Death Anxiety and Religious Orientation

Dennis Wagner

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DEATH ANXIETY AND RELIGIOUS ORIENTATION

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Master of Arts

by
Dennis E. Wagner
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DEATH ANXIETY AND RELIGIOUS ORIENTATION

Recommended

Co-Director of Thesis

Co-Director of Thesis

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Dean of the Graduate College
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A sample of the general population from a small mid-South town was divided according to orthodoxy, devotionalism, denomination, and denominational upbringing. Degree of death anxiety was assessed by the Templer Death Anxiety Scale. A multiple regression analysis of the data indicated that non-orthodox individuals or individuals having no religious affiliation had significantly lower death anxiety than their heterodox or religiously affiliated counterparts. Devotionalism, denomination and denominational upbringing were not significantly related to death anxiety. Several covariates were found to be related to death anxiety: death of a family member or friend (within one year), education, and father living or dead. Though these variables may suggest future research and clinical implication, they were not significant enough to act as predictors of death anxiety.
Death Anxiety and Religious Orientation

Introduction

Interest in the area of death attitudes has grown rapidly in the past few years. Prospective plans for dealing with the aged, the terminally ill, and the bereaved have been developed (e.g., Kubler-Ross, 1969; Oates, 1976). In addition, the effects of death attitudes on personality have been investigated (Becher, 1974; Kubler-Ross, 1969, 1974, 1975; Kavanaugh, 1972). Though interest in the area is now at an all-time high, it was first sparked by Faunce and Fulton (1958) who pointed out that death attitudes had generally been viewed from a philosophical stance rather than through empirical research. Since then, factors influencing death attitudes, particularly death anxiety or fear of death, have been found to be age (e.g., Swenson, 1961; Kimsey, Roberts & Logan, 1972; Diggory and Rothman, 1961), economic and social class (e.g., Feifel, 1974), sex (e.g., Feifel, 1974; Diggory & Rothman, 1961; Dirluk, 1973; Handal, 1969), recent or impending bereavement (e.g., Feifel, 1974, Loveland, 1968), education and hometown size (e.g., Chasin, 1971), and religious orientation (e.g., Jeffers, Nichols & Eisdorfer, 1961; Feifel, 1974; Diggory & Rothman, 1961).

The present research deals with this final factor, religious orientation. Since Christian churches offer blissful afterlife rather than termination as a result of death, it could be argued that the more an individual is in agreement with his church's principles (i.e., the more orthodox he is) the less likely he is to fear death. Similarly the closer
an individual is to his God (i.e., the more devout he is), the less likely he is to fear death. Each denomination has a unique way of coping with life and death and, therefore, it is conceivable that a difference in the degree of death anxiety exists between them. Finally, even though many people leave their churches or change to other denominations, it is feasible that the religious upbringing may affect the degree of death anxiety. Orthodoxy, devotionalism and denomination were reviewed in terms of literature on death anxiety and religious orientation. Though no studies have dealt specifically with the constructs of orthodoxy and devotionalism, many have dealt with similar concepts, generally termed "religiosity," which involve many of the same factors. Results of studies comparing religiosity with death anxiety have been conflicting; some have indicated no significant correlation while others have suggested that high religiosity is related to high death anxiety. Similarly, studies investigating the relationship between denomination and death anxiety have yielded conflicting results. Some investigators have found variations in death anxiety across denominations, others have reported no correlation.

Religiosity

No Correlation. Among those reporting no correlation between death anxiety and religiosity was Pattison (1972). The psychiatrist spoke from experience rather than empirical study and concluded that the devoutly religious person seemed more influenced by his culture than by his religion. He felt that people cope with dying in the same manner in which they have dealt with previous life stress and crisis rather than according to their intellectual beliefs. Thus, emotional coping styles assumed primacy over intellectual or religious affirmations.
Similar conclusions were advanced by Alexander and Alderstein (1959). Their research dealt specifically with how reactions of two groups of college students to death stimuli were related to a variable they termed religiosity. Death anxiety measures included the following: a word association task with GSR changes; Osgood's Semantic Differential technique; a questionnaire to determine attitudes; and an open-ended interview concerning attitudes toward experience with death. The religious group studied had strong religious beliefs and had participated in religious practices continuously since childhood. The nonreligious group included individuals with no religious affiliation though they were not negatively disposed toward religion. The results indicated no quantitative differences in measured death anxiety between religious and nonreligious students; however, in both groups there were qualitative differences in the way death was perceived. The nonreligious individuals saw death as the natural end of life and emphasized life and the rewards of living. Death was not a salient phenomenon for them. The religious individuals, on the other hand, were much more likely to think about death more frequently and to have had earlier and clearer memories about death. They expressed more feeling when confronted with death and appeared much more comfortable in discussions about the subject.

A related study has also revealed no correlation between religiosity and death anxiety. Williams and Cole (1968) found that their death perception anxiety measures (i.e., The Perception of Death Scale and GSR amplitude to death-related terms) failed to reveal any significant differences between the high religiosity and low religiosity groups of students. Their measures of religiosity included extent of church attendance and church related activity. Though not significant, their results indicated a
tendency for religiously intermediate persons to exhibit a greater degree of self-reported concern about death and physiological arousal to death related stimuli than the high or low religiosity persons. The implication was that the ambivalence in basic religious beliefs and actions may produce more uncertainty and insecurity than high or low degrees of religious beliefs and actions. It should be noted, however, that this final observation is based on nonsignificant correlations.

Feifel (1974) investigated the relationship between religious persuasion and fear of death by using physically healthy people and terminally ill patients as subjects. A multilevel criterion of religiosity included religious creed, religious self-rating, and religious behavior. Religious creed was determined by one's concept of God and belief in a life after death, religious self-rating by subjective appraisal, and religious behavior by frequency of attendance at religious services. Individuals were categorized as religious if they received God as "a divine being" or "power greater than oneself" on a seven-point rating scale, specified belief in some form of life after death on a five-point scale, rated themselves as being "very religious" or "somewhat religious" on a four-point scale, and indicated their frequency of attendance at religious services as being at least once a week. Additionally, the subject indicated an intrinsic religious outlook on the Allport and Ross Religious Orientation Measures. People were classified as non-religious when they indicated disbelief in the idea of God, denied any existence of an afterlife, rated themselves as "somewhat nonreligious" or "very nonreligious," and indicated that they attended religious services less than once a year.

Death measures included conscious fear of death, death imagery, and below-the-level-of-awareness reactions to fear of death. Conscious fear of death was obtained by asking, "Are you afraid of your own death?"
Why?", and classifying answers into a five-category grouping. Death imagery was measured by asking the person to respond to "What ideas or pictures come to your mind when you think of your own death?". Answers were categorized as positive, ambivalent, or negative. Additionally, fantasy notions about personal death were obtained by asking the subject to rate the following six bipolar adjectives on a seven-point scale: dirty-clean, fair-unfair, dark-light, gentle-violent, cruel-kind, and solarity-sociable. Below-the-level-awareness ideas were secured by a Word Association Test consisting of twenty nouns, ten of which were neutral, and by a Color Word Inference Test wherein the subject was required to respond to the color of a death word or a neutral word and to disregard its content. No differences in the intensity of fear of death were found between high religiosity and low religiosity in either the physically healthy or terminally ill group. Also, death fantasies did not indicate any meaningful differences between high and low religiosity subjects.

Kalish (1963) explored religious beliefs and their relationships to overtly expressed fear of death and attitudes toward methods of destroying life, including birth control, euthanasia, abortion, capital punishment, and wartime killing. The religious beliefs included belief in God and belief in afterlife. The total form used consisted of Likert-type items, half of which dealt with topics concerning the pertinent items (described above), the other half dealt with general current events. All the items were randomly presented. Results showed belief in God to have a significant negative correlation with approval of birth control, euthanasia, and abortion, and a significant positive correlation with approval of capital punishment and belief in life after death. Belief in afterlife showed a significant negative correlation with approval of birth control.
and a positive correlation with approval of capital punishment. Fear of death had a negative correlation with approval of abortion. Fear of death and religious beliefs, however, were not significantly correlated. In other words, though religious points (belief in God and afterlife) are related to attitudes toward death, the personal, subjective fear of death itself appears unaffected by religious belief.

Further support for the hypothesis that there is no correlation between death anxiety and religious belief and activity was found in a study by Templer and Dotson (1970). These researchers employed a questionnaire of religious items designed to measure affiliation, strength of attachment and conviction, change in affiliation, belief in life after death, and attitudes toward the literal interpretation of the Bible. Templer's Death Anxiety Scale (DAS) (Templer, 1969, 1970) was also administered to assess death anxiety. The DAS, it should be noted, is the only scale dealing with death anxiety which to date has been adequately validated. This same scale was used by Berman and Hays (1973) in studying attitudes toward life, death, and afterlife. In Berman and Hays' study, Osaruch and Tatz's Belief in Afterlife Scale--Form A was employed as a religious measure. In both studies the findings suggested the correlation between death anxiety and afterlife beliefs to be insignificant.

High religiosity-low death anxiety. Other researchers have found high religiosity to be negatively correlated with fear of death. Becker (1973) offered the following explanation for these findings: "The two ontological motives of the human condition are met: the need to surrender oneself in full to the rest of nature, to become a part of it by laying down one's whole existence to some higher meaning; and the need to expand oneself as an individual heroic personality" (p. 203). In other words, religion solves
the problem of death by giving the possibility of heroic victory in freedom and solving the problem of human dignity at its highest level. Becker also felt that religion relieves the absurdities and frustrations of earthly life and gives hope of transcendence. Kubler-Ross (1974) stated that from her experience, intensely religious people accept death more easily than do most others ' if they are authentic and have internalized their faith" (p. 161).

Adding empirical support to these statements, Templer (1972) found that the religiously involved person, who is more religious in the traditional sense, has a lower death anxiety (as measured by the DAS) than those less traditionally religious. That is, those subjects who had a strong attachment to their religious belief system, frequently attended religious functions, were certain of life after death, believed in a literal interpretation of the Bible, and judged the strength of their convictions to be strong compared to those of others, apparently had lower death anxiety.

In a study of death attitudes among the ages, Swenson (1965) had his subject respond to a checklist of death related items. The items fell into three categories, those expressing an optimistic attitude toward death, those indicating a more pessimistic attitude, and those that seemed to reveal an evasive attitude. Persons engaging in frequent religious activity or demonstrating a fundamental type of religion (orthodoxy) evidenced a very positive attitude toward death whereas those with little religious activity or interest either evaded reference to death or feared it. Controlling age as a factor while using Swenson's checklist and another measure of religious orthodoxy, Chasin (1971) found identical results.

Finally, Martin and Wrightsman (1965) investigated religious participation (Religious Participation Scale), fundamentalism and nearness to God (Brown's Religious Attitude Inventory), and nearness to death in
one's own family as correlates of fear of death (sentence completion techniques and Sarnoff and Corwin's Fear of Death Scale). Those individuals who reported greater religious participation indicated less fear of death. The variables of death contact and religious attitudes were not significantly related to attitudes toward death. Similar findings have been reported by Jeffers, Nichols, and Eisdorfer (1961), Burrows (1971), and Carey (1974).

**High religiosity-high death anxiety.** In contrast to the above studies, other researchers have found high religiosity to be associated with high fears of death. Faunce and Fulton (1958) grouped their interviewees according to the results of a sentence completion task into those who were temporally oriented and those who were spiritually oriented. The respondents who were temporally oriented toward death were those who tended to think of death primarily in terms of what happened to the body either in relation to burial or other funeral customs or the actual condition of the dead body. The spiritually oriented respondents were those who were more likely to see death as a transitional stage, a prelude to a new life, and not a final end. The spiritually oriented respondents were also more likely to express fear of death or of the dead in their answers than were the temporally oriented.

Feifel (1969) found similar results. The main beliefs that contrasted Feifel's religious group with the nonreligious group were amount of credence in or lack of credence in a divine purpose in the operations of the universe, in a life-after-death, and acceptance of the Bible as revealing God's truths. The religious person, when compared to the nonreligious individual, feared death and emphasized the discontinuance of life on earth--what is left behind--rather than what will happen after death. Feifel felt stress for the religious person twofold: concern with
afterlife matters as well as with cessation of present earthly experiences. The data indicated that even the belief in going to heaven was not a sufficient antidote for doing away with personal fear of death in some religious persons.

**Denomination**

Another factor to be considered in terms of its relationship with death anxiety is that of denomination. By dividing groups into religious affiliations or denominations, more definitive aspects of death anxiety can be considered. Robertson (1972) stated that denomination is important in America because: "1. There is no established church attracting a lot of highly nominal adherents. Though Protestants are in the majority, they are split into a large number of denominations. 2. Ethnic identity in America is closely bound up with religious identity" (p. 8). Also, religious denomination emphasizes to some degree five different dimensions of commitment: religious belief, religious effects, religious behavior, religious knowledge, and religious feelings (Glock, 1972). Klemmack and Cardwell (1973) stated that manifestations of each dimension of commitment may vary among denominations. For example, belief for the Protestant is not the same as belief for the Catholic because the items assumed to measure belief for Protestants are confused with effects. In other words, when considering belief, the Protestant also considers its effects on his behavior while the Catholic considers it relative to the rituals of the church. When considering the ritualism dimension, the case is even clearer. Adult ritualism for Catholics encompasses a much broader range of behaviors than it does for Protestants. Socialization experiences of the individual vary between specific denominations leading to a somewhat different definition of religious commitment dependent on the denomination. Clark (1966) agreed with this and added that people are not only molded by their
denomination, but also may choose a particular denomination because it suits their particular need for religious experience.

Further evidence has indicated the existence of differences in religious belief, religious practice, anxiety, and dogmatism among six denominations—Baptist, Methodist, Presbyterian, Catholic, Lutheran, and Episcopal (Glas, 1971). Glas found Baptist students to be more literal, conservative, or fundamental in their theology interpretations while the Lutheran and Episcopal groups were more liberal in doctrine or more rejecting of traditional theology. The Baptist group was also significantly higher than other denominations in frequency or degree of participation in traditional religious activities. The Lutheran and Episcopal groups were the lowest groups on this religiosity (practice or participation) scale. On the anxiety measure, only in two cases were the differences between denomination groups significant. The Catholic and Presbyterians were found to be more anxious than the Episcopal groups, which scored "most secure" on the anxiety measure. The Episcopal group was also significantly lower than the Baptist, Presbyterian, Methodist, and Catholic groups on the dogmatism measure. In contrast, Brown (1962) found little empirical support for personality differences between those in the different denominations.

Disagreement is also found in studies considering denominational differences in death anxiety. Faunce and Fulton (1958) found greater fear of death among Catholics and fundamentalist Protestant groups than among other Protestant groups. In contrast, Pearlman, Stotsky, and Dominick (1969) found Catholic nursing home personnel to be more composed in dealing with death of patients under their care and found their religion more comforting than did the non-Catholic personnel. On the other hand, Lester (1970) found no differences in death anxiety between groups of
Catholics, Protestants, and Jews or between groups of Episcopalians and Presbyterians. Similarly, Martin and Wrightsman (1965) found no significant differences between members of the Church of Christ, Methodist Church, and Christian Church.

All of the studies cited above which addressed relationships between death anxiety and denomination were concerned with present denomination. No studies have been conducted relating religious upbringing to death anxiety but such a relationship is conceivable. Religion is, among other things, an age-linked variable. Recent studies (e.g., Finner, 1970; Johnson, Strommen, & Underwager, 1971) have found that religion tends to be consciously chosen or rejected at about the age of sixteen. People who are more intense in their religion are more likely to be either in the mid-teens or over fifty (Robertson, 1972). The period of life associated with the development of religious identification coincides with the development of death attitudes. Nagy (1948), Watterson and Knudson (1960), and Pattison (1972) discussed changing attitudes toward death in childhood. The consensus was that the realistic idea of death as inevitable is present by the age of ten to thirteen.

Summary

Previous studies concerning the relationship between death anxiety and the religious factors of orthodoxy, devotionalism, and denomination are equivocal. Variation is the definition and measurement of these factors make comparisons across studies difficult. No studies have dealt specifically with the constructs of orthodoxy and devotionalism, though many have dealt with similar concepts which have generally been termed religiosity. This term involves varying combinations of the orthodoxy and devotionalism factors. Similarly, though denomination has been shown to be associated with differing religious outlooks, no
conclusive evidence has been offered concerning differences in death anxiety across denominations. Finally, although studies have dealt with the development of the death concept in childhood, none has attempted to study the relationship between the two factors of denominational upbringing and adult death anxiety.
Problem

Three major conflicts are apparent in the literature relating religiosity to death anxiety. The first is the inconsistent use of the term religiosity. Measures of religiosity vary, making comparisons among studies difficult. The factors involved need to be regrouped and divided according to clusters defining more specific aspects of religiosity. Two such clusters are orthodoxy and devotionalism.

The second conflict is that there has been an inadequate investigation of interdenominational differences in death anxiety. Studies have compared, at most, three denominations—too few for generalizations to the conclusion that denominations do not vary in death anxiety. In addition, though researchers have investigated preadolescent death concepts and preadolescent religious concerns, no studies were found comparing their combined effect of adult death anxiety.

The third conflict is that there is a lack of consistency in the measurement of death anxiety. Varying aspects of death have been employed, confounding any comparisons. Also, it should be noted, the validity of only one scale, Templer’s Death Anxiety Scale (DAS) (Templer, 1970), has been adequately tested (Templer & Ruff, 1971).

To meet these three problems, the religious factors orthodoxy, devotionalism, present denomination and denominational upbring were considered in terms of how they were associated with death anxiety (as measured by the DAS). In addition, to control for their possible confounding effects on the relationship between religious factors and
death anxiety, variables found in previous research to be related to death anxiety were included. These were: sex, educational level, income, hometown size (Chasin, 1971), occupation (Stacey & Marking, 1952), age (Feifel, 1959), living companions (Swenson, 1961), type of residence (Shrut, 1968), frequency of death related discussions, personal or family illness or death, and living or deceased parents (and the age at their death) (Handal, 1969).

The following hypotheses were investigated: 1. Orthodox individuals are lower in death anxiety than heterodox individuals; 2. Individuals high in devotionalism are lower in death anxiety than individuals low in devotionalism; 3. Members of some denominations have significantly higher death anxiety than other denominational members: non-Catholics are higher than Catholics; 4. Denominational upbringing is significantly related to death anxiety: individuals with non-Catholic upbringing have higher death anxiety than those with Catholic upbringing.
Method

Subjects

One hundred fifty residents of a small mid-South town were asked to participate in this study. These subjects were chosen with the aid of a random numbers table (Edwards, 1972) and the community telephone directory (March, 1975). The five digit numbers in each column of the random number table was applied to the telephone directory as follows: The first two digits were taken as the page number, those numbers representing pages not containing directory listings were rejected. The middle digit was used as the column number—1, 4, and 7 representing the first column; 2, 5, and 8 representing the second column; and 3, 6, and 9 representing the third column. The last two digits were used as the number of the listing (counting names rather than telephone numbers), counting down. Subjects were then stratified according to self-reported denomination.

Instruments

Death Anxiety. The Templer Death Anxiety Scale (Appendix A) was used to assess death anxiety and has been validated by two separate investigative procedures: 1) psychiatric patients who were presumed to have high death anxiety based on hospital chaplain referrals, nurses’ reports, and patient records, were found to have significantly higher DAS scores than control patients; 2) DAS scores had a correlation of .74 with the Boyer Fear of Death Scale, another death anxiety questionnaire which was shown to have mild validity, and with a sequential work association task. A test-retest reliability of .83 between two sets of DAS scores was demonstrated by administration three weeks apart. Also, a correlation coefficient of .76
demonstrated reasonable internal consistency. The response sets of social desirability and agreement response tendency did not correlate significantly with DAS scores (Templer, 1969, 1970).

Orthodoxy. Lenski's Doctrinal Orthodoxy Scale (Appendix B) was used as a measure of orthodoxy. Orthodoxy was defined as that orientation which stresses intellectual assent to prescribed doctrines. Those who are orthodox, therefore, are those who accept the prescribed doctrines of their church; the heterodox are those who deviate from these intellectual norms to a greater or lesser degree. In Lenski's original study, doctrinal orthodoxy proved more frequent among Catholics than among Protestants. Sixty-two percent of the Catholic respondents took an orthodox stance on all items, compared with 38% of the black Protestants and 32% of the white Protestants. The heterodox tended to accept the majority of the six basic doctrines. No information on the validity or reliability of this scale is available. The same questions, however, were included in a study of Madron, Nelson, and Yokley (1974) after being selected by factor analysis from a large pool of questions drawn from several scales measuring orthodoxy.

Devotionalism. Lenski's Devotionalism Scale (Appendix C) was used as a measure of devotionalism. Devotionalism is that orientation which emphasizes the importance of private or personal communion with God. The degree of a person's commitment to this orientation is measured by the frequency with which he prays and the frequency with which he seeks to determine God's will when he has important decisions to make. No information on the validity or reliability of this scale was available at this time but the items were also selected by Madron, Nelson, and Yokley (1974) by factor analysis from a pool of questions drawn from several scales measuring devotionalism.
The two scales developed by Lenski are independent of each other. An r of .23 indicates the modest character of the relationship between them. This probably stems from the fact that devotionalism is a more active behavioral type of religious orientation especially when compared with doctrinal orthodoxy which is an extremely passive, intellectual orientation.

Design

The dependent variable was death anxiety and was measured by the Templer Death Anxiety Scale. The prediction variables were denominational upbringing, denomination, orthodoxy, and devotionalism. The control variables were sex, age, income, educational level, occupation, parental occupation, living companions, type of residence, frequency of death related discussions, personal or family illness, family and acquaintance illness or death, and living or deceased parents (or the age of death).

Procedure

Using the telephone numbers generated using the procedure described above, the potential volunteers were contacted for a brief telephone interview (See Appendix D). The individuals who agreed to participate in the study were sent the questionnaire containing the three scales and the various control questions (See Appendix E). This questionnaire and a self-addressed, stamped envelope were mailed not later than the day following the telephone interview. If the questionnaires had not been returned by the people within two weeks after the initial contact, the volunteers were contacted again by phone and urged to complete and return the questionnaire.

Scoring

Nine of the fifteen items that comprised the DAS were keyed "true" and six were keyed "false." Scoring was accomplished by adding the responses
that were consistent with the key. From this, scores for each subject were obtained, ranging potentially from 0 to 15. Similarly, a score of seven on the Doctrinal Orthodoxy Scale identified the subject as orthodox; anything less identified the subject as heterodox. Subjects were ranked high in devotionalism if 1) they reported praying more than once a day, plus asked what God would have them do either often or sometimes, or if, 2) they reported praying once a day, but often asked what God would have them do.
Results

The hypothesized relationship between orthodoxy, devotionalism, denomination, and denominational upbringing and death anxiety were not found. Denomination and orthodoxy, however, did account for a significant amount of variance in death anxiety.

To determine the predictive value of the variables employed, a multiple regression analysis was conducted. The results are summarized in Table 1. All of the predictor variables and covariates accounted for 33% of the variance in death anxiety scores. The religious variables accounted for 9% of the variance. Further analysis by Pearson correlation, reported in Table 2, showed several significant relationships between the variables investigated and death anxiety. (More detailed reporting of the results relating to each hypothesis follows.)

Hypothesis 1: Orthodoxy

Orthodox individuals are lower in death anxiety than heterodox individuals.

Orthodoxy did account for a significant amount of the variance in death anxiety, but not in the hypothesized direction, $F (1, 122) = 8.56$, $R^2 = .048$, $p < .005$. Orthodoxy was also found to be positively correlated with death anxiety, $r = .1407$, $p < .05$. Certain of the items on the orthodoxy scale also proved to have significant positive correlations with death anxiety: belief that God answers people prayers, $r = .1978$, $p < .01$; belief that God, like a Heavenly father, watches over people, $r = .1912$, $p < .01$; belief that when they are able, God expects people to worship
Table 1
Multiple Regression
Summary Table
(Religious Variables)

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</tr>
<tr>
<td>before age twelve</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Religious preference</td>
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<td>0.03018</td>
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<td>1/123</td>
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<td>Devotionalism</td>
<td>0.33167</td>
<td>0.01199</td>
<td>2.17</td>
<td>1/121</td>
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Table 2
Pearson Correlations
(Variables with Death Anxiety)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation/Significance</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Devotionalism</td>
<td>0.1348/0.050</td>
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<tr>
<td>Religious Preference</td>
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<td>Prot. Denomination</td>
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<td>Rel. before age twelve</td>
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<tr>
<td>(Prot/Cath/Jew)</td>
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<tr>
<td>Prot. Denomination before age twelve</td>
<td>-0.0254/0.365</td>
</tr>
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<td>Orthodoxy items:</td>
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<tr>
<td>God answers prayers</td>
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<td>Belief in God</td>
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<tr>
<td>Belief in Life after death</td>
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<td>Reward or punishment in afterlife</td>
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<tr>
<td>Obliged weekly worship</td>
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<tr>
<td>God like Heavenly father</td>
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<td>Jesus God's son</td>
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<td>Frequency of prayer</td>
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<td>Decision making</td>
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weekly in their churches, $r = .1353$, $p < .05$, belief in God's existence $r = .2002$, $p < .01$; belief in life after death, $r = .2510$, $p < .001$. It should be noted that those responses which were correlated with higher death anxiety produced a near death anxiety score equal to that of the general population. In other words, responses in the orthodox directions were correlated with average death anxiety whereas responses in the heterodox direction were correlated with lower death anxiety.

**Hypothesis 2: Devotionalism**

Individuals high in devotionalism are lower in death anxiety than individuals low in devotionalism.

Contrary to this hypothesis, the results showed that devotionalism did not account for a significant amount of the variance in death anxiety, $F(1, 121) = 2.17$, $p > .05$, nor were devotionalism or any of the scale's items significantly correlated with death anxiety.

**Hypothesis 3: Denomination**

Members of some denominations have significantly higher death anxiety than other denominational members; non-Catholics are higher than Catholics.

This hypothesis was not verified. The results indicated that though denominational differences did not account for a significant amount of the variance in death anxiety, religious preference (i.e., denomination versus no denomination) did significantly account for some of the death anxiety variance obtained, $F(1, 123) = 5.10$, $R^2 = .03$, $p < .05$. This same variable was positively correlated with death anxiety: individuals with a religious preference (denomination) had significantly higher death anxiety than those who claimed no religious affiliation, $r = .1556$, $p < .05$. 

Hypothesis 4: Denominational Upbringing

Denominational upbringing is significantly related to death anxiety: individuals with non-Catholic upbringing have higher death anxiety than those with Catholic upbringing.

In the present study, denominational upbringing did not account for a significant amount of the variance in death anxiety, $F(1, 125) = .000$, $p > .05$, nor did it correlate with death anxiety.

Covariates

An additional multiple regression analysis, reported in Table 3, indicated that certain of the covariates accounted for significant amounts of the dependent variable variance observed. The covariates which accounted for the most variance were the recent death of a family member (within one year), $F(1, 148) = 10.38$, $R^2 = .031$, $p < .025$; education, $F(1, 147) = 5.11$, $R^2 = .031$, $p < .05$; father living, $F(1, 144) = 3.93$, $R^2 = .022$, $p < .05$; race, $F(1, 146) = 4.34$, $R^2 = .027$, $p < .05$; and age when and if mother died, $F(1, 145) = 5.40$, $R^2 = .031$, $p < .025$. The last two of the variables, race and age at mother's death, cannot be considered true factors in death anxiety. While blacks had a higher death anxiety than whites, the small number of black subjects (6), particularly in relation to number of white subjects (139), make generalizing this finding to an entire race or even to the community involved in the investigation impossible. The other variable falsely related to death anxiety was the individual's age at the time of his mother's death. The results indicated that the younger a person is at the time of this death the greater the degree of death anxiety. Examining the frequency of cases at each age level reveals that almost all of the levels contain one one or two cases. More subjects must be involved to justify the generalization of the finding.
<table>
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<th>Variable</th>
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<th>% Additional Variance</th>
<th>F(p)</th>
<th>df</th>
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<td>0.06528</td>
<td>10.34 (.005)</td>
<td>1/148</td>
</tr>
<tr>
<td>Education</td>
<td>0.07667</td>
<td>0.03140</td>
<td>5.11 (.05)</td>
<td>1/147</td>
</tr>
<tr>
<td>Race</td>
<td>0.12326</td>
<td>0.02658</td>
<td>4.43 (.05)</td>
<td>1/146</td>
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<tr>
<td>Age at mother's death</td>
<td>0.15476</td>
<td>0.03150</td>
<td>5.40 (.025)</td>
<td>1/145</td>
</tr>
<tr>
<td>Father living</td>
<td>0.17720</td>
<td>0.02244</td>
<td>3.93 (.05)</td>
<td>1/144</td>
</tr>
<tr>
<td>Age</td>
<td>0.19204</td>
<td>0.01483</td>
<td>2.62</td>
<td>1/143</td>
</tr>
<tr>
<td>Number of children</td>
<td>0.19830</td>
<td>0.00626</td>
<td>1.11</td>
<td>1/142</td>
</tr>
<tr>
<td>Frequency of church</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td>0.20485</td>
<td>0.00655</td>
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<td>1/141</td>
</tr>
<tr>
<td>Residence</td>
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<td>0.00562</td>
<td>1.00</td>
<td>1/140</td>
</tr>
<tr>
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<td>Occupation</td>
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<td>0.00479</td>
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<td>Marital Status</td>
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<td>0.00397</td>
<td>.70</td>
<td>1/136</td>
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<td>Age of father's death</td>
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<td>1/135</td>
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<td>Father's occupation</td>
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<td>1/134</td>
</tr>
<tr>
<td>Illness of family member or friend</td>
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<td>1/133</td>
</tr>
<tr>
<td>Median income</td>
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<td>1/132</td>
</tr>
<tr>
<td>Death discussions</td>
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<td>1/131</td>
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<td>Mother's occupation</td>
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<td>1/130</td>
</tr>
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<td>0.00019</td>
<td>.03</td>
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</table>
Discussion

In the present study, four hypotheses were tested: 1) Orthodox individuals are lower in death anxiety than heterodox individuals; 2) Individuals high in devotionalism are lower in death anxiety than individuals low in devotionalism; 3) Members of some denominations have significantly higher death anxiety than other denominational members; non-Catholics are higher than Catholics; 4) Denominational upbringing is significantly related to death anxiety; individuals with non-Catholic upbringing have higher death anxiety than those with Catholic upbringing.

There were significant correlations between two religious variables (orthodoxy and religious preference) and death anxiety. However, relevant variables were not found to be adequate as predictors of death anxiety when other factors were controlled.

Hypothesis 1: Orthodoxy

Orthodoxy's positive relationship with death anxiety could be interpreted as meaning that those people who adhere to the basic tenets of the Christian churches have higher death anxiety than their heterodox counterparts. To examine this in more detail, the individual correlations found between death anxiety and the items on the Orthodoxy Scale will be discussed.

The orthodoxy item which had the greatest correlation with death anxiety was belief in life after death. Those individuals who did not believe in or were unsure of an afterlife had a lower death anxiety than those believing in an afterlife. Faunce and Fulton (1958) and Felfel (1969)
found similar results with their populations. These researchers found that non-religious individuals were more likely to view death as termination of bodily function and concern with the welfare of loved ones or matters left unfinished (Feifel). Such individuals might not have to fear the added threat of devastation succeeding death. With the above view, life can be experienced without ones' being constantly guilt-conscious, without being concerned that death, possible at any moment, will cause the individual to suffer eternal doom for unreconciled sins. A question might then arise: Why is such religious guilt more strongly related to death anxiety than is the more temporal guilt? This question might be resolved by comparing type and degree of sense of responsibility with death anxiety (DAS) and with belief in afterlife. Further breakdown of the categories should include more specific aspects of death anxiety: distinguishing between fear of death and fear of dying, concern over self-preservation and concern over the preservation of others, etc. To date, no such scale has been validated. In addition, the type of belief in life after death should be defined: heaven or hell, reincarnation, purgatory, obliteration for the damned or eternity for the saved, etc. Examination of intercorrelations would further define the nature of death fear.

Another possible explanation for the positive relationship between death anxiety and belief in afterlife is that the nonbeliever, in order to deal with the eventuality or possibility of non-existence, cognitively assimilates it into a gestalt. In other words, he may consciously alter his attitude toward death to avoid any negative emotion associated with termination. A longitudinal study might be employed to measure changes in attitudes toward death and afterlife over several years. It would seem likely that the individual who copes by such methods will do so in
other areas (e.g., economic and social) as well. Personality assessment instruments or interviews might be used in conjunction with death anxiety and afterlife belief measures as a method for obtaining such data.

Another plausible explanation for the belief in afterlife-death anxiety relationships is the way in which death anxiety is handled. Alexander and Alderstein (1959) suggested that the non-religious may handle death by masking it with preoccupations with other things to avoid the thought of death or, by repression, banishing the thought from the consciousness to avoid the threat. The religious, on the other hand, may keep death a conscious matter and handle resultant anxiety with a displacement of focus—a figure-ground approach in which that which is negative (dying) becomes peripheral and that which is tolerable (afterlife) becomes central. In other words, the non-religious appear to experience subconscious emotion in denying death than the religious. Their theory might be further explored by testing both religious and non-religious groups with a conscious-level death anxiety measure (e.g., DAS) and a less conscious measure (e.g., projective testing or GSR amplitude to death stimuli). If the theory is true, one would expect more subconscious death anxiety responses than conscious responses in the non-religious group and approximately an equal number of each in the religious group.

Other items in the Orthodoxy Scale which are positively related to death anxiety refer to an anthropomorphic belief in God. These items include viewing God as a Heavenly father who watches over people, answers prayers, punishes and rewards, and expects weekly worship. Such a view may place the individual in a compromising situation. One may be given the option of ultimate failure but the demands for reward may be vague.
The individual may never be certain that he or she is conforming to the expectations and this could be a very anxiety producing predicament. In contrast, the individual who does not believe in such demands would have less fear of judgment, i.e., less fear of death. This explanation might be tested by investigating how scrupulous (high sense of personal responsibility) individuals respond to orthodoxy and death anxiety items as opposed to how the average person responds. If the explanation is correct, scrupulous individuals would be expected to be higher in orthodoxy and death anxiety than average persons.

Hypotheses 2: Devotionalism

Neither the Devotionalism Scale nor either if its items was significantly related to death anxiety: frequency of prayer or the conscious performance of actions because of their pleasingness to God was not related to death anxiety. It should be noted that devotionalism concerns active religious practices as opposed to the more passive intellectualized belief involved in doctrinal orthodoxy (Lenski, 1963). As such, devotionalism deals more with the present than with judgment and afterlife.

Two possible conclusions may come from these results. The first and obvious conclusion was that devotional behavior really is unrelated to death anxiety. The second possible implication is that religious activity acts as ritual behavior to disguise death anxiety to some degree on a conscious level. Because the DAS taps conscious attitudes toward death, another measure (e.g., CSR response to death stimuli) assessing more subliminal reactions would be needed to further verify one or the other conclusion.

Hypothesis 3: Denomination

The significant amount of variance accounted for by religious preference (Protestant, Catholic or Jew versus none) may indicate that individuals
with no religious affiliation have significantly lower death anxiety than those with a religious affiliation. No significant differences were found between denominations as had been hypothesized. Though it cannot be known from the data collected what specific variables produced the differences between religious and nonreligious individuals, it might be assumed that dynamics similar to those discussed concerning Orthodoxy might be in effect here. To investigate this, the subjects in the "None" category might be compared with the religiously affiliated according to their responses on the Orthodoxy Scale. If the religiously affiliated are significantly higher in orthodoxy than the non-affiliated, implications similar to those of the orthodoxy-death anxiety hypothesis could be advanced.

First, individuals who are not repeatedly threatened with judgment occurring at the time of death (as Christian churches dictate) may be better able to suppress death fears and concentrate on the present. Second, non-affiliated individuals may have been forced into a cognitive acceptance of death as termination and thereby reducing the ambiguous dread connected with it. Third, religious persons may be more afraid of death than the nonreligious because though both place emphasis on the fear of discontinuance of earthly life, the religious person has the added fear of concern with afterlife matters. Lastly, death anxiety is handled more affectively by the nonreligious and more cognitively by the religious.

Though affiliation versus lack of affiliation proved significant with regard to death anxiety, individual denominations were not found to be discriminated by degrees of death anxiety (i.e., denomination did not account for a significant portion of the variance in death anxiety). Though denominations can be distinguished from each other in terms of specific belief structures and modes of practice (Klemmack & Cardwell, 1973; Glock, 1962), it may not be useful as a personality factor because,
As Feifel (1969) pointed out, individuals may derive values and need satisfactions from religious membership and participation that are not necessarily related to religious belief and commitment. Feifel added that some people profess a religious identification without formal membership or commitment. Often there may be a difference between the value-commitments of individuals and those required by the "official" theological structure of his particular faith. In other words, whereas some people may profess a kind of defense against fate, still others may incorporate their religious beliefs into every living activity. Denominational influences vary for individuals and therefore cannot be measured as determining factors in and of themselves. Religious affiliation does not mean the same thing to all people and therefore may or may not have any effect on death anxiety. To lessen the confounding of such "in name only" subjects, checklists of various religious tenets, defining and distinguishing denominations, might be employed. This would help to eliminate the nominal subjects and thereby make the sample more representative, and the investigation of the relationships of religious tenets of combinations of tenets (denominations) to death anxiety more plausible.

Similarly, denomination may not have discriminated among various levels of death anxiety because the population sampled is part of a very conservative Bible-belt area. If this assumption is true, such general conservatism may cause a blending of the religious tenets into a homogeneous context, thus minimizing differences between denominations. In other words, such a sociocultural factor may override specific denominational differences in regard to an outlook on death.

**Hypothesis 4: Denominational upbringing**

Denominational upbringing was not found to be significantly correlated with death anxiety. The denomination versus lack of denomination factor
could not be considered because only one subject was brought up without a religious affiliation. Though the same arguments used to explain the lack of relation between denomination and death anxiety might be used to explain the failure of denominational upbringing to relate to death anxiety, further research implications rise out of the present findings.

The first consideration might be that attitudes toward death as inevitable do not evolve until around age 10 to 13 (Nagy, 1948; Natterson & Knudson, 1960; Pattison, 1972) and attitudes toward religion are apt to be most intense during the mid-teens (Robertson, 1972). It may be that by focusing our attention on the pre-12 years we have missed the point of real religious focus and the true if any interaction between death and religious attitudes. To correct for this, another study might request religion at the age of 16 rather than 12.

Further study might also involve a longitudinal study comparing death anxiety and religious factors at each age level. Death anxiety measures should be varied and include fear of death of self, fear of death of others, fear of devastation, fear of abandonment, etc. Similarly, religious measures should include perceptions of God and afterlife, and the degree to which the individual is adhering to the prescribed doctrine of his denomination. It should be noted that such a study could not be done which would be devoid of all sociocultural effects and therefore repeated studies would have to be carried out to minimize such effects.

**Covariates**

In addition to the religious independent variables considered, certain of the covariates were significantly related to death anxiety. The variable which had the highest relationship to death anxiety was the recent death of a family member or friend (within one year)—individuals who had experienced such a death have lower death anxiety than those without such
an experience. This finding may be explained by way of desensitization effect. Having experienced death on such a personal level may decrease the horror of death and make it a more acceptable subject. Individuals who have experienced such a death may have been forced into dealing with death as a reality rather than as a distant, ominous threat. Cognitive and emotional assimilation may result, allowing a gestalt to be formed about the concept of death. More detail and research implications might be obtained by interviewing the recently bereaved. Information gathered in this way might then be formed into hypothetical personality variable clusters which could then be further tested by empirical means to produce functional data.

Another variable related to death anxiety is education level. Results indicated that those with less formal education had a greater death anxiety than those with a more formal education. This might be explained by considering that higher education generally includes dealing with more abstract concepts. For the less educated, death loses much of its philosophical flexibility and is defined in harsher and more concrete terms such as fire and pain and time encased eternity. The more educated, on the other hand, can perceive of death as less a monster and more a concept to be dealt with cognitively and an event for which to be prepared. For the more educated also, death may be considered more of a philosophical challenge than a threat. To further pursue this notion, a word association test focusing on death related terms or pictures might be used. If this theory is true, one might assume that the educated would be more abstract in response than the less educated.

The final influencing factor in death anxiety was whether or not the individual's father was living. Present findings revealed that those with a dead father had a higher death anxiety than those whose father was
still alive. A possible explanation for this is that realizing the father to be dead, the person feels himself to be the next in line for death—the next generation to die. Anxiety produced by such a situation may stem from an intensified fear of death itself (and its mysteries) or from a sense of increased responsibility for self or others for whom the father had been responsible. In addition to fear of death of self, fear of failure might be investigated. Both would be expected to be elevated in fatherless individuals.

Conclusion

This study was an attempt to show the correlation between death anxiety and four religious variables as well as possible covariates. Results did indicate significant correlations between certain of the variables and death anxiety, though the degree of correlation would not make them adequate as death anxiety predictors. At most they may suggest a trend for future research as well as clinical practice.

With further research, including a more heterogenous population control for personality variables and a death anxiety scale to more clearly define the aspects of death anxiety, valid predictors of death anxiety may be found.

The clinical importance of such predictors, incorporated into objective testing, is broad. Clinicians would be able to assess the nature and degree of their clients' death anxiety more quickly and in greater detail than through interviewing. Norms for age, sex, and race groups could be defined for specialized treatment. This seems particularly useful in dealing with the bereaved and the terminally ill in determining what their predisposition toward death is and in developing an approach to deal with them.
References


Appendix A

Doctrinal Orthodoxy

1. Do you believe there is a God, or not?

2. Do you think God is like a Heavenly Father who watches over you, or do you have some other belief?

3. Do you believe that God answers people's prayers, or not?

4. Do you believe in life after death, or not; if so, do you also believe that in the next life some people will be punished and others rewarded by God, or not?

5. Do you believe that, when they are able, God expects people to worship Him in their churches and synagogues, every week, or not?

6. Do you believe that Jesus was God's only Son sent into the world by God to save sinful men, or do you believe that he was simply a very good man and teacher, or do you have some other belief?
Appendix B

Devotionalism

1. How often do you pray?

2. When you have decisions to make in your everyday life, do you ask yourself what God would want you to do—often, sometimes, or never?
Appendix C
Death Anxiety Scale

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

Hello, is this (name)? This is Dennis Wagner and I am a graduate student from Western Kentucky University. I am doing an opinion poll for my master's thesis and I'd like to send you a short questionnaire dealing with some of your attitudes toward life. Now, this will take about ten minutes to fill out and won't cost you anything. Your answers and your identity will be kept completely secret. Could I count on you to help me out? The envelopes will be marked so we know who has returned the questionnaires, but after they're returned no connection will be made between you and your answers. Now, the address I have for you is (address in phone book). Is that correct? The form will arrive either tomorrow or the next day. Do you have any questions?

On the form that we'll be sending you, we will have our names and phone numbers. Feel free to call us if you have any questions.

(If the subject has questions during the phone interview, the following form will be used:) More specifically, we are studying people's reactions to emotional subjects and what makes some peoples react differently than others. With this information, we can more accurately understand situations from different points of view and thus be in a better position to help people.

(If the subject is still not satisfied:) At this point in our research we simply don't know. We would, however, be glad to discuss it further when we have finished our study. Please feel free to call us at the numbers on the questionnaire.

(If the subject asks how we got their numbers:) Your number was picked randomly from the phone book.

(What department are you connected with?) Behavioral Science.
Appendix E

Thank you for helping us with our graduate research - We really appreciate your cooperation. Here is the form we mentioned the other evening in our telephone conversation. It has questions dealing with your attitudes toward life. Your identity and your answers will be kept completely secret. Please do not write your name on these pages. The envelopes will be marked so that we know who has returned the questionnaires but after they are returned, no connections will be made between you and your answers. Please answer all the questions and answer them as honestly as possible - if there is any doubt, mark the answer that seems most nearly correct.

When you have finished the form, simply put it in the stamped envelope we have enclosed, seal it, and drop it in the mail. If you have any question, feel free to call us at 781-3928 (Mike Cole) or 843-9788 (Dennis Wagner).

Thanks again.

Please supply the following information - circle answer where appropriate.

1) Age: __________
2) Sex: M / F
3) Race: __________
4) Marital Status:
   a) Single
   b) Married
   c) Divorced
   d) Separated
   e) Widowed
5) Number of children: __________
6) Last grade completed in school: __________
7) Your occupation: __________
8) Occupation of your father: __________
9) Occupation of your mother: __________
10) Population of the city where you grew up:
    a) over 100,000
    b) 50,000 to 100,000
    c) 10,000 to 50,000
    d) under 10,000
11) Type of residence where you presently live:
    a) Apartment
    b) House
    c) Dormitory
    d) Other: __________
12) Do you presently live:
    a) Alone
    b) With parents
    c) With friend
    d) With spouse
    e) With others: __________
13) How often is death talked about in your home?:
    a) Never
    b) Sometimes
    c) Frequently
14) Has a family member or a friend died in the past year? Yes / No
15) Has a family member of a friend been seriously ill in the last year? Yes / No
16) Is your mother living? Yes / No
17) If no, how old were you when she died?:
18) Is your father living? Yes / No
19) If no, how old were you when he died?:
20) Frequency of church attendance:
   a) Never attend
   b) Seldom Attend
   c) Occasionally attend
   d) Attend weekly
   e) Attend more than weekly
21) What is your religious preference?
   a) Protestant
   b) Catholic
   c) Jewish
   d) Other:
   e) None
22) If Protestant: What Denomination:
   a) Baptist
   b) Methodist
   c) Presbyterian
   d) Church of Christ
   e) Episcopal
   f) Other:
23) In what religious faith did you grow up? (Until you were 12)
   a) Protestant
   b) Catholic
   c) Jewish
   d) Other:
   e) None
24) Of Protestant when growing up: What denomination?
   a) Baptist
   b) Methodist
   c) Presbyterian
   d) Church of Christ
   e) Episcopal
   f) Other:

Indicate whether these statements are true or false for you by circling your choice of each.
25) T or F I am very much afraid to die.
26) T or F The thought of death seldom enters my mind.
27) T or F It doesn't make me nervous when people talk about death.
28) T or F I dread to think about having to have an operation.
29) T or F I am not at all afraid to die.
30) T or F I am not particularly afraid of getting cancer.
31) T or F The thought of death never bothers me
32) T or F I am often distressed by the way time flies so very rapidly.
33) T or F I fear dying a painful death.
34) T or F The subject of life after death troubles me greatly.
35) T or F I am really scared of having a heart attack.
36) T or F I often think about how short life really is.
37) True or False. I shudder when I hear people talking about a World War III.
38) True or False. The sight of a dead body is horrifying to me.
39) True or False. I feel that the future holds nothing for me to fear.

Circle the letter of the most appropriate answer:

40) Do you believe that God answers people's prayers, or not?
   a) No
   b) Unsure
   c) Yes

41) Some people wonder whether there is a God. What do you feel - do you believe there is a God, or not?
   a) Yes
   b) Unsure
   c) No

42) Do you believe in life after death, or not?
   a) Yes
   b) Unsure
   c) No

43) If yes, do you believe that in the next life some people will be punished and others rewarded by God, or not?
   a) No
   b) Yes
   c) Unsure

44) Do you believe that when they're able, God expects people to worship Him in their churches or synagogues every week or not?
   a) No
   b) Unsure
   c) Yes

45) Do you believe that God sends misfortune and illness on people as punishment for sins?
   a) Yes
   b) Unsure
   c) No

46) Do you think that God is like a Heavenly Father who watches over you or do you have some other belief?
   a) Yes, like a Heavenly Father
   b) Other belief: ______________________
   c) Doesn't apply - I don't believe in God

47) What do you believe about Jesus? Do you believe that Jesus was God's only son sent into the world to save sinful man; or do you believe that he was simply a very good man and teacher; or do you have some other belief?
   a) God's son
   b) Simply a good man and teacher
   c) Jesus never lived
   d) Other belief: ______________________
   e) Don't know

48) I think it is more important to go to church than to be active in politics.
   a) Strongly agree
   b) Agree
   c) Undecided
   d) Disagree
   e) Strongly disagree
49) Heaven and hell are very real to me.
   a) Agree
   b) Unsure
   c) Disagree

50) I think that there is practically no difference between what the different churches believe.
   a) Agree
   b) Unsure
   c) Disagree

51) About how often do you pray?
   a) Several times a day
   b) Once a day
   c) Few times a week
   d) Once a week or less
   e) Never
   f) Don't know

52) When you have decisions to make in everyday life, do you ask yourself what God would want you to do? Do you ask sometimes, often, or never?
   a) Often
   b) Sometimes
   c) Never
   d) Doesn't apply - I don't believe in God
   e) Don't know