether heaven or hell are to be perceived as actual places, as were Sheol and Gehenna to the ancient Hebrews (the latter was a physical location seen as unholy), or as conditions of being is still an area of controversy. Most theologians speak of them as conditions of being (McBrien, 1981; Keck, 1969). However, within popular culture the images and perceptions of heaven as "a land of beauty and peace which celestial beings inhabit" and hell as "a place of fire and brimstone" do still abound.³

The Christian is subject to the influence of these diverse aspects of the church's theology and the popularization of these views in society. Furthermore, past as well as present church doctrine and practices probably contribute to the individual's current view of death. For the elderly respondents in this study, it was the churches of 50 years ago that fostered their earliest attitudes toward death. The Christian's (and the non-Christian's) death attitudes are also influenced by such factors as personal and social resources for coping with life and experience with the death of others. None of these factors remains fixed, rather they

undergo change as one progresses through the life cycle. Consequently, measurement of the Christian's complex, multi-level views and concerns regarding personal death requires a flexible multidimensional measure.

Research Issues

The study described in this paper attempted to preserve the complexity of the phenomenon under study by maintaining a predominately open-ended approach. As an exploratory research inquiry, the study was an attempt to add an additional brick to the building of knowledge in this area by surveying, in wider focus and with a minimum of assumptions, the relationship between religion and death attitudes. Although this has been an area of clinical and attitudinal research inquiry for over thirty years, it is still in its infancy with regard to the sophistication of the techniques employed.

Even a cursory review of the literature reveals that many of the studies, particularly the earlier ones, are hindered by a lack of conceptual clarity that results in ambiguous measures, by sampling problems and by unquestioned assumptions derived from the researchers' own theoretical perspective.

The majority of thanatological research focuses on fear of death or death anxiety. While there are theoretical distinctions between fear and anxiety, these terms have been used interchangeably when applied to death. Kastenbaum and Aisenberg in their comprehensive book, The Psychology of Death (1972), summarized the basic theoretical differences between the general constructs of anxiety and fear.

"Anxiety is a negative emotional state that lacks a specific object.... It is fear that we are experiencing if we can locate and describe the source of our concern. It is anxiety if we have a vague apprehension that something terrible is going to happen--without knowing what, where, when, why or how" (p. 55).

However, the application of the anxiety and fear constructs in the area of death presents difficulties. "Even a very strong fear of death-related stimuli is not equivalent to anxiety." The authors proceeded to question whether there can be specificity with a construct such as anxiety. "If I have one anxiety, I have them all. Precisely because anxiety is characterized as a diffuse, unfocused psychological condition, perhaps it cannot usefully be divided into types. This is another of those questions that will not be answered satisfactorily

here" (p. 56). That Kastenbaum and Aisenberg devoted a good portion of their book to the effort to developing a theoretically cogent treatment of fear of death and related constructs and still found themselves unsure, only illustrates why researchers continue to equivocate over the terminology. Given the complexities and interrelationship between the concepts, this researcher chose to continue using death fear and death anxiety interchangeably.

In a number of early studies there seemed to be no clear view of the construct, death. While it was clear that object-death was assumed to generate negative affect, it was unclear whether fear of death was a unidimensional or multidimensional construct. Assuming unidimensionality, there would be a single class of experiences generating this affect. If, however, it is multidimensional, and the most recent research assumes that it is, then the responses to the different aspects of death may vary as well. The emphasis within death research is on the fear and anxiety it generates; other possible reactions such as joy, relief or indifference are generally overlooked.

It is evident, if not explicitly stated, that most researchers have explored two major and closely related factors when evaluating subjects' death attitudes. They have

been seeking information on attitudes toward death as a state, the absence of life as currently known, and death as a process, the manner that life is experienced in some subjectively determined period prior to the death state. While the process of dying can at least be vicariously experienced for it entails the living, there are no clear guides for the understanding of death as a state. In death the corpse lies unmoving and unfeeling. No information is available to the observer. However, empathy is possible as one looks into the eyes or listens to the dying. Kimsey, Roberts, and Logan (1972) in their work distinguished between death as a state and the dying process. They suggested that the psychological defense of denial is directed at the process of dying. They further stated that for the aged individual who continues to maintain positive self regard, societal involvement and personal autonomy there is only a minimal likelihood that he would experience fear of death, dying or the need for psychological denial.

In attitude research there is always concern over the fit between the scientific categories and the categories used by the people from whom the data are gathered. However, in the area of death and dying where definitional clarity is a major concern, this can create an enormous

problem of response interpretation. Even when wider latitude for subject response is given, as in the early studies in which clinicians relied on projective measures, the interpretation of these responses was often biased by the investigator's theoretical orientation.

For psychoanalytically oriented researchers there cannot exist 'no fear of death'. The lack of a fear response is interpreted as an indication of the defense mechanism of denial in operation. Psychoanalytic theory states that the human unconscious cannot conceive of its own death, thus, the individual's ego employs the mechanism of denial to protect it from the anxiety generated by the conscious and empirical reality of death (Silberman, 1969). Pollak (1980) in an extensive review of the empirical studies of death anxiety conducted in the preceding ten years concluded that, although many researchers "maintain that death is universally feared and that fear of death is consciously denied and varies in intensity as a function of level of awareness, to date this has not been reliably and incontrovertibly demonstrated" (p. 118).

In the majority of attitude studies on death and dying, the ubiquitous college student comprises the subject

sample. Only minor attention has been paid to the effects of the individual's life stage upon one's attitude toward death (Marshall, 1975, 1980). The small number of studies that have examined the relationship of age to death views have usually found attitude differences between the various age-related groups on fear of death. These differences make it all the more important that the pool of research subjects be expanded to include people of all ages. Before this can be done, the scales and indices currently in wide use must be adjusted to make them more applicable to individuals across the entire age range.⁴ Of the few measures that have more than face validity, the pilot samples used in validating the measure usually excluded the elderly.

Finally, a review of the literature shows little consensus in the use of specific scales or indices. While there are a few popular scales that have been used by a variety of investigators, such as Boyar's Fear of Death Scale (1964), Collett-Lester Fear of Death Scale (1969) and Templer's Death Anxiety Scale (1970), most researchers develop new scales and indices geared to the needs of each particular study. Of course, this makes comparisons between studies problematic. However, in reviewing the items in the major death anxiety/fear scales, concern for the process of

dying as well as fear of death emerge as a major factor in the scales of Boyar (1964), Templer (1970), Collett-Lester (1969), Spilka et al. (1977), Dickstein (1972), and Nelson and Nelson (1975). In an effort to establish the concurrent validity of the Death Perspective Scales, Spilka and associates (1976) factor analyzed Boyar's Fear of Death Scale and Templer's Death Anxiety Scale along with eight other items drawn from similar scales. Fear of the dying process was one of the factors which emerged. While the Death Perspective Scales does not have a designated dying process scale, items from the different scales appear to focus on the dying process (e.g., "death as a last agonizing moment" or "death as an occasion to show how one can meet this last test of life"). Given the dual focus of the research in this area, the current study continued the approach by explicitly maintaining the distinction between death as a state and as a process.

These then are the major criticisms of the death and dying research. They center on both conceptual and methodological issues. Following is a review of the major studies in this area.

Overview of Death Research

In any background review of death research, Herman Feifel must be singled out for the longevity of his research activities, with work spanning nearly thirty years. In his work one can witness the influence of the development and increasing psychometric sophistication of thanatological research upon his assumptions and approach (and visa versa). Consequently, it will be through his work and that of other major research contributors to the area of death and religion's influence that this background review will proceed.

Feifel is one of the pioneers in the controlled empirical investigation of death attitudes. Prior to his work, researchers studying the psychological aspects of death tended to rely on more projective approaches which assessed death attitudes by analyzing the death themes in dreams and fantasies. Psychiatric patients were typically the subjects in these studies. While Feifel did not abandon psychoanalytic interpretations or an interest in the mentally ill, he did focus on conscious and public attitudes, exploring the views of normal individuals as well as the mentally and physically ill. Feifel in The Meaning of Death (1959) also presented some of the first investigative studies to examine age related differences in death views.

However, it is Feifel's studies that examine the influence of an individual's religiosity upon his fear of personal death that are most relevant to the present study. In his early work in this area, Feifel concluded that there was a positive correlation between fear of death and religious involvement (1956, 1959). Other researchers such as Faunce and Fulton (1958) were also to share this view. However, in later studies where Feifel employed multiple measures such as interviews, bipolar adjective ratings and a word association test to assess the affect that was "below-consciousness", his earlier assumptions were not to be substantiated by the evidence. With Branscomb (1973), Feifel was to find little relationship between fear of personal death and ten major demographic variables which included age, self-ratings of religiosity, and personal nearness to death. The sample was composed of 371 subjects, individuals who were terminally ill, chronically ill, mentally ill patients and 95 healthy individuals. Only age and religious self-rating were found to be consistently associated with personal fear. Those who rated themselves as high on religiosity held comparatively favorable reactions to death. In summarizing the results Feifel and Branscomb state that:

None of the demographic variables considered

except age and religious self-rating appear to play a sustaining role in influencing dread of personal death. But even the older individual and religiously inclined person, who manifests a capacity to perceive death in a fairly positive vein on the conscious and fantasy levels, succumbs to seeming anxiety at the 'gut level' (sic).

(1973, p. 287)

Theoretically, and as a consequence operationally, psychoanalytically oriented Feifel could not conceive of the absence of death fear or, for that matter, truly positive affect associated with death. With this orientation, even the apparent lack of negative affect would be interpreted as evidence of psychological defense.

In a further analysis, Feifel (1974) compared the response of healthy individuals with those who were terminally ill to determine if personal nearness to death and religiosity influenced fear of death. Feifel failed to find any differences between healthy and terminally ill patients on these factors. John Hinton (cited in Marshall, 1980, p. 181) found the terminally ill patients in his interview study to be less anxious if they had strong religious beliefs, but they were also more depressed.

Feifel in his most recent work with Nagy (1981) used a range of outcome measures in an attempt to explore fear of death more completely than he had in earlier studies. Among the additions to the outcome measure he usually employed, Feifel and Nagy added Collett-Lester's Death of Self subscale along with measures of death attitude. Respondents' religious orientation and self-acceptance were also measured. Among the study's conclusions were that those who were "less religious in conduct and creed" evidenced a higher degree of death fear. "The folk wisdom concerning the positive support role of religion in the face of death appears to be reinforced"(p.284). Feifel also noted that the below-the-level of awareness measure that was employed in the study made no psychometric contribution to the study's findings. Respondents in this study included individuals who had engaged in what was designated as life threatening behavior (e.g., alcoholism, drug addiction and violent crime).

From Feifel's work we proceed to the work of Elizabeth Kübler-Ross with the terminally ill (1969, 1974, 1976). The introduction of her theory stating that the terminally ill individual passes through five stages (denial, anger, bargaining, despair and acceptance) in preparation

for death generated great popular and professional interest. The five stages represent the coping strategies employed by the dying individual when confronted with the knowledge of his death.

Kübler-Ross' work with its applied emphasis has generated along with criticism, more research addressing the issues which concern the terminally ill. While some researchers attempted to assess the accuracy of her theory, others sought to focus on the implications of her work for patients, the patients' families and hospital personnel (Shneidman, 1973; Weisman, 1974).

In an effort to rectify what she and other critics believed was the damage done by caretaker insensitivity, she instituted interdisciplinary death workshops. In these workshops, those who worked with the dying sought to increase their awareness and understanding of their own as well as their patients' attitudes toward death, in an attempt to ease the emotional isolation of the dying.

In examining the attitudes and experiences of the health professional who attend these death workshops, Kübler-Ross and Worden (1977-78) found that older respondents tended to define death in the more positive terms of a

heaven, a release and relief, new life in some form or as a reunion with loved ones. A number of additional death views were found in the overall sample such as loss leading to loneliness, total annihilation, great emotional pain and natural phenomenon.

With respect to religious sect differences, Kübler-Ross and Worden stated that "a significantly large number of Protestants in the group associated death with God and heaven, while Jews tended to see death as a natural cycle, a void or loss and separation. No one conceptual area was significantly represented by the Catholics in the group" (p. 91). By contrast, a number of other studies have found that a larger percentage of Catholics than of Protestants indicate a belief in life after death with Jews the least likely to state such a belief. Furthermore, the religiously active of all three sects are most likely to believe in an afterlife (Berman, 1974; Kalish, 1963; Osarchuk & Tatz, 1973; Reid, Gilmore, Andrews & Caird, 1978). Later in this paper the differences between these groups with regard to afterlife beliefs will be explored in more detail.

Donald Templer was one of the more ambitious of the death anxiety/fear researchers. Using his Death Anxiety

Scale (DAS) he investigated many diverse groups. Factors such as age, health, religious belief and even habits such as cigarette smoking were examined for their affect on death anxiety (1970b, 1972a, 1972b, 1973). His approach, as distinguished from earlier researchers, emphasized quantitative results and adherence to rigorous assessment standards.

Templer's DAS (1970a) was the first validated scale to be widely used to assess death anxiety. In choosing the fifteen true-false items which make up the DAS, he sought "to reflect a wide range of life experiences." Although he touched upon the the diverse and complex nature of death attitudes with his items, he failed to differentiate or elaborate on these differences. Fear dimensions tapped by his items included the fear of dead bodies, the fear of a sudden death or painful death. No clear distinction was made between the dying process, with its uncertain duration and possibility of pain, and death as the termination of life. This distinction seems essential for there could be a great disparity between one's feeling about dying and death, particularly, for believers in an existance after death.

Religion's influence upon the individual's level of death anxiety has been the topic of two of Templer's studies.

Templer and Dotson (1970) using 213 college students examined the relationship between religious variables such as affiliation, belief and activity and scores on the DAS. No significant relationships between religion and death anxiety were found. Templer and Dotson suggested that the absence of any significant relationship may have been due to the minor role religion plays in the life of college students. Would there be a significant relationship if religion were a more salient part of the respondents' lives?

In a later study (1972), Templer seems to answer the question affirmatively. When the respondents were religiously involved individuals, the mean DAS scores were significantly lower than for any of the previous samples of respondents studied by Templer and associates. Furthermore, the stronger the individual's religious convictions and attachment, the more frequent the participation in religious functions, the greater the certainty in an afterlife, and their the belief in the literal interpretation of the Bible, the lower his or her death anxiety.

In discussing the possible explanations for these findings, Templer suggested that there might be some feature of traditional Christian beliefs that lead to a decrease in death anxiety or that the degree of certainty regarding

one's belief was of more importance than the specific content of the belief. This latter view has been advanced by other researchers (Alexander & Adlerstein, 1958; Burrows, 1971; McMordie, 1981). In the study to be presented in this paper an attempt was made to explore both possibilities. A number of items from Templer's DAS and religious inventory were incorporated into the study using a more open-ended format.

One of the criticisms of the DAS is the true-false format it employs. Such a format does not allow for assessment of the degree of adherence to the statements and as with all force-choice items there remains the question of how accurately the objective items fit the subject's subjective reality. Within the last few years, a Likert-scale scoring protocol for the DAS was developed to increase its sensitivity (McMordie, 1979).

Although Feifel and Templer were two of the most noted researchers exploring death attitudes, the unidimensional measurement approach they both adopted has been the target of much criticism, a criticism that can be directed at most of the research done in this area. Although Templer's DAS does tap a broad range of death-related attitudes, he treated death anxiety as a unidimensional

construct. Researchers since the 1950's have postulated numerous factors which they theorized were part of death anxiety (Faunce and Fulton, 1958; Swenson, 1965; Kalish, 1963; Durlak, 1972).

Collett & Lester's Fear of Death Scale (1969) is one of the first research-oriented, multidimensional fear of death questionnaires to be used with any consistency. The Fear of Death Scale (FDS) was rationally constructed with four subscales which attempt "to distinguish between the fear of death (and) the fear of the process of dying and to differentiate between these fears depending on whether they are for oneself or for another" (p. 179). Although the multidimensional character of Collett-Lester's FDS makes it appealing, the lack of reported reliability data on the subscales makes interpretation of study results highly speculative.

L. D. Nelson and C. C. Nelson's 20 item death anxiety measure (1975) illustrates the more recent, psychometrically sophisticated, attempts to develop a multidimensional measure. Using the factor analytic method, Nelson and Nelson identified four dimensions of death anxiety: death avoidance (unwillingness to be near or touch the dead, reluctance to experience situations reminiscent of death),

generalized and personal death fear, death denial (reluctance to confront the reality of death in society and its consequence to the individual), and reluctance to interact with the dying.

Nelson and Cantrell (1980), using Nelson and Nelson's death anxiety measure with a sample of 1,279 males, found a curvilinear relationship between religiosity and all the dimensions of death anxiety (non-Christians were excluded from the study). Religiosity was assessed by examining public and private religious practices (i.e., frequency and importance of church attendance and private prayer), orthodoxy of religious beliefs and religious experience indicators (e.g., feeling the presence of God). Religious practice was found to be a better predictor of death anxiety than religious belief. Multiple regression analysis of the study's variables found religion to be more influential in predicting death fear and reluctance to interact with the dying than the combination of such demographic factors as income, education, age or occupation.

Although the factor analytic approach to scale development seems to offer much promise in this area, it should be coupled with a clearer conception of the nature of the construct. In a critique of the Nelson and Nelson

multidimensional death anxiety scale, Lynn Nelson (1978) reported that the internal consistency of the scales was low, only the death avoidance scale reached an acceptable level (Alpha = .73). The internal consistency of death denial scale was judged too low at .42. Nelson abandoned its use in his revised scale, the 3DAF. Rather than maintaining the neutral, factor analytic approach to item development, Nelson added items to the original 20 by adapting items from other death anxiety scales and creating new items that were rationally developed based upon his review of the literature on death-related characteristics, behaviors and orientations. In his study using the 3DAF, females and non-whites had significantly higher scores on its death avoidance subscale. Females also scored higher than males on fear of death. The results of other studies exploring sex differences in death anxiety have been inconsistent on this point. The non-whites in Nelson's study indicated greater reluctance to interact with the dying. Pandey and Templer (1972) in an earlier study found no difference between blacks and whites in death anxiety. In discussing his results, Nelson theorizes that gender and racial differences may have been found in his study because of the multidimensional character of the 3DAF which allow for more delineated subject responses.

Florian and Har-even (1983-84) studied the death attitudes of 225 Israeli high school students in state religious and nonreligious schools. Using a theoretically-derived, multidimensional measure developed by Florian and Kravitz (1983), Florian and Har-even found a difference in the content of death fear between the young women and men in their study. Young women feared factors such as loss of identity and self-annihilation, while young men showed more fear with regard to the consequences of their death to family, friends, and possible punishment in the hereafter. The researchers also found that fear of punishment in the afterlife and consequences to family and friends was also the major source of religious persons' fear of personal death. Furthermore, in Florian's study with Kravitz (1983) religious Jewish male respondents were least fearful of personal death's annihilation of the self as compared to moderately religious and nonreligious male respondents.

Religious Orientation

What influence does religious adherence, traditionally measured by church attendance have upon one's orientation towards death? Is church attendance the best measure of one's religious motivation? Years of attitude research and studies in religion would indicate that it is

not. Examination of behavior alone is not sufficient. Although two individuals may be in church every Sunday and, therefore, appear to be equally committed to their religion, the motivation behind their faith may be quite different. It is these motivations which may affect the certainty with which they internalize the Christian view of death as a transition to a better existence. Consequently, before one can examine the affect of their religious beliefs upon personal death concerns, one must know of the individuals' orientation toward their religion. What purpose does religious belief and adherence serve for church-goers?

Incorporated in this interview study are adaptations of selected items from Allport and Ross' Religious Orientation Scale (1967) and items from Allen and Spilka's religious orientation scales (1967)⁵. In spite of psychometric weaknesses which will be explored later in this paper, these are still two of the most widely used religious orientation scales.

Allport and associates in a series of studies (1959, 1963, 1966, 1967) exploring the relationship between subjective religion and ethnic prejudice introduced the concepts of intrinsic and extrinsic religious orientation. According to Allport, the extrinsically motivated person possesses an

instrumental, utilitarian orientation toward religion. Religious belief is a means toward some ultimate end, an end other than that inherent in tenets of the faith. For the extrinsic individual the primary purpose of religion is its satisfaction of personal needs, needs such as sociability, solace or self-justification. Allport characterizes the intrinsically religious individual as one whose belief in religion is motivated by total acceptance and internalization of his religion's creed. This individual lives his religion; it is the master motive in his life. Allport's characterization of the extrinsically and intrinsically motivated individuals were theoretical guides denoting ideal types----"seldom, if ever, does one encounter a 'pure' case" (Allport and Ross, 1967, p. 434).

Allen and Spilka (1967) in attempting to measure religious orientation in relationship to prejudice introduced the concept of committed and consensual religious orientation. Committed-consensual religious orientations were conceived of as a composite of five cognitive dimensions. Committed religion is cognitively open, abstract, flexible, and complex as opposed to consensual religion which tends to be closed, restrictive, rigid, detached and concrete. Allen and Spilka in analyzing the responses to

questionnaires and the interviews conducted with their respondents found that those with a committed orientation indicated a religious certainty which was more individual, authentic, personalized and relevant to their daily activities and religious practices. In contrast, consensual religious individuals tended to lack assurance regarding the importance and authentic nature of their religious views. They question religion's relevance for themselves and others.

In seeking to attain the most complete overview of personal religious orientation, Spilka and associates (Minton & Spilka, 1975; Spilka & Minton, 1976; Spilka et al., 1976; 1977) employed intrinsic/extrinsic scales and committed/consensual scales together in their research, theoretically combining those dimensions that appeared most conceptually related, i.e., intrinsic motivation with committed orientation and extrinsic motivation with consensual orientation. In relating personal religious orientations to perspectives on death, Spilka and associates (1977) believed that persons with an intrinsic-committed faith orientation have come to terms with the significant issues of life, central among which is death. Death is seen as a time for expression of trust and faith in one's God and church

teachings. For those with an extrinsic-consensual outlook, religion can only be a partial satisfaction as it is not integrated into one's life. Death is, therefore, unlikely to be confronted with equanimity by them.

In order to test these assumptions, the intrinsic, extrinsic, committed and consensual religious orientation scales and Spilka, Stout, Minton and Sizemore's multidimensional Death Perspective Scales (1976) were administered to 167 respondents. Most were young college students. All respondents were self-designated Christians and selected because of their involvement in religion (defined as bimonthly church attendance and self-rating of the importance of religion in their life). As hypothesized, those respondents with an intrinsic-committed orientation generally had more positive views of death than extrinsic-consensual respondents. They see death as an afterlife-of-reward and as courage. In contrast, respondents with an extrinsic-consensual faith orientation viewed death as undesirable; death as loneliness-pain, indifference, unknown, etc. Interestingly, the investigators commented on the difficulty of administering the Death Perspective Scale to all but fairly sophisticated respondents.

In a replication and extension of the above mentioned study by Spilka, Stout, Minton and Sizemore (1976),

Cerny (1977) also found that intrinsic-committed Christians had a more positive view of death. When comparing "born again" Christians with other Christians, those not "born again," and non-Christians, the born again Christian was significantly more likely to possess a committed-intrinsic religious motivation and a positive death perspective. As mentioned earlier, Spilka and associates' (1976) factor analysis of Boyar's Fear of Death Scale and Templer's Death Anxiety Scale found five factors which they labeled: lack of fear of death, sensitivity to death, fear of the dying process, awareness of the content of death, and loss of experience and control in death. After correlating these factors with the religious orientation scales, it was concluded that "extrinsic faith is, in line with theory, associated with the presence of death fear (-.18), fear of the process of dying (.19) and rather strongly affiliated with anxiety over loss of experience and control in death (.38)" (p. 9). The correlations mentioned are significant at the .05 level or less.

In summary, research focused on the relationship between religious orientation and personal death views found a positive relationship between an intrinsic-committed religious orientation and the possession of a positive perspec-

tive. Conversely, extrinsic-consensual religion was associated with unfavorable death views (however, it was not negatively correlated to a favorable death perspective).

Religion and The Elderly

An elderly population was selected for this study because of the greater saliency of death to those advancing in age and in their greater participation in religious activities. The elderly have many examples among friends and family of the inevitability of death. Such events produce reflection upon one's own approaching death. Such reflections may cause one to search for emotional security. Religion has been commonly thought to give solace and provide a way of coping with one's mortality. A recent national survey found that religious activity rose sharply with age. Of 1,850 adults polled in that survey, over 70% of those fifty-five years old and over had engaged in religious activities during the preceding week (ResponseAnalysis, 1982).

Moberg (1965,1971) found that among elderly religious persons feelings and beliefs are more traditional than in other age groups. Religious knowledge, observance, and

ritual also remain high in the elderly, but begin to diminish in the the very old. Kalish (1977) in an extensive interview study of death and ethnicity examined a variety of demographic factors, among them age and religion. When queried as to the importance of religion, the older the individual the more likely she/he was to consider his religious background as most important in influencing her/his attitude towards death; this was particularly true among black respondents. The elderly were least likely to indicate fear of their own death and were more accepting of death in general. They were also significantly more likely to believe in life after death; although, they were no more likely to believe in hell or want a clergyman called at their dying than members of other age groups.

In the current study it was hypothesized that the dying process would engender the greatest concern for the majority of elderly respondents, irrespective of religious orientation. The acceptance of the death state means an acceptance of (or indifference to) the unknown or it means acceptance of religion's teleological view (which requires a strong personal faith). One's views of the dying process, however, can be affected by experience. By the time one has reached the 60th year of life, she or he has usually wit-

nessed another's death. Obviously, one's view of dying will be influenced by such an event. An that event can take many shapes. Dying can be measured in years or in the seconds it takes for the flicker of life's light to leave the eyes. It can be painful and debilitating or it can be peaceful.

The elderly respondents in this study were likely to have seen the many guises of the dying and share the belief that they, with advanced age, would soon approach death. Consequently, they had the opportunity to develop a personal view, a view less influenced by religious teachings. The generally shared approach of Christian churches toward the dying is to provide comfort and reassurance, while encouraging the individual to forebear. With few doctrinal guides for appropriate attitudes and with more personal experience, it was hypothesized that the manner of their dying would be a major concern for all respondents.

Religious Affiliation Differences

Berman (1974) found that significant differences in belief in the afterlife existed between Catholics, Protestants, and Jews. Religiously active Catholics were more likely to believe in an afterlife than religiously

active Protestants (who were more likely than active Jews and inactive affiliates of all three religions to believe in an afterlife). Templer and Ruff (1975) found when reviewing three studies which employed Templer's DAS to examine the view of samples of college students, religiously active individuals and psychiatric patients found in all three studies Catholic subjects had lower DAS scores than subjects with other religious affiliations (i.e., Protestant, Jewish, other, and non-believer).

In contrast, Kahoe and Dunn's study (1975) found no significant differences in fear of death among the Roman Catholics, United Methodists, and Southern Baptists in a small Kentucky town. As the authors indicated, their results are quite possibly an artifact of the low reliability of the measure used to assess death concerns and the limitations of their small sample size.

Along with differences in emphasis on a variety of Christian doctrines, major differences of a social and cultural nature exist between the three Christian denominations that were represented in this study. Baptists and Presbyterians as Protestants emphasize the lay individual's direct understanding of God's will through the scriptures and its personal revelations. Roman Catholicism places more

emphasis on the role of clergy as interpreters of God's will.

Both the free church tradition to which Baptists belong and Roman Catholicism have traditionally emphasized more of the mystery and mysticism of the Christian faith than those churches which are part of the reform tradition, such as the Presbyterian Church. Within the Baptist Church there is a greater emphasis on the role of the "Holy Spirit" operating directly through individuals and, therefore, more acceptance and encouragement of free emotional expression in worship. For example, faith healing, "the laying on of hands," is an accepted practice in most Baptist churches. The traditions and highly structured rituals of Catholic worship foster a more controlled emotional fervor in its communicants. Nevertheless, through the clergy administered sacraments the faithful may "touch the living Christ." To the believer, the wine of the Eucharist "becomes" Jesus' blood and the bread, his body, by the miracle of transmutation. In contrast, the Presbyterian Church has the least emotive, most cognitive approach to worship of the three denominations examined, with its emphasis on laity's direct understanding and interpretation of the scriptures.

It is hypothesized that denominational differences interact with religious motivation. For the religious skeptic, participation in Presbyterian worship outwardly demands less of its participants. Acceptable worship behavior requires less public display and, thus, less obvious personal hypocrisy for the religiously ambivalent. Secondly, Presbyterian affiliation carries with it fewer church-directed duties and prohibitions than in the Baptist or Catholic churches. Finally, less emphasis on punishment in the afterlife for departures from God's path (as exemplified in church doctrine) in Presbyterian worship.

The Catholic and Baptist churches have traditionally placed greater stress on the afterlife, including punishment in the afterlife for sins committed in this life. In fact, the Catholic church has the most developed doctrinal view of the levels of sin that can lengthen one's stay in purgatory or result in the soul's banishment to hell. The greater emphasis and the more clearly defined standards for punishment in the Catholic and Baptist churches can provide comfort for the intrinsically oriented believer for his/her salvation can be assured. However, for the extrinsically oriented individual, who belongs to the church primarily to serve a personal (earthly) goal, the

emphasis on punishment for failure to serve God's will would result in increased concern over eventual punishment in the afterlife. Because the Presbyterian church places less emphasis on punishment in the afterlife, this particular death concern would not be prominent for Presbyterian extrinsic-consensual respondents.

It can be asked, why would a skeptic choose to affiliate him- or herself with any church? There are at least three reasons. The first centers on the social consequences of church membership. Churches are usually readily accessible places for meeting people in a generally supportive environment. The more established members of a community are often found within church populations. It is such "pillars" of the community who may be instrumental in helping an individual to attain his or her personal and/or professional goals. Secondly, in a highly mobile society of often transitory relationships, church affiliation can provide a sense of stability and belonging. For the elderly, this factor may be particularly important as family moves away and peers die. Finally, on a psychological level, church doctrine and ritual provide one with a way of coping with the anxiety generated by the awareness of one's essential aloneness and inevitable mortality. These reasons

indicate an extrinsic-consensual orientation that favors the skeptic's church affiliation. (It is duly noted by this researcher that while all religiously affiliated skeptics are extrinsic-consensually motivated, not all extrinsic-consensual individuals are religious skeptics.)

Research hypotheses

This study's main focus was the exploration of the relationship between religious orientation and personal death attitudes, chiefly fear of death, within a sample of male and female elderly individuals from three different Christian denominations. In this study the multidimensional character of death attitudes was considered. The fear of death was conceptualized as consisting of generalized anxiety/preoccupation associated with death, the fear of the process of dying, the concern over what occurs after death (this includes a concern for the physical body as well as the "soul"). Views regarding the positive affect (e.g., anticipation) that individuals held toward death were also solicited by the open-ended items which comprise the dependent variables in this correlational study. The quasi-independent variable, personal religious orientation, was assessed by the researcher's modified versions of Allport and Ross' intrinsic-extrinsic religious orientation scales and Spilka and Allen's committed-consensual scales as well as respondents' responses to the items focusing on their religious convictions and attachment, frequency of participation in religious functions, private devotional activities, and certainty of religious beliefs. The preceding discussion,

particularly of the work of Spilka, provides the basis for the research hypotheses.

Hypotheses

- I. Individuals with an extrinsic-consensual orientation (E-Cn) will show greater personal death concern than intrinsic-committed individuals (I-Cm). Specifically, E-Cn respondents will indicate greater fear, uncertainty and preoccupation regarding death than I-Cm respondents; this includes fear of the alteration or deterioration of the body after death.
- II. There will be no difference in attitude between E-Cn and I-Cm respondents with regard to the dying process.
- III. The most prominently expressed concern for all respondents would be the concern over the process of dying.
- IV. There will be more E-Cn respondents within the Presbyterian church than within the Catholic or Baptist churches.
 - a. As a group, Presbyterian respondents will be more fearful of death than other denomination members because they will be comprised of more E-Cn respondents.
 - b. Catholic and Baptist E-Cn individuals will express greater concern over punishment in the afterlife than Presbyterian E-Cn respondents.

CHAPTER 2

Method

Sample⁶

The elderly individuals who volunteered to participate in the study span a 30 year age range, with individuals distributed almost equally over the entire range. There were 15 people in their 60's⁷, 12 in their 70's, 11 in their 80's and a 90 year old male. The median age of the 39 respondents was 73 years. There were nine males in the sample. Given the differential male/female death rates and the greater participation of females in churches, the presence of only nine males is not unduly low.

The sample was predominately white, including as it did only one hispanic and four blacks. The representation of blacks in the study roughly reflects their proportional representation in the overall elderly population in these churches. There is one black respondent each from the Catholic and Presbyterian churches and two blacks from the Baptist church, which had proportionally more black members in its congregation.

The elderly respondents in this study seem to have been fairly well educated, particularly, when one considers the difficulty of obtaining more than basic schooling over fifty years ago (and this should have been even more true for women). Only one-quarter of the respondents had not completed high school and, of these individuals two-thirds had received their education outside of the United States, in countries with different educational ranking systems (e.g., Ireland and the West Indies). Three-fourths of the respondents had a high school diploma and/or additional educational training. Of these individuals, 28% completed high school, 31% had at least a year of college, 10% finished college and the remaining nine respondents received advanced training beyond college (usually professional training).

Religious background

In the sample, 18 individuals were Catholic, 11 Presbyterian and 10 Baptist. All the respondents stated that their attachment to religion was strong, for 82% it was very strong. Generally, respondents' early religious training seemed to be consistent with their church affiliation. Most (72%) were raised in the denomination in which they hold current membership. Those who did change church affiliation were, with one exception, Protestants who

changed their membership from one Protestant denomination to their current one. There was one Catholic convert from Protestantism.

Church attendance and Bible reading are often used as measures of conventional religiosity. Using these indicators, many respondents seem religious in the conventional sense. Nearly 90% of respondents said that they go to church at least once a week if not prevented by unavoidable circumstances. In fact, 51% of these individuals go more than once a week, attending religious services and/or working in church service groups. In considering private devotional behavior, we find that two-thirds of the sample read the Bible with slightly more than half of these reading the Bible more than once a week.

Research indicates that a number of factors such as general health, social involvement and resources have a strong influence on the quality and longevity of the elderly individual's life (Kalish & Reynolds, 1977; Swenson, 1961; Meyers, 1975; Templer, 1973; Marshall, 1980). Consequently, such factors may also influence a respondent's views regarding death.

Most respondents lead fairly active and independent lives. In fact, some were so active that finding free time

in their busy schedules for the interview was a problem. Slightly more than half of all respondents describe their overall health as good to excellent with only 10% describing their health as poor. None of the individuals in the sample lived in a nursing home-type facility, although six had their own apartments in senior citizens residences designed to accommodate the physical limitations of the elderly. Most respondents had their apartments in conventional buildings.

Approximately three-quarters of the sample are currently unmarried and the great majority of these individuals live alone. Nearly half of the sample had lost their spouses, mostly to death, a few to divorce. In the overall sample, widowhood is a major factor in respondents living alone. Of the 16 widow/widowers interviewed, 13 lived alone. Most of these respondents had made their peace with their current living situations as had nearly all single respondents.

Nine of the respondents were still employed in their professions or in skilled occupations at the time of the interview. Four were over 70 years of age. One of the oldest individuals, a spry 83 year old, was still employed as a licensed real estate agent. Of the 30 retired respondents, most had been professionals (50%) or held skilled

employment (30%). Three-quarters of all respondents (n=29) stated that they were pleased with their life as it is currently.

In reviewing this brief profile, it can be concluded that the individuals making up this research sample are relatively active, healthy and satisfied.

Social and Religious Climate

The three church congregations approached for this study were located in two sections of Brooklyn generally recognized as middle class residential areas. Both communities had substantial numbers of elderly residents. There were at least two officially designated residential facilities for senior citizens, a nursing home and any number of buildings with large numbers of elderly residents within the borders of the two communities.

Both areas have a number of churches of different denominations in close proximity to one another. Ecumenical activities flourish. Both communities are generally characterized as socially and religiously liberal. The clergy and, in most instances, the congregations of the churches selected for this study reflect that social liberalism and ecumenical tolerance. All but one respondent lived in these communities.

Research Instrument

The items in the interview fall into two general categories, religious orientation scale items and non-scale items focusing on respondent's religious background, beliefs and views regarding death and dying (see Appendix A for complete interview form).

Most of the non-scale items, usually the open-ended items, were created for this study based upon a review of the death and religious literature. In an unpublished preliminary study on death attitudes, a 26-item questionnaire was developed by the researcher. It incorporated items adapted from the major death anxiety/fear scales along with original items. Among the scales reviewed for possible incorporation of content and/or items were the scales of Boyar (1964), Templer (1970a), Sarnoff and Corwin (1959), Collett-Lester (1969)⁸, Dickstein (1972), Lester (1970), Spilka and associates (1977), and Nelson and Nelson (1975). The questionnaire was then administered to 150 college students. Factor analysis of the results found ten separate factors, four of which appeared in most of the major death anxiety scales. The four factors were designated as: death acceptance/avoidance, fear of the process, spirituality, and death contemplation/worry. Many of the items from this questionnaire were later adapted for use in the interview (see Appendix B for questionnaire). Other interview items were taken from Kalish and Reynolds' 1977 interview study. Items from Templer's Death Anxiety Scale (1970) were also included.

In general, the non-scale items required respondents to explain their answers. Occasionally, they were

asked to imagine new situations and give their preference regarding them (e.g., "If today you could be given immortality, that is, you would never die, would you want it?"). In addition to the information mentioned earlier, non-scale items were also used to obtain demographic and life style information on respondents.

Adaptations of four widely used religious orientation scales were used in the interview. The scales adapted were Spilka and associates' committed and consensual scales as presented in their 1976 study and the Allport and Ross intrinsic and extrinsic scales (1967) as used in that same research. These four scales, in spite of psychometric criticisms, have been the most enduring and widely used of the religious orientation scales (see Hood [1971] and Hunt & King [1971] for critiques of the Allport & Ross scales and Spilka et al. [1977] for indications of the criticisms directed at their committed-consensual scales). They were frequently used together, particularly in the research of Spilka and his associates who reported intercorrelations ranging from .56 to .88 between the intrinsic and committed scales and intercorrelations of .39 to .55 between extrinsic and consensual scales. There was substantial duplication between the intrinsic and committed scales with over half of

the intrinsic items present in the committed scale. Only one of the extrinsic scale items is duplicated in the consensual scale. There are a total of 40 items in the four scales, 9 intrinsic, 11 extrinsic, 8 committed (an additional 7 committed items are duplicated in the intrinsic scale) and 12 consensual items. The substantial item overlap between the intrinsic and committed scale obviously contributes to the highly significant correlations.

In the first of two pilot studies, elderly subjects read a questionnaire containing these scales and circled their responses to the statements on a five-point Likert scale. Some of these elderly subjects found the measurement procedure confusing because of their lack of experience with such a measurement approach. Furthermore, a number of these pilot subjects also had trouble comprehending the items, either because of poor eyesight or a lack of familiarity with the wording used in the statements. Consequently, it was decided that an interview approach should be employed in which the scale items could be presented orally. This would also allow for some flexibility in the presentation of material. Changes were also made in the language and length of the scales.

Given the sensitivity of the study's topic and the need for focused interest, it seemed essential that the

respondents not be overtaxed by a lengthy interview. As a result, an effort was made to set the interview's length at approximately a half hour while still surveying a wide range of respondents' attitudes on death and their religion's influence on their death views. Of the original 40 scale items, 23 were modified for use in the interview. Three scale items (intrinsic/committed in orientation) were used as part of the open-ended questions appearing at the beginning of the interview, while the remaining 20 items were modified for use as the study's religious orientation scales. The scales sought to elicit a Likert-type response pattern from respondents. The 20 scale items included 3 intrinsic, 6 committed, 5 extrinsic and 6 consensual statements; those items that were indicative of more than one orientation, such as intrinsic and committed, and thus appeared in both scales were assigned to the scale with the fewest items (which were the Allport and Ross scales). This eliminated duplication of statements and the correlational artifact resulting from such duplications (see Appendices C and D for the items appearing in the original four scales and Appendix E for scale items used in this study).

The inclusion or omission of specific items was based upon reliability data reported in earlier research and

clarity of item content. There was considerable reliability data available on Allport's intrinsic and extrinsic items. Essentially, those items chosen had a demonstrated item to scale reliability of at least .5 in Feagin's factor analytic research, as reported in Hunt and King's review (1971) of the intrinsic-extrinsic concept (see Appendix F). Although Allport and Feagin used the identical pool of items developed by Harvard researchers, Feagin factor analyzed the 21 items to find what dimensions emerged. He found two major dimensions on which 12 of the 21 items (six to each dimension) were loaded most highly. These two independent dimensions correspond to Allport's intrinsic-extrinsic dimension. The final intrinsic and extrinsic items selected for use in the interview use 11 of Feagin's 12 items (one item does not appear in Allport's scales and was, therefore, rejected). Eight of these items were included in the scales and the remaining three were made part of the open-ended, non-scale section of the interview (it might be more apt to speak of the interview's scales as modifications of Feagin's intrinsic-extrinsic scales rather than of Allport's scales).

Much less information was available on the reliability of Spilka's committed and consensual scales. Consequently, the selection of the final 12 items from these two

scales was based on the items' face validity. A judgement was made on which items best reflected the basic content of the scale. Furthermore, an attempt was made to avoid excessive duplication of item content. In the consensual scale, for example, there were at least five items which focused on the desire for structure, form and order in religion. Rather than including all five items, only three were used. While the various statements might have added a slightly different perspective, it was decided that with the aforementioned time constraints, duplication of item content was not cost-effective.

All items to be used in the interview were reviewed and, where necessary, simplified to enhance their oral flow and general comprehension. The 20 scale items were then randomly arranged in the religious orientation section. This draft interview was then given to the 14 respondents in the second pilot study. These individuals met the same eligibility requirements later used in the selection of the research sample. These pilot subjects came from the same denominations, although from other churches. As a result of these final pilot interviews, some minor revisions were made in the interview items.

Procedure

The overall mailing list of potential respondents was arrived at through pastors' review of their membership in consultation with the researcher. All potential respondents had to meet the research criteria: respondents had to be at least 60 years of age and a member of one of the three church populations selected for study; must have attended church at least once in the three months preceding the interview; and, as far as could be ascertained, were not terminally ill. Two letters were sent to each of 192 potential respondents. The first letter was from the individual's clergyman. In this letter of introduction the pastor very briefly described the study, its purpose and vouched for the integrity of the researcher. The individual was told to expect a follow-up letter from the researcher that would give more information about the study and, then, urged to "consider favorably" future participation in the study. The letter of introduction was reproduced on the letterhead of the respondent's church and mailed in a church envelope. All letters of introduction were identically worded (see Appendix G). In this letter and in the recruitment letter that followed, the study was described as an interview focusing on the religious views of older Christians.

The recruitment letter was mailed one week after the letter of introduction. In the recruitment letter the researcher described the study further and outlined the details of participation (see Appendix H). The study was to take no more than one hour and could be conducted in the individual's home or church.⁹ Enclosed with each recruitment letter was a stamped postcard addressed to the researcher, on which the person was to indicate whether or not she/he wished to be interviewed. If she/he agreed to participate, the volunteer was to give the most convenient date, time and place for the interview. To insure confidentiality, identification numbers rather than names were used on the postcards. Of the 83 people who returned the response cards, 40 agreed to be interviewed (20% of all respondents solicited).¹⁰ Those individuals who volunteered to be interviewed were telephoned and their appointment dates were confirmed.

The interview took place between August and November of 1982. Two-thirds of the interviews were conducted in the volunteers' homes, the remaining third took place in churches. Those interviews conducted in churches usually took place at the close of a midweek or Sunday religious service. The median length of the 39 completed inter-

views was approximately 40 minutes. However, because the interviews' open-ended and probing questions allowed for flexibility of response, many interviews ran over an hour.

The interview was divided into four topic sections, religious background, death-related questions, religious scale items and demographic information. The topic sections were presented one right after the other without interruption. Before beginning the interview, the interviewer explained the nature of the research and indicated that some of the questions asked might seem repetitious but that the research required the interviewer's adherence to the interview format. The individual was also told that she/he could discontinue the interview at any point in the questioning. This stipulation was repeated prior to the start of the death-related topic section. Prior to the start of the interview, the interviewer asked for permission to use a tape recorder. In all instances, permission was granted¹¹. After some initial awkwardness, the tape recorder was generally ignored. Furthermore, all respondents' answers were transcribed during the interview directly to the interview form. In keeping with the flexible character of an exploratory study, the interviewer sought clarification of ambiguous responses.

When respondents arrived at the Likert-scaled items, which came toward the end of the interview, a large index card with five scale choices (strongly agree to strongly disagree) was presented to her or him. The card was used as a memory aid. The response choices were written in large block letters that could be read without using reading glasses.

The same interviewer conducted all the interviews. She took great care to establish a supportive, non-judgmental rapport with the respondents because of the sensitivity of the research topic. An indication of the interviewer's success was found in the number of respondents, over half, who commented that the interview experience had been easier than they had expected. Many stated that they had actually enjoyed the interview and the opportunity to crystallize their views. However, given the potential anxiety-producing nature of the topic, all respondents at the conclusion of the interview were once again given the telephone number of the interviewer and encouraged to call her, or their pastor, if they experienced any emotionally disturbing aftereffects. The interviewer did not receive any reports of later difficulty.

Results

In the interview there were 99 separate items. Many of these items were questions whose answer depended upon the subject's response to an earlier item. Of the 99 possible variables, 81 were selected for statistical analysis. Those variables that were omitted, generally, were those open-ended questions that solicited qualitative responses from the respondent. Included among the 81 variables selected for analysis were all the items which sought demographic and background information as well as all the religious orientation scale items. In keeping with the exploratory nature of this study, these variables were examined to see if they correlated with the respondents' expressed death concerns.

After the frequency distribution for all 81 variables was completed, a Pearson intercorrelation matrix was constructed. Excluded from the correlational analysis were the 20 scale variables used in the determination of respondents' religious orientation. As one would expect, given a matrix of this size, there were a number of significant correlations. Only those variables of specific interest in responding to the study's hypotheses will be discussed in this chapter.

Hypothesis I: Individuals with an extrinsic-consensual orientation (E-Cn) will show greater personal death concern than intrinsic-committed individuals (I-Cm). Specifically, E-Cn respondents will indicate greater fear, uncertainty and preoccupation regarding death than I-Cm respondents; this includes fear of the alteration of the body after death.

Hypothesis II: There will be no difference in attitude between E-Cn and I-Cm respondents with regard to the dying process.

Hypothesis III: The most prominently expressed concern for all respondents would be the concern over the process of dying.

Religious Orientation: the (quasi-)independent variable

Using biserial statistics, an analysis of internal consistency was conducted employing Alpha coefficient to determine the reliability of the extrinsic, intrinsic, consensual and committed religious orientation scales used in this study. Each scale was tested individually and then the scales were paired in accordance with the previously discussed work of Spilka and associates (1976; 1977) who found significant correlations between the intrinsic and committed scales and the extrinsic and consensual scales. The Alphas for the extrinsic and consensual scales indicated a high degree of internal consistency at .74 and .71, respectively. The combined extrinsic-consensual scale with its eleven items, was very internally consistent with an

Alpha of .85. The intrinsic and committed scales, individually and in combination with each other, initially failed to demonstrate adequate reliability. The Alpha coefficient for the intrinsic scale was .22, for the committed scale, .12, and for the combined scale, .34.

Earlier studies employing these four scales found the intrinsic scale, alone and in combination with the committed scale, to be the most stable scale. However, the intrinsic and committed scales employed in this study failed to meet the minimum criteria for scale reliability. It was thought that the low reliability of the interview's intrinsic scale was due to the limited number of the original Allport-Ross intrinsic items that were incorporated in the scale. Consequently, in a further effort to attain scale reliability, a more complete intrinsic scale was tested. This composite scale used not only the three items from the study's original intrinsic scale but three additional intrinsic items that had been used in the other sections of the interview (subjects' responses to these items were dichotomized so that they could be equated). These six items had previously been found to have the highest item-to-scale reliability in earlier analyses of the Allport-Ross (1967) intrinsic subscale (see Appendix E). The Alpha coef-

ficient for this six item scale was .42, a substantial increase over the initial scale. The reliability of this new intrinsic scale when paired with the committed scale yielded an Alpha coefficient of .48. This new Alpha does indicate scale reliability, although not of the magnitude of the extrinsic-consensual scales. Subsequent discussions of the intrinsic scale refer to this composite six-item scale.

Using the research of Spilka as a guide, the four scales were combined into two major religious orientation scales, the extrinsic-consensual scale and the intrinsic-committed scale. Subjects were asked to respond each of the scale statements that were read to them by giving one of five Likert-type responses, i.e., strongly agree through strongly disagree. It became apparent in the interviews that respondents were biased against using the more extreme categories, even though their accompanying behavior indicated that a stronger response would have been a more accurate one. Consequently, scoring was based upon simple agreement (scored as 1) or disagreement (scored as 0).

Respondents were assigned a particular scale orientation when their agreement with the scale's statements brought their score above the median score for that scale. For the combined 11 item extrinsic-consensual scale the

median score was 5 and for the 12 item intrinsic-committed scale the median was 10. There were 11 respondents who scored above the median on both scales, while 18 scored at or below the median on both. The remaining 10 respondents were above the median on one scale and below it on the other. Only the response pattern of this latter group was consistent with the theoretical assumptions of Allport and Ross (1967) and Spilka and Minton (1975) who spoke of the religious orientations underlying the scales as polar opposites. Rather than opposites, the correlation of the extrinsic-consensual scale with the intrinsic-committed religious orientation scale was very significant with a Pearson correlation of $+0.47$ (see Table 1 for inter-correlation of scales).

Such a strong positive relationship between the extrinsic-consensual and intrinsic-committed scales compromises the study's hypotheses which sought to contrast the personal death concerns of extrinsic-consensual individuals with the expressed concerns of the intrinsic-committed. However, it became clear from the statistical analysis that these are not mutually exclusive religious orientations for most of the study's respondents. Given the above circumstances, comparisons between high extrinsic-consensuals

Table 1

Intercorrelations Between Religious Orientation Scales

Scales	2	3	4	5	6
1. Intrinsic	.22	.52***	.20	.56***	.40**
2. Extrinsic		.25	.83***	.40**	.81***
3. Committed			.09	.75***	.20
4. Consensual				.33*	.90***
5. Intrn-Commtd					.47**
6. Extrn-Consenl					

* significant at the .05 level

** significant at the .01 level

*** significant at the .001 level

and high intrinsic-committed would be theoretically questionable and statistically untenable especially in the light of the extensive overlap and small sample size. Consequently, seeking support for the first two stated hypotheses is not possible with this sample.

The relationship between the individual's religious orientation and death views is an intriguing, if poorly researched, area. Rather than abandoning this area, comparisons were made using the more reliable of the two scales, the extrinsic-consensual scale, to separate respondents into high extrinsic-consensual and low extrinsic-consensual respondents. Low extrinsic-consensuals were those respondents scoring at or below the scale median. Using this approach, 17 respondents were designated as high and 22 as low extrinsic-consensuals.

The original hypotheses were chosen to serve as a guide in the selection of the areas for comparisons to be made using the new criterion groups. The statistical comparisons of these new respondent groups, high extrinsic-consensuals and low extrinsic-consensuals, resulted in the de facto development of new hypotheses. These new hypotheses are based upon the substitution of respondents designated as low extrinsic-consensual for those designated

as high intrinsic-committed. The reader, however, is cautioned that the designation of respondents as low extrinsic-consensuals does not give any information about their standing on the intrinsic-committed scale. Therefore, the basic conditions for testing the original hypotheses still remained unsatisfied.

Death Concern: the dependent variable

There were 48 items in the interview that pertained to death and the afterlife. A number of these items were experimentally dependent questions which sought respondent elaboration on objective responses to earlier items. Thirty-one of the 48 death oriented items were selected for statistical analysis. Based upon face validity and previous research in this area (Collet and Lester, 1969; Templar, 1970a&b; Kalish, 1976; Feifel and Nagy, 1981), 11 of these items were determined to be directly related to the two major categories under examination, death fear (anxiety) and the dying process. While there is some conceptual overlap (e.g., some respondents failed to make the researcher's distinction between "death as an end" and "dying as a process"), for the purposes of analysis the variables were assigned to the two categories in the following manner: variables 31, 34, 36, 42, 44 and 45 were designated as Death Anxiety variables (see Table 2 for Death Anxiety statements and response key) and variables 47, 48, 49, 50 and 51 were Dying Process variables (see Table 3). Other variable categories included in the examination of death-related concerns were: Religion's Role in dying and death, variables 37, 39, and 40 (see Table 4), and the Afterlife view, variables 21,

Table 2

Death Anxiety Variables with Questions and Response KeyVariable 31:^a

17. How difficult is it for you to talk about the possibility of your death?
 (1)very difficult--(2)difficult--(3)somewhat---(4)little/no

Variable 34:

20. Do you feel that you will be emotionally ready for death when it comes?
 (1)yes---(2)uncertain---(3)no

Variable 36:

22. As you have grown older, have you become more or less concerned about your own death?
 (1)more concerned--(2)less concerned--(3)not at all concerned

Variable 42:

32. Do you often think about death?
 (1)yes---(2)no

Variable 44:

- 33b. Do you worry about it?
 (1)yes---(2)no

Variable 45:

34. How often do you dream about death?
 (1)daily---(2)weekly---(3)monthly---(4)rarely/never

^a before each question appears its numbers on the interview form (see Appendix A).

(#) = coded value for response.

Table 3

Dying Process Variables with Questions and Response KeyVariable 47:^a

36. Would you prefer to die in your sleep or be awake at the moment of death?
 (1)in sleep---(2)uncertain---(3)awake

Variable 48:

38. Do you think that dying is usually painful?
 (1)yes---(2)uncertain---(3)no

Variable 49:

39. How afraid are you of dying?
 (1)very afraid---(2)afraid---(3)somewhat---(4)rarely/never

Variable 50:

40. If death seemed inevitable, would you accept it peacefully or fight actively against it?
 (1)accept---(2)uncertain---(3)fight

Variable 51:

41. If you had to choose between a quick painless death or a longer life in great physical pain which would you choose?
 (1)death---(2)life

^a before each question appears its number on the interview form (see Appendix A).

(#) = coded value for response.

Table 4

Religion's Role in Death and Dying Variables
with Questions and Response Key

Variable 37:^a

23. How strongly do your religious beliefs influence your views on death?
(1)very strongly--(2)strongly--(3)somewhat--(4)uncertain

Variables 39:

27. If you were dying would you want a priest/minister called?
(1)yes---(2)no

Variable 40:

28. How important is a funeral to you?
(1)very important--(2)important--(3)somewhat--(4)not at all

^a before each question appears its number on the interview form (see Appendix A).

(#) = coded value for response.

22, 23, 25, 26, 29, 30 (see Table 5). Concern for the fate of the physical body, Body Concern, was also examined using variable 41 and a review of the content of three related interview questions that were not quantified for statistical analysis (see Table 6). Student's t tests and Hotelling T^2 s were computed to compare the response means of high extrinsic-consensual respondents with those of low extrinsic-consensual ones on these variable groups. All reported Hotelling T^2 s were obtained using the BMDP program¹².

Death Anxiety

The Hotelling T^2 statistic was used to compare the difference of the group means of high extrinsic-consensuals and low extrinsic-consensuals on all the variables selected for the Death Anxiety category. The difference proved non-significant with $p = .11$. The comparison of the extrinsic-consensual group means on each of the individual variables also proved non-significant. Consequently, it is concluded that there is no significant difference between high extrinsic-consensual and low extrinsic-consensual respondents in death concern as measured by the aforementioned variables (see Table 7 for t comparisons and Table 8 for percentage comparisons of the Death Anxiety variables).

Table 5

The Afterlife Variables with Questions and Response KeyVariables 21:^a

14. Do you believe in life after death?
 (1)yes---(2)uncertain---(3)no

Variables 22:

- 14a. Do you believe in hell?
 (1)yes---(2)uncertain---(3)no

Variable 23:

- 14b. How certain are you that there is a hell?
 (1)very certain---(2)certain---(3)somewhat---(4)not at all

Variable 25:

- 14d. Do you believe in heaven?
 (1)yes---(2)uncertain---(3)no

Variable 26:

- 14e. How sure are you that there is a heaven?
 (1)very sure---(2)sure---(3)somewhat sure---(4)not sure

Variable 29: (Given to all Rs except those who expressed uncertainty about their fate after death)

- 15a. How sure are you of this? (the response given to variable 28 which ask about their fate after death)
 (1)very sure---(2)sure---(3)somewhat sure---(4)not sure

Variable 30:

16. Regardless of how you feel about life after death, what is your wish about it?
 (1)wish for an afterlife---(2)uncertain---(3)no afterlife

^a before each question appears its number on the interview form (see Appendix A).

(#) = coded value for response.

Table 6

Body Concern Variable(s) with Questions and Response KeyVariable 41:^a

30. Would you object to having an autopsy performed on your body?
(1)yes---(2)uncertain---(3)no

Non-quantified questions:^b

30a. Why (Why not?) (re: variable 41 above)

31. What do you think will happen to your body after you die?

31a. How do you feel about this? (re: question 31 above)

^a before each question appears its number on the interview form (see Appendix A).

(#) = coded value for response.

^b These questions were not included in the statistical analyses.

Table 7

t test Comparisons of High Extrinsic-Consensuals
and Low Extrinsic-Consensuals (E-Cn) on
Death Anxiety Variables

Variables	<u>Religious Orientation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	High E-Cn		Low E-Cn				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.31	3.47	.94	3.77	.52	1.27	37	.21
v.34	1.17	.52	1.31	.56	.80	37	.43
v.36	1.64	.86	1.81	.95	.58	37	.56
v.42	1.62	.50	1.86	.35	1.73	36	.09
v.44	1.93	.25	1.81	.39	-1.06	36	.29
v.45	4.00	.00	3.95	.21	-.85	36	.40
v.31-36	<u>n_{hi-ec} = 17</u>		<u>n_{lo-ec} = 22</u>				
v.42-45	<u>n_{hi-ec} = 16</u>		<u>n_{lo-ec} = 22</u>				
Hotelling <u>T</u> ²					13.25		
<u>F</u>					1.90	31.3	.11 ^a

^a Since the special missing value formulas of BMDP3D are used, the multivariate statistics are approximate.

Table 8

Percentage Comparisons of High Extrinsic-Consensuals and
Low Extrinsic-Consensuals (E-Cn) on Death Anxiety Variables

Variables	High E-Cn		Low E-Cn	
	% of Responses indicative of:		% of Responses indicative of:	
	Concern /	Lack Concern	Concern/	Lack Concern
v.31	18	82	5	95
v.34	12	88	28	72
v.36	59	41	55	45
v.42 ^a	38	62	14	86
v.44 ^a	6	94	18	82
v.45 ^a	0	100	0	100

Dying Process

A comparison of the group means of high extrinsic-consensuals and low extrinsic-consensuals on the Dying Process variables using the Hotelling T^2 approached significance with $p = .08$. In the comparison of the individual variable means, variable 50 ("if death seemed inevitable, would you accept it peacefully or fight actively against it") was significant. The difference proved highly significant ($p=.008$), with high extrinsic-consensuals unanimously stating that they would accept death.

While variable 50 was the only Dying Process variable to reach significance, the eigenvector analysis of all the variables composing the significant T^2 showed that variable 51 contributed the greatest (unique) weight to the group difference. Variable 51 asks respondents to choose between a quick painless death or a longer life in great physical pain. The remaining variables were weighted such that variable 50 provide the next greatest contributor followed by variables 49, 48, and 47 whose contributions were nearly equal to each other. On the basis of the aforementioned analyses of the Dying Process variables, it was concluded that there is a trend towards a significant difference between high extrinsic-consensual and low extrinsic-

consensual respondents with regard to the dying process (see Table 9 for the t comparisons and Table 10 for percentage comparisons of the Dying Process variables).

Table 9

t test Comparisons of High Extrinsic-Consensuals
and Low Extrinsic-Consensuals (E-Cn) on
Dying Process Variables

Variables	<u>Religious Orientation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	High E-Cn		Low E-Cn				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.47	1.81	.91	1.40	.79	-1.45	36	.15
v.48	2.18	.91	2.40	.66	.87	36	.39
v.49	3.68	.70	3.77	.42	.46	36	.64
v.50	1.00	.00	1.45	.73	2.89	21 ^a	.008*
v.51	1.06	.25	1.00	.00	-1.16	33	.25
v.47-50	<u>n_{hi-ec}</u> = 16		<u>n_{lo-ec}</u> = 22				
v.51	<u>n_{hi-ec}</u> = 15		<u>n_{lo-ec}</u> = 20				
Hotelling <u>T</u> ²					12.16		
<u>F</u>					2.15	30.9	.08 ^b

* significant p

^a t based on separate variance statistic

^b Since the special missing value formulas of BMDP3D are used, the multivariate statistics are approximate.

Table 10

Percentage Comparisons of High Extrinsic-Consensuals and
Low Extrinsic-Consensuals (E-Cn) on Dying Process Variables

Variables	High E-Cn		Low E-Cn	
	% of Responses indicative of:			
	Concern / Lack Concern		Concern / Lack Concern	
v.47	50 (19) ^a	31	77 (5) ^a	18
v.48	50	50	50	50
v.49	19	81	23	77
v.50	0	100	32	68
v.51	7	93	0	100

^a % of Rs uncertain

Religion's Role In Dying and Death

There is a significant difference between high extrinsic-consensual and low extrinsic-consensual respondents in the desire for the involvement of religion's practitioners and practices in their dying and death. The Hotelling T^2 was significant ($p=.003$) as was one of the three single variables comprising this category. Variable 40 was highly significant at .002 while variable 39 approached significant with $p = .07$. However, the eigenvector showed that variable 39 made the greatest unique contribution to the overall group difference on Religion's Role, and variable 40 was the second largest contributor (see Table 11 for an analysis of the Religion's Role variables).

Fate of the Body

A t was computed comparing the group means of high extrinsic-consensuals and low extrinsic-consensuals on variable 41 which asked the respondents if they objected to an autopsy on their corpse. There was no significant difference in the group means. Evaluation of related interview questions (numbered in Appendix A as 30a, 31, 31a) using a chi square statistic found one major difference in the pat-

Table 11

t test Comparisons of High Extrinsic-Consensuals
and Low Extrinsic-Consensuals (E-Cn) on
Religion's Role Variables

Variables	Religious Orientation				<u>t</u>	<u>df</u>	<u>p</u>
	High E-Cn		Low E-Cn				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.37	1.70	1.04	1.68	1.04	- .07	37	.94
v.39	1.00	.00	1.18	.39	2.16	21 ^a	.04*
v.40	2.18	1.22	3.36	.90	3.42	36	.001*
v.37	<u>n</u> _{hi-ec} = 17		<u>n</u> _{lo-ec} = 22				
v.39-40	<u>n</u> _{hi-ec} = 16		<u>n</u> _{lo-ec} = 22				
Hotelling <u>T</u> ²					17.15		
<u>F</u>					5.40	34.2	.003* b

* significant p

^a t based on separate variance statistic

^b Since the special missing value formulas of BMDP3D are used, the multivariate statistics are approximate.

tern of responses between the high extrinsic-consensuals and other respondents on the Body Concern items. When the content of respondent's responses were analyzed, it was found that nearly one-third of all respondents qualified their answer to variable 41. Generally, they were somewhat wary of autopsies and specified the conditions for its acceptability. These respondents may have responded to variable 41 with a "yes" or "no." There were few differences based on religious orientation for those respondents who had no objections to autopsies on their corpse. Only a quarter of all respondents were definitive in their rejection of autopsies. However, two-thirds of these subjects were high extrinsic-consensuals (see Table 12).

When respondents were asked, "what do you think will happen to your body after death," a significant difference was found in the responses of high and low extrinsic-consensuals. A third of respondents stated that they would be cremated; all of these individuals were low extrinsic-consensuals. Some reference to the soul or the resurrection was made by 21% of high extrinsic-consensuals. Not one low extrinsic-consensual made such a response. The most common response for all subjects, regardless of religious orientation, referred to the disintegration of the

Table 12

Comparisons of High Extrinsic-Consensuals
and Low Extrinsic-Consensuals (E-Cn) on
Body Concern Variable

Variables	<u>Religious Orientation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	High E-Cn		Low E-Cn				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.41	2.46	.91	2.59	.79	.44	35	.66
	(<u>n</u> = 15)		(<u>n</u> = 22)				

Respondents' (Rs) Views of Autopsy
(re: non-quantified question 30a.)

Response Category	High E-Cn	Low E-Cn	All <u>Rs</u>
No Objections	40%	50%	46%
Objections	40%	14%	24%
Reservations ^a	20%	36%	30%
	(<u>n</u> = 15)	(<u>n</u> = 22)	(<u>N</u> = 37)
		<u>df</u>	<u>p</u>
<u>χ</u> ² ---	3.54	2	.16

^a Includes Rs who responded to v.41 with "yes" as well as those who replied "no". Sample reply- "If necessary to determine cause of death OK, otherwise no".

body. There were no significant directional differences between high and low extrinsic-consensuals in their feelings toward the responses they gave to the question (see Table 13 for content analysis of non-quantified variables).

Table 13

Content Analysis of Non-Quantified Body Concern Questions

Fate of Physical Body After Death
(re: Question 31)

<u>Response Category</u>	High E-Cn	Low E-Cn	All <u>Rs</u>
Cremation	0%	36%	22%
Burial	14%	5%	8.5%
Disintegration	65%	59%	61%
Reference to Soul	21%	0%	8.5%
	(<u>n</u> = 14)	(<u>n</u> = 22)	(<u>N</u> = 36)
	<u>df</u>	<u>p</u>	
<u>x</u> ² ---	10.81	3	.01*

Feelings About the Body's Fate
(re: Question 31a)

<u>Response Category</u>	High E-Cn	Low E-Cn	All <u>Rs</u>
Positive	21%	18%	20%
Neutral	50%	55%	53%
Negative	14.5%	9%	11%
No Direct Response	14.5%	18%	16
	(<u>n</u> = 14)	(<u>n</u> = 22)	(<u>N</u> = 36)
	<u>df</u>	<u>p</u>	
<u>x</u> ² ---	.36	3	.94

* significant p

The Afterlife

From a review of mean group differences between the high and low extrinsic-consensuals, one concludes that there is little difference between these respondents on the Afterlife variables. The Hotelling T^2 with $p = .20$ was non-significant and only two of the seven variables comprising this category were significant, variables 25 and 30 (see Table 14). However, it should be noted that of all the study's variable groups, those variables that form the Afterlife category were the most highly intercorrelated.

Variable 21 made the greatest unique contribution to the group difference followed by variable 25, variable 30, variable 26, variable 23. The contribution of the remaining two variables was negligible. A comparison of the correlation matrices for high extrinsic-consensuals (see Table 15) and low extrinsic-consensuals (see Table 16) found the high extrinsic-consensuals to be a more homogeneous group. Their responses were identical on two of the seven Afterlife variables, variables 25 and 30, and there were a number of significant intercorrelations involving other variables.

Table 14

t test Comparisons of High Extrinsic-Consensuals
and Low Extrinsic-Consensuals (E-Cn) on
Afterlife Variables

Variables	<u>Religious Orientation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	High E-Cn		Low E-Cn				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.21	1.11	.33	1.31	.47	1.48	37	.14
v.22	1.29	.68	1.68	.89	1.48	37	.14
v.23	2.11	1.16	1.68	1.52	- .98	37	.33
v.25	1.00	.00	1.40	.73	-2.61	21 ^a	.01*
v.26	1.35	.60	1.77	1.34	1.20	37	.23
v.29	1.76	1.30	1.40	1.36	- .82	37	.41
v.30	1.00	.00	1.31	.71	2.08	21 ^a	.04*
	(n _{hi-ec} = 17)		(n _{lo-ec} = 22)				
Hotelling <u>T</u> ²					12.50		
<u>F</u>					1.49	31	.20 ^b

* significant p

a t based on separate variance statistic

b Since the special missing value formulas of BMDP3D are used,
the multivariate statistics are approximate.

Table 15

Correlation Matrix for High Extrinsic-Consensuals
on Afterlife Variables

Variables	22	23	25	26	29	30
1. v.21	38 ^a	-03	x	71	50	x
2. v.22		11	x	18	01	x
3. v.23			x	37	22	x
5. v.25				x	x	x
6. v.26					34	x
9. v.29						x
10.v.30						

^a decimal points before Pearson correlations omitted.

x = no variance, unanimous in response.

Table 16

Correlation Matrix for Low Extrinsic-Consensuals
on Afterlife Variables

Variables	22	23	25	26	29	30
1. v.21	58 ^a	-11	56	41	-13	38
2. v.22		-46	78	09	-12	31
3. v.23			-47	47	40	-25
5. v.25				-19	-31	55
6. v.26					33	-31
9. v.29						-47
10.v.30						

^a decimal points before Pearson correlations omitted.

Summary of Findings on Death Variables

In summarizing the findings which examined the effect of a strong extrinsic-consensual religious orientation upon respondents' death views, it is concluded that:

- (1) Individuals with a high extrinsic-consensual orientation show no greater personal death anxiety (fear) than respondents lower in this orientation. Furthermore, there was no significant difference between high extrinsic-consensu-als and other respondents in their concern for the fate of their corpse or their soul. Their view of the afterlife did not differ significantly from other respondents. Nearly all respondents, regardless of religious orientation, believed in a life after death. The great majority stated a belief in heaven and over half believed in hell.
- (2) The difference between those respondents with a high extrinsic-consensual orientation and other respondents in their response to the Dying Process variables failed to be reach statisti-cal significant. While the Hotelling T^2 did not reach significant, there was a definate trend in subjects' responses which showed extrinsic-consensual respondents less concern over dying than other respondents. Much of this difference seemed attributable to the response to two of the five dying process variables. One variable was highly significant and the second, variable 47, approached signif-icance. High extrinsic-consensual were somewhat more likely to desire the involvement of the clergy in their dying. Furthermore, they placed a significantly greater importance on their funeral than other respondents.

- (3) The majority of respondents, irrespective of their religious orientation, expressed minimal death-related concerns. However, of the concerns expressed, those related to the process of dying evoked the greatest concern. Only two respondents, high extrinsic-consensuals, voiced a total lack of concern about dying and one of these respondents attributed her lack of concern to religious considerations.

Profile of the Extrinsic-Consensual Respondent Demographics

Nearly half (47%) of those respondents designated as high extrinsic-consensual in religious orientation did not complete high school, while only 2% of those at or below the median on the extrinsic-consensual scale failed to do so. This education difference, variable 7, is significant at .009. In inquiring into respondents' occupational status, we find that only 6% of high extrinsic-consensuials held professional level jobs. The majority (47%) had been skilled workers prior to retirement. In contrast, 41% of low extrinsic-consensual respondents had worked in the professions and an additional 32% had been skilled workers.

The median age of the high extrinsic-consensual respondents in this sample was 76 years; only one quarter were under 70 years of age. In contrast, half of low extrinsic-consensual respondents were under 70 years; the median age was 69. The more advanced age of the high extrinsic-consensual respondents may account for the significant number of widowed respondents, 71%, in this group. Only 18% of low extrinsic-consensual respondents had experienced the death of their spouses. Despite the absence of such personal loss, low extrinsic-consensuials seem to have more numerous and recent contact with the death of others than high extrinsic-

consensuals. They were more likely to have known eight or more persons who died in the preceding two years (a finding just short of significance) and while these deaths included family members, they were not usually from the respondent's immediate family.

More high extrinsic-consensual respondents lived alone than low extrinsic-consensual respondents, 76% compared with 59%. A third of the high extrinsic-consensuals who lived alone were pleased with their living situation. Low extrinsic-consensual respondents were more dissatisfied with the single life for only a quarter of the low extrinsic-consensuals who lived alone were pleased with the situation. Generally, high extrinsic-consensual respondents were more likely to be "pleased with their life as it is now" (variable 78), regardless of their life situation.

Religious Life

The high extrinsic-consensual respondents were significantly more likely to have been brought up in their current denomination. They viewed church attendance as very important and feel that it determined their approach to life. While there was significant response diversity, the majority of high extrinsic-consensual respondents stated that the "hope of salva-

tion" was the guiding principle in their life rather than focusing on the "Golden Rule" as do the clear majority of low extrinsic-consensual respondents. From mean comparisons that neared significance one finds that high extrinsic-consensu- als were more likely to go to church more than once a week (this finding may be an artifact for the Presbyterian church used in this sample lacked regular mid-week activities). High extrinsic-consensual respondents more often spoke in detail about the nature of hell and the vast majority (71%) expect to go to heaven after they die. In contrast, only 45% of low extrinsic-consensual respondents replied that they would "go to heaven" when asked what they think would happen to them after death. However, not one respondent stated that her/his soul would go to hell.

Denominational Influence

In reviewing the religious background of the study's respondents, one concludes that they are all highly religious, as measured by conventional standards (see Chapter 2). However, it was hypothesized that despite similarities in conventional religiosity, the difference in respondents' religious orientation would significantly interact with their denominational affiliation to differentially affect the level and nature of respondents' death concerns.

Hypothesis IV: There will be more extrinsic-consensual respondents within the Presbyterian church than within the Catholic or Baptist churches.

- a. As a group, Presbyterian respondents will be more fearful of death than other denomination members because they will be comprised of more extrinsic-consensual respondents.
- b. Catholic and Baptist extrinsic-consensual individuals will express greater concern over punishment in the afterlife than Presbyterian extrinsic-consensual respondents.

Student t tests were computed on the death concern variables in an effort to address these hypotheses' primary assertion. The analyses found that there were no more extrinsic-consensual respondents in the Presbyterian Church than in the Catholic and Baptist churches. On the contrary, a review of the frequency of denominational membership in the high and low extrinsic-consensual groups, showed that

there were proportionally more Catholics in the high extrinsic-consensual group than respondents from either Protestant group (see Table 17 for denominational breakdown). A χ^2 comparison of frequencies was done to determine if this difference was statistically significant. The perceived difference proved to be non-significant with $p = .12$.

Hotellings T^2 analysis of the Death Anxiety and Dying Process variables found no significant differences between Presbyterians and respondents from the other denominations. The group means of Catholics and Baptists were combined for comparisons. In contradiction to hypothesis IV a, Presbyterian respondents proved to be no more anxious, preoccupied or worried about death and dying than Catholics and Baptists (see Tables 18 and 19 for analyses of Death Anxiety and Dying Process variables by denomination).

In attempting to respond to hypothesis IVb, the difficulty of getting meaningful results when the overall subsample size is small arose. There were a total of 17 extrinsic-consensual respondents, 44% of the total sample. Of the 17 extrinsic-consensuials, 11 were Catholic, 3 Baptist and 3 Presbyterian. A review of these respondents' answers to the afterlife variables yielded an impressionistic view that there was no significant difference between extrinsic-

Table 17

The Interaction between Denominational Affiliation
and Religious Orientation

Religious Orientation	Denominational Affiliation		
	Presbyterian (<u>n</u> = 11)	Baptist (<u>n</u> = 10)	Catholic (<u>n</u> = 18)
High E-Cn	27 ^a	30 (50) ^b	61
Low E-Cn	73	70 (50)	39
		<u>df</u>	<u>p</u>
<u>x</u> ² ----	4.18	2	.12

a % of denomination subsample

b % with Baptist & Catholic subsamples combined.

Table 18

T-test Comparisons of Presbyterians with
Catholics and Baptists on Death Anxiety Variables

Variables	<u>Denominational Affiliation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	Presbyterian		Cathol/Bapt				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.31	3.81	.40	3.57	.83	.93	37	.35
v.34	1.09	.30	1.32	.61	-1.19	37	.24
v.36	1.72	1.0	1.75	.88	- .07	37	.94
v.42	1.63	.50	1.81	.39	-1.16	36	.25
v.44	1.81	.40	1.88	.32	- .57	36	.57
v.45	3.90	.30	4.00	.00	1.60	36	.11
Hotelling <u>T</u> ²					7.56		
<u>F</u>					1.08	31.3	.39 ^a

^a Since the special missing value formulas of BMDP3D are used, the multivariate statistics are approximate.

Table 19

T-test Comparisons of Presbyterians with
Catholics and Baptists on the Dying Process Variables

Variables	<u>Denominational Affiliation</u>				<u>t</u>	<u>df</u>	<u>p</u>
	Presbyterian		Cathol/Bapt				
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
v.47	1.36	.80	1.66	.87	.99	36	.33
v.48	2.18	.87	2.37	.74	-.68	36	.50
v.49	3.90	.30	3.66	.62	1.23	36	.22
v.50	1.18	.40	1.29	.66	.53	36	.60
v.51	1.10	.31	1.00	.00	1.62	33	.11
Hotelling <u>T</u> ²					5.43		
<u>F</u>					.96	30.9	.45 ^a

^a Since special missing value formulas are used, the multivariate statistics are approximate.

consensual Presbyterian respondents and those extrinsic-consensuals in the two other denominations. Statistical confirmation of this impression seemed inadvisable for it would require a comparison of a subsample of 3 (Presbyterians) with one of 14 respondents (Catholic and Baptist). A statistical approach that uses such small subsamples lacks adequate power to test the hypothesis. The small subsample sizes increase the risk of a type II error; failing to find a significant difference when there was one. Consequently, hypothesis IVb remains untested statistically.

A variation of hypothesis IVb, however, was examined statistically. Disregarding the respondents' religious orientation, Catholics and Baptists combined, were statistically compared to Presbyterian respondents on the Afterlife variables. The Hotelling T^2 was non-significant ($p = .31$). In reviewing the individual t tests, Catholics and Baptist were found to be much more likely than Presbyterians to say that they believed in hell ($p = .01$). The Hotelling T^2 for the Religion's Role variables approached significance with $p = .06$. Catholics and Baptists stated that their religious beliefs strongly influence their death views ($p = .04$).

Other differences were found between the Catholic and Baptist subsample and the Presbyterian subsample.

Catholics and Baptist were significantly more likely to desire to be awake rather than asleep at the moment of death (variable 47). When asked what they think would be their fate after death, Catholics and Baptist were somewhat more likely ($p=.09$) to answer that they would be going to heaven (or purgatory, then heaven). However, there was substantial response deviation within each group on this last item. To Catholics and Baptists, an afterlife of punishment (hell) appeared to be a much more clearly definable construct (and possibility) than it was for the Presbyterians in this sample.

Significant, non-death related, differences were found in religious practices. Catholic and Baptists were more likely to go to church more than once a week and think church attendance very important. Presbyterians were more likely to read the Bible. However, those Catholics and Baptist who read the Bible, read it more frequently than Bible-reading Presbyterians.

A Summary of Denominational Influence

In summarizing the findings which examined the influence of denominational affiliation upon death views, it is concluded that:

(1) The possession of an extrinsic-consensual religious orientation does not appear to significantly interact with respondents' church affiliation. There were no more extrinsic-consensual Presbyterians than extrinsic-consensual Catholics and Baptist. In fact, proportionally fewer Presbyterians were extrinsic-consensuals.

(2) Respondents' church affiliation did not significantly influence the degree of death anxiety (fear) that respondents acknowledged or influence their concern over the dying process. Presbyterian were no more fearful of death than Catholics or Baptists. The differences in the denominations were found in the role that religion plays in dying and in respondents' views of the afterlife. It is in these doctrinal areas that one finds the differences.

Chapter 4

Discussion

Extrinsic Consensual Respondents

For individuals with an extrinsic-consensual outlook "religion can only be a partial satisfaction as it is not integrated into one's life. Not being internalized, beliefs relating to positive afterlife possibilities, though learned, will probably be surrounded by doubts and anxiety. Death is therefore unlikely to be confronted with equanimity, but rather with such responses as fear, denial and associated negative images" (p. 170). So stated Spilka, Stout, Minton and Sizemore (1977) in their study on the relationship between personal religion and the individual's death perspective.

In reviewing the results of the current study, one finds that those respondents high in extrinsic-consensual orientation did not differ significantly from the sample's other respondents in their concern over personal death as measured by death concern variables. The vast majority of the elderly religious individuals who comprised the sample, high as well as low extrinsic-consensuials, were not fearful or anxious about their inevitable death, nor particularly concerned about the ultimate fate of their souls. There

was no significant difference between high extrinsic-consensual subjects and other respondents regarding their concern over the integrity of their corpse (variable 47). However, an examination of the content of responses to related, qualitative questions finds a significant difference between the groups on the issue of the fate of their physical body. Extrinsic-consensual respondents also differ somewhat from other respondents in their concern over the dying process. They appeared less concerned over the process of dying. This latter finding will be qualified in the upcoming discussion.

Focusing on the cognitive approach of extrinsic-consensual respondents, one may find a possible explanation for the study's results. Spilka characterized the consensual religious orientation as closed, restrictive, rigid, detached and concrete. While there are few obvious differences between the objective responses of extrinsic-consensu-als and those of other respondents (low extrinsic-consensu-als), some differences become evident when one examines the reasoning reflected in their qualitative responses. Extrinsic-consensu-als appear to be more traditional, less flexible in their reasoning on matters of faith, and the belief in death as a necessary transition to the desired afterlife is an essential article of the faith.

The study's extrinsic-consensual respondents accept church doctrine and repeat the appropriate doctrinal responses when confronted with related issues, as they were during the interview. This would account for the group unanimity on a number of responses. Their faith seems not to have been arrived at through the individual's wrestling and reasoning to find a personal religious truth but results from the religious indoctrination that comes from being raised within the church. All but one of the extrinsic-consensual respondents were brought up in their denomination. By contrast, half of the low extrinsic-consensuals were raised outside their current denomination. The degree of formal education may also play a role in respondents' cognitive orientation toward religion. Education has been assumed to encourage the development of greater cognitive openness, discrimination and flexibility. As indicated in Chapter 3, extrinsic-consensual respondents have significantly less formal education than the study's other respondents.

In giving their personal views of the afterlife, all the extrinsic-consensual respondents either made direct reference to the views of their church, the Bible or phrased their response employing traditional Christian images (e.g.,

Christ, purgatory, damnation). Because the respondents in the sample are religious, these types of responses were expected. However, that not one extrinsic-consensual individual gave a non-religiously framed response on the afterlife variables is interesting. Slightly more than one-fourth of low extrinsic-consensual respondents discussed the afterlife without reference to religious images or doctrine.

While the quality of the faith orientation or extrinsic-consensuals seems to differ from that of the other respondents in the sample, the authenticity of their faith and the centrality of it in their life seemed as great. Furthermore, their devotion to their church and its doctrine are reinforced by the personal benefits received through their membership. Companionship and the need to belong increases in importance as one advances in age. Increasingly, one's peers and loved ones die and the potential for isolation expands. Physical illness also adds to this possibility. Finally, in a personal and social world of ever accelerating change and flux, one may find comfort in established and dependable beliefs, routines and the institutions that foster them. These are extrinsic needs that church affiliation can satisfy. The church is often spoken of as a "family." For many, it is a family that

takes care of its members, "in sickness and in health," and it can be depended upon always to be there.

In reviewing the demographic profile of high extrinsic-consensual respondents, one notes that these respondents appear to have situational factors that would make them more aware of the extrinsic benefits of church membership than the sample's other respondents. They were significantly more likely to be widowed and living alone and were more likely to rate their health as "fair" to "poor." They had less formal education so that prior to retirement, they occupied positions of lower occupational status than other respondents, positions where they were less likely to maintain professional ties. Although no measure of current income was obtained, given their former occupational status, they were probably living on lower incomes. All of the above factors would limit the opportunities for satisfying these needs outside the framework of the church. In fact, extrinsic-consensual respondents did attend church more frequently than other respondents. They were also somewhat more likely to be affiliated with churches that have established definitive doctrines governing members' behaviors and acceptable views. Such churches would provide greater comfort and assurance to the consensually oriented.

Rather than death fear and anxiety being the legacy of an extrinsic-consensual orientation, the fixed and closed nature of such a religious orientation would alleviate fear by diminishing any possible uncertainty. Consequently, the perceived authenticity of the church's views on such issues is reinforced by the respondent's need to believe. That the church has satisfied their earthly needs makes for greater assurance and acceptance, particularly in the face of the inevitability of death. Their belief assures them of reunion with loved ones. While it would be possible to postulate unconscious denial of death fear for the extrinsic-consensually oriented, such a defense should also be in operation for other respondents given the results (see the research issue section of Chapter 1 which dealt with problem of postulating such an unconscious mechanism as an explanation for the failure to find a death fear).

Some differences between extrinsic-consensual respondents and the sample's other respondents were found among variables focused on the Dying Process, Religion's Role, Body Concern and the Afterlife. Among the dying process variables, variable 50 was statistically significant. This statement asked the respondents whether they would accept death peacefully or fight actively against it, if

death seemed inevitable. The extrinsic-consensual respondents were unanimous in stating their acceptance of death. The premise of the question was that if death were inevitable, it would be senseless to struggle against it. Consequently, those who struggled feared dying. Since extrinsic-consensuals did not choose to struggle, they did not fear dying. It would have been interesting to have included a second question which would have asked why they selected their answer. Rather than the selection of death as indicative of a lack of fear of the dying process, it is possible to interpret their response as a fear of the process of struggle, a struggle that could entail pain.

In a related non-quantified interview question (question 37), respondents were asked what concerned them most about the act of dying. Respondents, regardless of religious orientation, expressed more concern over the possibility of pain than any other circumstance surrounding dying (see Table 20 for response categories). Furthermore, the extrinsic-consensual respondents in responding to a later question (variable 48) were somewhat less likely to think that the dying process was without pain. Since the extrinsic-consensuals are older and have fewer familial obligations than the sample's other subjects, it does seem

Table 20

Content Analysis of Non-Quantified
Dying Process Question

Question 37:

What concerns you most about the act of dying?

<u>Response Category</u>	<u>% of Rs who mentioned category</u>		χ^2 ^b	p
	High E-Cn	Low E-Cn		
Pain	31	36	.10	.74
Burden to Others	13	36	2.72	.09
Loss of Body Mastery (physical or mental)	6	36	4.64	.03*
Lingering	13	0	2.90	.08
Fear	6	9	.10	.74
Being Prepared (spiritual or earthly)	13	0	2.90	.08
Indignity	0	18	3.25	.07
Suddenness	6	0	1.41	.23
Loneliness	6	0	1.41	.23
Don't Know	6	18	1.15	.28
Not Concerned	13	0	2.90	.08
Unrelated responses	13	18	.22	.63
	<u>n</u> = 16	<u>n</u> = 22		

* significant p

^a Total more than 100% because multiple reasons given.

^b For each category, df = 1.

that they would be even less likely to engage in a painful struggle if death were inevitable and meant reunion with loved ones. In assessing respondents' concern over the dying process, it is essential to inquire into the individual's view of the nature of the process and their concern over its effect on others. Measures that employ only an objective response format seriously risk misinterpretation of the responses, particular in an area with such ambiguity.

As one would expect based on the earlier discussion, the only significant overall difference in a variable group was found in the Religion's Role variable cluster. The extrinsic-consensual respondents were more likely to adhere to the traditions and rituals of their church. Extrinsic-consensual respondents were unanimous in their desire for the clergy at their deathbed. The majority of extrinsic-consensuals viewed their funerals as "important" to "very important." Since the majority of extrinsic-consensual respondents were members of the Catholic church, which has elaborate traditions governing death and dying (e.g., the Funeral Mass), this difference was expected.

In the finding on respondents' attitudes regarding the immediate fate of their corpse after death (i.e., with regard to autopsies), there are essentially no difference

between extrinsic-consensuals and other respondents. However, two findings were of interest in that they seem to suggest the literal and traditional Christian view of some extrinsic-consensuals (or the lack of tradition in the sample's other respondents). The first finding concerns respondents attitudes toward an autopsy of their corpse. Although the chi-square did not reach significance, 40 % of extrinsic-consensuals were definitive in their rejection of autopsies (another 20% had reservations). In contrast, only 14% of all other respondents were definitive in rejecting autopsies. The commonly voiced reason for the rejection was that it would "mutilate" or "butcher my body." There were those who spoke of it as a violation of their belief, " I came in the world this way and I want to leave still in one piece."

In another question which asked about the fate of their corpse, not one extrinsic-consensual respondent spoke of cremation in reference to the disposition of their remains. Although it is increasing in popularity, cremation is not a traditional means of disposal of the Christian dead. The general uneasiness over autopsies and cremation may have as part of its genesis, confusion over the Christian concept of the "Last Judgment". At the end of the

world, the dead are expected to rise from the grave and face the Creator. If one takes the resurrection of the corporeal body literally, then it becomes clearer why there was hesitancy over the idea of an autopsy or cremation for they would damage or destroy the body that one was to inhabit throughout eternity. However, the difference between the above respondents and others in the sample may simply be that changes in the traditional way of treating the dead are unacceptable to the consensually oriented individual.

As stated earlier in this discussion, the extrinsic-consensual respondents are religious individuals who believe strongly in the doctrines of their church. A review of the seven Afterlife variables reveal two statistically significant variables. Extrinsic-consensuals were unanimous in their belief in heaven and in their wish for an afterlife. Nearly three-fourths of the extrinsic-consensual subjects stated that they would be going to heaven once they died; in contrast, slightly less than half of the sample's other respondents made such statements (variable 28, $p = .07$). While the views of the consensually oriented may be cognitively rigid, they are not necessarily simplistic. In discussing the nature of hell, extrinsic-consensual respondents were more likely to discuss it in theological

(philosophical) terms making reference to their church's teaching or the Bible.

Of all the variable groupings examined in the study, the variables comprising the Afterlife group were the most highly intercorrelated. Significant correlations were found for these variables with extrinsic-consensual respondents and for all other respondents. For extrinsic-consensuals the variables, while significantly intercorrelated, were less intercorrelated than they were for the other respondents. The extrinsic-consensual respondents seemed to maintain more separation between their view of the afterlife, although their afterlife views were compatible and shared common elements. Their views were less intercorrelated because they were the result of learning rather than the outgrowth of the internalization of a personal religious philosophy (see earlier discussion on respondents' religious upbringing). If views emerge from one's own religious philosophy, which can be influenced by the church's doctrine, there is a greater likelihood that these views will share more common factors and thus be more highly intercorrelated (this assumes a need for cognitive consistency).

What was the relationship between the death concern variables, an extrinsic-consensual orientation and respon-

dents' denominational affiliation? In reviewing the characterization of the extrinsic-consensual individual, one expects that this individual would find satisfaction in a church whose proscribed and prescribed rules of conduct and obligation matched his or her needs. Since the (extrinsic) needs of people are diverse and are subject to change, no one denomination would have a monopoly on extrinsic-consensually oriented members. In fact, there was no statistically significant difference in the numbers of extrinsic-consensual respondents from each denomination.

There is some indication, given the disproportionate representation of Catholics among the extrinsic-consensuals, that churches with clearly defined and enunciated rules provide a more compatible environment for the consensually oriented. In a comparison of Catholic respondents with Protestant respondents (Presbyterians and Baptists), Catholics scored significantly higher on the consensual religious orientation items. Furthermore, there proved to be no significant difference in formal education when the religious orientation factor was excluded. Further discussion of overall denominational differences are presented in the upcoming section of this chapter.

Overview of Respondents' Death Views

In this section an overview of the overall respondent sample's death attitudes is presented. This descriptive overview disregards their religious orientation and concentrates on presenting a profile of an underutilized research sample, the independent, healthy and religious elderly. An amalgam of qualitative, quantitative and impressionistic information is used to provide the reader with a sense of these elderly respondents and their death attitudes. There are very few studies in this area that have used healthy elderly individuals as their primary subject population, although it is widely acknowledged that age and health do influence death attitudes.

No claim is made that the individuals in study are representative of all elderly, or even most elderly. However, they do represent an important segment of the elderly population, those individuals who have managed to remain reasonably health and independent as they have aged. With improved geriatric care more available, good health and the resulting independence it affords is becoming increasingly more common among the elderly (particularly among the educated, moderate income elderly). Consequently, the proportion of such individuals in the society will increase. Given this fact, it was thought that an overview of such a group would be of interest.

Death Anxiety

An examination of the study's findings indicates that the religious elderly in this sample were not fearful or anxious about their inevitable death or particularly concerned about the ultimate fate of their souls. If, as previous researchers have stated (Feifel, 1959; Templar, 1970), death anxiety is to be found in subjects' apparent preoccupation and apprehension regarding death, then the individuals in this sample are not particularly death anxious. Nearly ninety percent of respondents indicated that they did not worry about their own death. With the exception of one respondent, all others seldom, if ever, dreamed of their death. Only a quarter of respondents thought often of their death and, usually, for these respondents the focus was on the death of another.

One can postulate that this apparent lack of death anxiety is the result of respondents lack of candor. It is fairly obvious to most intelligent people (and these respondents are intelligent) that worrying and frequent dreaming of death is not a "normal" or desirable response. However, given the respondents apparent openness about other areas of their lives (some revelations were quite personal), it is doubtful that they would have deliberately misled the inter-

viewer. Furthermore, these respondents shared the view that the importance of this study required truthfulness because the opinions of the elderly were so rarely sought.

A second possible explanation for the apparent lack of anxiety may be attributed to the psychodynamic defense mechanism of denial. However, this does not appear to be the case. Rather than denying the inevitability of their death, 77% of the respondents had made plans for it which ranged from establishing wills to detailing funeral plans. An occasional respondent complained of their family members' reluctance to discuss funeral arrangements and disposal of personal property. The sample appeared to take a realistic, sometimes pragmatic approach to their eventual death.

If one cannot account for respondents' apparent lack of death anxiety and fear by the processes of denial or deliberate concealment, then how would one explain it? The respondents' strong religious ties and the death experiences that come with age may have provided some immunity from these fears. By the time individuals have reached 60, they have usually encountered the death of others and possibly have survived some threat, from illness or accident, to their own life. With increased experience, a person may come to habituate to the reality of death and

more easily contemplate his or her mortality. The strength of the respondents' religious beliefs also helped to assure them (or at least gave them the possibility) that beyond death a better existence awaits where they will once again be united with loved ones who have died. These respondents do not rush to death with open arms but neither do they run from it in terror. If and when it is God's will that they should die, "God's will be done".

Dying Process

Respondents greatest concern was over the process of dying which they associated with pain and dependency. They expressed dismay over the possibility that they might die slowly, suffering increasing pain and the loss over control of their body's functioning. A common concern was that they would then be a burden to their families and others. The dread of pain was the primary consideration. Being a burden on others and the loss of control over one's body were the next concerns.

Like childhood, being aged in this society is associated with dependency and a lower social status. These respondents, however, have continued to live fairly active lives. This gives lie to the stereotypic view that having

reached their sixtieth birthday they are old and dependent. For the most part, they took pride in their independence and were very pleased when the researcher commented on their vigor. A number of individuals even volunteered their "secret" for maintaining a youthful outlook and an energetic body.

The spontaneously expressed fear of a number of respondents was that with a chronic and ultimately terminal illness, they would be increasingly dependent. They feared that this dependency would lead to confinement in a nursing home. They spoke anxiously of how that had happened to friends and family members. Two respondents, whose spouses were currently receiving long term care in nursing home settings, spoke of the emotional pain their spouses underwent because of illnesses which isolated them and made them a burden to others. Neither respondent spoke of their spouses as burdens but they did comment on the energy and resources that were expended in attending to their spouse's needs. It is interesting to note that both respondents preferred "a quick painless death to a longer life in great physical pain." When asked the reason for this preference, both commented on the burden imposed by the painful longer life as well as concern over the pain.

For most respondents, the concern over the dying process is in reality a concern over the quality of the living that immediately precedes the dying. This is illustrated in their responses to the presentation of a hypothetical situation in which they could have physical immortality. Inevitably, respondents asked questions about their physical condition including their health status. If they were to continue to age physically or if their health were not good, they often chose not to be immortal. Another commonly expressed concern was that immortality would mean the eventual loss of peers and family. This possibility also prompted a number of respondents to reject immortality. In the overall sample, 75% of respondents rejected physical immortality. Such views are of particular note when one considers the ability of medical science to prolong life without necessarily improving its quality.

The Afterlife

Since the respondents accepted the inevitability of death, what was their view of the fate that awaited them after death? Basic to Christian doctrine is a belief in the afterlife. As one expected, not one respondent entirely rejected the belief in an afterlife, although 23% stated that they were uncertain of its existence. A number of

questions were asked in the effort to examine the nature of the the respondents' afterlife beliefs. However, before discussing their responses, the approach taken toward questioning should be mentioned. The questions were framed using Christian terminology for the afterlife. While this increased the potential for biased responses, it was felt that the discussion focused as it was on the abstract concept of afterlife could more easily be conducted if familiar terms were employed. In an effort to limit biased interpretations, respondents were asked to define the terms used, such as hell, as they understood them. In fact, the use of Christian terminology did not hamper one respondent from stating his belief in the Eastern concept of reincarnation. It was felt that the use of the traditional Christian afterlife constructs did not substantially influence the sample's responses.

In traditional Christian theology the concept of heaven and hell are inseparable. However, the existence of hell is troubling to these respondents. While 85% believed in heaven but only 70% accepted the concept of hell. Those who accepted hell, often did so begrudgingly with minimal certainty of the concept. In a number of instances, individuals spoke of hell as existing "in this life" rather than

being a feature of the afterlife. The concept of hell was rejected outright by 20% of the sample, "how could a loving and forgiving God allow a state of eternal punishment."

The concept of hell with its view of eternal damnation and punishment seemed disturbing to respondents. Descriptions of hell were generally briefer than those given for heaven. Not only was there a reluctance to elaborate but hell was more often spoken of in a distant, dispassionate and doctrinal fashion. By contrast, descriptions of heaven were more personal, affective and centered around reunion with loved ones. It is interesting to note that very few respondents described heaven or hell in the stereotypic images of "a land of plenty where angels fly among the clouds" or "a place of fire and brimstone." Rather than describing hell or heaven as places, many respondents spoke of them on a more abstract, philosophical plane. A number of individuals stated that they had not crystallized their thoughts regarding the nature of these constructs, but that they accepted their reality.

As for the status of respondents' souls after death, 56% expected to go to heaven and they were "sure" to "very sure" of this. Another 23% of respondents stated that they were unsure of what would happen to them after they

died. Not one respondent spoke of her or his soul going to hell. At least half of Catholic respondents spoke of their souls residing in purgatory before entering heaven. One other difference was noted in the responses of Catholic subjects to the afterlife questions. They more often explicitly referred to the their church's doctrine in their responses. This is understandable when one considers that Roman Catholicism is a more doctrinally structured church than are the majority of Protestant churches. Furthermore, the Catholic respondents, as a result of their upbringing and more frequent church attendance, had greater exposure to their church's views. Baptist respondents were more likely to refer to the Bible's teachings in their answer. The Baptist church is part of the Protestant tradition which has ultimate authority vested in the words of the Bible.

On the final Afterlife question, all respondents were asked to disregard their true beliefs and to state their personal preference regarding their desire for an afterlife. The vast majority of respondents stated that they desired an existence beyond death where they could be reunited with their loved ones (8% did not desire an afterlife and one respondent was uncertain). If religion

is founded on mankind's desire for a continued (and better) personal existence, then the place of churches that hold out this promise seems secure.

A Closing Note on Method and Theory

In reviewing the findings of this study, one is struck by the unexpected scale results. The extrinsic-consensual and intrinsic-committed scales failed to dichotomize the respondents into mutually exclusive categories as expected. Rather than a bipolar relationship between the scales, there was a significant positive correlation. One might begin to account for this finding with an examination of the measuring instruments themselves.

In Chapter 2, the method and rationale for the modification and deletion of some items from the Allport and Ross (1967) and Allen and Spilka (1967) scales were given. After a review of the scale development section and a comparison of the study's scales with the originals, it was concluded that the item modifications and deletions were not drastic enough to result in a substantial alteration of the constructs embodied in the original scales.

A major criticism and possible explanation for the findings centers on the imprecision of the definitions given for the intrinsic and extrinsic constructs. There has been a failure to provide construct validation of the scales (Jackson & Messick, 1967), although the scales and the

constructs they embodied were widely discussed and used. As with much motivational research, one encounters difficulties in the objective measurement of the individuals' motives when, in most situations, there are no obvious differences in the religious behavior of individuals with these presumed divergent orientations. The parameters between the constructs are particularly ambiguous in a religious setting. At what point does one conclude that a response ceases to be a reflection of an internalized religious creed that is an integral part of the individual's life and becomes a utilitarian response? Is the person who says in prayer, "Lord help me" more extrinsic than the one who prays, "Lord, thy will be done"? Before making a final judgement, a researcher should examine the doctrine and practices governing the individual's particular church.

Ultimately, one must question whether the presumption that an intrinsic-committed religious orientation and an extrinsic-consensual orientation are mutually exclusive. Feagin (1964), in a factorial study that predated the work of Allport and Ross but which used essentially the same Religious Orientation Scale, found that extrinsic and intrinsic scale items formed two orthogonal factors. Although the one-third of Allport and Ross' original sample

agreed with both intrinsic and extrinsic statements, the researchers continued to refer to the intrinsic and extrinsic constructs as if they were bipolar opposites of a single dimension. Spilka and associates continued this theoretical assumption and extended it to the paired intrinsic-committed and extrinsic-consensual concepts. In their studies (1976; 1977) which examined the relationship between death and religious orientation they made no mention of respondents who agreed with theoretically inconsistent items.

Consequently, this researcher adopted a similar perspective in approaching this issue. However, in this study nearly 75% of the respondents gave responses that were inconsistent. Consistent responses, in this instance, were those that gave the respondent a scale score above the median on the intrinsic-committed scale and at or below it on the extrinsic-consensual scale, or above the median on the extrinsic-consensual scale and at or below it on the intrinsic-committed scale.

Feagin reported that nearly one-third of his 286 subjects were over 50 (the number over 60 years of age was unreported). Allport and Ross failed to report their subjects' ages, although one could assume that some of the church affiliated individuals that volunteered for the study

were elderly, given the substantial number of elderly in most Christian churches. Spilka's subjects ranged in age from 17 years to 83 years, however, the mean age of the sample was 30. The median age of the 39 individuals in this study was 73 years, significantly older than the previously reported samples. That factor may account for the greater proportion of this study's respondents who gave inconsistent responses.

Age and strong religious involvement may affect the respondents' interpretation of the religious orientation items such that, the older individual is more likely to agree with items that seem to the researcher inconsistent. "We have no right, of course, to expect all our subjects to make discriminations exactly corresponding to our own logic. Nor should we expect them to read and respond to every item on the Extrinsic-Intrinsic scale according to its full meaning as intended by the investigators" (Allport & Ross, 1967, p. 441). This may be particularly true when the investigator is younger and less religiously involved. The investigator may fail to appreciate the tolerance of inconsistency and the hesitation to make absolute statements regarding the nature and purpose of religion (see Appendix I for age differences in the sample).

This investigator was fascinated by the way some respondents seemed to reinterpret the scale statements in

giving their answers. Their later elaborations showed that they ignored absolute words like "primary" or "most important" and rather emphasized the other aspects of the statements. If such absolutes are deemphasized, then one could understand the agreement with seemingly divergent items for religion does service many purposes.

Yet, unfortunately for our neat typology, many subjects are provokingly inconsistent. They persist in endorsing any or all items that to them seem favorable to religion in any sense. Their responses therefore are "indiscriminately pro-religious."

(Allport & Ross, 1967, p.437)

Extrapolating from Allport's definition, the indiscriminately pro-religious subject was operationalized as those respondents who scored above the median on three of the study's four modified scales (intrinsic, extrinsic, committed and consensual). Since the scales were paired in accordance with theory, agreement with the statements on any three or all four scales would be theoretically inconsistent. This is a stricter criterion than that mentioned earlier. Using this criterion, nine of the 39 respondents in the sample were indiscriminately pro-religious. These respondents were all high extrinsic-consensuals, although it was possible to have indiscriminately pro-religious indivi-

duals who were primarily high intrinsic-committed respondents.

In an effort to learn more about the indiscriminately pro-religious respondents, as distinct from other high extrinsic-consensuals, Hotelling T^2 analyses were used to compare them to all non-indiscriminately pro-religious subjects ($n=30$). For indiscriminately pro-religious there was only one group of death related variables on which there was a significant difference, Religion's Role in dying and death ($p=.0003$). In the significance that religion plays in death and dying, there is no substantial difference between these respondents and other high extrinsic-consensuals.

In fact, there are few significant differences between the indiscriminately pro-religious respondents and all other respondents regardless of their religious orientation. In the comparisons of means on all non-scale variables (age was excluded) there were only 12 significant differences between indiscriminately pro-religious respondents and respondents not so designated. Of these 12 significant variables, only four were related to the respondents' death views (variables 25, 30, 39, and 50) and indiscriminately pro-religious respondents were unanimous in their responses to these death related variables.

Allport and Ross said in discussing indiscriminately pro-religious respondents that:

There seems to be one wide category "religion is O.K." ... this undifferentiated endorsement can be the product of an agreement response set. Our inconsistently pro-religious may be "yeasayers" but if so, we are still dealing with an undifferentiated cognitive disposition. We recall likewise that the inconsistent cases have a lower level of formal education than the consistent cases. This factor also is relevant to the formation and holding of overwide categories.

(1967, p. 441-2).

In examining the difference in formal educational level between the indiscriminately pro-religious respondents and the remaining extrinsic-consensuals one finds that the indiscriminately pro-religious have a lower educational level. However, this difference was not statistically significant (see Appendix J).

The sheer numbers of research subjects who have responded affirmatively to seemingly incompatible orientations and the extent of overlap between the measures suggest that there are relationships that need to be explored more fully. Approaches which would solicit more qualitative content would aid in assessing the motivational basis of respondents' responses. The supplemental content analyses used in this study were helpful in discerning patterns that were not apparent when the analysis was limited to finding significant differences.

Future research in this area seems to require a diversity of measurement approaches. More than a decade of research has been completed since Kastenbaum and Aisenberg made the following statement, but it is still true today.

Research has seldom attuned itself to the complexity of one's external relationship to religion, one's internal belief system, and the total spectrum of one's thoughts, feelings, and behaviors with respect to death. More typically, investigators have attempted to discern statistically significant differences between religious and nonreligious subjects, or those belonging to various faiths. There is a place for such studies. We doubt, however, that very much will be learned by exclusive attention to this search-for-different-outcome approach. Would it not be more informative to inquire into the process through which religiosity and death orientation influence each other? Different types of research designs would be required, it is true. And one might have to suspend temporarily the hope of finding statistically significant differences wherever one turns. But we might then be in a better position to develop informed hypotheses for more definitive testing.

(1972, p. 99)

Postscript: Future Research

In the conventionally religious, the researcher must contend with the reality that there are few obvious differences between the behaviors of the extrinsically oriented and that of intrinsically oriented individuals. However, change presents an opportunity to study the motivational basis of individuals' religious orientation. If individuals are members of a church to satisfy extrinsic needs and a local church (or the institutional church) changes its practices, the researcher is likely to see obvious differences in members' responses to change. Protestant churches often experience substantial membership shifts when a minister dies or is replaced. Such a change often causes members to examine the reasons for their membership. At such a time the psychological researcher is likely to acquire substantial information about the nature of members' religious motivation.

Over the last 20 years the Catholic church as undergone a number of doctrinal and procedural changes. Among these changes were the substitution of the vernacular for Latin in the Mass and the replacement of the deathbed sacrament of Extreme Unction by the more general Anointing of the Sick. How do such changes in any church's practices

and doctrine affect the elderly individuals raised in the earlier tradition? During the current study a number of Catholic respondents spoke of the change in the deathbed ritual. Some were negative but most spoke of the change in positive terms. With a larger sample, it would be interesting to match respondents' religious orientation with their response to the change in the church's practice. Furthermore, is there any relationship between a church's creed and practices and the development of a committed or consensual cognitive orientation in its members?

Another research possibility is the replication of this study using religiously devout elderly individuals from a religion that had no clear concept of an afterlife or that had a concept that differed radically from the Christian concept. Would one still find minimal death anxiety among elderly respondents? Is their increased death anxiety in the atheistic elderly? If these individuals are secure in their non-belief, one is likely to find no difference between them and the religious elderly.

Footnotes

- 1 The Apostles' Creed is basic dogma in the majority of Christian denominations, including those of our respondents. The congregation's public affirmation of this creed is often incorporated into the worship service. The Apostles' Creed derived from the Roman Creed. It is thought to have first appeared in a distinct codified form between 710 and 724 A.D. in a handbook of Christian doctrine (New Catholic Encyclopedia. (1967). 4, 436-437).
- 2 Although I have drawn a theological distinction between the concepts of immortality of the soul and bodily resurrection, the Greek view regarding death as the freeing of the soul is also incorporated into the lay Christian's understanding of salvation.
- 3 The Roman Catholic Church also introduced two additional possibilities that can befall the individual upon death, Purgatory and Limbo. Purgatory is important to delineate for in the study this concept was mentioned by a number of Catholic respondents. As described by McBrien (1981), Purgatory is a "process by which we are purged of our residual selfishness so that we can really become one with God" (p. 1144). It is more commonly spoken of as a transitional place (a Sheol) that one's soul occupies until it is ready to go on to heaven.
- 4 The respondent samples used for measure standardization, for the most part, are composed almost exclusively of young adult college students. This has resulted in items that are sometimes inappropriate for the older adult, particularly the elderly individual. Templer's Death Anxiety Scale (DAS) has been used with young adult, middle aged and elderly respondents. However, because the DAS was standardized on college students, there are occasional item mismatches when it is used with the elderly. Consequently, I was unable to employ the DAS in this study, although a number of items were incorporated into the death section of the interview.
- 5 The theoretical underpinnings for the scales appear in the Allen and Spilka study (1967). However, Spilka in his 1976 paper attributes the development of the committed and consensual scales to a collaborative effort which involved a number of associates (Spilka, Read, Allen and Dailey, 1968; Spilka and Mullins, 1974). The committed and consensual scales seem to have undergone revision, appearing in its final form (the version used in this study) in Spilka and Minton's research (1975).

6 Included in the total of 39 completed interviews are the data from one Baptist respondent who was unable to answer many of the questions on death. She was still grieving over the death of her husband some time before and the interview questions reminded her of her loss. However, she was able to finish the interview.

7 One Baptist respondent was 59 years and 6.5 months at the time of the interview. Because he was entering his 60th year and the elderly population in his church was small, this respondent's data were included.

8 Collett-Lester Fear of Death Scale and the Lester Attitude Toward Death Scale with their respective supporting data was received from D.Lester in response to a personal communication in the fall of 1979.

9 The offer to conduct interviews at their church was a concession to the paranoia generated by the perception of increased violence against the elderly. One pastor insisted that few of his members would participate unless this was an option. The researcher found no evidence of a response bias based on interview site. This may be because of the salience and importance of the research topic to these individuals.

10 The overall response rate to the mailing was 43% and of those responding, slightly less than half agreed to participate in the study. One might have expected a higher overall response rate given that the request for study participation was preceded by a letter from their clergyman. However, the letters of solicitation were mailed in late July. It was later discovered that a number of potential respondents took extended vacations outside the city during the summer months and did not receive their mail until the fall, by then they were busy with other activities.

While an acceptance rate of 48% (of those responding) is high, one might have increased this rate, particularly for Presbyterians, if there had been more readily available opportunities to interview the respondents in church (e.g., after a mid-week service). Many individuals, even with the assurance of their clergy, are reluctant to have a stranger in their home.

11 One interview was not recorded because of a tape recorder malfunction.

12 Fu, S., & Douglas, J. (1982). P3D comparison of two groups with t test. In W.J. Dixon (Ed.), Biomedical Computer Programs: P Series. Berkley: University of California Press.

APPENDIX A

Interview, consent and demographic
forms with variables labeled

CONSENT FORM

I agree to participate in the Religious Perspective Interview. I understand that my participation is entirely voluntary and that I may choose not to answer an interview question or to terminate the interview at any point in the questioning if I so choose.

Furthermore, I understand that my answers to the interview questions will be kept in the strictest confidence with only those people directly involved in the project having access to my completed interview.

Signed: _____

Date: _____

Religious Perspective Interview

Good morning (afternoon, evening). My name is _____, I'm with the Center for Social Research of the City University of New York. Thank you for agreeing to participate in this research project. I believe you will find this morning's (afternoon's) interview interesting and personally informative. During the interview I will be asking you questions about your religious views, actions, and related matters of life and death. Because your complete understanding and cooperation are so important in this type of research, please do not hesitate to let me know if you have any questions or concerns during the interview.

We would like to encourage you to answer all the questions for your views on these issues are important to us. Your participation in this study is voluntary; therefore, if you choose not to answer a question, any question, or even to terminate the interview at any point in the questioning, you are free to do so. Your answers will be kept in the strictest confidence with only those people directly involved in the project having access to your completed interview. To further assure your privacy, your name will not appear on the interview form. I will be using an identification code number.

Before we begin I would like you to look over this consent form and sign it if you have no objections. (Collect signed consent form.) If you're ready, let's begin this first section of the interview with a few background questions. Since this is a study of the views of older Christians, I must first ask:

-2-

VARIABLE NO.

(case no.)

72

1. How old are you?

34

2. What is your current occupation?

retired (go to 2a)

professional

skilled

unskilled

housewife

other (specify) _____

52a. If R retired:

What was your former occupation?

professional

skilled

unskilled

housewife

other (specify) _____

6

3. How many years of school did you finish?

No School

1-5 years

6-11 years

completed high school

some college

completed college

advanced training

7

4. Where were you born?

8

-3-

5. What is your religious denomination?

Catholic
 Presbyterian
 Baptist
 Other (specify) _____

9

6. How strong is your attachment to your religion?

very strong---strong---somewhat---little/no---DK/uncertain

10

7. Are you presently of the same religion in which you were brought up as a child?

Yes
 No

11

If No:

7a. In what religious affiliation were you raised?

Catholic
 Protestant (specify) _____
 Jewish
 Other (specify) _____

12

8. If not prevented by unavoidable circumstances, how often do you (did you) attend church or a church group?

more than once a week
 once a week
 2 or 3 times a month
 once every month
 rarely/never

13

-4-

9. How important is going to church for you? 14
 very important---important---somewhat---little/no---DK/uncertain

For all except DK/ uncertain:

- 9a. Why (Why not)?

(circle all answers that apply)

Bible/law
 spiritual enlightenment
 social concerns
 not necessary
 personal worship
 other (specify) _____

10. Do you read the Bible?

Yes
 No

15

If Yes:

- 10a. How frequently?

more than once a week
 once a week
 2 or 3 times a month
 once every month
 rarely/never

16

11. Do you believe that the Bible should be interpreted exactly as written?

Yes
 No

17

12. If you compared yourself to other (R's denomination), how devoted would you say you are?

More devoted --- as devoted --- less devoted

18

-5-

13. How important is your religion in determining your approach life?

19

very important---important---somewhat---little/no---DK/uncertain

If at all important:

13a. Specifically, which religious beliefs most influence your approach to life? (If no answer, ask: Which of the following principles or beliefs most influence your approach to life?)

Golden Rule
Salvation

Commandments
fear of punishment

other (specify) _____

20

It has been said that among the major Western religions, "death has been largely the domain of the Christian Church. Man's birth was interpreted as a creation in the image of God. In between, he passed the days of his years as a pilgrim in preparation for that meeting."

Because of the importance of death in Christian doctrine, I will now be asking a number of questions on your view of death. Some people find the thought of death upsetting. At the research center, we have found that sometimes these are the very people who derive the most benefit from exploring their feelings. However, to repeat, if you have any problems or concerns during this part of the interview, please let me know.

-6-

14. Do you believe in life after death?

Yes
Uncertain
No (Go to 15)

21

If Yes or uncertain:

14a. Do you believe in hell?

Yes
Uncertain
No (Go to 14d)

22

If Yes:

14b. How certain are you that there is a hell?

23

very certain--certain--somewhat--little/no certainty--DK

14c. What is hell?

24

14d. Do you believe in heaven?

Yes
Uncertain (Go to 15)
No (Go to 15)

25

If Yes:

14e. How sure are you that there is a heaven?

26

very sure--sure--somewhat sure--little/no surety--DK

14f. Describe Heaven?

27

-7-

15. What do you think will happen to you after you die?

(Circle all answers that apply)

Go to heaven
 Go to hell
 Body disintegration
 Reincarnation
 Uncertain
 Other (specify) _____

28

For all responses except uncertain:

15a. How sure are you of this?

very sure--sure--somewhat sure--little/no surety--DK

29

16. Regardless of how you feel about life after death, what is your wish about it?

There is an afterlife
 No afterlife
 Uncertain

30

17. How difficult is it for you to talk about the possibility of your death?

very difficult--difficult--somewhat--little/no--DK/uncertain

31

17a. Why do you feel that way?

-8-

18. What comes to mind when you think of death?

(circle all answers that apply)

heaven
 hell
 pain
 loneliness
 reunion
 others death
 nothing
 other (specify) _____

32

19. If today you could be given immortality (that is, you would never die) would you want it?

Yes
 Uncertain
 No

33

If Yes or No:

19a. Why (why not)?

to get more out of life
 fear of unknown
 boredom
 God's plan
 Other (specify) _____

20. Do you feel that you will be emotionally ready for death when it comes?

Yes
 Uncertain
 No

34

21. Have you ever felt you were close to dying?

Yes
 No

35

-9-

22. As you have grown older, have you become more or less concern about your own death?

more concerned--less concerned--not at all concerned

36

23. How strongly do your religious beliefs influence your views on death?

very strongly--strongly--somewhat--rarely/never--DK/uncertain

37

24. What specific aspects of your personal religious beliefs most influenced your view of death?

26. Have your ideas about death changed as you've grown older?

Yes
Uncertain
No

38

If Yes:

- 26a. How?

positively---negatively---neutral

-10-

27. If you were dying would you want a priest/minister called?

Yes
Uncertain
No

39If Yes:If No go to 27b:

27a. Why?
(Circle all answers that apply)

forgiveness of sins
comfort
other (specify) _____

27b. Who would you want present?

no one
family
friends
other (specify) _____

28. How important is a funeral to you?

40

Very important--important--somewhat--rarely/never--DK/uncertain

28a. Why?

(Circle all answers that apply)

preparation for new life
important for others
other (specify) _____

29. In general, how do you feel about autopsies?

positively---negatively---neutral

-11-

30. Would you object to having an autopsy performed on your body?

Yes
Uncertain
No

41

If Yes or No:

30a. Why (why not)?

religious beliefs
personal philosophy
appearance altered/damaged
no personal identity
social value
other (specify) _____

31. What do you think will happen to your body after you die?

(Circle all that apply)

resurrection
cremation
burial
disintegration
donation of part or all
other (specify) _____

31a. How do you feel about this?

positively---negatively---neutral

32. Do you often think about death?

Yes
No

42

-12-

33. Do you look forward to your own death?

Yes
Uncertain
No

43

If Yes:

33a. Why?

release from pain
nearer to God/loved ones
completed life
other (specify) _____

33b. Do you worry about it?

Yes
No

44

If Yes:

33c. What worries you most about your death? (Circle all answers that apply)

effect on others emotionally
effect on others financially
my concern over dying process
afterlife
loss of life
other (specify) _____

34. How often do you dream about death?

daily
weekly
monthly
rarely/never

45

35. Have you made plans for your death?

Yes
No

46

If Yes or No:

35a. Why (why not)? (Circle all answers that apply)

death inevitable
chronic illness
save trouble for others
plenty of time
no occasion to do it
bad luck
other (specify) _____

-13-

36. Would you prefer to die in your sleep or be awake at the moment of death?

In sleep---Awake

47

- 36a. Why (why not)?

(Circle all answers that apply)

avoid fear
 avoid pain
 to prepare
 want experience
 other (specify) _____

37. What concerns you most about the act of dying?

(Circle all answers that apply)

pain
 indignity
 being a burden
 loss of independence
 loss of body mastery
 separation from others
 loneliness
 other (specify) _____

38. Do you think that dying is usually painful?

Yes
 Uncertain
 No

48

39. How afraid are you of dying?

Very afraid--afraid--somewhat afraid--rarely/never--DK/uncertain

49

40. If death seemed inevitable, would you accept it peacefully or fight actively against it?

Accept---fight---uncertain

50

-14-

41. If you had to choose between a quick painless death or a longer life in great physical pain which would you choose?

Death---Life

51

41a. Why?

(Circle all answers that apply)

fear of pain
life complete
loneliness
be with God
religious views
life incomplete
concern for other people
other (specify) _____

-16-

47. One reason for my being a church member is that church membership secures a person's place in the community.
SA--MA--Unc--MD--SD Ex
48. Religion is a subject that interests me.
SA--MA--Unc--MD--SD Cm
49. The aim of missionaries should be to establish church buildings where religious services and ceremonies can be conducted.
SA--MA--Unc--MD--SD Cns
50. The precision and orderliness with which religious ceremonies are performed is important.
SA--MA--Unc--MD--SD Cns
51. The most important function for a church is to provide a place where people can form good social relationships.
SA--MA--Unc--MD--SD Ex
52. My interest in and commitment to religion is greater now than when I first joined the church.
SA--MA--Unc--MD--SD Cm
53. My religious beliefs are important to my being the kind of person I want to be.
SA--MA--Unc--MD--SD Cm
54. One of the most important aspects of religion are the religious ceremonies.
SA--MA--Unc--MD--SD Cns
55. It is important that I spend periods of time in private thought and mediation.
SA--MA--Unc--MD--SD In
56. The purpose of prayer is to secure a happy and peaceful life.
SA--MA--Unc--MD--SD Ex
57. I wish that people all over the world were going through nearly the same ritual in their religious worship.
SA--MA--Unc--MD--SD Cns

-17-

58. Every person needs to have the feeling of security given by a church.
SA--MA--Unc--MD--SD Cns
59. I often think about matters relating to religion.
SA--MA--Unc--MD--SD Cm
60. If my ideas about religion were different, I believe my way of life would be very different.
SA--MA--Unc--MD--SD Cm
61. A primary reason for my interest in the church is the pleasant social activities it offers me.
SA--MA--Unc--MD--SD Ex

Ex variables = 5In variables = 3(+5)*Cns variables = 6Cm variables = 6

* Consult variables 13, 16 + 19
for the additional items
making up the new intrinsic
scale.

-18-

We have come to the final section of the interview. In this section I will ask you some closing background questions.

62. In the past two years, how many people have died that you knew personally?

none
1-3
4-7
8+

72

If one or more:

62a. Have any of these persons been a family member?

Yes
No

73

If Yes:

62b. What was the specific kinship?

parent
spouse
sibling
child
other (specify) _____

74

63. During the past two years have you suffered a life threatening situation?

Yes
No

75

If Yes:

63a. Was the threat to life due to illness, accident, criminal victimization, or some other cause?

illness
accident
crime
other (specify) _____

76

64. Are you currently facing a life threatening situation?

Yes
No

77

-19-

65. Generally, are you pleased with your life as it is nowadays?

Yes
No

78

66. How would you describe your overall health?

excellent
good
fair
poor

79

67. What is your marital status now, married, single, widowed, divorced, or separated?

married
single
widowed
divorced
separated

80

68. Do you currently live alone?

Yes
No

81

If Yes:

If No go to 68b:

68a. How do you feel about this?

positively---negatively---neutral

82

68b. With whom do you live?

spouse
child
parent
friend
other (specify) _____

83

68c. How do you feel about this?

positive---negative---neutral

84

-20-

69. In general, what affect has this interview had on you?
positive---negative---neutral

70. Is there anything else you would like to say about the
topics we discussed today?

Thank you for your help.

Religious Perspective Interview**Respondent Data Page**

Interviewer please fill in the following information:

Respondent Data

1. Address _____
2. Telephone _____
3. Sex: M F
4. Race: B W H O
5. Site of interview:
 Home
 Church
 Other (specify) _____
6. Total time of interview: _____ minutes
7. Interview Number : _____
8. Consent form: Y N
9. Interviewer: _____

APPENDIX B

Preliminary questionnaire

Study of Death Attitudes

You have volunteered to participate in doctoral research aimed at assessing attitudes toward death. Your responses to the items presented below will help us to develop an acceptable measuring instrument to survey other individuals and groups concerning their death attitudes. Be assured that your individual responses will be kept confidential.

Below you will find a series of statements each followed by a row of numbers. Please circle the number which indicates the degree to which you agree or disagree with that statement. The numbers will correspond to the following levels of response:

+3 = strongly agree +2 = moderately agree +1 = slightly agree
-3 = strongly disagree -2 = moderately disagree -1 = slightly disagree

We are interested in your first impressions so please respond as rapidly as possible. Once you have begun this questionnaire please continue until you have finished. Thank you for your help.

- | | | | | | | |
|------------------------------------------------------------------------------------------|----|----|----|----|----|----|
| 1. I fear dying a painful death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 2. The subject of life after death greatly troubles me. | +3 | +2 | +1 | -1 | -2 | -3 |
| 3. I believe I will be emotionally ready for my death when it comes. | +3 | +2 | +1 | -1 | -2 | -3 |
| 4. It is not upset by discussions of death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 5. That my body will decay after I am dead. I find an upsetting thought. | +3 | +2 | +1 | -1 | -2 | -3 |
| 6. I am uncertain as to whether there is life after death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 7. I am disturbed by the physical helplessness that accompanies dying. | +3 | +2 | +1 | -1 | -2 | -3 |
| 8. I worry about what will happen to those left behind when I die. | +3 | +2 | +1 | -1 | -2 | -3 |
| 9. I expect to be with my love ones in the afterlife. | +3 | +2 | +1 | -1 | -2 | -3 |
| 10. I worry that no one will be with me when I die. | +3 | +2 | +1 | -1 | -2 | -3 |
| 11. I am disturbed by the mental degeneration that accompanies a slow death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 12. Dying could be an interesting experience. | +3 | +2 | +1 | -1 | -2 | -3 |
| 13. I am disturbed by the thought of dying suddenly, without warning. | +3 | +2 | +1 | -1 | -2 | -3 |
| 14. I have accomplished most of what I wanted to do in life. | +3 | +2 | +1 | -1 | -2 | -3 |
| 15. I believe that there is an afterlife where we are punished for the wrongs we commit. | +3 | +2 | +1 | -1 | -2 | -3 |
| 16. I am more afraid of the process of dying than of death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 17. Death is preferable to a life with pain. | +3 | +2 | +1 | -1 | -2 | -3 |
| 18. The shortness of life bothers me. | +3 | +2 | +1 | -1 | -2 | -3 |
| 19. I want to know beforehand that I am dying. | +3 | +2 | +1 | -1 | -2 | -3 |
| 20. I often think of my death. | +3 | +2 | +1 | -1 | -2 | -3 |
| 21. The inevitability of death makes the achievements of life meaningless. | +3 | +2 | +1 | -1 | -2 | -3 |

The numbers correspond to the following levels of response:

+3 = strongly agree +2 = moderately agree +1 = slightly agree
 -3 = strongly disagree -2 = moderately disagree -1 = slightly disagree

22. I am more concerned than others around me are about death. +3 +2 +1 -1 -2 -3
23. I am not afraid of death. +3 +2 +1 -1 -2 -3
24. I will welcome death when it comes. +3 +2 +1 -1 -2 -3
25. The finality of death I find comforting. +3 +2 +1 -1 -2 -3
26. If I were dying, I would be comforted by the presence of a clergyman. +3 +2 +1 -1 -2 -3

Please circle the appropriate answer:

27. sex: male female

28. age: under 20 years of age 36 -- 45 years of age over 65 years of age
 20 -- 25 years of age 46 -- 55 years of age
 26 -- 35 years of age 56 -- 65 years of age

29. Are you a practicing member of any religious group? Yes No

30. religious affiliation: _____

31- 33. Identification number; 058

APPENDIX C

Items used by Spilka and associates (1977) to measure
Intrinsic-Extrinsic (I-E) and Committed-Consensual (Cm-Cn)
forms of personal religion

1. One of the most important aspects of religion is the religious ceremonies. (Cn)
2. I try hard to carry my religion over into all my other dealings in life. (I-Cm)
3. My ideas about religion are one of the most important parts of my philosophy of life. (Cm)
4. The church is most important as a place to formulate good social relationships. (E)
5. Religion is most real to me during my attendance at public church or religious services. (Cn)
6. I do not think that the sequences of prayers, songs, etc., is very important in religious services. (Cn)
7. Quite often I have been keenly aware of the presence of God or the Divine Being. (I-Cm)
8. Every person needs to have the feeling of security given by a church. (Cn)
9. Tender concern for others is a means of finding joy in one's religion. (Cm)
10. The more a religious service is ritualized the more it has meanings for me. (Cn)

11. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services. (I)
12. The purpose of prayer is to secure a happy and peaceful life. (E-Cn)
13. The truly religious person believes honestly and wholeheartedly in the doctrines of his church. (Cn)
14. My interest in and real commitment to religion is greater now than when I first joined the Church. (Cm)
15. Religion is a subject in which I am not particularly interested. (-Cm)
16. It is important to me to spend periods of time in private thought and meditation. (I-Cm)
17. The ritual of worship is a very important part of religion. (Cn)
18. My religious beliefs are what really lie behind my whole approach to life. (I-Cm)
19. I like to think that people all over are going through nearly the same ritual in their religious worship. (Cn)

20. I think that the placement and treatment of the various articles of worship is very important in a worship service. (Cn)
21. I often think about matters relating to religion. (Cm)
22. Believing as I do about religion is very important to being the kind of person I want to be. (Cm)
23. The precision and orderliness with which religious ceremonies are performed is important. (Cn)
24. Religion is especially important to me because it answers many questions about the meaning of life. (I-Cm)
25. It is important to me that religious services be standardized. (Cn)
26. If my ideas about religion were different, I believe that my way of life would be very different. (Cm)
27. The aim of missionaries should be to establish church buildings where religious services and ceremonies can be conducted. (Cn)
28. What religion offers me most is comfort when sorrows and misfortune strike. (E)
29. One reason for my being a church member is that such membership helps to establish a person in the community. (E)

30. It doesn't matter so much what I believe so long as I lead a moral life. (E)
31. Although I am a religious person I refuse to let religious considerations influence my everyday affairs. (E)
32. I pray chiefly because I have been taught to pray. (E)
33. A primary reason for my interest in religion is that my church is a congenial social activity. (E)
34. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being. (E)
35. The primary purpose of prayer is to gain relief and protection. (E)
36. Although I believe in my religion, I feel there are many more important things in life. (E)
37. I read literature about my faith or church. (a) Yes;
(b) No (I-Cm)
38. If I were to join a church group I would prefer to join (1) a Bible study group or (2) and social fellowship. (I-Cm)

- a. I would prefer to join (1)
- b. I probably would prefer to join (1)
- c. I probably would prefer to join (2)
- d. I would prefer to join (2)

39. If not prevented by unavoidable circumstances, I attend church (I)

- a. more than once a week
- b. about once a week
- c. two or three times a month
- d. less than once a month

40. How much time during the week would you say you spend reading the Bible and other religious literature? (Cm)

- a. one hour or more
- b. one-half hour
- c. none

APPENDIX D

Items used by Spilka and associates (1977) to measure
Intrinsic-Extrinsic (I-E) and Committed-Consensual (Cm-Cn)
forms of personal religion, grouped according to scale.

INTRINSIC (INTRINSIC/COMMITTED) SCALE ITEMS

11. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services. (I)
39. If not prevented by unavoidable circumstances, I attend church (I)
 - a. more than once a week
 - b. about once a week
 - c. two or three times a month
 - d. less than once a month
2. I try hard to carry my religion over into all my other dealings in life. (I-Cm)
7. Quite often I have been keenly aware of the presence of God or the Divine Being. (I-Cm)
16. It is important to me to spend periods of time in private thought and meditation. (I-Cm)
18. My religious beliefs are what really lie behind my whole approach to life. (I-Cm)
24. Religion is especially important to me because it answers many questions about the meaning of life. (I-Cm)
37. I read literature about my faith or church. (a) Yes;
(b) No (I-Cm)
38. If I were to join a church group I would prefer to

join (1) a Bible study group or (2) and social fellowship. (I-Cm)

- a. I would prefer to join (1)
- b. I probably would prefer to join (1)
- c. I probably would prefer to join (2)
- d. I would prefer to join (2)

COMMITTED SCALE ITEMS

- 3. My ideas about religion are one of the most important parts of my philosophy of life. (Cm)
- 9. Tender concern for others is a means of finding joy in one's religion. (Cm)
- 14. My interest in and real commitment to religion is greater now than when I first joined the Church. (Cm)
- 15. Religion is a subject in which I am not particularly interest. (-Cm)
- 21. I often think about matters relating to religion. (Cm)
- 22. Believing as I do about religion is very important to being the kind of person I want to be. (Cm)
- 26. If my ideas about religion were different, I believe that my way of life would be very different. (Cm)
- 40. How much time during the week would you say you spend reading the Bible and other religious literature? (Cm)
 - a. one hour or more

b. one-half hour

c. none

EXTRINSIC (EXTRINSIC/CONSENSUAL) SCALE ITEMS

4. The church is most important as a place to formulate good social relationships. (E)
28. What religion offers me most is comfort when sorrows and misfortune strike. (E)
29. One reason for my being a church member is that such membership helps to establish a person in the community. (E)
30. It doesn't matter so much what I believe so long as I lead a moral life. (E)
31. Although I am a religious person I refuse to let religious considerations influence my everyday affairs. (E)
32. I pray chiefly because I have been taught to pray. (E)
33. A primary reason for my interest in religion is that my church is a congenial social activity. (E)
34. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being. (E)
35. The primary purpose of prayer is to gain relief and

protection. (E)

36. Although I believe in my religion, I feel there are many more important things in life. (E)
12. The purpose of prayer is to secure a happy and peaceful life. (E-Cn)

CONSENSUAL SCALE ITEMS

1. One of the most important aspects of religion is the religious ceremonies. (Cn)
5. Religion is most real to me during my attendance at public church or religious services. (Cn)
6. I do not think that the sequences of prayers, songs, etc., is very important in religious services. (Cn)
8. Every person needs to have the feeling of security given by a church. (Cn)
10. The more a religious service is ritualized the more it has meanings for me. (Cn)
13. The truly religious person believes honestly and wholeheartedly in the doctrines of his church.
17. The ritual of worship is a very important part of religion. (Cn)
19. I like to think that people all over are going through nearly the same ritual in their religious worship. (Cn)
20. I think that the placement and treatment of the various

articles of worship is very important in a worship service. (Cn)

23. The precision and orderliness with which religious ceremonies are performed is important. (Cn)

25. It is important to me that religious services be standardized. (Cn)

27. The aim of missionaries should be to establish church buildings where religious services and ceremonies can be conducted. (Cn)

APPENDIX E

Religious orientation items used in the current study
grouped according to scale

INTRINSIC ITEMS¹

43. The prayers I say when alone carry as much meaning and personal emotion as those said during church services.
45. I try hard to carry my religion over into all the other areas of my life.
55. It is important that I spend periods of time in private thought and mediation.

COMMITTED ITEMS

44. Concern for others is important if you want joy from religion.
48. Religion is a subject that interests me.
52. My interest in and commitment to religion is greater now than when I first joined the church.
53. My religious beliefs are important to my being the kind of person I want to be.
59. I often think about matters relating to religion.
60. If my ideas about religion were different, I believe my way of life would be very different.

EXTRINSIC ITEMS

42. Comfort when sorrow and misfortune strike is the most important thing that religion offers me.

47. One reason for my being a church member is that church membership secures a person's place in the community.
51. The most important function for a church is to provide a place where people can form good social relationships.
56. The purpose of prayer is to secure a happy and peaceful life.
61. A primary reason for my interest in the church is the pleasant social activities it offers me.

CONSENSUAL ITEMS

46. Religion is most real for me when I attend a public worship service.
49. Many people feel that the aim of missionaries should be to establish church buildings where religious services and ceremonies can be conducted.
50. The precision and orderliness with which religious ceremonies are performed is important.
54. One of the most important aspects of religion are the religious ceremonies.
57. I like to think that people all over the world are going through nearly the same ritual in their religious worship.

58. Every person needs to have the feeling of security given by a church.

NON-SCALE INTRINSIC/COMMITTED ITEMS

8. If not prevented by unavoidable circumstances, how often do you (did you) attend church or a church group?

more than once a week	two or three times a month
once a week	once every month
	rarely/never

- 10a. How frequently? (Asked if respondent answered yes to question 10, "Do you read the Bible?")

more than once a week	two or three times a month
once a week	once every month
	rarely/never

13. How important is religion in determining your approach to life?

1 Numbers preceding each statement correspond to their placement in the interview form.

APPENDIX F

Item-to-Scale Correlations for the Allport and Ross
Religious Orientation Scales

Below are selected intrinsic and extrinsic items taken from the Allport and Ross Religious Orientation Scales. These are the items with the highest item-to-scale correlations as found in the research of Feagin (Hunt and Ross, 1971).

Below each item is the reported item-to-scale correlation in the research of Feagin, Allport and Ross, and King and Hunt¹ (respectively).

INTRINSIC ITEMS²

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| 11. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services. (I) | .54 | .30 | .20 |
| 2. I try hard to carry my religion over into all my other dealings in life. (I-Cm) | .64 | .39 | .55 |
| 16. It is important to me to spend periods of time in private thought and meditation. (I-Cm) | .66 | .58 | .51 |
| 18. My religious beliefs are what really lie behind my whole approach to life. (I-Cm) | .67 | .50 | .62 |

37. I read literature about my faith or church. (a) Yes;

(b) No (I-Cm)

.71

.41

.46

39. If not prevented by unavoidable circumstances, I
attend church (I)

a. more than once a week

b. about once a week

c. two or three times a month

d. less than once a month

.56

.47

.36

EXTRINSIC ITEMS

4. The church is most important as a place to formulate good
social relationships. (E)

.59

.44

.39

28. What religion offers me most is comfort when sorrows and

.65

.49

.41

29. One reason for my being a church member is that such mem-
bership helps to establish a person in the community. (E)

.56

.47

.38

33. A primary reason for my interest in religion is that.
my church is a congenial social activity. (E)

.48

.50

12. The purpose of prayer is to secure a happy and peaceful life. (E-Cn)

.68

.51

.44

1 Hunt and King's scale contain a statement which was not included in the research of Allport and Ross or Feagin: "Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships and other memberships do."

2 The number preceding each statement corresponds to its position in the forty item scale used by Spilka et al (1977) as presented in Appendix 1.

APPENDIX G

Letter of Introduction

*The**Church of Brooklyn*

REVEREND

*Avenue at
Brooklyn, N. Y.*

July 8, 1982

Dear

I hope this note finds you well.

Soon you will be receiving a letter from Jacqueline Williams. Ms. Williams is a graduate student at the City University of New York where she is pursuing a Ph.D.. As part of her studies, she is conducting interviews with older individuals on their religious views, feelings, and experiences.

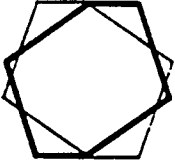
In the letter that you will receive, Ms. Williams will request your participation in her research. Further details of the study will also be included in this letter.

I have met with Ms. Williams to discuss this research. I found her to be a trustworthy individual and I believe her study is worthwhile. Therefore, I urge you to consider favorably participating in the study.

Sincerely,

APPENDIX H

Recruitment letter



The Graduate School and University Center
of the City University of New York

Center for Social Research
Graduate Center 33 West 42 Street, New York, N.Y. 10036
212 790-4330

Dear

Reverend of Church suggested I
contact you. I need your help,

I am a graduate student in psychology at the City University of New York. For my doctoral dissertation project, I am asking older individuals their views, feelings, and experiences with religion. Overseeing this project is Dr. Morton Bard, noted researcher and Director of the Center for Social Research of the City University.

Nowadays, one hears in the media a great deal about what Americans feel and think of religion and religious issues. However, there are relatively few research studies that focus on religion and, unfortunately, the typical subject in these studies is a young adult. Information is distributed and decisions are made based on conclusions drawn from such youth-focused studies. This makes for an inadequate understanding of an important topic. If the views of people of all ages are to be considered, then, information from older persons, such as yourself, is needed.

What do I need from you? Less than an hour of your time in which to ask your personal views, feelings, and experiences with religion. What does religion mean to you? How does it affect you? These are just two examples of questions you may be asked during an interview.

Enclosed you will find a stamped self-addressed postcard. Please indicate on it when and where you wish to be interviewed, at Church or in the convenience of your own home. If you do not want to be interviewed, please check the appropriate box. Drop the completed postcard in the mail. Within two weeks, our interviewer will contact you to confirm the interview time and place. Any information you give will be kept in the strictest confidence.

-- 2 --

If you have any questions, I can be reached at 789-1478 or 577-7700. Thank you for your attention to this request. I look forward to speaking with you in future.

Sincerely,

Jacqueline Williams
Jacqueline Williams

APPENDIX I

Student t Comparisons Using a Demographic Variable:

Age Differences

Mullins and Lopez (1982) in a study on the death attitudes of the elderly living in a nursing home found significant differences in attitudes between the younger elderly and the more senior elderly, those above 70 years of age. In an effort to assess any attitudinal differences based on age in the current study, the responses of the young-old respondents were compared to those of the old-old respondents. Those labeled as young-old are respondent who were under 74 years of age at the time of the interview ($n = 20$) and old-old respondents were at least 74 years old ($n = 19$). The Student t comparisons found very few significant differences between the young-old and old-old respondents.

Of the 81 t tests conducted, only seven comparisons reached significance (variables 17, 42, 58, 79, 80, 81, and 84). As expected, there were demographic differences between the younger elderly in the sample and the more senior elderly. These differences were in the expected directions (e.g., the old-old were more likely to be widowed). There was only one variable to reach significance that was related to respondents' personal death concerns, variable 42. The young-old were significantly more likely to indicate that they did not often think of death ($p = .04$). With

this one exception, there appears to be no significant difference in respondents' death attitude based upon age.

APPENDIX J

Student t Comparisons Using a Demographic Variable:
Educational Differences

Allport and Ross (1967) in their discussion of the indiscriminately pro-religious respondent suggested that such respondents' religious orientation was influenced by their level of formal education. While the relationship between the indiscriminately pro-religious orientation and the respondents' level of formal education failed to reach significance ($p = .06$), a further effort was made to assess the overall relationship between formal education and religious orientation.

In Student t analyses which compared respondents who had not finished high school ($n = 10$) with those who has 12 years or more of education ($n = 29$), there proved to be a significant relationship between education and religious orientation. Those respondents with a lower level of formal education were significantly more likely to be extrinsic-consensual respondents ($p = .006$). They were more likely to agree with the consensual and extrinsic statements than those respondents with more formal education. In fact, there was a significant difference in agreement between the groups on all but one of the consensual statements. The respondents with less education proved to be a more homogeneous group than those respondents with 12 or more years of education. The respondents with less education were unani-

mous in agreement on eight variables (variables 7, 25, 30, 50, 55, 63, 65 and 77), in contrast to only one, variable 51, for the high educational group.

However, there proved to be few significant differences between the low and high educational groups with regard to personal death concern and these differences centered on the degree of group adherence to a statement choice. Those respondents with less education were unanimous in their stated belief in heaven and in their desire for an afterlife (variables 25 and 30). They were also unanimous in saying that they would accept death rather than fight it if death seemed inevitable (variable 50). Do respondents with lower education "look forward to death" (variable 43)? While neither group affirmed that they looked forward to death, respondents with less education were more likely to express uncertainty rather than complete rejection of this statement. These four variables had the only significant t 's among the death concern variables.

References

- Alexander, I. E., & Adlerstein, A. (1959). Death and religion. In H. Feifel (Ed.), The meaning of death (pp.271-283). New York: McGraw-Hill.
- Allen, R. D., & Spilka, B. (1967). Committed and consensual religion: A specification of religion-prejudice relationships. Journal for the Scientific Study of Religion, 6, 191-206.
- Allport, G. W. (1963). Behavioral science, religion, and mental health. Journal of Religion and Health, 2, 187-197.
- Allport, G. W. (1966). Religion context of prejudice. Journal for the Scientific Study of Religion, 5, 447-457.
- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5, 432-443.
- Berman, A. L. (1974). Belief in afterlife, religion, religiosity and life-threatening experiences. Omega, 5, 127-135.
- Boyar, J. L. (1964). The construction and partial validation of a scale for the measurement of the fear of death. Dissertation Abstracts, 25, 2041. (University Microfilms No. 64-9228)
- Burrows, A. B. (1971). Fear of death and attitudes toward death as a function of religion. Dissertation Abstracts International, 32, 3630b. (University Microfilms No. 72-212)
- Cerny, L. J. (1977). Death perspectives and religious orientation a function of Christian faith with specific reference to being "born again". Dissertation Abstracts International, 38, 1872b. (University Microfilms No. 77-21, 524)
- Christ, P. E. T. (1961). Attitudes toward death among a group of acute geriatric psychiatric patients. Journal of Gerontology, 16, 56-59.
- Collett, L., & Lester, D. (1969). The fear of death and the fear of dying. Journal of Psychology, 72, 179-181.
- Cullman, O. (1958). Immortality of the soul or resurrection of the dead?: The witness of the New Testament London: The Epworth Press.

- Dickstein, L. S. (1972). Death concern: Measurement and correlates. Psychological Reports, 30, 563-571.
- Durlak, J. A. (1972). Measurement of the fear of death: An examination of some existing scales. Journal of Clinical Psychology, 28, 545-547.
- Faunce, W. A., & Fulton, R. (1958). The sociology of death: A neglected area of research. Social Forces, 36, 205-209.
- Feagin, J. R. (1964). Prejudice and religious types: A focused study of Southern fundamentalists. Journal for the Scientific Study of Religion, 4, 3-13.
- Feifel, H. (1956). Older persons look at death. Geriatrics, 11, 127-130.
- Feifel, H. (Ed.). (1959). The meaning of death New York: McGraw-Hill Book Company.
- Feifel, H. (1968). Attitudes toward death. Journal of Consulting and Clinical Psychology, 33, 292-295.
- Feifel, H., & Branscomb, A. (1973). Who's afraid of death. Journal of Abnormal Psychology, 81, 282-288.
- Feifel, H. (1974). Religious conviction and fear of death among the health and terminally ill. Journal for the Scientific Study of Religion, 13, 353-360.
- Feifel, H. (Ed.). (1977). New meanings of death New York: McGraw-Hill.
- Feifel, H., & Nagy, V. T. (1981). Another look at fear of death. Journal of Consulting and Clinical Psychology, 49, 278-286.
- Florian, V., & Har-even, D. (1963). Fear of personal death: Attribution, structure, and relation to religious belief. Journal of Personality and Social Psychology, 44(3), 600-607.
- Florian, V., & Har-even, D. (1983-84). Fear of personal death: The effects of sex and religious belief. Omega, 14, 83-91.
- Hertel, B. R. (1980). Inconsistency of beliefs in the existence of heaven and afterlife. Review of Religious Research, 21, 171-183.
- Hunt, R. A., & King, M. (1971). The intrinsic-extrinsic concept: A review and evaluation. Journal for the Scientific Study of Religion, 10, 339-356.

- Jackson, D. N., & Messick, S. (1967). Problems in human assessment. New York: McGraw-Hill.
- Jeffers, F. C., Nichols, C. K., & Eisanfer, C. (1961). Attitudes of older persons toward death: a preliminary study. Journal of Gerontology, 16, 53.
- Kahoe, R., & Dunn, R. (1975). The fear of death and religious attitudes and behavior. Journal for the Scientific Study of Religion, 14, 379-382.
- Kalish, R. A. (1963). Some variables in death attitudes. Journal of Social Psychology, 59, 137-145.
- Kalish, R. A., & Reynolds, D. K. (1976). Death and ethnicity: A psychocultural study. Los Angeles: University of Southern California Press.
- Kalish, R. A., & Reynolds, D. K. (1977). The role of age in death attitudes. Death Education, 1, 205-230.
- Kastenbaum, R., & Aisenberg, R. (1972). The psychology of death. New York: Springer and Company.
- Kastenbaum, R., & Costa, P. T., Jr. (1977). Psychological perspectives on death. Annual Review of Psychology, 28, 225-249.
- Keck, L. (1969). New Testament views of death. In L. O. Mills (Ed.). Perspective on death (pp. 33-98). Nashville, TN: Abingdon Press.
- Kimsey, L. R., Roberts, J. L., & Logan, D. L. (1972) Death, dying and denial in the aged. American Journal of Psychiatry, 129, 161-166.
- Kübler-Ross, E. (1969). On death and dying. New York: MacMillan.
- Kübler-Ross, E. (1974). Questions and answers on death and dying. New York: MacMillan.
- Kübler-Ross, E. (1976). Death: the final stage of growth. Englewood Cliffs: Prentice-Hall.
- Kübler-Ross, E., & Worden, J. W. (1977-78). Attitudes and experiences of death workshop attendees. Omega: Journal of Death and Dying, 8, 91-106.

- Kurleychek, R. T. (1976). Level of belief in afterlife and four categories of fear of death in a sample of 60+ year olds. Psychological Reports, 38, 228.
- Lamm, M. (1969). The Jewish way in death and mourning. New York: Jonathan David Publishers.
- Lester, D. (1967). Experimental and correlational studies of the fear of death. Psychological Bulletin, 67, 27-36.
- Lester, D. (1970). Religious behavior and fear of death. Omega, 1, 181-188.
- Marshall, V. W. (1975). Age and awareness of finitude in developmental gerontology. Omega, 6, 113-129.
- Marshall, V. W. (1980). Last chapters: A sociology of aging and dying. Monterey, CA: Brooks/Cole Publishing Company.
- McBrien, R. P. (1981). Catholicism (study ed.). Minneapolis, MN: Winston Press.
- McMordie, W. R. (1979). Improving measurement of death anxiety. Psychological Reports, 44, 975-980.
- McMordie, W. R. (1981). Religiosity and fear of death: Strength of belief system. Psychological Reports, 49, 921-922.
- Mills, L. O. (Ed.). (1969). Perspectives on death. Nashville, TN: Abingdon Press.
- Meyer, J. E. (1975). Death and neurosis. New York: International University Press, Inc.
- Minton, B., & Spilka, B. (1976). Perspectives on death in relation to powerlessness and form of personal religion. Omega: Journal of Death and Dying, 7, 261-268.
- Nelson, L. D., & Nelson, C. C. (1975). A factor analytic inquiry into the multidimensionality of death anxiety. Omega, 6, 171-178.
- Nelson, L. D. (1979). The multidimensional measurement of death attitudes: Construction and validation of a three factor instrument. The Psychological Record, 28, 525-533.
- Nelson, L. D., & Cantrell, C. H. (1980). Religiosity and death anxiety: A multidimensional analysis. Review of Religious Research, 21, 148-157.

- Osarchuk, M., & Tatz, S. J. (1973). Effects of induced fear of death on belief in afterlife. Journal of Personality and Social Psychology, 27, 256-260.
- Pandey, R. E., & Templer, D. (1972). Use of the Death Anxiety Scale in an interracial setting. Omega, 3, 127-130.
- Pollak, J. M. (1980). Correlates of death anxiety: A review of empirical studies. Omega, 10, 97-121.
- Rhudick, P. J., & Dibner, A. S. (1961). Age, personality, and health correlates of death concern in normal aged individuals. Journal of Gerontology, 16, 44-49.
- Reid, W. S., Gilmore, A. J. J., Andrews, G. R., & Caird, F. I. (1978). A study of religious attitudes of the elderly. Age and Aging, 7, 40-45.
- Sarnoff, I., & Corwin, S. M. (1959). Castration anxiety and fear of death. Journal of Personality, 27, 375-385.
- Shneidman, E. S. (1973). Deaths of man. New York: Quadrangle/The New York Times Book Company.
- Silberman, L. H. (1969). Death in the Hebrew Bible and apocalyptic literature. In L. O. Mills (Ed.), Perspective on death (pp. 13-32). Nashville, TN: Abingdon Press.
- Spilka, B., & Minton, B. (1975, October). Defining personal religion: psychometric, cognitive and instrumental dimensions. Paper presented at the 1975 Convention of the Society for the Scientific Study of Religion, Milwaukee, WI.
- Spilka, B., Stout, L., Minton, B., & Sizemore, D. (1977). Death and personal faith: a psychometric investigation. Journal for the Scientific Study of Religion, 16, 169-178.
- Staff. (1982, Spring). ResponseAnalysis (sampler), 23, p.1.
- Stevenson, B. (Ed.) (1948). McMillan book of proverbs, maxims and famous phrases. New York: MacMillan Co.
- Steward, D. (1975). Religious correlates of the fear of death. Journal of Thanatology, 3, 161-164.
- Swenson, W. M. (1961). Attitudes toward death in an aged population. Journal of Gerontology, 16, 50-56.
- Templer, D. (1970). The construction and validation of a death anxiety scale. Journal of General Psychology, 82, 165-177. (a)

- Templer, D., & Dotson, E. (1970). Religious correlates of death anxiety. Psychological Reports, 26, 895-897. (b)
- Templer, D. (1971). Death anxiety as related to depression and health of retired persons. Journal of Gerontology,
- Templer, D. (1972). Death anxiety: extraversion, neuroticism, and cigarette smoking. Omega, 3, 53-56. (a)
- Templer, D. (1972). Death anxiety in religiously very involved persons. Psychological Reports, 1972, 31, 361-362. (b)
- Templer, D., & Ruff, C. (1975). The relationship between death anxiety and religion in psychiatric patients. Journal of Thanatology, 3, 164-168.
- Weisman, A. D. (1972). Death and denial. New York: Behavioral Publications, Inc.