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AN EXPLORATION OF THE
MULTIDIMENSIONAL NATURE OF DEATH
PERSPECTIVES IN A LAY POPULATION

by

Kirk R. Bates
Honours B.A., Dalhousie University, 1980

A Thesis
Submitted to the Faculty of Graduate Studies
through the Department of Psychology
in Partial Fulfillment of the
Requirements for the Degree
of Master of Arts at the
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7



Kirk R. Bates 1983

ABSTRACT

The present exploratory study examined attitudes toward death and dying held by a lay population. An attempt was made to discover a broader conceptualization to death and dying than the "anxiety" and "fear" constructs usually found in the literature.

Initially a diverse item pool was obtained from a non-clinical group of subjects using an open-ended questionnaire approach. This pool (referred to as the FRI) was refined and submitted along with the FODS, DAS and SDS for rating. The subject sample employed consisted of students, with approximately equal numbers from "Eastern" and "Western" ethnic background.

The results of these ratings were factored using the Prinlit analysis method. Factor analysis of the FRI resulted in the discovery of a number of diverse and interesting dimensions. When the FODS and DAS were factored, these also each produced multiple dimensions. Clearly the meaning of the FODS and DAS is more complex than the "fear" and "anxiety" which they purport to measure.

The intercorrelation of FRI, FODS and DAS factors revealed few significant relationships between these factors. This may indicate that the three sets of items tapped essentially different attitudinal dimensions. The intercorrelation of FRI factors by ethnic group indicates some differences in the way the two groups of subjects responded to the items.

It appears that complex and multidimensional attitudes to death and dying most probably co-exist and co-vary within each individual.

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CHAPTER I

INTRODUCTION

Death is surely one of the oldest wonders known to man. The process of dying and the event of death itself are ancient topics of which man has shown much awareness and perplexity over the ages. While the task of understanding our ancestors' views falls to the historians, the manner in which modern man conceptualizes death and dying is a new and important interest of psychology and the focus of this thesis.

This recent interest has now reached the point where, for many, the study of death in all its multifarious aspects, merits the designation of a separate scientific subdiscipline known as thanatology.¹ Paralleling and perhaps encompassing thanatology, has been the development of the death awareness movement, the latter reflecting broader death-and-dying-related social concerns and changes. The present sustained and intense interest in the topics of death and dying, by society in general and psychology in particular, has been relatively late developing. Why modern society and its new science of psychology chose, on the whole, to ignore this subject until recently is best left for another thesis. Suffice it to say, there appears to be a consensus suggesting our society has endowed death and dying with taboo status, although there is disagreement as to the reasons for this. In a word,

¹It is no doubt a healthy sign that thanatology has grown from an integration of research in various disciplines and has maintained cross-disciplinary appeal.

death is claimed to be denied (Aries, 1974; Choron, 1964; Becker, 1973; Killilea, 1977, 1980). However, even if we assume this consensus to once have been correct, the burgeoning new subdiscipline of thanatology and the emergence of the broader death awareness movement, provide evidence that it is now increasingly less true. Yet there has been surprisingly little research aimed at broadly assessing Western man's general conceptions of death and dying. The studies which have been undertaken emphasize anxiety and fear, and therefore the need for denial, as the predominant attitudes. However, these studies may reflect methodological and other biases that are themselves manifestations of a death-denying society. Thus, there is a need for a more open-ended approach to ascertain man's diverse conceptualizations of death and dying. This thesis will attempt, at least in part, to address this need.

Before outlining the specifics of the methodology to be employed to tap a broader range of man's conceptions of death and dying, it will be helpful to review the literature. However, first, it seems appropriate and useful to briefly examine the genesis and parameters of the death awareness movement.

The Death Awareness Movement

The publication of 1959 of "The Meaning of Death", edited by Feifel, is seen by many as the first product of the death awareness movement. Since that time the movement has aroused both general and scientific attention. Changes at the sociocultural level appear to be occurring, with increased public interest and emerging changes in attitude (Aries, 1974). This is evident in such works as Jessica

Mitford's (1963) critique and exposé of "The American Way of Death."

Elizabeth Kubler-Ross's (1969) notable work, "On Death and Dying," was also popular with the general public. The clinical nature of Kubler-Ross's work was important in helping to popularize and demystify many issues related to death and dying and served to spark scientific interest.

Since Feifel's 1959 publication, the pace of scientific research and writing on death and dying has accelerated. For example, Lester's 1967 review of studies of the fear of death, which covered a period of approximately 25 years, cited 50 relevant articles. In contrast, Pollak (1979), covering the decade following Lester's review and the same topical area, was able to cite twice the number of studies.

The factors responsible for the rediscovery of death at this time by North American society and its scientists are uncertain. However, the increased level of social consciousness and awareness of the 1960's exposed many hypocrisies. The seeming removal of death from the list of taboos was only one of numerous rebellions against received wisdom and knowledge to occur at that time. Thus, the rediscovery of death can hardly be considered separate from the nature of this wider social movement. Also, death's rediscovery has occurred in conjunction with the development of the new discipline of gerontology - both perhaps tied to demographic variables related to the increasing age of our population.

The factors surrounding World War II and atrocities such as the holocaust in the Nazi concentration camps and the more recent and

ever-present existential possibility of nuclear A-H bomb annihilation may have also been germinal to the death awareness movement (Steinzor, 1978). Certainly these, as well as other modern anxieties (Aries, 1974), have given rise to a genre of literature on this kind of death.

The intrusive intervention of modern day technology to prevent death may be another precipitating factor in the rise of the death awareness movement. We now witness the performance of medical heroics aimed at the prolongation of life, at times, seemingly, at all costs. To perform these tasks the dying are now institutionalized, segregated, hidden away. The dying now linger on in prolonged isolation. For the first time in human history, the dying are in large part now separated from those they know and love and are attended by professional care-givers. Of late there has grown an awareness of the high psychological costs of this practice to those who are dying, to the survivors who no longer experience the death of others as a natural part of life, and to the care-givers (Shusterman, 1973; Schulz & Aderman, 1976; Noyes & Clancy, 1977; Schulz, 1976). Therefore, the death awareness movement may be seen, in part, as a reaction to "unnatural" practices surrounding death and dying in modern Western society.

While this brief discussion surrounding the etiology of the death awareness movement is of necessity speculative, there can be little doubt that concrete results of the movement have been forthcoming. Of particular interest here is the large increase in the volume of scientific publications on death and dying.

For the purpose of further discussion, this literature will be broken down into four major overlapping topical areas. The first

involves the special needs and cognitions which children experience concerning death; the second area examines the context of the dying person and his/her care-givers; the third focuses on the relatively immediate situation of the survivors; and finally, studies of attitudes to death and dying of lay persons, that is, those not included in topical areas one, two, and three, will be discussed (i.e., subjects not facing their own imminent death or subjects not facing the imminent death of someone close to them, nor having just faced such a death). While the fourth topical area is the major focus in the present study, the other three will be briefly discussed, beginning with the child's reactions to, and conceptions of, death.

Children and Death

Little is known about a child's psychological response to his/her own terminal illness or the reaction of the other family members. However, it seems clear that the resources of the dying child and his/her family are severely taxed and that they experience special difficulties in dealing with this trauma (Spinetta, Rigler & Karon, 1974; Share, 1972).

Bowlby (1952) was able to address the child's response to the death of 'significant others' indirectly through his work on separation anxiety. Then, in 1960, he specifically connected his concepts of attachment response in children to the problems of death-caused separation anxiety. Researchers finally began to differentiate between separation anxiety caused by divorce, separation, illness, hospitalization, and death. Bowlby's work aside, the major and still oft quoted research

on children's conceptions of death is a 1948 study by Nagy. She posed three stages of development, moving from a lack of appreciation of death as final, complete, and universal, through a second stage where death is viewed as final but avoidable, to the last stage where death is seen as both final and inevitable. The third stage is thought to be reached by about the age of nine or 10. These studies, and what little other research that exists on children's orientation to death, have made the usual developmental assumption of a single, universal, and correct concept towards which successful maturation moves (Kastenbaum & Costa, 1977). This assumption seems premature.

Few attempts have been made to ascertain children's possible diverse understanding of death. There appears to be a complete lack of longitudinal, let alone cross-sectional, research designs that would permit a developmental evaluation of death cognitions (Kastenbaum & Costa, 1977). While there are obvious and serious ethical and practical problems associated with studies of children's conceptions of death, other factors also seem to be operative in creating the dearth of research in this area. In spite of the burgeoning field of thanatology, Steinzor (1978) suggests that the child's view of death is still a relatively taboo research topic for academicians. Kastenbaum and Costa (1977) state that:

(a) triad of related assumptions focuses upon the child's relationship to death. Perhaps the most explicit of these is the assumption that children do not understand death. This is closely linked with the seldom-examined assumption that adults do comprehend death. Often these are associated with the further assumption that concern with death-related phenomena would be harmful to children.

They should not think of death, even if they could....The child is presumed an innocent in both the realms of death and sexuality, and is to be kept in that blessed state as long as possible (p. 228)

Of course, many existentialists (May, 1958, Lifton, 1969a, 1969b) and some in the Freudian school (Freud, 1955, 1956) feel that children (and adults as well) can never really grasp, or come to terms with, the possibility of their own non-existence.

As with the assumption that there is a single correct way to think of death, the conclusion that children cannot grasp or accept death, also seems premature. Nevertheless, the overall impression one receives from a review of the literature is that just such assumptions have been made; children are thought to have extremely limited conceptions of death and dying and these are, in the main, supposed to elicit fear and anxiety.

The Dying Person

The literature on the second major topical area, that on dying patients, has emphasized the difficulties which these patients have in accepting their own death. Research has led to an increasing appreciation of the problems of the psychological state and management of such patients. It should be kept in mind that, as alluded to earlier, many of the difficulties of these patients may be due to their environmental circumstances (e.g., prolonged hospitalization) rather than to the process of dying itself.

Generally, the clinical and scientific literature has emphasized a stage approach to understanding the psychological processes of

dying. Kubler-Ross (1969) describes a five stage process of dying; Giacominta (1977) outlines 10 phases within four stages; Kavanaugh (1973), a seven phase model; Schulz and Aderman (1974) suggest that no such clear stages or phases exist and that the process is not sequential or invariant as some have suggested. Most recent researchers in this area tend to support Schulz and Aderman's (1974) view.

There is little doubt that those who are terminally ill experience a succession of intense emotions. Most would appear to agree that it is common for the terminally ill to experience many of the following reactions at some point in the process of dying: Denial, - "No, not me," - when the words and manner convey the message that the person is not going to die; Anger, rage, and resentment - "Why me?" - directed at many of those who are near; Bargaining - "Yes me, but..." - when the patient asks for time, seeks a temporary truce; Depression, - "Yes, me," - when the truth has registered and the patient mourns for the losses to come. This is preparatory or anticipatory grief for the losses which are to come and the death which is impending.

Of the care-givers of the terminally ill, suffice it to say that the research suggests they are in distress themselves. Those who care for the terminally ill have been observed so frequently to engage in evasive and other self-protective maneuvers, with awkwardness and discomfort with the terminally ill demonstrated so consistently, that this general conclusion can hardly be doubted (Schulz & Aderman, 1976; Shusterman, 1973; Kastenbaum & Aisenberg, 1972).

While the dying and those who work with them may well experience a succession of intense and painful emotions and cognitions, it seems that a greater variety of conceptions of death and dying by these people might reasonably be expected. That research findings do not support this may be the result of the fact that such research has not been oriented to assessing such diversity in attitudes.

The Survivors

The thanatological literature on the situation of the survivors examines the processes of bereavement, mourning and grieving.

Bereavement is a term indicative of survivorship status and it involves both grieving and mourning. The former is the term used to describe the survivor's emotional state while the latter refers to the culturally patterned manner of expressing the response to death (Kastenbaum & Costa, 1977). Only grieving will be discussed here.

Grieving often involves many of the same reactions described above that the dying person experiences, e.g., denial, anger, depression. As well, research suggests that guilt and self-blame are frequent companions to these feelings, for the survivors may feel responsible in some way for the loved-one's death or may have highly ambivalent feelings toward the loved-one. Such guilt may continue to haunt the survivors as one of the major manifestations of long-term grief lasting up to two years or longer after the death. The other four commonly reported symptoms of long-term grief are somatic distress such as sighing, weakness, coughing, fatigue and gastro-intestinal complaints; preoccupation with the image and memories of the deceased

to the point of hallucinations; irritability, impatience, and withdrawal; and, inability to maintain normal patterns of conduct and functioning with restlessness and inertia (Lindemann, 1944; Marks, 1976; Hagin & Corwin, 1974).

As with the literature on the two previous topical areas, one sees that the literature on grieving heavily emphasizes the negative conceptions people have of death. Again, it seems probable that survivors might experience a wider array of reactions to death, including more positive reactions.

It should be remembered that the bulk of the literature from the three topical areas covered has largely involved subject populations labelled as 'patients' and many have been considered to be suffering from some degree of pathology. It is then, perhaps, not surprising that negative conceptions of death and dying were often obtained from these groups. Also, of necessity, research in these areas has been mainly of a clinical or anecdotal nature.

Lay Conceptions of Death and Dying

This fourth area of research has generally attempted to examine conceptions of death and dying among non-clinical populations. Experimental and correlational studies have been conducted to ascertain this group's orientation to death. A wide variety of methodologies have been employed in this research, including indirect measures, projective techniques, as well as more direct assessment approaches. One indirect method used in several studies is the galvanic skin response (GSR) (e.g., Templer, 1971; Golding, Atwood & Goodman, 1966).

While death-related words have elicited more autonomic arousal, Kastenbaum and Costa (1977) point out that it is difficult to differentiate between death-related and other affectively toned words. Further, the nature of the emotion aroused may or may not be accompanied by conscious awareness and it is a rather large theoretical leap to assume that arousal indicates anxiety about, or fear of, death.

Another physiological (indirect) approach is the use of latency measures from word association and tachistoscopic recognition tasks (e.g., Golding, Atwood & Goodman, 1966; Lester & Lester, 1970).

However, as Kastenbaum and Costa (1977) state, "the assumption that statistically significant latencies of 3/10th of a second represent defensive processes is a dubious one...if it is a defense it is a poor one" (p. 235). Obviously, indirect or physiological measures

pose a host of technical and interpretive problems.

Projective tests have also been used to assess death conceptions. The Thematic Apperception Test (TAT) has been the most extensively used projective technique in death attitude studies (e.g., Selvey, 1973; Lowrey, 1966; Rhudick & Dibner, 1961). Shrut (1958) used another projective technique, the sentence completion test. Generally, projective methods have not found much use in recent research because of serious problems involving scoring, reliability and validity.

More direct assessment approaches have involved the use of questionnaires and interview procedures. The former were employed mainly in earlier studies (e.g., Means, 1936) and the latter with children (e.g., Fergusson, 1978) and geriatrics (e.g., Christ, 1961).

These methods present the traditional problems of standardization and interpretation as well as a host of biases affecting the participants' verbal reports (Kurlychek, 1978).

The techniques most often used in recent research have been rating scales and attitude check lists. Likert-type, Thurstone, forced-choice, and semantic differential scales have all been employed. While many scales have appeared and quickly passed into oblivion, two appear to have endured. These will be discussed briefly below.

Pollak, in his 1979 literature review, states that:

(t)he most popular instruments and likely also the most adequate psychometric measures currently in use are the scales developed by Collett and Lester and (by) Templer. (p. 99)

The Collett-Lester Fear of Death and Dying Scale (hereafter known as the FODS) is a 36 item Likert-type scale with four subscales. Therefore, it is possible to obtain five scores: 1) fear of death of self, 2) fear of death of others, 3) fear of dying of self, 4) fear of dying of others, and 5), an overall fear of death score (Lester, Note 1). While the authors state that adequate norms do not exist for these scales, several studies that have been published do report mean scores for each of the subscales for a variety of subject populations (e.g., Lester, 1970; Lester, Getty & Kneisl, 1974).

Durlak's (1972) validity study of death attitude scales found that the Collett-Lester Scale correlated significantly with other death attitude measures employed and did not correlate to any significant degree with the Marlowe-Crowne Social Desirability Scale (hereafter referred to as the SDS). No data is available

on the reliability of the FODS.

With its four subscales and total score, the Collett-Lester Scale is an improvement over many death attitude scales in that it provides a multidimensional approach to death attitude explication. However, once again, only negative death conceptions are emphasized on all four of the sub-dimensions which purportedly assess fear.

Templer's (1970) Death Anxiety Scale (henceforth, DAS) also views death solely in negative terms and unfortunately employs a unidimensional approach to assessing death conceptions. The DAS consists of 15 items which are rated true or false. Attempts to validate the DAS against other supposed measures of death anxiety or fear have provided positive results (Durlak, 1972). Test-retest reliability over a three week interval was found to be .83. The SDS did not correlate significantly with the DAS (Durlak, 1972). Templer and Ruff (1971) present means and standard deviations for the DAS for 23 categories of subjects.

Many researchers using these scales appear not to have considered the extent to which the scales may have been measuring the more general trait of anxiety. Other problems also arise which relate to the interpretation of the individual scale scores. For instance, both high and low scores can signify anxiety over death. While the higher score and anxiety relationship appears logical, the lower score and anxiety dyad seems contradictory. The rationale posed for this paradox is that the subject is defending against the fear of death and therefore is prone to deny any anxiety stimuli in

the items. This state of affairs while theoretically plausible is empirically tautological. A more parsimonious explanation is offered by Kastenbaum and Costa (1977) who suggest a plausible interpretation, namely, that low scoring subjects may simply be unconcerned with death or do not have anxiety or fear constructs related to death.

A further problem with these scales is that the connotative meanings of fear and anxiety are carelessly employed. High scores may be indicative of a high fear of death but this may be distinct from death anxiety which is often held to be an unconscious process.

Typically, the measurement techniques used to measure the construct of death anxiety fail to distinguish between various dimensions of the construct and tend to simply refer to the fear of death or death anxiety in global terms as if they represented a distinct, homogeneous, and unidimensional entity. The FODS discussed above is an exception to this practice in that it at least distinguishes four different types of death fear. However, it is uncertain whether the scale is actually measuring these four aspects of the fear of death and dying or is actually tapping additional and as yet unspecified dimensions.

A more useful approach to the study of death attitudes would appear to be the use of factor analytic techniques which facilitate the assessment of multiple underlying dimensions. Several factor analytic studies of death conceptions have employed this multidimensional approach.

Nelson and Nelson (1975) carried out a multidimensional

examination of death anxiety. Four dimensions of death anxiety were extracted: death avoidance, death fear, death denial, and reluctance to interact with the dying. While this study employed a multidimensional approach, like so much research in this area, it was limited in that only concepts related to emotional discomfort were considered.

An approach utilizing more positively valenced concepts was undertaken by Kalish (1963) who reported 20 factors resulting from 75 death attitude items. These factors ranged from "avoidance of contact with dead" and "wartime killing" to "lack of death concern" and "humanism". Overall, while Kalish (1963) tapped a broader range of orientations, the 20 factors lacked any cohesive framework and would be extremely difficult to interpret.

Spilka and his associates (Hooper & Spilka, 1970; Minton & Spilka, 1976) adapted Murphy's (1959) recommendations and developed ten death perspective scales which included two with a positive orientation. These assessed views of death as natural end, pain, loneliness, unknown, punishment, forsaking dependents, failure, after-life-of-reward, courage, and indifference. Unfortunately, these instruments tended to be highly intercorrelated and very difficult to administer to other than fairly sophisticated subjects.

Factor analytic techniques with their multidimensional approach to concept explication appear promising for the study of death attitudes. However, the item pools assembled for the studies just reviewed generally appear to have been restricted to certain

preconceived categories biased toward death conceptions reflecting emotional pain and discomfort.

In summary, many scales have been developed using an underlying typology, rationally derived, and the researcher then constructs items to fit the categories.

While rationally constructed scales provide useful clarification of researchers' uses of concepts, a fundamental weakness of the technique for concept explication is that it inhibits the discovery of conceptual dimensions which do not neatly fit typological schemes. (Nelson & Nelson, 1975, p. 172)

In addition, most research efforts, with the exception of the new factor analytic studies cited, have approached the constructs of death and dying as if they were unidimensional in character. The typical scale usually reduces these constructs to either a fear of death or an anxiety concerning death-type-scale. As well, the dimensions and definitions of fear and anxiety are not elaborated further in these contexts. As Kastenbaum and Costa (1977) suggest,

the total human interpretation of death is too complex to be subsumed under the concepts most favored by researchers...It is possible that the focus on 'anxiety' and 'fear' has led to the neglect of other orientations toward death. (p. 236)

Pollak (1979), paraphrasing Stout, Minton and Spilka (1976) argues in a similar vein, stating that:

research on death attitudes has too narrowly focused on negative aspects and thus has conceptualized death attitudes in the unidimensional term of concern, anxiety, or fear... A more fruitful approach would treat death attitudes in multidimensional terms which would take into account varying positive and negative perspectives on death and dying. (p. 98)

As Kastenbaum and Costs (1977) observe, "a broader approach to the meaning of death is indicated" (p. 236).

In light of this, the present study attempted to identify more diverse lay conceptions of death and dying. Due to the exploratory nature of this study it was felt that factor analytic techniques would be ideal as a tool for discovering underlying conceptual dimensions. However, the factor analytic techniques would be applied to a more diversified item pool than has been the case in past research. The first step in this endeavor was the acquisition of a diversified item pool through the use of a free-response technique. The free-response approach has been used in the study of lay conceptions of personality (Rosenberg & Sedlak, 1972; Kim & Rosenberg, 1980; Gara & Rosenberg, 1979) and in Rosenberg and Cohen's (1977) study of lay conceptions of psychopathology.

The free-response methodology of Rosenberg and Cohen (1977) was followed here in order to identify as many of the possible thoughts, feelings and behaviors that come to mind when people are asked about death and dying. With the application of the free-response technique, the respondents provide the potential psychological categories in terms of their own choosing. Thus, the lay respondents and not the investigator determined the concepts and/or content that ultimately represented a lay conceptual structure. It was believed that this approach would avoid the problem of a narrow and negatively-biased item pool so common to previous research. Instead, it was hoped this would encourage the development of a broadly based item

pool and thus the tapping of more diverse and, possibly, more positive death attitudes. Thus, the task of the free-response approach of this study was the development of an item pool consisting of multiple and diverse conceptions of death and dying. Once this item pool was refined, formatted in questionnaire style and submitted for rating, factor analytic techniques were used as a data reduction technique thereby indirectly defining the core concepts. The inclusion of the FODS and DAS items in the questionnaire provided reference scales for clearer understanding of the nature of the dimensions that emerged from the free response item pool.

While the goal of this research is exploratory, it was hoped that the factors resulting from the newly developed item pool might aid in the preliminary development of experimental scales for the study of diverse death and dying attitudes. Because of the exploratory nature of the research specific predictions or hypotheses regarding outcome were not deemed possible or appropriate.

CHAPTER II

METHOD

Subjects

Twenty-five subjects were recruited from an introductory Psychology class at the University of Windsor to participate in the free-response procedure. Concepts related to death and dying were elicited from these subjects. There were 14 female and 11 male subjects. The subjects' average age was 24 years.

A second sample of 40 introductory Psychology students at the University of Windsor provided the initial rating of concepts used for the refinement of the item pool. Twenty-two female and 18 male subjects participated. Their average age was 22 years.

The rating of the refined item pool involved a third group of subjects, this time a sample of 83 introductory Psychology students. Thirty-nine of these subjects were North American in origin with two from England and one from the Carribean. The ethnic origin of these 42 subjects is hereafter referred to as 'Western'. The remaining 41 subjects consisted of 36 Chinese Malaysians, four Chinese from Hong Kong and one from Madagascar. These subjects are referred to as 'Eastern'. Forty-two of the subjects were female. The average age of these subjects was 24 years.

All subjects taking part in this study did so voluntarily but with the stipulation that they would receive an introductory Psychology course bonus point for participation. Anonymity and confidentiality

were assured to all subjects.

Procedure

Development of Item Pool: Free Response Procedure. Subjects were issued a data sheet which contained instructions asking each subject to "list below all the ways you believe people might respond to death and dying. Include responses to your own and others' death and dying. List the thoughts and feelings people might have and how they might behave." The form of the response requested from the subjects was single words or short phrases. They were asked to list as many of these as they could with a minimum of 10 required from each participant. Demographic data on age and sex were also requested (see Appendix A).

Refinement of Item Pool. The pool of items obtained from the free response procedure was refined in two stages. Initially, items were examined, with those deemed unsuitable dropped from the pool. Duplicate or highly similar statements were eliminated from further analysis as were those statements judged by the author not in accord with the instructions. The remaining set of items were then worded in such a way that they would be used in a standardized rating scale format.

The second stage of development involved submitting the free response items, now in questionnaire form, to a second sample of subjects. Items were rated in three different ways (see Appendix B). The first type of rating required from the subject was a ranking on a five point Likert-type scale from "1" for "Strongly

Disagree" to "5" for "Strongly Agree". Two supplementary ratings were also obtained. The second type of rating was simply a dichotomous evaluation of each item as either "True" or "False". The data from this type of rating could then be compared to that obtained from the Likert-type scale. The third rating involved subjects' judgements of the clarity or comprehensibility of the items. This was also a Likert-type scale with ratings ranging from "1" for "Very Unclear" to "5" for "Very Clear". The data from all three ratings permitted the calculation of three sets of endorsement proportions for each item which are discussed below.

The 40 subjects' ratings of these items were analysed to obtain response frequencies for each item. Frequencies (endorsement proportions) represent the percentage of respondents who endorse a particular item at each point on the five point "Agree"- "Disagree" and "Very Unclear"- "Very Clear" rating and on the two point "True"- "False" rating. Because we are concerned at this point with developing a questionnaire for measuring broadly defined or more global attitudes toward death and dying it was necessary to select items with moderate endorsement proportions (Morf, Note 2). Thus, the criterion for inclusion of items in the final questionnaire to be administered to the third group of subjects was as follows: (1) when all points on the five point "Agree"- "Disagree" scale were used; (2) when an item received endorsement proportions $\geq .10$ on all points of the five point "Agree"- "Disagree" scale; (3) when an item received an endorsement proportion between .15 and .85 on the

dichotomous "True"- "False" scale; (4) when endorsement proportions of $< .25$ were obtained on the "Very Unclear" end (points one and two) of this five point scale. Items meeting these criteria were retained for inclusion in the final questionnaire. This set of items derived from the free-response procedure is to be known as the Free Response Items (FRI).

Questionnaire Construction. A third group of subjects was administered the FRI along with the FODS, DAS, and SDS scales. The 164 item combined questionnaire (CQ) consisted of the FRI (80 items), FODS (36 items), DAS (15 items), and the SDS (33 items). The FODS, DAS, and SDS items were distributed at regularly occurring intervals in the questionnaire with the free-response items randomly assigned throughout the questionnaire. The same rating format was used as previously (i.e., subjects rated each item in the same three ways). As well, subjects were asked to provide demographic data (see Appendix C).

The FODS, DAS, and SDS were included in the CQ with the FRI because of their prominence in the study of death attitudes. Since this author has found no factor analytic studies of the FODS and DAS, the explication of these scales' factor structure would be interesting in itself. The DAS, assumed in the literature to be a unidimensional scale measuring anxiety, may in fact be tapping several dimensions related to anxiety or some non-anxiety-related processes. The FODS was included in order to discover whether it actually measures the four dimensions (fear of death of self and others, fear

of dying of self and others) Collett and Lester (Lester, 1970) suggest. Also, additional or different dimensions of this scale might appear in a more comprehensive factor solution. It was hoped that the meaning of the FODS and DAS could be clarified and additional attitudinal dimensions toward death and dying could be discovered by their inclusion in the study.

The FODS and DAS were also included because of an additional question concerning possible overlap of their items with those of the FRI. Questions concerning the meaning of interrelationships between factors of the three instruments would also be clarified.

An examination of such interrelationships would assist in the interpretation of FPI factors. Since it is claimed that the FODS and DAS measure 'fear' and 'anxiety', respectively, all factors from these scales might reasonably be expected to reflect some aspect of fear or anxiety or some similar emotionally painful dimension. The FRI, on the other hand, consisting of a diverse item pool, might be expected to produce factors reflecting multiple and diverse underlying dimensions. For example, if one FPI factor was interpreted as an emotionally painful dimension we might expect it to have a moderate to high correlation with FODS and DAS factors depending on its degree of similarity to the FODS or DAS factor in question. On the other hand, an FPI factor reflecting an emotionally positive dimension would probably correlate not at all with FODS and DAS factors. Such results should be able to provide a form of validation for the interpretation and meaning suggested for FRI factors.

Although such correlational analysis cannot be considered as a formal measure of reliability (due to the fact that the FRI, FODS, and DAS are not considered as parallel sets of items) they would provide some measure of psychometric reliability or at the very least be suggestive of this.

A comparison of two sets of FRI factors obtained from Western and Eastern ethnic groups of subjects also relates to reliability. However, because of the small number of subjects in each group and the possible instability of factors with small numbers of subjects, correlations between these factors can only be seen as suggestive of statistical reliability (i.e., reliability of factors across two subject samples). One could not be certain whether low correlations were due to factor instability resulting from the small number of subjects or true differences between two groups. In spite of this difficulty, the exploratory nature of this death attitude study would suggest that a comparison of factors sorted by ethnic group could provide useful information.

Inspection of the loading of SDS items on FRI factors would also aid in the interpretation of these factors.

Data Analysis

The analysis was executed in three stages. First, the frequency of identical or similar responses from the free response procedure was tabulated. The second stage of the analysis consisted of eliminating inappropriate, highly similar, or duplicate items. As well, endorsement proportions were calculated for the ratings carried out on the initial questionnaire and items not meeting endorsement proportion criteria were also eliminated.

In the third and major stage of the analysis several factor analyses of the final questionnaire were performed. The first was a factor analysis of ratings on all 164 items (CQ). Next, each of the relevant embedded scales, i.e., FRI, FODS, and DAS, was individually factored. A principal axis (Prinit) factor analysis with varimax rotation of retained factors and unities in the diagonal was employed. The use of identical factoring methods made a useful comparison of factors from different scales possible.

The intercorrelation of the factors from the FRI, FODS, and DAS were then computed. The data for these analyses related to psychometric reliability were obtained by initially calculating three sets of rotated factor patterns by the use of the Prinit procedure (Statistical Analysis Systems (SAS), 1979). This was followed by using the procedure Score (SAS, 1979) to calculate three sets of factor scores from the factor patterns obtained. The score procedure yields multiple regression estimates of factor scores. Correlations between factors were then calculated by correlating the factor scores of the FRI solution with the FODS and DAS solutions and the FODS solution with the DAS solution.

Correlational analysis related to statistical reliability (as opposed to psychometric reliability) involved the calculation of correlation coefficients between factor loadings from two groups of subjects rather than between factor scores from two (or more) sets of items. In this step the two sets of factor loadings correlated were from the Western and Eastern groups. Pearson product-moment correlations were employed in all correlational analysis.

CHAPTER III

RESULTS

The results of this study are presented in four sections. Part I presents the item pool resulting from the free response technique with frequency measures for each item. Part II focuses on the outcome of the attempt to refine this item pool. This was accomplished in two stages: (1) by eliminating duplicate and inappropriate responses (i.e., those unresponsive to the instructions) and, (2) eliminating items that did not meet endorsement proportion criteria. Results of the analyses of subjects' ratings of the CQ and the relevant embedded scales are presented in Part III. In Part IV, the intercorrelation of factors from these scales and the intercorrelation of FRI factors by ethnic group are presented.

Of the 83 subjects administered the 164 item CQ five questionnaires were incomplete or otherwise deemed to be unusable. Thus, the analysis in Parts III and IV is based on the responses of 78 subjects. Forty-one of these were of Western and 37 of Eastern ethnic origin. Forty of these 78 subjects were female. The average age of these subjects was 24 years.

Part I

Development of Item Pool: Free Response Procedure. The free response procedure yielded 292 responses. Table 1 presents these responses in order of frequency. The response with the highest

TABLE 1
RESULTS OF THE FREE-RESPONSE PROCEDURE
BY FREQUENCY OF RESPONSE

Response	f
denial	20
great fear, terror	18
depressed	11
shock	10
cry	9
loneliness	8
sorrow	7
happiness	6
draw closer to family and friends	6
suicide	6
relief	5
anxiety	5
guilt	5
contentment	4
peaceful state	4
interest in, desire to explore	4
make most of time left	4
give up	4
pity	4
hate	4
accept easily	3
do things always wanted to do	3
travel	3
state without worry	3
cessation of suffering	3
sympathy for dying and the family	3
entering the unknown	3
loss of loved ones forever	3
regret life	3
not to be thought about	3
unusual behavior	3
painful	3
get drunk	3
do favourite things	2
obsessed with why	2
feel I must carry on	2
plan funeral	2
become sick	2
grief	2
something to look forward to	2

Continued..

TABLE 1 CONTINUED

Response	f
reestablish previous links with religion	2
party a lot	2
believe in a better afterlife	2
turn to God	2
believe in myths and superstitions	2
think, talk philosophically	2
solves people's problems	2
mourn	2
suffering and pain	2
handicapped, deformed should not be permitted to live	2
refuse to show feelings	2
angry	2
feel sorry for self, don't expect others to	1
eternal peace	1
ignore	1
donate to charity as last honourable gesture	1
write about someone in his/her memory	1
achieve one final goal	1
die with dignity by living last days as normal	1
unhappiness	1
punishment from God	1
make amends for things have done	1
have feelings of getting old	1
take a lot of getting used to	1
feel didn't live life to the fullest	1
write a poem re death and dying	1
pray for self, own soul	1
pick a nice song remind me of deceased	1
save money	1
lie around	1
meditate	1
it limits wants, hopes, dreams	1
not plan funeral	1
eat a lot	1
panic	1
refuse to cry	1
return to single person lifestyle	1
become more mature having faced it	1
regress to childlike attitudes and helplessness	1
wear black	1
feel numb	1

Continued ...

TABLE 1 CONTINUED

Response	f
nervous breakdown	1
become desensitized	1
reminisce over good and bad times	1
pray for others, their souls	1
continue set place at table, leave room as was	1
tension	1
lose independence, ability function on own	1
donate body to science	1
do something to be remembered by, something meaningful	1
bewildered	1
try to leave a good reputation	1
do something heroic	1
wonderful	1
helpless	1
sad	1
face it bravely	1
desperate	1
spend money	1
forgive	1
courageous	1
loss of self determination, control over one's destiny	1
life is meaningless	1
seek love from others	1
suicide acceptable	1
mercy killing acceptable	1
dejection	1
leave family in a state of insecurity	1
pain and sorrow	1
smoke a lot	1
hopeless	1
cynical	1
faint	1
defiant	1
write a poem	1
something to consider	1
do something no one else has done	1
count blessings, look at the bright side	1

Continued ...

TABLE 1 CONTINUED

Response	f
Inappropriate or Unresponsive Items Dropped from Further Analysis	
"comfort selves to be happy rest of time"	1
"disposition to others"	1
"some people are already dead and don't know it"	1
"want to die sadly"	1
"moved"	1

frequency (20) was denial, perhaps indicative of, or related to, the painful emotions associated with death and dying. In fact the seven most frequent responses all appeared to involve some form of painful emotional conception of death and dying. The cumulative frequency of these first seven responses is 83 or 28%. The most clearly positive emotional response with the highest frequency was happiness which was elicited six times. Seventy-one additional responses with a frequency of one also appeared. These accounted for 24% of all responses.

Part II

Refinement of the Item Pool. The first stage of this refinement process involved the elimination of highly similar or duplicate statements. After eliminating all duplicates, 125 different responses remained. Five of these (see Table 1) seemed to be unrelated to the test instructions and were therefore deleted from further analysis.

As described above, the second stage of the refinement process involved submitting the remaining 120 items in the form of a questionnaire to a second group of subjects to be rated. The endorsement proportions calculated from these ratings permitted the elimination of another 40 items which reduced the item pool to 80. Of these 40 dropped items, 28 were omitted because not all 5 points on the "Agree"-"Disagree" scale were used. Three items with an endorsement proportion of $\leq .10$ on at least one of these five points were dropped. Five additional items received endorsement proportions less than .15 and greater than .85 on the "True"-"False" ratings and these were

eliminated. Finally, four additional items received endorsement proportions greater than .25 on points "1" and "2" of the five point "Very Unclear"--"Very Clear" rating. See Appendix D for a list of the items dropped.

Part III

Analysis of CQ, FRI, FODS, and DAS Ratings. Several factor analyses were performed on this data. Part III A presents the results of the factor analysis of the CQ ratings. The results of the separate factor analyses of each of the embedded scales, i.e., FRI, FODS, and DAS, are presented in Part III B.

PART III A

Factor Analysis of the CQ. The principal iterative (Print) factor method with communality estimates set = 1.00 was employed. The Print analysis first generated a 164 by 164 correlation matrix of the item intercorrelations. Data was further reduced and simplified by factoring this matrix. Eight factors were retained. The resulting factors were rotated to orthogonal simple structure by Kaiser's (1958) varimax method.

The rotated factor loadings for these 8 factors are presented in Table 2. An item was considered to be related to a factor if it had a loading $\geq .45$ or $\leq -.45$. In addition, its loading on the remaining factors had to be in the range of $< .45$ to $> -.45$. Items which met these simple structure criteria (underlined in Table 2) were used to label the factors.

TABLE 2
VARIMAX ROTATED FACTOR PATTERN OF 164 ITEM OQ

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
1	15	19	11	-21	-14	32	23	04	27	19	-17	24	-07	37	43	11	-20
2	01	-08	04	13	32	38	14	-02	28	-23	55	-04	05	-29	-03	04	15
3	25	-25	02	14	32	25	31	03	29	-21	04	16	01	-35	-13	22	-11
4	30	-25	04	10	19	34	20	06	30	-30	09	26	18	-24	09	14	15
5	02	07	18	10	-12	50	03	-02	31	-05	07	07	-06	00	03	32	-19
6	-30	24	12	-19	03	28	26	11	32	-02	03	29	01	-01	36	16	-05
7	30	23	-19	14	13	39	-01	-04	33	-08	-08	18	-27	-06	-22	17	-07
8	13	-04	14	-14	34	39	-06	-10	34	-06	20	32	03	29	-09	-16	-04
9	47	-34	-01	-06	28	41	05	-01	35	-19	21	27	-06	01	-54	12	-21
10	05	-11	-24	05	02	71	-03	-16	36	-07	05	04	-13	-03	-23	46	-21
11	31	33	-34	21	29	19	-04	-33	37	02	04	22	-19	-14	14	19	-05
12	07	-30	16	09	32	18	07	-01	38	-21	15	23	-19	-18	08	37	21
13	10	11	-09	03	-40	07	11	-04	39	18	23	-06	-04	19	07	-16	09
14	00	08	03	-07	20	-04	15	-02	40	-13	41	03	12	00	-07	02	-10
15	15	-26	-14	02	40	20	26	-31	41	22	05	-10	31	05	-02	-26	05
16	00	09	12	-04	-06	-02	46	25	42	00	46	-12	18	18	35	15	-01
17	-06	46	17	14	-10	-18	12	12	43	-05	31	-25	28	-33	-33	27	-05
18	42	-18	25	-01	17	44	06	10	44	00	18	-18	41	07	20	-14	-14
19	12	13	-04	18	-38	01	06	11	45	17	-03	04	26	-05	06	40	-09
20	08	08	-13	08	-13	15	43	-05	46	40	17	13	13	26	03	-07	-17
21	41	10	-05	03	-04	22	06	-37	47	-10	08	38	-16	29	26	01	-05
22	25	-02	29	13	-07	35	14	16	48	-23	-02	-05	22	09	-28	02	-13
23	30	-09	35	-06	13	-13	10	-37	49	-31	32	03	13	-51	-12	26	25
24	08	-13	-01	13	45	07	-08	-01	50	30	-01	-01	39	25	14	-15	05
25	17	-24	34	07	27	46	-19	-29	51	09	04	-16	30	05	25	02	-34
26	43	-04	18	41	03	11	00	-14	52	12	17	08	52	12	-02	00	12

Continued...

TABLE 2 CONTINUED

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
53	06	04	-33	25	06	11	02	20	81	-06	-10	69	04	06	-12	14	-04
54	20	-26	02	15	54	31	-23	12	82	14	35	-02	-26	17	01	24	27
55	13	14	-12	26	15	37	-07	08	83	39	04	12	-12	44	01	09	31
56	47	06	-09	09	11	-06	-17	11	84	20	02	-24	13	10	04	08	22
57	09	-25	-13	58	00	05	-01	-07	85	16	27	43	-06	13	-02	-07	-19
58	15	10	23	33	-30	-08	16	-28	86	06	02	10	-16	-01	02	61	18
59	-14	-02	14	34	-30	01	33	16	87	52	-04	-13	16	11	-20	-07	-25
60	33	15	-34	13	19	06	04	-16	88	14	06	-02	11	-32	00	54	14
61	-05	00	00	-14	09	03	56	-25	89	12	-09	12	14	47	-26	10	-03
62	14	-12	08	63	06	01	-12	04	90	-13	47	09	06	17	-02	41	05
63	-03	17	22	44	01	-18	03	06	91	21	17	-11	46	39	01	-02	-08
64	12	03	09	03	18	10	-14	03	92	30	-12	13	17	52	15	07	26
65	17	-11	27	15	54	07	-02	04	93	-12	16	-06	12	53	31	13	12
66	45	00	03	04	25	-19	-14	-06	94	44	02	-05	18	29	03	05	14
67	18	53	09	25	-06	-17	-01	-14	95	09	-03	56	-03	10	33	01	06
68	19	50	11	20	01	-10	06	09	96	-04	-26	35	-11	12	-15	16	-03
69	-11	60	-13	24	-27	-11	21	12	97	54	-21	-11	09	17	24	11	00
70	-16	51	34	-07	-11	-14	01	25	98	37	-19	-14	21	47	09	12	03
71	51	02	-04	31	09	-07	-35	-08	99	37	13	-14	-03	11	10	-03	35
72	33	-07	07	53	20	02	-02	06	100	54	-32	11	03	05	09	11	11
73	16	-20	15	20	55	-12	04	-02	101	-13	09	27	09	11	00	55	-11
74	30	03	21	36	10	22	09	-05	102	-05	02	39	16	13	26	09	02
75	30	09	02	18	26	07	36	11	103	42	-14	-10	-11	07	-20	-12	07
76	-03	03	30	-08	02	-07	43	19	104	52	-08	04	26	42	30	-27	10
77	32	-07	-09	02	55	07	27	-09	105	46	-15	-04	22	04	07	-38	12
78	00	08	46	-04	03	-17	09	-36	106	41	-03	27	19	09	-10	-11	03
79	39	-04	36	16	19	06	12	07	107	57	-10	12	-09	02	19	09	-16
80	26	12	12	00	44	28	04	14	108	40	-17	00	-04	17	21	12	13

Continued ...

TABLE 2 CONTINUED

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
109	57	62	08	-28	04	25	19	14	121	-12	-14	15	03	24	11	34	-23
110	45	50	02	21	16	11	-17	32	122	33	-15	09	23	49	27	13	07
111	40	-17	16	13	11	20	04	-12	123	02	-19	33	-04	04	-01	04	-15
112	-05	34	44	16	01	13	02	-01	124	26	24	-12	07	-12	-17	06	33
113	-13	26	-03	-01	04	-21	07	-40	125	14	-09	-01	37	50	-12	02	-27
114	12	-07	40	-05	02	-02	11	-02	126	19	06	02	-18	18	-11	26	31
115	-06	12	52	-15	-01	-12	30	06	127	39	26	-06	-01	-14	10	03	10
116	-07	07	20	-46	28	-07	-09	12	128	10	24	00	-06	-05	-05	14	23
117	10	35	-22	15	-23	-01	19	19	129	-03	-24	25	22	25	-01	26	-21
118	-04	-14	27	-02	20	-17	19	-32	130	01	-13	-14	-04	13	00	05	47
119	14	06	58	03	13	-03	15	09	131	07	-05	08	-37	-01	-02	21	17
120	56	07	-02	10	43	14	05	10	132	14	12	38	-10	46	01	-01	-15

Continued ...

TABLE 2 CONTINUED

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
133	17	16	34	-21	61	-20	-16	-05	150	-11	22	02	37	18	14	03	13
134	-01	66	-10	-01	-24	17	05	-11	151	-14	47	-10	-06	24	14	18	-07
135	-09	11	62	-05	11	11	08	-01	152	02	32	42	31	18	04	-12	03
136	55	-09	-00	22	-02	23	-12	-26	153	13	10	-19	09	14	05	02	44
137	-18	67	17	-05	-15	-02	02	00	154	-25	23	26	07	-05	-09	-16	47
138	-07	47	25	-08	-44	07	27	15	155	00	23	06	41	10	21	16	36
139	25	18	19	18	42	24	-12	32	156	07	28	-37	31	15	19	03	25
140	04	25	51	03	-07	19	03	-02	157	-08	51	17	12	-42	26	-01	-10
141	17	52	-41	04	-10	17	27	07	158	13	10	-17	13	48	10	30	26
142	14	-40	-07	20	40	11	34	03	159	12	-27	13	12	45	05	-13	07
143	52	-16	-09	01	03	27	08	01	160	35	15	02	20	49	31	-09	-01
144	05	51	29	-04	07	-14	-07	-15	161	-08	27	13	-14	00	19	39	04
145	07	18	30	14	05	15	21	-42	162	30	00	-05	01	23	33	23	17
146	26	-05	-22	28	-06	32	-16	06	163	18	-16	38	12	14	19	-01	-05
147	25	10	17	13	18	34	35	19	164	25	01	14	13	35	-13	02	10
148	48	-11	24	33	00	00	19	15									
149	-32	56	-05	06	02	18	-01	03									

Note: Factor loadings are preceded by a decimal.

	I	II	III	IV	V	VI	VII	VIII	Total
% of variance explained by each factor	19.4	8.6	8.1	6.6	10.3	6.7	6.4	5.1	62.2

The constructed factor labels, an abbreviated description of the salient items and the scale from which the items came (i.e., FRI, FODS, DAS) are presented in Table 3.

Factor 1 is a unipolar positive factor defined by eight items from the FRI, four from the SDS and two each from the FODS and DAS. This factor clearly defines a dimension of emotional discomfort or pain. Interestingly, two items from the scale supposed to measure fear of death (FODS) and two from the scale intended to measure death anxiety (DAS) overlap here with several FRI items denoting this painful affective dimension. The presence of the SDS items may indicate a willingness to admit to possibly socially undesirable feelings and behaviors.

Table 3 reveals that factor 2 is a unipolar positive factor. It consists of nine items from the FRI, three from the FODS and two each from the DAS and SDS. It is obviously a positive emotional dimension possibly indicating acceptance of death and/or denial of fear, anxiety or concern regarding death and dying.

Four FRI items and one each of the SDS, FODS and DAS items appear in factor 3 which can perhaps best be interpreted as a religious-philosophical dimension. The next most highly correlated items, although below criteria, were examined to aid in further understanding the meaning of this factor. The next four items lend credence to a religious-philosophical interpretation: item 85, forgive past offences (.43); 112, more mature having faced it (.44); 152, interest in, desire to explore death and dying (.42); these are from the FRI. The fourth item, 141, never felt urge to tell someone off (-.40), is

TABLE 3
CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS WITH SCALE OF ORIGIN FOR
FACTORS RESULTING FROM THE CQ

Factor 1. Emotionally Painful Dimension.

9.	afraid (.47)	DAS
56.	rebel against authority even though know they're right (.47)	SDS
66.	have played sick to get out of something (.45)	SDS
71.	took advantage of someone (.51)	SDS
87.	mercy killing acceptable (.52)	FRI
97.	loss of loved ones forever (.54)	FRI
100.	entering the unknown (.54)	FRI
104.	desperate (.52)	FRI
105.	hate (.46)	FRI
107.	feelings of getting old (.57)	FRI
109.	scared of heart attack (.57)	DAS
110.	defiant (.45)	FRI
120.	obsessed with why (.56)	FRI
136.	jealous of good fortune of others (.55)	SDS
143.	suffering and pain (.52)	FODS
148.	intellectual degeneration of old age disturbs me (.48)	FODS

Factor 2. Positive Emotional Conception.

17.	contentment (.46)	FRI
28.	not mind dying young (.55)	FODS
42.	donate to charity as last honourable gesture (.46)	FRI
67.	cessation of suffering (.53)	FRI
68.	release from earthly suffering (.50)	FODS
69.	never bothers me (.60)	DAS
70.	hope (.51)	FRI
90.	accept easily (.47)	FRI
134.	look forward to (.66)	FRI
137.	wonderful (.67)	FRI
138.	not disturbed (.47)	FODS
141.	never felt urge to tell someone off (.52)	SDS
144.	state without worry (.51)	FRI
149.	future holds nothing to fear (.56)	DAS
151.	never felt punished without cause (.47)	SDS
157.	happiness (.51)	FRI

Continued ...

TABLE 3 CONTINUED

Factor 3. Religious-Philosophical Dimension.

78.	want to know if a friend dying (.46)	FODS
81.	try practice what I preach (.69)	SDS
95.	turn to God (.56)	FRI
115.	peaceful state (.52)	FRI
119.	think about how short life is (.58)	DAS
135.	pray for others (.62)	FRI
140.	think and talk philosophically (.51)	FRI

Factor 4. Behavioral-Activity Dimension.

52.	do something heroic (.52)	FRI
57.	spend money (.58)	FRI
62.	party a lot (.63)	FRI
72.	get drunk (.53)	FRI
91.	get even rather than forgive and forget (.46)	SDS
116.	never let someone else be punished for my wrong doing (-.46)	SDS

Factor 5. Strongly Emotionally Painful Dimension.

24.	bewildered (.45)	FRI
49.	not afraid (-.51)	DAS
54.	panic (.54)	FRI
65.	shock (.54)	FRI
73.	pain of death frightens me (.55)	FODS
77.	unhappiness (.55)	FRI
89.	fear painful death (.47)	DAS
92.	helpless (.52)	FRI
93.	never get over death someone close to me (.53)	FODS
98.	feeling might miss so much after die bothers me (.47)	FODS
122.	terror (.49)	FRI
125.	feel didn't live life to fullest (.50)	FRI
132.	loneliness for survivors (.46)	FRI
133.	if someone close died would miss them very much (.61)	FODS
158.	would not accept death of a friend (.48)	FODS
159.	angry (.45)	FRI
160.	upset to see someone dead (.49)	FODS

Factor 6. Abnormalcy-Psychiatric Dimension with Emotional Discomfort.

5.	leave family in a state of insecurity (.50)	FRI
10.	nervous breakdown (.71)	FRI
25.	depressed (.46)	FRI
35.	die with dignity by living last days as normal (-.54)	FRI

Continued ...

TABLE 3 CONTINUED

Factor 7. SDS-Denial Dimension.

16.	never dislike anyone (.46)	SDS
36.	manners as good at home as in restaurant (.46)	SDS
61.	always good listener (.56)	SDS
86.	not hard to get along with obnoxious people (.61)	SDS
88.	not mind identifying corpse of someone I knew (.54)	FODS
101.	always courteous (.55)	SDS

Factor 8. Mixed: Uninterpretable.

130.	not plan my funeral (.47)	FRI
154.	courageous (.47)	FRI

an SDS item suggesting a lack of bias toward socially desirable responses. This factor was essentially unipolar positive.

On factor 4 all death and dying related items were positively loaded. This factor was defined by four FRI items and two from the SDS. The SDS items indicate a lack of socially desirable response bias. The four FRI items seem best labelled as a behavioral-activity dimension. The next three highest but nonsignificant items all involve an activity and thus lend support to this interpretation: item 63, communicate with the spirit of a friend who died (.44); 144, eat a lot (.41); 155, do something no one else has done (.41). The first of these three is an FODS item and the remainder are FRI items.

Factor 5 consists of nine FRI, six FODS and two DAS items. It is a composite index with positive loadings on all items except DAS item 49, not afraid (-.51). The items of factor 5 clearly represent a strong emotional reaction and define a second dimension of emotional pain. Again FODS and DAS items, supposedly denoting fear and anxiety respectively, are mixed with FRI items with a powerful affective connotation (i.e., bewildered, panic, shock, terror).

The sixth factor, defined by four FRI items, may best be understood as representing an emotionally painful psychiatric or abnormality dimension. This factor is bipolar with items five, 10 and 25 positive and item 35, die with dignity by living last days as normal, negative (-.54).

Factor 7 is a unipolar positive dimension containing five SDS items and FODS item 88, not mind identifying corpse of someone I knew

(.54). It may best be understood as an SDS factor. Considering the FODS item an alternative interpretation would be that the factor is a dimension of comfortableness with death and dying. An item which fell below criterion but still received a relatively high loading (.41) is FRI item 90. This item, I would accept death and dying easily, lends some support to this alternative explanation. Of course, the factor could represent some aspect of denial.

Factor 8 contains two FRI items, is unipolar positive and is not easily interpretable.

Part III B

Factor Analysis of FRI, FODS, DAS

(1) Factor Analysis of the 80 item FRI. The principal axis method of factor analysis with unities in the diagonal was employed. This method first generated a reduced data set consisting of an 80 by 80 correlation matrix of item intercorrelations which was further simplified through factoring this matrix. Factoring was terminated when eight factors were defined. The resulting factors were rotated to orthogonal simple structure by Kaiser's (1958) varimax method.

The rotated factor pattern for the eight factors are presented in Table 4. The same criterion used above to determine the items which define a factor was employed.

The constructed factor labels and an abbreviated description of the items achieving a significant loading are presented in Table 5.

Factor 1 is unipolar positive and consists of four items. It is not easily interpretable but may be seen as a dimension related to

TABLE 4
VARIMAX ROTATED FACTOR PATTERN OF 80 ITEM FRI

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
2	-12	27	10	42	23	-13	-06	-07	54	-09	05	33	30	36	22	-01	-44
4	11	20	05	52	13	-23	-09	-16	55	06	-02	24	13	48	13	05	07
5	11	34	04	02	41	-04	-05	12	57	02	02	48	05	02	-30	-12	-17
7	27	-04	14	31	45	-01	06	21	60	36	-27	21	23	22	02	-01	03
10	07	16	12	00	71	-23	-16	-11	62	11	02	68	01	05	02	06	10
12	08	27	10	24	-02	01	-18	-41	64	16	08	07	06	12	31	05	-13
14	07	13	-18	23	-10	01	15	03	65	02	31	29	03	-12	17	-06	-31
15	-08	-11	-04	54	26	-16	-28	-19	67	20	-08	27	03	-09	21	-08	54
17	-07	24	09	02	-38	-10	11	48	70	-24	25	-03	-06	-24	14	23	52
20	22	19	-07	10	05	-31	02	16	72	17	02	59	25	-03	-02	00	-10
22	38	47	12	04	22	03	19	-04	74	25	30	33	29	07	-01	-03	05
24	-07	06	20	38	-05	02	-09	-25	75	16	08	11	65	-05	-11	06	15
25	00	30	12	22	40	28	-30	-31	77	07	-12	06	64	10	16	-10	-13
27	09	29	-09	47	22	21	-25	-22	80	00	16	00	59	23	22	12	02
30	-06	37	-08	-10	-08	-02	12	23	82	01	01	-21	41	-11	10	21	29
32	06	48	-07	07	22	03	-02	03	84	13	-11	00	43	06	-15	38	07
34	-12	12	08	04	-11	48	00	04	85	20	17	00	-01	02	70	-05	14
35	-13	02	02	-18	-56	14	-17	20	87	57	-35	30	12	-10	14	-27	-15
37	33	23	-28	-04	10	04	03	07	90	13	27	-11	-11	-10	-29	18	64
40	-11	-05	14	-07	02	13	-05	40	92	10	15	13	64	03	22	14	-23
42	01	07	26	15	38	05	-05	41	94	22	-12	12	53	02	15	05	-06
44	19	18	14	00	25	-05	-09	10	95	16	74	02	02	-02	27	03	-17
45	-30	44	-09	18	-06	-18	-10	07	97	58	00	24	24	18	-06	-14	-28
47	11	-05	46	23	04	04	-19	07	100	46	09	13	20	02	-04	03	-33
50	11	13	55	16	23	18	08	-16	102	-04	58	22	01	00	07	-04	-05
52	12	13	55	04	05	01	22	10	104	15	04	39	47	27	35	11	-29

Continued ...

TABLE 4 CONTINUED

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
105	18	-09	36	09	13	09	10	-29	134	03	-05	-02	-04	23	01	-08	72
107	44	07	-10	26	11	20	-22	-14	135	-19	50	-17	21	-12	38	-02	11
110	23	07	26	40	06	02	40	-02	137	-19	11	-05	-06	-10	15	02	67
112	-08	43	16	-03	-03	18	-05	09	140	02	38	-02	-04	02	40	01	22
114	00	40	03	09	-33	05	-19	-06	142	-17	02	12	60	01	-24	-09	-32
115	-09	52	-17	12	-51	05	-13	15	144	13	07	01	-04	-23	48	-17	38
117	17	-09	18	-11	03	-12	31	33	145	17	34	20	05	-14	01	-57	24
120	17	-01	28	61	00	14	02	-10	147	34	39	15	27	16	-03	07	05
122	08	05	42	38	22	29	-15	-36	150	-16	-03	36	14	21	21	11	22
124	30	-07	15	-02	-14	-07	41	13	152	-12	27	53	-04	-05	29	-10	22
125	-05	-09	41	29	-05	12	-31	-19	154	-23	15	17	-22	-05	22	49	18
127	51	-06	04	01	17	19	14	21	155	-04	21	43	19	09	-03	29	19
130	-08	-04	-03	14	04	-06	43	-22	157	07	24	03	-20	13	01	-11	60
132	15	21	-01	27	-08	56	-13	-04	159	00	03	20	24	06	33	00	-44

Note: Factor loadings are preceded by a decimal.

% of variance explained by each factor	I	II	III	IV	V	VI	VII	VIII	Total
	3.2	4.6	4.6	6.2	3.6	3.5	2.6	5.7	34.0

TABLE 5
 CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
 FROM THE FRI

Factor 1. Death as Acceptable Solution to Difficulties.

- 87. mercy killing acceptable if person dying in severe pain, discomfort (.57)
- 97. loss of loved ones forever (.58)
- 100. entering the unknown (.46)
- 127. solves people's problems (.51)

Factor 2. Religious Practice Dimension.

- 22. faint (.47)
- 32. make amends for things done (.48)
- 95. turn to God (.74)
- 102. reestablish links with religion (.58)
- 115. peaceful state (.52)
- 135. pray for others (.50)

Factor 3. Behavioral-Activity Dimension.

- 50. cause unusual behavior (.46)
- 52. do something heroic (.55)
- 57. spend money (.48)
- 62. party a lot (.68)
- 72. get drunk (.59)
- 152. interest in, desire to explore, death and dying (.53)

Factor 4. Emotionally Painful Conception.

- 4. hopeless (.52)
- 15. painful (.54)
- 27. sorrow (.47)
- 75. life is meaningless (.65)
- 77. unhappiness (.64)
- 80. pity (.59)
- 92. helpless (.64)
- 94. feel sorry for self, not expect others to (.53)
- 104. desperate (.47)
- 120. obsessed with the question why (.61)
- 142. suffering and pain (.60)

Continued ...

TABLE 5 CONTINUED

Factor 5. Abnormalcy-Psychiatric Conception with Emotional Discomfort.

- 7. believe myths, superstitions (.45)
- 10. nervous breakdown (.71)
- 35. die with dignity by living last days as normal days (-.56)
- 55. regress to childlike attitudes and helplessness (.48)
- 115. peaceful state (-.51)

Factor 6. Religious-Philosophical Dimension.

- 34. believe in afterlife (.48)
- 85. forgive past offences (.70)
- 132. feelings of loneliness by survivors (.56)
- 144. state without worry (.48)

Factor 7. Denial Dimension.

- 145. plan my funeral (-.57)
- 154. courageous (.49)

Factor 8. Positive Emotional Dimension.

- 17. contentment (.48)
 - 67. rejoice over cessation suffering (.54)
 - 70. hope (.52)
 - 90. accept easily (.64)
 - 134. something to look forward to (.72)
 - 137. wonderful (.67)
 - 157. happiness (.60)
-

viewing death as emotionally difficult but also as an acceptable solution to problems or discomfort.

The second factor seems to define a religious practice dimension. It is unipolar positive with six items.

On factor 3 six items load significantly and positively. This factor would appear to reflect a behavioral-activity dimension.

The items of factor 4 clearly define a dimension of emotional discomfort and pain. There are 11 items, all with positive correlations, on this factor.

Factor 5 is a bipolar factor with three positively loaded and two negatively loaded items. It seems best labelled as an abnormalcy-psychiatric dimension with emotional distress. Dignity and normalcy, and peacefulness is implied by the negative pole of this factor, as defined by items 35 and 115, respectively. The positive pole of the factor is defined by items implying regression, superstition and a nervous breakdown.

The sixth factor is a unipolar positive factor consisting of four items. Although this factor is not easily defined it is perhaps best understood as representing a religious-philosophical dimension.

Factor 7 is a bipolar factor with one item at each pole. An examination of the three next highest but nonsignificant loadings that is, item 110, defiant (.40); item 124, refuse to show feelings (.41); and item 130, not plan my funeral (.43), suggests this could be interpreted as a form of denial, a dimension representing denial.

The eighth factor is a unipolar positive factor with seven salient items. It is clearly a positive emotional dimension possibly

indicating acceptance of death and/or denial of fear, anxiety, concern, distress and the like regarding death and dying.

(2) Factor Analysis of 36 Item FODS. Once again employing the principal axis method factor analysis was carried out. This yielded eight factors with eigenvalues > 1.0 (Kaiser, 1961) which were then rotated to orthogonal simple structure by the varimax method.

Criterion identical to those used above were employed to define the factors. The rotated factor pattern is shown in Table 6.

The constructed factor label and an abbreviated description of the salient items are presented in Table 7.

Factor 1 is a bipolar factor with one item at each pole. It can perhaps be interpreted as a dimension involving fear and avoidance.

Factor 2 is a composite index with one negative loading (item 153), if friend dying not want to be told (.63). Most of the positively correlated items relate to a desire to know of one's own terminal illness or that of a friend. Item 123, visit friend on death bed, received a nonsignificant loading of .42. It lends some support to the general interpretation of this factor as openness in communication about death and as well indicates a willingness to interact with the dying.

On factor 3 all items are positively correlated. While this factor consists of a mixture of items not easily interpretable, it is possible to understand it as a cognitive dimension with interest and concern expressed. Item 164, disturbed abilities limited while lie dying, has a below criterion correlation of .42 and may lend support to this interpretation.

TABLE 6
VARIMAX ROTATED FACTOR PATTERN OF 36 ITEM FOODS

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
3	16	08	03	26	-06	27	38	24	93	-03	-06	-06	02	08	-03	06	73
8	42	14	-01	20	-02	-01	-23	29	98	07	06	05	58	-19	27	40	09
13	20	-09	20	-19	15	-04	14	-31	103	06	11	-17	34	02	24	-05	-12
18	55	00	16	24	-11	27	-01	08	108	08	-05	10	17	02	61	-02	19
23	25	55	34	13	09	18	-35	04	113	-29	25	-06	-17	25	-02	-35	04
28	-18	-36	08	-23	41	-31	-07	-03	118	-04	55	16	14	-10	-04	09	09
33	-01	13	-05	02	17	07	-25	-17	123	26	43	37	06	-26	-30	11	00
38	18	00	16	-16	24	-33	12	03	128	-04	06	-11	-07	39	06	00	03
43	-29	-21	16	02	40	-17	-02	-39	133	11	36	-07	37	-05	-04	-12	40
48	-66	16	13	04	-02	-03	-11	07	138	11	-03	18	-41	56	-11	06	-06
53	00	-27	-04	04	00	18	12	06	143	16	-10	09	-02	-11	77	11	07
58	-15	11	64	-19	03	10	02	-14	148	22	03	53	27	06	16	18	01
63	-31	-07	47	14	17	-25	14	07	153	26	-63	13	20	03	-04	01	14
68	-01	01	07	16	56	-09	-03	03	158	01	-31	19	24	01	24	16	46
73	02	13	08	64	-09	-03	-02	21	160	08	-10	08	20	-05	36	-06	60
78	-03	72	-04	08	23	-05	01	-09	162	30	-21	10	17	13	28	10	36
83	17	-10	00	53	09	19	14	21	163	28	22	36	10	-20	08	01	18
88	-08	08	18	-12	37	01	62	-19	164	03	-15	42	59	-04	00	-23	11

Note: Factor loadings are preceded by a decimal.

% of variance explained by each factor	I	II	III	IV	V	VI	VII	VIII	Total
	1.9	2.5	1.8	2.5	1.7	2.1	1.3	2.1	15.9

TABLE 7
 CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
 FROM THE FODS

Factor 1. Fear-Avoidance Dimension.

- 18. frightens me (.55)
- 48. if friend dying, tell him/her (-.66)

Factor 2. Desire to Know if Self/Friend Dying.

- 23. disturbed by physical degeneration of slow death (.55)
- 78. want to know if friend dying (.72)
- 118. if I have fatal disease, want to be told (.55)
- 153. if friend dying, not want to be told (-.63)

Factor 3. Cognitive Dimension with Interest and Concern.

- 58. interesting experience (.64)
- 63. like to communicate with spirit of friend who died (.47)
- 148. intellectual degeneration of old age disturbs me (.53)

Factor 4. Emotionally Painful Dimension.

- 73. pain of dying frightens me (.64)
- 83. disturbed by shortness of life (.53)
- 98. missing out on so much after I die bothers me (.58)
- 164. disturbed abilities limited while lie dying (.59)

Factor 5. Positive Emotional Conception with Acceptance.

- 68. release from earthly suffering (.56)
- 138. not disturbed that death is end of life as I know it (.56)

Factor 6. Anxiety re Death Discussion.

- 108. anxious if someone dying talked to me about it (.61)
- 143. uneasy if someone talked to me re death of common friend (.77)

Factor 7. Contact with Dead.

- 88. not mind identifying corpse of someone I knew (.62)

Factor 8. Non-acceptability of Death of Others

- 93. never get over death of someone close (.73)
 - 158. could not accept death of friend (.46)
 - 160. upset see someone who was dead (.60)
-

The fourth factor seems clearly interpretable as a dimension of emotional distress. It consists of four positively correlated items.

Factor 5 is a unipolar positive factor probably best understood as a positive emotional dimension indicative of acceptance of death. On this factor the next two items with the highest correlation, although not significantly loaded, lend support to this interpretation. These are items 28 and 43, not mind dying young (.41) and easily adjust after death of someone close (.40), respectively.

Factor 6 is a unipolar positive dimension reflecting anxiety regarding discussion of death and dying.

In factor 7 only one item loaded significantly. This item had a positive correlation and it perhaps reflects a dimension related to acceptance of contact with the dead.

Factor 8 is unipolar positive and consists of a dimension related to the non-acceptability of the death of others. Item 135, if someone close died would miss very much (.40), further strengthens this interpretation of factor 8.

(3) Factor Analysis of 15 Item DAS. Factoring methods identical to those employed with the FODS yielded three factors with eigenvalues > 1.0 (Kaiser, 1961) which were rotated as above. The resulting factor pattern is presented in Table 8.

The constructed factor labels and an abbreviated description of the salient items are presented in Table 9.

Factor 1 contains only one item and it is positively correlated. Lack of fear seems to be reflected by this dimension. The highest nonsignificant loading confirms this interpretation. This is item 49, not afraid to die (.40).

Two items load positively on factor 2. This factor seems clearly

TABLE 8

VARIMAX ROTATED FACTOR PATTERN OF 15 ITEM DAS

ITEM	I	II	III
9	-07	-01	16
19	22	-11	-20
29	06	06	-53
39	-06	-03	20
49	40	14	-21
59	87	09	-06
69	14	-04	-03
79	19	53	19
89	14	12	11
99	-05	-03	32
109	-11	19	06
119	03	79	-02
129	08	21	-05
139	-01	13	80
149	-17	-01	-03

Note: Factor loadings are preceded by a decimal.

	I	II	III	Total
% of variance explained by each factor	1.1	1.1	1.2	3.4

TABLE 9
CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
FROM THE DAS

Factor 1. Fear Dimension.

59. not afraid of getting cancer (.87)

Factor 2. Time Concern Dimension.

79. distressed way time flies rapidly (.53)

119. think how short life really is (.79)

Factor 3. Emotional Distress Dimension.

29. not get nervous when people talk of death (-.53)

139. sight of dead body horrifying (.80)

to be reflecting a concern or distress over time or the shortness of life.

Factor 3 is a composite index with one item each positively and negatively loaded. These items appear to reflect a dimension of emotional distress or pain.

Part IV

Intercorrelation of Factors. This section of the results is presented in two parts. Part IV A describes the intercorrelation of factors resulting from the Prinlit analysis of the FRI, FODS and DAS. The second part, IV B, examines the relationship between the factors for the FRI produced by two ethnic groups of subjects, Western and Eastern.

Part IV A

Intercorrelation of FRI, FODS, and DAS factors. The factors resulting from the factor analysis in Section III B of the results were intercorrelated to determine their degree of relationship. The data for this procedure were the factor scores from the FRI, FODS, and DAS solutions.

Examination of the intercorrelations within these three sets of factor scores revealed that the off diagonals in each set were equal to zero with the diagonal elements equal to unity; departures from unity would have indicated an error in the Score procedure (Gorsuch, 1974, p. 241).

That portion of the correlation matrix relevant to the FRI, FODS and DAS is reproduced in Table 10. The criteria used to establish a significant degree of relationship between factors were simple and moderate. Factor pairs whose intercorrelation was $\geq .30$ or $\leq -.30$

TABLE 10
INTERFACTOR CORRELATIONS FOR THE FRI, FODS, AND DAS FACTORS

	A1	A2	A3	A4	A5	A6	A7	A8	B1	B2	B3	B4	B5	B6	B7	B8
B1	13	31	02	18	-05	11	-11	08								
B2	10	20	01	13	-17	16	-13	05								
B3	02	13	09	-03	-01	-03	-01	02								
B4	-08	-06	03	14	04	-03	11	-16								
B5	08	14	06	02	-09	06	-04	21								
B6	06	-00	09	08	06	-03	-02	-04								
B7	09	05	07	10	01	03	-04	07								
B8	-08	07	11	13	10	06	00	-02								
C1	07	21	18	-03	-11	02	-09	14	-12	-03	20	-23	23	13	33	-04
C2	11	41	08	22	-20	18	-10	15	08	22	25	29	27	00	02	06
C3	00	-05	18	19	06	04	03	01	08	-27	-13	18	-04	22	04	55

Note: correlations are preceded by a decimal.

Factors A1 to A8 are FRI factors
Factors B1 to B8 are FODS factors
Factors C1 to C3 are DAS factors

and exceeded by $\geq .10$ the second highest significant correlation (referred to as the highest irrelevant correlation) of each member pair with any other factor in the matrix were deemed to reflect a considerable degree of relationship. These criteria were met by four pairs of factors. These pairs of factors were considered to share some common dimension of meaning.

A correlation of .31 was obtained between FRI factor 2, Religious Practice Dimension, and FODS factor 1, Fear-Avoidance Dimension. FODS factor 7, Contact with Dead, correlated .33 with DAS factor 1, Fear Dimension, indicating a lack of fear of death and dying and lack of concern regarding contact with the dead. FRI factor 2, Religious Practice Dimension and DAS factor 2, Time Concern Dimension, correlated .41. Finally, there was a correlation of .55 between FODS factor 8, Non-acceptability of Death of Others and DAS factor 3, Emotional Distress Dimension.

Part IV B

Intercorrelation of FRI Factors by Ethnic Group. A Prinlit factor analysis for the FRI ratings sorted by ethnic group (Western and Eastern) was performed on the data. An eight factor solution for each ethnic group was obtained. The factor loadings for Eastern and Western subjects is presented in Appendices E and F, respectively. Criteria by which an item was considered to define a factor were the same as used above. Items which met these are underlined in Appendices E and F and were used to label the factors.

The constructed factor labels for Eastern subjects and an

abbreviated description of the salient items can also be found in Appendix E. The constructed factor labels and an abbreviated description of the salient items for Western subjects can be found in Appendix F.

The factor loadings found in Appendices E and F were inter-correlated. The portion of the matrix relevant to the correlation of the two sets of factors from the two ethnic groups are presented in Table 11.

The constructed factor labels for the eight FRI factors from each ethnic group as well as the pairs with significant correlations are presented in Table 12.

The factors resulting from factoring the FRI from the two ethnic groups differed to some degree from each other and from the FRI factors for all subjects.

Comparing the factors from the Eastern and Western groups no factors could be defined as strictly replicated because of the low to moderate correlations. Due to this and the exploratory nature of the research, criteria considered to establish a significant degree of relationship between factors were simple and liberal. These criteria were the same as above (see Part IV A) and were met by five pairs of factors.

A correlation of $-.40$ was obtained between factor 1 of the Western group, Behavioral-Activity Dimension with Emotional Discomfort and factor 2 of the Eastern subjects, Religious-Philosophical Dimension with Positive Emotional Connotation. A correlation of $.37$

TABLE 11
INTERCORRELATION OF FACTORS FROM EASTERN AND WESTERN GROUPS

		WESTERN							
		I	II	III	IV	V	VI	VII	VIII
E	I	18	43	02	-29	01	36	-29	15
A	II	-40	-07	37	28	-21	-09	23	17
S	III	12	28	-02	-32	03	53	-06	-27
T	IV	-10	-44	-04	27	-19	-41	34	-03
E	V	-10	23	13	-25	06	02	01	19
R	VI	22	-09	-11	-09	-01	20	-05	-21
N	VII	29	13	-06	-22	-07	30	-23	06
	VIII	12	20	-13	-03	21	26	-08	-06

Note: Correlations are preceded by a decimal.

TABLE 12
 FACTOR LABELS FOR EASTERN AND WESTERN GROUPS AND FACTOR PAIRS WITH
 SIGNIFICANT CORRELATIONS

Eastern Group's Factor Labels

1. Sense of Futility Dimension with Emotional Discomfort.
2. Religious-Philosophical Dimension with Positive Emotional Connotation.
3. Abnormalcy-Psychiatric Dimension with Strong Emotional Discomfort.
4. Emotionally Positive/Behavioral-Activity Dimension.
5. Mixed: Uninterpretable.
6. Mixed: Behavioral-Activity with Emotional Discomfort.
7. Mixed: Behavioral-Activity with Emotional Discomfort.
8. Mixed: Uninterpretable.

Western Group's Factor Labels

1. Behavioral-Activity Dimension with Emotional Discomfort.
2. Emotionally Painful Dimension.
3. Religious-Philosophical Dimension with Emotional Discomfort.
4. Emotionally Positive Dimension.
5. Mixed: Uninterpretable.
6. Strongly Emotionally Painful Dimension.
7. Emotionally Positive/Behavioral-Activity Dimension.
8. Peacefulness Dimension.

Factor Pairs with Significant Correlations

Factor 2 Eastern Group - Factor 1	Western Group (-.40)
Factor 2 Eastern Group - Factor 3	Western Group (.37)
Factor 3 Eastern Group - Factor 4	Western Group (-.32)
Factor 3 Eastern Group - Factor 6	Western Group (.53)
Factor 4 Eastern Group - Factor 7	Western Group (.34)

was obtained between factor 3 (Western), Religious-Philosophical Dimension with Emotional Discomfort, and factor 2 (Eastern), Religious-Philosophical Dimension with Positive Emotional Connotation. A negative correlation of $-.32$ was found between factor 4 (Western), Emotionally Positive Dimension, and factor 3 (Eastern), Abnormalcy-Psychiatric Dimension with Strong Emotional Discomfort. Factor 6 (Western), Strongly Emotionally Painful Dimension, correlated $.53$ with Eastern subjects' factor 3, Abnormalcy-Psychiatric Dimension with Strong Emotional Discomfort. Finally, factor 7 (Western), Emotionally Positive/Behavioral-Activity Dimension, correlated $.34$ with factor 4 (Eastern), Emotionally Positive/Behavioral-Activity Dimension.

CHAPTER IV

DISCUSSION

Before proceeding to a discussion of the results, a brief overview of the study will be given. This study was exploratory in nature and had a number of goals. First, it was hoped that the free response methodology of Rosenberg and Cohen (1977) would permit the development of a broadly based item pool. Second, factor analytic techniques were then applied to the free response items (FRI) with the goal of discovering multiple and diverse underlying attitudinal dimensions toward death and dying. Third, the FODS and DAS were included in order to discover these scales' factor structures and their relationship to FRI factors. It was felt that inspection of the FODS and DAS factor structures would indicate the unidimensional nature of these and whether they were measuring what they claimed to measure. Also, the FODS and DAS provided reference scales for a clearer understanding of the nature of the FRI dimensions which emerged from the free response items. By examining the factorial relationships of all the measures it was hoped that the meaning of the FRI factors might emerge more clearly. Fourth, by comparing the sets of FRI factors from the two ethnic groups it was believed that some initial indication of factor replicability might be provided. Finally, it was anticipated that the FRI factors might serve as a guide to the development of preliminary experimental scales for the study of more

diverse death and dying attitudes.

The free response methodology of Rosenberg and Cohen (1977) was successful in aiding the development of a broadly based item pool (see Table I). This in turn permitted the factor analytic techniques employed to tap several diverse underlying dimensions. It should be kept in mind that the resulting broad psychological categories reflected in the factors were provided from an item pool largely determined by the participants rather than the preconceived items of the experimenter.

The eight factors yielded by the analysis of the CQ were the following: (1) Dimension of Emotional Pain, Discomfort or Distress, (2) Positive Emotional Dimension, (3) Religious-Philosophical Conception, (4) Behavioral-Activity Dimension, (5) a second factor tapping Emotional Pain but with more strongly affectively toned descriptors, (6) Abnormalcy-Psychiatric Dimension with Emotional Discomfort or Distress, (7) SDS Dimension, (8) Mixed: Uninterpretable.

While factors 4, 6 and 8 did not possess items from the FODS and DAS, the other five factors contained items from one or both of these scales. Thirteen of the FODS' 36 items loaded significantly on these five factors and seven of the DAS' 15 items loaded on these factors. Thus, there was a clear overlap of FODS and DAS items with each other and with those from the FRI on several factors. Over half of the FODS and DAS items did not correlate significantly with any factor. No identifiable "FODS Factor" or "DAS Factor" appeared in this analysis. This is an indication that these two sets

of items do not form discrete scales. More will be said about the factor structures' of the FODS and DAS below.

The factor analysis of the FRI resulted in four factor labels identical to those obtained from the CQ analysis: Positive Emotional Dimension, Behavioral-Activity Dimension, Abnormalcy-Psychiatric Dimension with Emotional Discomfort or Distress, Religious-Philosophical Dimension.

The first of these is interesting because it seems to capture a dimension seldom seen in the literature, that is, a positive orientation to death and dying. The Behavioral-Activity Dimension reflects behavioral responses to death and dying and these might be correlates of, or synonymous with, attitudinal stances. The third of these factors may reflect our societies' inability to accept emotional pain in the face of death and dying as normal. Granted, there are pathological affective responses to death and dying (Lindemann, 1944) but this factor may suggest that people see normal grief reactions and the like as symptoms of pathology and therefore connect them with abnormality (Kubler-Ross, 1969, 1974). The fourth factor, a Religious-Philosophical Dimension, might have been expected as one of the particular orientations to death and dying since these are major concerns of religion.

In addition to the four FRI factors discussed above a second factor similar to the Religious-Philosophical Dimension appeared but it was more related to the actual practice of religion. While the factoring of the CQ produced two factors oriented to emotional distress, one with more powerfully affective items, factoring the FRI produced

only one general factor related to emotional discomfort. Two additional factors unique to the FRI analysis emerged. Factor 1 was related to the acceptability of death as a solution to problems, and Factor 7 has been labelled Denial. The CQ's factors 7 (SDS Dimension) and 8 (Mixed: Uninterpretable) of course were not found among the FRI factors.

Clearly the FRI items represent several attitudinal orientations related to death and dying. These results support thanatological theory that death attitudes are multidimensional, that is, that numerous dimensions may simultaneously characterize individual feelings, cognitions and reactions to death. It appears that multiple personal conceptions of death do co-exist and co-vary within individuals.

Twenty-one of the FODS' 36 items loaded significantly on the eight factors resulting from the FODS analysis. None of these eight factors consisted of any of the four subscales the FODS was believed to consist of: fear of death of self and others, fear of dying of self and others. The only factor that resembles any of these is number eight, which is here labelled Non-Acceptability of Death of Others. It consists of three of the 10, fear of death of others, subscale items. Thus, this analysis would suggest that the 36 items of the FODS are not measuring the intended dimensions. Instead, the other seven factors appear to reflect several specific dimensions rather than a general concept which can be subsumed by the label of fear. For example, factor 2 reflects a dimension related to the desire to be told if oneself or a friend were dying. And factor 6

appears to be an anxiety dimension related to discussion of death and dying.

Only five of the DAS' 15 items are significantly correlated with this scales' three factors. The three factors resulting from factoring the DAS indicate that it too is not a unidimensional scale. For example, while the scale name implies that it measures anxiety related to death, factor one appears to measure fear which is distinguished from factor three, an emotional distress dimension, perhaps related to anxiety. The DAS does not appear to be measuring one unidimensional concept of anxiety.

The results of the factor analysis of the FODS and DAS suggest that, on the one hand, two presumably unidimensional scales are in fact multidimensional in nature, whereas, on the other hand, the names of these instruments inaccurately identify the constructs being assessed.

The intercorrelation of FRI, FODS and DAS factors produced few significant correlations. This may indicate that the three sets of items are tapping essentially different attitudinal dimensions related to death and dying. This analysis did not greatly assist in the understanding of FRI factors as had been hoped. Only one FRI factor, number two, Religious Practice Dimension, was correlated significantly with any FODS or DAS factors. These correlations suggested that the FRI factor reflecting a Religious Practice Dimension was related to a Fear-Avoidance Dimension and a Time Concern Dimension.

Researchers (e.g., Lester, 1967) have suggested that the more religious a person is, the more likely they are to have fear or anxiety related constructs regarding death and dying and for these to increase with age. The religious belief system and its accompanying practices can be seen as a way to deny death or its finality, for example, by the belief in an afterlife. Similarly, one can see how a dimension of religious practice might be related to a dimension of time concern. Both might involve a concern with mortality versus immortality, finality versus an afterlife of infinity.

The factors from the FRI responses for the Eastern and Western groups of subjects differed somewhat from each other and from the FRI factors for all subjects. Generally, the factors from Eastern subjects were less well defined and more difficult to interpret than the Western group's factors. There were two uninterpretable factors plus two mixed factors which could both be interpreted as Behavioral-Activity Dimensions with Emotional Discomfort. One factor was unique to the Eastern group and was labelled Sense of Futility with Emotional Discomfort. The remaining factors were not unique to this group. The less clearly defined nature of some factors from the Eastern group may indicate this to be a less homogeneous group due to several different countries of origin and/or may indicate that those Eastern subjects who have been in Canada for a period of time are experiencing some degree of acculturation or contamination of their attitudes with Western beliefs resulting in more diffuse factors.

The factors resulting from the analysis of the Western subjects' FRI were more clearly defined and contained only one uninterpretable

dimension. Two factors depicted emotional pain. They were qualitatively different from each other in that one was more powerfully affectively toned. One dimension unique to this group was Peacefulness. The remaining factors had some degree of relationship to the Eastern subjects' factors and to those of the FRI factors for all subjects.

It is possible that some of the differences in FRI factors for the two ethnic groups may be due to small subject numbers resulting in factor instability. However, it is clear that there are response differences between these two ethnic groups as evidenced by the appearance of some negative correlations between the two groups of factors indicating that the same items were rated in different directions. Previous research has occasionally found racial differences in death related attitudes and behavior (e.g., Atkinson, 1983). Of course these two groups of subjects may differ on other variables besides ethnic origin, for example, religion.

The response differences in the two ethnic groups could account in part for the generally low correlations between FRI factors from the ethnic groups and between the factors of the other scales employed and for the difficulty in clearly interpreting some factors. This is important for future researchers. Much of the research on death attitudes has used large numbers of student subjects and the studies as reported generally do not specify the ethnic makeup of the sample. It is clear that ethnic differences occurred for the sample in this study and ethnic differences within subject samples

should be monitored and controlled for in future. As well, a further examination of the factor structure of the FRI items using larger numbers of subjects from each ethnic group might provide interesting results.

In summary, the free-response methodology was successful in assembling a diversified item pool. This in turn permitted factor analytic techniques to discover several underlying orientations to death and dying. These represent a diversified lay conceptual structure for the student sample employed. Multiple death conceptions do co-exist and co-vary and some of these have been discovered in these FRI factors which might serve as the basis for the development of several multidimensional scales that could differentiate and measure these separate dimensions effectively.

The present study sheds light on the possible reasons for inconsistent results obtained in much previous death research. The FODS and DAS are widely used scales and were found to be more complex than their authors have suggested. The factorial complexity of these scales creates problems in interpreting results when these instruments are completed by different subject populations under different experimental situations. Under such circumstances, it is difficult, if not impossible, to determine how the multiple factorial structure contributes to the single scale score. This suggests that data obtained across studies may not be psychologically comparable.

Also, the names of these scales are perhaps inappropriate. Unless future investigators carefully attend to the constructs measured

by the scales they use, the cumulative results of death studies are apt to be misleading.

Finally, the ultimate value of the present study depends on future research designed to confirm or qualify the current factor structure by testing hypothetical relationships between various psychological or demographic variables and each factor.

The results of this exploratory study and the review of other research leads to the conclusion that death is a many faceted symbol which is open to myriad interpretations. The specific relevance of death to the individual may depend less on the presence or absence of specific personality attributes, but more likely on a complex network of factors including the nature of one's individual development and one's cultural context. It seems wise to recognize individual differences, and the likelihood that orientations are complex, multileveled, and subject to situational influence within the same individual. In researching the area the enormity of the topic becomes apparent.

APPENDIX A

DATA SHEET

DATA SHEET

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Instructions: DO NOT put your name on this Data Sheet. Please use the space provided below for your responses.

List below the ways you believe people might respond to death and dying. Include responses to your own and others' death and dying. List the thoughts and feelings people might have and how they might behave.

You may use a single word or short phrase for each response.

List as many as you can with a minimum of 10 required.

Age: _____

Sex: M _____ F _____

- Responses: 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

The confidentiality and anonymity of your responses are guaranteed.

Thank you for participating in this study.

APPENDIX B

FREE RESPONSE ITEMS QUESTIONNAIRE

ATTITUDE QUESTIONNAIRE

Sex: M F

Age:

INSTRUCTIONS: DO NOT put your name on this questionnaire. Your responses are anonymous and will be treated confidentially.

Please rate every statement. You are to rate each of the following statements in three ways:

- (1) Rate each statement on the five point scale provided, ranging from 1 for Strongly Disagree (SD) to 5 for Strongly Agree (SA). Circle the appropriate number.

- (2) Rate each statement as True (T) or False (F).

If you are uncertain about your answer, do not leave the statement unrated. Circle T if it mostly true (more true than false) and F if it mostly false (more false than true).

- (3) The third rating involves your judgement of the clarity of each statement, that is, how easy or difficult each statement is to understand. Rate each statement on the five-point scale provided, ranging from 1 for Very Unclear (VUC) to 5 for Very Clear (VC). Circle the appropriate number.

Rate each statement on each of the three scales before going on to the next statement.

Code: SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

	SD - - - - SA	T - F	VUC - - - - VC
1. The prospects of my death and dying would lead me to travel.	1 2 3 4 5	T F	1 2 3 4 5
2. The prospects of my death and dying would make me turn to God.	1 2 3 4 5	T F	1 2 3 4 5
3. The prospects of my death and dying would lead me to reminisce over all the good and bad times I had with people.	1 2 3 4 5	T F	1 2 3 4 5
4. The prospects of my death and dying would lead me to pray for others.	1 2 3 4 5	T F	1 2 3 4 5
5. The prospects of my death and dying would lead me to make an effort to do the things I always wanted to do.	1 2 3 4 5	T F	1 2 3 4 5
6. I would continue to set a deceased family member's place at the dinner table and to leave his/her room as it was.	1 2 3 4 5	T F	1 2 3 4 5
7. I would see death as release from tension.	1 2 3 4 5	T F	1 2 3 4 5

SD - Strongly Disagree
SA - Strongly Agree

T - True
F - False

VUC - Very Unclear
VC - Very Clear

	SD	SA	T-F	VUC-VC
8. I see death as entering the unknown.	1 2 3 4 5		T F	1 2 3 4 5
9. When people are dying they lose their independence, their ability to function on their own.	1 2 3 4 5		T F	1 2 3 4 5
10. Consideration of death and dying would lead me to believe in myths and superstitions.	1 2 3 4 5		T F	1 2 3 4 5
11. The prospects of death and dying would cause me to have an interest in, and a desire to explore, death and dying.	1 2 3 4 5		T F	1 2 3 4 5
12. Looking ahead to my death would cause me to donate my body to science.	1 2 3 4 5		T F	1 2 3 4 5
13. Consideration of death and dying would lead me to try to do something to be remembered by, to do something meaningful.	1 2 3 4 5		T F	1 2 3 4 5
14. The prospects of death and dying would cause me to feel bewildered.	1 2 3 4 5		T F	1 2 3 4 5
15. The prospects of death and dying would cause me to think and talk philosophically about death and dying.	1 2 3 4 5		T F	1 2 3 4 5
16. I would consider death as relief.	1 2 3 4 5		T F	1 2 3 4 5
17. The prospects of death and dying would cause me to feel dejected.	1 2 3 4 5		T F	1 2 3 4 5
18. I see death as a state without worry.	1 2 3 4 5		T F	1 2 3 4 5
19. The prospects of my death and dying would lead me to try to leave a good reputation.	1 2 3 4 5		T F	1 2 3 4 5
20. I would see death as unhappiness.	1 2 3 4 5		T F	1 2 3 4 5
21. The prospects of my death and dying would cause me to do something heroic.	1 2 3 4 5		T F	1 2 3 4 5
22. Death would cause me to rejoice over the cessation of suffering.	1 2 3 4 5		T F	1 2 3 4 5
23. Death solves people's problems.	1 2 3 4 5		T F	1 2 3 4 5
24. The death of someone close would cause me to mourn.	1 2 3 4 5		T F	1 2 3 4 5
25. I see death as something wonderful.	1 2 3 4 5		T F	1 2 3 4 5
26. Faced with death and dying I would feel helpless.	1 2 3 4 5		T F	1 2 3 4 5
27. The prospects of death and dying would cause me to feel sad.	1 2 3 4 5		T F	1 2 3 4 5

SD - Strongly Disagree
SA - Strongly Agree

T - True
F - False

VUC - Very Unclear
VC - Very Clear

	SD	SA	T	F	VUC	VC				
28. Death and dying is an experience to be faced bravely.	1	2	3	4	5	1	2	3	4	5
29. I would feel sympathy for someone who was dying and for his/her family.	1	2	3	4	5	1	2	3	4	5
30. The prospects of my death and dying would cause me to feel desperate.	1	2	3	4	5	1	2	3	4	5
31. Consideration of death and dying would cause me to spend money.	1	2	3	4	5	1	2	3	4	5
32. The prospects of my death and dying would lead me to forgive past offences.	1	2	3	4	5	1	2	3	4	5
33. Faced with death and dying I would become courageous.	1	2	3	4	5	1	2	3	4	5
34. I see death as loss of loved ones forever.	1	2	3	4	5	1	2	3	4	5
35. The process of dying involves a loss of self-determination and a loss of control over one's destiny.	1	2	3	4	5	1	2	3	4	5
36. Consideration of death and dying would cause me to feel that life is meaningless.	1	2	3	4	5	1	2	3	4	5
37. Dying is seen by me as suffering and pain.	1	2	3	4	5	1	2	3	4	5
38. The prospects of my death and dying would cause me to seek more love from others.	1	2	3	4	5	1	2	3	4	5
39. Suicide is an acceptable act.	1	2	3	4	5	1	2	3	4	5
40. Mercy killing is an acceptable solution for someone who is dying in severe pain or severe discomfort.	1	2	3	4	5	1	2	3	4	5
41. The prospects of my death and dying would lead me to feel hate.	1	2	3	4	5	1	2	3	4	5
42. I see death as a peaceful state.	1	2	3	4	5	1	2	3	4	5
43. Death and dying would be followed by feelings of loneliness by the survivors.	1	2	3	4	5	1	2	3	4	5
44. Children born severely handicapped or deformed should not be permitted to live.	1	2	3	4	5	1	2	3	4	5
45. The death of a breadwinner would leave the rest of the family in a state of insecurity.	1	2	3	4	5	1	2	3	4	5

SD - Strongly Disagree
SA - Strongly Agree

T - True
F - False

VUC - Very Unclear
VC - Very Clear

	SD	-	-	-	SA	T	F	VUC	-	-	-	VC
46. Consideration of death and dying would lead me to regret my life.	1	2	3	4	5	T	F	1	2	3	4	5
47. My death and dying would be accompanied by my loved ones feeling emotional pain and sorrow.	1	2	3	4	5	T	F	1	2	3	4	5
48. I would face my death and dying with great fear or terror.	1	2	3	4	5	T	F	1	2	3	4	5
49. Death and dying would lead me to feel pity.	1	2	3	4	5	T	F	1	2	3	4	5
50. The prospects of death and dying would cause me to refuse to show my feelings.	1	2	3	4	5	T	F	1	2	3	4	5
51. I would feel depressed if faced with death and dying.	1	2	3	4	5	T	F	1	2	3	4	5
52. The prospect of death and dying would lead me to smoke a lot.	1	2	3	4	5	T	F	1	2	3	4	5
53. Faced with death and dying I would feel hopeless.	1	2	3	4	5	T	F	1	2	3	4	5
54. The prospects of death and dying would lead me to feel angry.	1	2	3	4	5	T	F	1	2	3	4	5
55. The prospects of death and dying would cause me to become cynical.	1	2	3	4	5	T	F	1	2	3	4	5
56. The prospects of death and dying would lead one to become more mature having faced it.	1	2	3	4	5	T	F	1	2	3	4	5
57. The prospects of death and dying would cause me to feel shock.	1	2	3	4	5	T	F	1	2	3	4	5
58. My death and dying would cause my loved ones to faint.	1	2	3	4	5	T	F	1	2	3	4	5
59. The prospect of my death and dying would lead me to feel defiant.	1	2	3	4	5	T	F	1	2	3	4	5
60. Consideration of death and dying would cause me to write a poem re my feelings on death and dying.	1	2	3	4	5	T	F	1	2	3	4	5
61. I see death and dying as something to consider, to think about.	1	2	3	4	5	T	F	1	2	3	4	5
62. I would accept death and dying easily.	1	2	3	4	5	T	F	1	2	3	4	5
63. My impending death would cause me to try to do something no one else had done.	1	2	3	4	5	T	F	1	2	3	4	5
64. The prospects of death and dying would cause me to count my blessings and look at the bright side.	1	2	3	4	5	T	F	1	2	3	4	5
65. The prospects of death and dying would cause me to give up.	1	2	3	4	5	T	F	1	2	3	4	5
66. Death and dying are not to be thought about.	1	2	3	4	5	T	F	1	2	3	4	5

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

	SD	SA	T	F	VUC	VC				
67. Death and dying are things to which I would become desensitized.	1	2	3	4	5	1	2	3	4	5
68. Consideration of death and dying would lead me to view them as a fantasy.	1	2	3	4	5	1	2	3	4	5
69. The prospects of death and dying would cause me to engage in unusual behavior.	1	2	3	4	5	1	2	3	4	5
70. The prospects of death and dying would cause me to cry.	1	2	3	4	5	1	2	3	4	5
71. The prospects of my death and dying would lead me to segregate myself from others.	1	2	3	4	5	1	2	3	4	5
72. The prospects of death and dying would lead to suicide.	1	2	3	4	5	1	2	3	4	5
73. Death and dying would be followed by the survivors feeling numb.	1	2	3	4	5	1	2	3	4	5
74. Consideration of death and dying would lead to denial.	1	2	3	4	5	1	2	3	4	5
75. Consideration of death and dying would lead me to plan my funeral.	1	2	3	4	5	1	2	3	4	5
76. The prospects of my death and dying would cause my loved ones to become sick.	1	2	3	4	5	1	2	3	4	5
77. I see death and dying as causing grief.	1	2	3	4	5	1	2	3	4	5
78. I see death as something to look forward to.	1	2	3	4	5	1	2	3	4	5
79. Death of a loved one would lead me to wear black.	1	2	3	4	5	1	2	3	4	5
80. I see death and dying as painful.	1	2	3	4	5	1	2	3	4	5
81. The prospects of death and dying would cause anxiety.	1	2	3	4	5	1	2	3	4	5
82. Death and dying would lead me to re-establish previous links with my religion.	1	2	3	4	5	1	2	3	4	5
83. The prospects of my death and dying would cause me to regress to childlike attitudes and helplessness.	1	2	3	4	5	1	2	3	4	5
84. The prospects of death and dying would lead me to feel guilt.	1	2	3	4	5	1	2	3	4	5
85. The death of a spouse would be followed by the return of the survivor to a single person lifestyle.	1	2	3	4	5	1	2	3	4	5
86. The prospects of death and dying would lead me to refuse to cry.	1	2	3	4	5	1	2	3	4	5
87. The prospects of death and dying would cause me to feel panic.	1	2	3	4	5	1	2	3	4	5

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

	SD	SA	T	F	VUC	VC
88. Being faced with death and dying would cause me to have a nervous breakdown.	1	2	3	4	5	T F 1 2 3 4 5
89. The prospects of my death and dying would cause me to draw closer to family and friends.	1	2	3	4	5	T F 1 2 3 4 5
90. The prospects of death and dying would cause me to feel sorrow.	1	2	3	4	5	T F 1 2 3 4 5
91. The prospects of death and dying would lead me to eat a lot.	1	2	3	4	5	T F 1 2 3 4 5
92. Consideration of death and dying would lead me to not plan my funeral.	1	2	3	4	5	T F 1 2 3 4 5
93. Death and dying limits wants, hopes, dreams.	1	2	3	4	5	T F 1 2 3 4 5
94. Consideration of death and dying would lead me to meditate.	1	2	3	4	5	T F 1 2 3 4 5
95. The prospects of death and dying would cause me to get drunk.	1	2	3	4	5	T F 1 2 3 4 5
96. I see death and dying as causing the survivors to just lie around.	1	2	3	4	5	T F 1 2 3 4 5
97. Consideration of my death and dying would lead me to save money for loved ones.	1	2	3	4	5	T F 1 2 3 4 5
98. The prospects of death and dying would lead me to party a lot.	1	2	3	4	5	T F 1 2 3 4 5
99. The prospects of death and dying would cause me to believe in an afterlife.	1	2	3	4	5	T F 1 2 3 4 5
100. The prospects of my death and dying would cause me to feel sorry for myself but not to expect others to do so.	1	2	3	4	5	T F 1 2 3 4 5
101. The prospects of my death and dying would lead me to make the most of the time left.	1	2	3	4	5	T F 1 2 3 4 5
102. Death is eternal peace.	1	2	3	4	5	T F 1 2 3 4 5
103. The prospects of my death and dying would lead me to do my most favourite things.	1	2	3	4	5	T F 1 2 3 4 5
104. I try to ignore death and dying.	1	2	3	4	5	T F 1 2 3 4 5
105. I see death as contentment.	1	2	3	4	5	T F 1 2 3 4 5
106. The prospects of my death and dying would lead me to donate to charity as a last honourable gesture.	1	2	3	4	5	T F 1 2 3 4 5
107. Consideration of death and dying would lead me to write about someone in his/her memory.	1	2	3	4	5	T F 1 2 3 4 5

SD- Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

	SD- - - -SA	T--F	VUC- - - -VC
108. The prospects of my death and dying would make me determined to achieve one final goal.	1 2 3 4 5	T F	1 2 3 4 5
109. The prospects of death and dying would lead me to die with dignity by trying to live my last days as normal days.	1 2 3 4 5	T F	1 2 3 4 5
110. I see death as happiness.	1 2 3 4 5	T F	1 2 3 4 5
111. I would see death and dying as punishment from God.	1 2 3 4 5	T F	1 2 3 4 5
112. The prospects of my death and dying would cause me to make amends for things that I have done.	1 2 3 4 5	T F	1 2 3 4 5
113. Consideration of death and dying would lead me to have feelings of getting old.	1 2 3 4 5	T F	1 2 3 4 5
114. The prospects of death and dying would cause me to be obsessed with the question why.	1 2 3 4 5	T F	1 2 3 4 5
115. The idea of death and dying takes a lot of getting used to.	1 2 3 4 5	T F	1 2 3 4 5
116. The prospects of my death and dying would cause me to feel I didn't live life to the fullest.	1 2 3 4 5	T F	1 2 3 4 5
117. The prospects of my death and dying would cause me to feel I must try to carry on.	1 2 3 4 5	T F	1 2 3 4 5
118. Consideration of death would cause me to feel hope.	1 2 3 4 5	T F	1 2 3 4 5
119. The prospects of my death and dying would lead me to pray for myself.	1 2 3 4 5	T F	1 2 3 4 5
120. Consideration of death and dying would lead me to pick a nice song to remind me of someone close who had died.	1 2 3 4 5	T F	1 2 3 4 5

APPENDIX C
COMBINED QUESTIONNAIRE (CQ) WITH
FODS, DAS AND SDA ITEMS LABELLED
(Items not labelled are FRI Items)

ATTITUDE QUESTIONNAIRE

INSTRUCTIONS: Please answer the following questions. DO NOT put your name on this questionnaire. Your responses are anonymous and will be treated confidentially.

PART I

- (1) AGE: _____ (2) SEX: M _____ F _____
- (2) EDUCATION: last grade of high school completed _____ OR
last year of university completed _____
- (4) MARITAL STATUS: Single _____ Married _____ Separated _____
Divorced _____ Common Law _____ Other _____
- (5) ARE you now living, or have you ever lived, in a rural area?
YES _____ NO _____
- (6) IF yes, for how many years? _____
- (7) DID you have a religious upbringing? YES _____ NO _____
- (8) ARE you presently a religious person? YES _____ NO _____
- (9) APPROXIMATELY how many times do you attend church (synagogue, etc)
per week _____ per month _____ per year _____?
- (10) HAVE you ever had a friend die? YES _____ NO _____
- (11) IF yes, was this friend SOMEWHAT CLOSE _____ CLOSE _____
VERY CLOSE _____ AN ACQUAINTANCE _____?

NOTE: If more than one friend has died, indicate each one by checking the appropriate category for each friend in question eleven (11) above; for example if two fit the same category, write two(2) in that category.

- (12) HAVE you ever had a relative die? YES _____ NO _____
- (13) IF yes, was this relative your: (you may check more than one)
Mother _____ Father _____ Sister _____ Brother _____
Daughter _____ Son _____ Wife _____ Husband _____
Grandmother _____ Grandfather _____ Other(specify) _____
- (14) WAS this relationship SOMEWHAT CLOSE _____ CLOSE _____
VERY CLOSE _____ NOT CLOSE _____?

See NOTE above, if appropriate.

- (15) WAS your mother born in Canada? YES _____ NO _____
- (16) IF not, where was she born?(name of country) _____
- (17) HOW many years has she been in Canada? _____
- (18) WAS your father born in Canada? YES _____ NO _____
- (19) IF not, where was he born? (name of country) _____
- (20) HOW many years has he been in Canada? _____

- (21) IN which country were you born? _____
- (22) HOW many years have you lived in Canada? _____
- (23) IF you have ever lived in a country other than Canada, indicate country _____
- (24) FOR how many years did you live in that country? _____
- (25) WHAT is the first language you learned to speak? _____
- (26) DO you still speak this language? YES _____ NO _____
- (27) WHAT other language(s) do you speak? _____
- (28) WHAT do you consider your ethnic origin to be? _____
-

PART II

INSTRUCTIONS: Please rate every statement. You are to rate each of the following statements in three ways:

- (1) Rate each statement on the five point scale provided, ranging from 1 for Strongly Disagree (SD) to 5 for Strongly Agree (SA). Circle the appropriate number.
- (2) Rate each statement as True (T) or False (F).

If you are uncertain about your answer, do not leave the statement unrated. Circle T if it is mostly true (more true than false) and F if it is mostly false (more false than true).
- (3) The third rating involves your judgement of the clarity of each statement, that is, how easy or difficult each statement is to understand. Rate each statement on the five point scale provided, ranging from 1 for Very Unclear (VUC) to 5 for Very Clear (VC). Circle the appropriate number.

Rate each statement on each of the three scales before going on to the next statement.

Code: SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

		SD	-	-	-	SA	T	-	F	VUC	-	-	-	VC
SDS	1. Before voting I thoroughly investigate the qualifications of all the candidates.	1	2	3	4	5	T	F		1	2	3	4	5
	2. The prospects of death and dying would lead me to feel guilt.	1	2	3	4	5	T	F		1	2	3	4	5
FCDS	3. I would avoid death at all costs.	1	2	3	4	5	T	F		1	2	3	4	5

SD - Strongly Disagree
SA - Strongly Agree

T - True
F - False

VUC - Very Unclear
VC - Very Clear

		SD- - - -SA	T-F	VUC- - - -VC
	4. Faced with death and dying I would feel hopeless.	1 2 3 4 5	T F	1 2 3 4 5
	5. The death of a breadwinner would leave the rest of the family in a state of insecurity.	1 2 3 4 5	T F	1 2 3 4 5
SDS	6. I never hesitate to go out of my way to help someone in trouble.	1 2 3 4 5	T F	1 2 3 4 5
	7. Consideration of death and dying would lead me to believe in myths and superstitions.	1 2 3 4 5	T F	1 2 3 4 5
FODS	8. I would experience a great loss if someone close to me died.	1 2 3 4 5	T F	1 2 3 4 5
DAS	9. I am very much afraid to die.	1 2 3 4 5	T F	1 2 3 4 5
	10. Being faced with death and dying would cause me to have a nervous breakdown.	1 2 3 4 5	T F	1 2 3 4 5
SDS	11. It is sometimes hard for me to go on with my work if I am not encouraged.	1 2 3 4 5	T F	1 2 3 4 5
	12. The idea of death and dying takes a lot of getting used to.	1 2 3 4 5	T F	1 2 3 4 5
FODS	13. I would not feel anxious in the presence of someone I knew was dying.	1 2 3 4 5	T F	1 2 3 4 5
	14. Death and dying limits wants, hopes, dreams.	1 2 3 4 5	T F	1 2 3 4 5
	15. I see death and dying as painful.	1 2 3 4 5	T F	1 2 3 4 5
SDS	16. I have never intensely disliked anyone.	1 2 3 4 5	T F	1 2 3 4 5
	17. I see death as contentment.	1 2 3 4 5	T F	1 2 3 4 5
FODS	18. The total isolation of death frightens me.	1 2 3 4 5	T F	1 2 3 4 5
DAS	19. The thought of death seldom enters my mind.	1 2 3 4 5	T F	1 2 3 4 5
	20. Death of a loved one would lead me to wear black.	1 2 3 4 5	T F	1 2 3 4 5
SDS	21. On occasion I have had doubts about my ability to succeed in life.	1 2 3 4 5	T F	1 2 3 4 5
	22. My death and dying would cause my loved ones to faint.	1 2 3 4 5	T F	1 2 3 4 5

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

		SD - - - SA	T - F	VUC - - - VC
FODS	23. I am disturbed by the physical degeneration involved in a slow death.	1 2 3 4 5	T F	1 2 3 4 5
	24. The prospects of death and dying would cause me to feel bewildered.	1 2 3 4 5	T F	1 2 3 4 5
	25. I would feel depressed if faced with death and dying.	1 2 3 4 5	T F	1 2 3 4 5
SDS	26. I sometimes feel resentful when I don't get my way.	1 2 3 4 5	T F	1 2 3 4 5
	27. The prospects of death and dying would cause me to feel sorrow.	1 2 3 4 5	T F	1 2 3 4 5
FODS	28. I would not mind dying young.	1 2 3 4 5	T F	1 2 3 4 5
DAS	29. It doesn't make me nervous when people talk about death.	1 2 3 4 5	T F	1 2 3 4 5
	30. Consideration of death and dying would lead me to meditate.	1 2 3 4 5	T F	1 2 3 4 5
SDS	31. I am always careful about my manner of dress.	1 2 3 4 5	T F	1 2 3 4 5
	32. The prospects of my death and dying would cause me to make amends for things that I have done.	1 2 3 4 5	T F	1 2 3 4 5
FODS	33. I accept death of others as the end of their life on earth.	1 2 3 4 5	T F	1 2 3 4 5
	34. The prospects of death and dying would cause me to believe in an afterlife.	1 2 3 4 5	T F	1 2 3 4 5
	35. The prospects of death and dying would lead me to die with dignity by trying to live my last days as normal days.	1 2 3 4 5	T F	1 2 3 4 5
SDS	36. My table manners at home are as good as when I eat out in a restaurant.	1 2 3 4 5	T F	1 2 3 4 5
	37. Consideration of my death and dying would lead me to save money for loved ones.	1 2 3 4 5	T F	1 2 3 4 5
FODS	38. I would not mind visiting a senile friend.	1 2 3 4 5	T F	1 2 3 4 5
DAS	39. I dread to think about having to have an operation.	1 2 3 4 5	T F	1 2 3 4 5
	40. Consideration of death and dying would lead me to pick a nice song to remind me of someone close who had died.	1 2 3 4 5	T F	1 2 3 4 5

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

		SD	SA	T	F	VUC	VC						
		1	2	3	4	5	1	2	3	4	5		
SDS	41.	If I could get into a movie without paying and be sure I was not seen I would probably do it.											
		1	2	3	4	5	T	F	1	2	3	4	5
	42.	The prospects of my death and dying would lead me to donate to charity as a last honourable gesture.											
		1	2	3	4	5	T	F	1	2	3	4	5
FODS	43.	I would easily adjust after the death of someone close to me.											
		1	2	3	4	5	T	F	1	2	3	4	5
	44.	The prospects of death and dying would lead me to eat a lot.											
		1	2	3	4	5	T	F	1	2	3	4	5
	45.	Looking ahead to my death would cause me to donate my body to science.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	46.	On a few occasions, I have given up doing something because I thought too little of my ability.											
		1	2	3	4	5	T	F	1	2	3	4	5
	47.	I would feel sympathy for someone who was dying and for his/her family.											
		1	2	3	4	5	T	F	1	2	3	4	5
FODS	48.	If I had a choice as to whether or not a friend should be informed he/she is dying, I would tell him/her.											
		1	2	3	4	5	T	F	1	2	3	4	5
DAS	49.	I am not at all afraid to die.											
		1	2	3	4	5	T	F	1	2	3	4	5
	50.	The prospects of death and dying would cause me to engage in unusual behavior.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	51.	I like to gossip at times.											
		1	2	3	4	5	T	F	1	2	3	4	5
	52.	The prospects of my death and dying would cause me to do something heroic.											
		1	2	3	4	5	T	F	1	2	3	4	5
FODS	53.	I would avoid a friend who was dying.											
		1	2	3	4	5	T	F	1	2	3	4	5
	54.	The prospects of death and dying would cause me to feel panic.											
		1	2	3	4	5	T	F	1	2	3	4	5
	55.	The prospects of my death and dying would cause me to regress to childlike attitudes and helplessness.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	56.	There have been times when I felt like rebelling against people in authority even though I knew they were right.											
		1	2	3	4	5	T	F	1	2	3	4	5
	57.	Consideration of death and dying would cause me to spend money.											
		1	2	3	4	5	T	F	1	2	3	4	5
FODS	58.	Dying might be an interesting experience.											
		1	2	3	4	5	T	F	1	2	3	4	5
DAS	59.	I am not particularly afraid of getting cancer.											
		1	2	3	4	5	T	F	1	2	3	4	5

		SD - Strongly Disagree	T - True	VUC - Very Unclear					
		SA - Strongly Agree	F - False	VC - Very Clear					
		SD	SA	T-F	VUC	VC			
	60. I try to ignore death and dying.	1 2 3 4 5		T F	1 2 3 4 5				
SDS	61. No matter who I'm talking to, I'm always a good listener.	1 2 3 4 5		T F	1 2 3 4 5				
	62. The prospects of death and dying would lead me to party a lot.	1 2 3 4 5		T F	1 2 3 4 5				
FODS	63. I would like to be able to communicate with the spirit of a friend who has died.	1 2 3 4 5		T F	1 2 3 4 5				
	64. The process of dying involves a loss of self-determination and a loss of control over one's destiny.	1 2 3 4 5		T F	1 2 3 4 5				
	65. The prospects of death and dying would cause me to feel shock.	1 2 3 4 5		T F	1 2 3 4 5				
SDS	66. I can remember "playing sick" to get out of something.	1 2 3 4 5		T F	1 2 3 4 5				
	67. Death would cause me to rejoice over cessation of suffering.	1 2 3 4 5		T F	1 2 3 4 5				
FODS	68. I view death as a release from earthly suffering.	1 2 3 4 5		T F	1 2 3 4 5				
DAS	69. The thought of death never bothers me.	1 2 3 4 5		T F	1 2 3 4 5				
	70. Consideration of death would cause me to feel hope.	1 2 3 4 5		T F	1 2 3 4 5				
SDS	71. There have been occasions when I took advantage of someone.	1 2 3 4 5		T F	1 2 3 4 5				
	72. The prospects of death and dying would cause me to get drunk.	1 2 3 4 5		T F	1 2 3 4 5				
FODS	73. The pain involved in dying frightens me.	1 2 3 4 5		T F	1 2 3 4 5				
	74. The prospects of death and dying would lead me to smoke a lot.	1 2 3 4 5		T F	1 2 3 4 5				
	75. Consideration of death and dying would cause me to feel that life is meaningless.	1 2 3 4 5		T F	1 2 3 4 5				
SDS	76. I'm always willing to admit it when I make a mistake.	1 2 3 4 5		T F	1 2 3 4 5				
	77. I would see death as unhappiness.	1 2 3 4 5		T F	1 2 3 4 5				
FODS	78. I would want to know if a friend were dying.	1 2 3 4 5		T F	1 2 3 4 5				
DAS	79. I am often distressed by the way time flies so very rapidly.	1 2 3 4 5		T F	1 2 3 4 5				
	80. Death and dying would lead me to feel pity.	1 2 3 4 5		T F	1 2 3 4 5				

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

		SD	-	-	-	SA	T	-	F	VUC	-	-	-	VC
SDS	81. I always try to practice what I preach.	1	2	3	4	5	T	F		1	2	3	4	5
	82. When people are dying they lose their independence, their ability to function on their own.	1	2	3	4	5	T	F		1	2	3	4	5
FCDS	83. I am disturbed by the shortness of life.	1	2	3	4	5	T	F		1	2	3	4	5
	84. The prospects of my death and dying would lead me to segregate myself from others.	1	2	3	4	5	T	F		1	2	3	4	5
	85. The prospects of my death and dying would lead me to forgive past offences.	1	2	3	4	5	T	F		1	2	3	4	5
SDS	86. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.	1	2	3	4	5	T	F		1	2	3	4	5
	87. Mercy killing is an acceptable solution for someone who is dying in severe pain or severe discomfort.	1	2	3	4	5	T	F		1	2	3	4	5
FCDS	88. I would not mind having to identify the corpse of someone I knew.	1	2	3	4	5	T	F		1	2	3	4	5
DAS	89. I fear dying a painful death.	1	2	3	4	5	T	F		1	2	3	4	5
	90. I would accept death and dying easily.	1	2	3	4	5	T	F		1	2	3	4	5
SDS	91. I sometimes try to get even rather than forgive and forget.	1	2	3	4	5	T	F		1	2	3	4	5
	92. Faced with death and dying I would feel helpless.	1	2	3	4	5	T	F		1	2	3	4	5
FODS	93. I would never get over the death of someone close to me.	1	2	3	4	5	T	F		1	2	3	4	5
	94. The prospects of my death and dying would cause me to feel sorry for myself but not to expect others to do so.	1	2	3	4	5	T	F		1	2	3	4	5
	95. The prospects of my death and dying would make me turn to God.	1	2	3	4	5	T	F		1	2	3	4	5
SDS	96. When I don't know something I don't at all mind admitting it.	1	2	3	4	5	T	F		1	2	3	4	5
	97. I see death as loss of loved ones forever.	1	2	3	4	5	T	F		1	2	3	4	5
FODS	98. The feeling that I might be missing out on so much after I die bothers me.	1	2	3	4	5	T	F		1	2	3	4	5
DAS	99. The subject of life after death troubles me greatly.	1	2	3	4	5	T	F		1	2	3	4	5
	100. I see death as entering the unknown.	1	2	3	4	5	T	F		1	2	3	4	5
SDS	101. I am always courteous, even to people who are disagreeable.	1	2	3	4	5	T	F		1	2	3	4	5

SD - Strongly Disagree T - True VUC - Very Unclear
 SA - Strongly Agree F - False VC - Very Clear

		SD	SA	T-F	VUC-VC
102.	Death and dying would lead me to re-establish previous links with my religion.	1	2 3 4 5	T F	1 2 3 4 5
FODS 103.	I do not think of dead people as having an existence of some kind.	1	2 3 4 5	T F	1 2 3 4 5
104.	The prospects of my death and dying would cause me to feel desperate.	1	2 3 4 5	T F	1 2 3 4 5
105.	The prospects of my death and dying would lead me to feel hate.	1	2 3 4 5	T F	1 2 3 4 5
SDS 106.	At times I have really insisted on having things my own way.	1	2 3 4 5	T F	1 2 3 4 5
107.	Consideration of death and dying would lead me to have feelings of getting old.	1	2 3 4 5	T F	1 2 3 4 5
FODS 108.	I would feel uneasy if someone talked to me about the approaching death of a common friend.	1	2 3 4 5	T F	1 2 3 4 5
DAS 109.	I am really scared of having a heart attack.	1	2 3 4 5	T F	1 2 3 4 5
110.	The prospects of my death and dying would lead me to feel defiant.	1	2 3 4 5	T F	1 2 3 4 5
SDS 111.	There have been occasions when I felt like smashing things.	1	2 3 4 5	T F	1 2 3 4 5
112.	The prospects of death and dying would lead one to become more mature having faced it.	1	2 3 4 5	T F	1 2 3 4 5
FODS 113.	Not knowing what it feels like to be dead does not bother me.	1	2 3 4 5	T F	1 2 3 4 5
114.	Death is eternal peace.	1	2 3 4 5	T F	1 2 3 4 5
115.	I see death as a peaceful state.	1	2 3 4 5	T F	1 2 3 4 5
SDS 116.	I would never think of letting someone else be punished for my wrongdoings.	1	2 3 4 5	T F	1 2 3 4 5
117.	The prospects of death and dying would lead me to refuse to cry.	1	2 3 4 5	T F	1 2 3 4 5
FODS 118.	If I had a fatal disease, I would like to be told.	1	2 3 4 5	T F	1 2 3 4 5
DAS 119.	I often think about how short life really is.	1	2 3 4 5	T F	1 2 3 4 5
120.	The prospects of death and dying would cause me to be obsessed with the question why.	1	2 3 4 5	T F	1 2 3 4 5

SD - Strongly Disagree
SA - Strongly Agree

T - True
F - False

VUC - Very Unclear
VC - Very Clear

		SD	-	-	-	SA	T	-	F	VUC	-	-	-	-	VC
SDS	121.	I never resent being asked to return a favour.	1	2	3	4	5	T	F	1	2	3	4	5	
	122.	I would face my death and dying with great fear or terror.	1	2	3	4	5	T	F	1	2	3	4	5	
FODS	123.	I would visit a friend on his/her deathbed.	1	2	3	4	5	T	F	1	2	3	4	5	
	124.	The prospect of death and dying would cause me to refuse to show my feelings.	1	2	3	4	5	T	F	1	2	3	4	5	
	125.	The prospects of my death and dying would cause me to feel I didn't live life to the fullest.	1	2	3	4	5	T	F	1	2	3	4	5	
SDS	126.	I have never been irked when people expressed ideas very different from my own.	1	2	3	4	5	T	F	1	2	3	4	5	
	127.	Death solves people's problems.	1	2	3	4	5	T	F	1	2	3	4	5	
FODS	128.	The idea of never thinking or experiencing again after I die does not bother me.	1	2	3	4	5	T	F	1	2	3	4	5	
DAS	129.	I shudder when I hear people talking about World War III.	1	2	3	4	5	T	F	1	2	3	4	5	
	130.	Consideration of death and dying would lead me to not plan my funeral.	1	2	3	4	5	T	F	1	2	3	4	5	
SDS	131.	I never make a long trip without checking the safety of my car.	1	2	3	4	5	T	F	1	2	3	4	5	
	132.	Death and dying would be followed by feelings of loneliness by the survivors.	1	2	3	4	5	T	F	1	2	3	4	5	
FODS	133.	If someone close to me died I would miss him/her very much.	1	2	3	4	5	T	F	1	2	3	4	5	
	134.	I see death as something to look forward to.	1	2	3	4	5	T	F	1	2	3	4	5	
	135.	The prospects of my death and dying would lead me to pray for others.	1	2	3	4	5	T	F	1	2	3	4	5	
SDS	136.	There have been times when I was quite jealous of the good fortune of others.	1	2	3	4	5	T	F	1	2	3	4	5	
	137.	I see death as something wonderful.	1	2	3	4	5	T	F	1	2	3	4	5	
FODS	138.	I am not disturbed by death being the end of life as I know it.	1	2	3	4	5	T	F	1	2	3	4	5	
DAS	139.	The sight of a dead body is horrifying to me.	1	2	3	4	5	T	F	1	2	3	4	5	
	140.	The prospects of death and dying would cause me to think and talk philosophically about death and dying.	1	2	3	4	5	T	F	1	2	3	4	5	

		SD - Strongly Disagree	T - True	VUC - Very Unclear			SA - Strongly Agree	F - False	VC - Very Clear				
		SD	SA	T	F	VUC	VC						
		1	2	3	4	5	1	2	3	4	5		
SDS	141.	I have almost never felt the urge to tell someone off.											
		1	2	3	4	5	T	F	1	2	3	4	5
	142.	Dying is seen by me as suffering and pain.											
		1	2	3	4	5	T	F	1	2	3	4	5
FDS	143.	I would feel anxious if someone who was dying talked to me about it.											
		1	2	3	4	5	T	F	1	2	3	4	5
	144.	I see death as a state without worry.											
		1	2	3	4	5	T	F	1	2	3	4	5
	145.	Consideration of death and dying would lead me to plan my funeral.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	146.	I am sometimes irritated by people who ask favors of me.											
		1	2	3	4	5	T	F	1	2	3	4	5
	147.	The prospects of my death and dying would cause my loved ones to become sick.											
		1	2	3	4	5	T	F	1	2	3	4	5
FDS	148.	The intellectual degeneration of old age disturbs me.											
		1	2	3	4	5	T	F	1	2	3	4	5
DAS	149.	I feel that the future holds nothing for me to fear.											
		1	2	3	4	5	T	F	1	2	3	4	5
	150.	Consideration of death and dying would cause me to write a poem re my feelings on death and dying.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	151.	I have never felt that I was punished without cause.											
		1	2	3	4	5	T	F	1	2	3	4	5
	152.	The prospects of death and dying would cause me to have an interest in, and a desire to explore, death and dying.											
		1	2	3	4	5	T	F	1	2	3	4	5
FDS	153.	If a friend were dying I would not want to be told.											
		1	2	3	4	5	T	F	1	2	3	4	5
	154.	Faced with death and dying I would become courageous.											
		1	2	3	4	5	T	F	1	2	3	4	5
	155.	My impending death would cause me to try to do something no one else has done.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	156.	I sometimes think when people have a misfortune they only got what they deserved.											
		1	2	3	4	5	T	F	1	2	3	4	5
	157.	I see death as happiness.											
		1	2	3	4	5	T	F	1	2	3	4	5
FDS	158.	I could not accept the finality of the death of a friend.											
		1	2	3	4	5	T	F	1	2	3	4	5
	159.	The prospects of death and dying would lead me to feel angry.											
		1	2	3	4	5	T	F	1	2	3	4	5
FDS	160.	It would upset me to have to see someone who was dead.											
		1	2	3	4	5	T	F	1	2	3	4	5
SDS	161.	I have never deliberately said something that hurt someone's feelings.											
		1	2	3	4	5	T	F	1	2	3	4	5

SD - Strongly Disagree
SA - Strongly Agree

T - True VUC - Very Unclear
F - False VC - Very Unclear

SD- - - -SA T--F VUC- - - -VC

FODS 162. If I knew a friend were dying,
I would not know what to say to
him/her.

1 2 3 4 5 T F 1 2 3 4 5

FODS 163. I would not like to see the
physical degeneration of a friend
who was dying.

1 2 3 4 5 T F 1 2 3 4 5

FODS 164. I am disturbed by the thought that my
abilities will be limited while I lie
dying.

1 2 3 4 5 T F 1 2 3 4 5

APPENDIX D

ITEMS NOT MEETING ENDORSEMENT PROPORTION CRITERIA AND THUS DROPPED
FROM THE QUESTIONNAIRE

Endorsement Proportion Criteria (A to D) for Inclusion of Items in the Free Response Items (FRI).

- (A) When all points on the five point "Agree"-"Disagree" scale were used.
- (B) When an item received an endorsement proportion $\geq .10$ on all points of the "Agree"-"Disagree" scale.
- (C) When an item received an endorsement proportion between .15 and .85 on the dichotomous "True"-"False" scale.
- (D) When endorsement proportions of less than .25 were obtained on the "Very Unclear" end (points one and two) of this five point scale.

Eliminated Items.

The criteria which the following items failed to meet are specified by the letter code A, B, C, and D used above. Some items failed to meet more than one criterion.

- | | |
|--|----|
| 1. The prospects of my death and dying would lead me to travel. | A |
| 3. The prospects of my death and dying would lead me to reminisce over all the good and bad times I had with people. | AC |
| 5. The prospects of my death and dying would lead me to make an effort to do the things I always wanted to do. | AC |
| 6. I would continue to set a deceased family member's place at the dinner table and to leave his/her room as it was. | A |
| 7. I would see death as release from tension. | D |
| 13. Consideration of death and dying would lead me to do something to be remembered by, to do something meaningful. | C |
| 17. The prospects of death and dying would cause me to feel dejected. | A |
| 19. The prospects of death and dying would lead me to try to leave a good reputation. | AC |
| 24. The death of someone close would cause me to mourn. | BC |
| 27. The prospects of death and dying would cause me to feel sad. | C |
| 28. Death and dying is an experience to be faced bravely. | AC |
| 38. The prospects of my death and dying would cause me to seek more love from others. | C |
| 39. Suicide is an acceptable act. | AC |
| 44. Children born severely handicapped or deformed should not be permitted to live. | AC |
| 46. Consideration of death and dying would lead me to regret my life. | A |
| 47. My death and dying would be accompanied by my loved ones feeling emotional pain and sorrow. | AC |

55. The prospects of death and dying would cause me to become cynical. A
61. I see death and dying as something to consider, to think about. BC
64. The prospects of death and dying would cause me to count my blessings and look at the bright side. A
65. The prospects of death and dying would cause me to give up. C
66. Death and dying are not to be thought about. C
67. Death and dying are things to which I would become desensitized. A
68. Consideration of death and dying would lead me to view them as a fantasy. AD
70. The prospects of death and dying would cause me to cry. AC
72. The prospects of death and dying would lead to suicide. A
73. Death and dying would be followed by the survivors feeling numb. D
74. Consideration of death and dying would lead to denial. D
77. I see death and dying as causing grief. AC
81. The prospects of death and dying would cause anxiety. A
85. The death of a spouse would be followed by the return of the survivor to a single person lifestyle. AD
89. The prospects of death and dying would cause me to draw closer to family and friends. AC
96. I see death and dying as causing the survivors to just lie around. A
101. The prospects of my death and dying would lead me to make the most of the time left. AC
103. The prospects of death and dying would lead me to write about someone in his/her memory. B
108. The prospects of my death and dying would make me determined to achieve one final goal. AC
111. I would see death and dying as punishment from god. AC
117. The prospects of my death and dying would cause me to feel I must try to carry on. AC
119. The prospects of my death and dying would lead me to pray for myself. A

Note: 28 items failed to meet criterion A
 3 items failed to meet criterion B
 22 items failed to meet criterion C
 6 items failed to meet criterion D

APPENDIX E

VARIMAX ROTATED FACTOR PATTERN OF FRI FOR EASTERN SUBJECTS;
CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
FROM THE ANALYSIS OF THE FRI FOR EASTERN SUBJECTS

VARIMAX ROTATED FACTOR PATTERN OF FRI FOR EASTERN SUBJECTS

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
2	39	23	14	25	21	07	-05	13	52	-14	23	-07	14	-12	69	-08	-07
4	64	03	04	-07	-07	-04	30	14	54	25	-04	57	-03	39	14	21	10
5	14	03	48	16	-06	06	52	04	55	08	16	64	09	-14	20	-01	-04
7	18	01	28	16	-17	-17	27	52	57	-10	-10	03	21	36	60	15	06
10	-10	-20	58	17	-05	09	30	28	60	04	-14	21	13	-59	00	12	23
12	16	07	19	-12	35	20	45	-04	62	-11	12	-06	54	-02	35	40	03
14	07	11	-15	-21	51	00	08	09	64	-01	17	54	-02	-01	58	08	-05
15	74	-07	17	-02	-12	-12	-18	-05	65	22	34	11	-06	28	20	47	03
17	-06	15	-65	18	13	19	-12	06	67	09	18	-06	74	-08	19	01	07
20	-02	-07	-33	11	10	13	07	03	70	-21	25	-37	49	40	-11	-17	15
22	10	25	-12	-01	-19	53	40	22	72	06	19	11	08	02	12	67	04
24	-06	-13	16	10	29	-17	36	02	74	11	02	09	-02	-13	-10	88	-16
25	17	22	59	27	00	-09	44	05	75	76	-16	-13	14	-02	-18	30	-10
27	50	10	47	-04	-01	-04	30	22	77	77	-05	09	-09	-15	05	04	23
30	-06	22	-23	11	26	22	-10	-25	80	65	22	23	10	22	07	03	36
32	22	13	31	26	13	12	30	-35	82	25	17	-03	09	27	-53	-00	23
34	-01	75	17	-02	-10	03	00	11	84	30	-24	-24	-05	01	-10	01	45
35	-22	36	-67	-19	-01	-21	-11	-19	85	09	55	11	17	-36	17	12	33
37	09	05	03	-23	-49	00	28	-22	87	18	10	17	-05	-32	07	65	21
40	-05	11	-09	63	-20	-11	-38	-13	90	-06	09	-56	54	-01	22	04	-03
42	18	22	42	-42	-11	08	06	-33	92	61	18	17	-06	21	22	19	12
44	-23	-05	18	54	11	22	07	-12	94	65	-08	-02	-05	-13	-09	06	-06
45	18	08	-10	10	-06	35	16	-55	95	-18	63	-03	-13	-04	29	37	00
47	26	39	24	13	29	19	-44	-19	97	36	02	21	-24	-17	41	44	26
50	15	13	47	-21	-21	34	-13	-09									

Continued ...

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
100	32	05	16	-28	-14	19	40	08	130	-06	-26	20	-23	51	-15	11	-36
102	-22	52	00	06	21	00	16	-23	132	33	55	03	-17	-30	17	10	30
104	33	16	46	-04	11	25	23	61	134	13	00	-04	61	-20	-01	06	05
105	-10	-13	31	11	04	48	27	37	135	15	74	-22	17	18	-18	-11	-02
107	27	22	33	-29	-18	00	38	37	137	-15	13	-13	62	15	-12	-06	09
110	24	-08	-01	06	00	19	15	66	140	-26	70	20	-05	-01	-07	07	09
112	03	54	-06	14	27	03	13	-06	142	53	-01	-12	-11	50	-25	00	11
114	04	63	-20	-04	-11	-08	01	-12	144	-06	49	10	20	-17	02	00	-12
115	11	60	-09	18	29	01	01	-12	145	22	43	-18	23	-08	13	57	08
117	-30	04	-53	14	-17	14	-01	13	147	38	35	08	17	14	25	20	-17
120	42	04	06	-15	26	-07	48	43	150	34	44	21	24	-02	27	-19	-04
122	21	37	57	11	07	10	42	05	152	-04	57	11	17	20	28	24	-03
124	-27	06	-27	-10	-20	07	04	21	154	-52	21	-18	16	10	00	-28	-14
125	31	30	15	-01	18	25	31	21	155	-08	51	23	08	19	13	27	-35
127	06	-05	20	33	-43	13	21	13	157	-08	07	11	81	-12	-03	05	-12
									159	01	21	59	-32	09	06	31	09

Note: factor loadings are preceded by a decimal.

% of variance explained by each factor	I	II	III	IV	V	VI	VII	VIII	TOTAL
	6.8	7.1	6.8	5.3	4.1	4.1	6.3	4.0	44.5

CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
FROM THE FACTOR ANALYSIS OF THE FRI FOR EASTERN SUBJECTS

Factor 1. Sense of Futility Dimension with Emotional Discomfort.

- 4 hopeless (.64)
- 15 painful (.74)
- 75 life is meaningless (.76)
- 77 unhappiness (.77)
- 80 pity (.65)
- 92 helpless (.61)
- 94 sorry for self, not expect others to (.65)
- 154 courageous (-.52)

Factor 2. Religious-Philosophical Dimension with Positive Emotional Connotation.

- 34 believe in an afterlife (.75)
- 85 forgive past offences (.55)
- 95 turn to God (.63)
- 102 reestablish previous links with religion (.52)
- 112 more mature having faced it (.54)
- 114 eternal peace (.63)
- 115 peaceful state (.60)
- 132 loneliness by survivors (.55)
- 135 pray for others (.74)
- 140 think and talk philosophically (.70)
- 144 state without worry (.49)
- 152 interest in, desire explore death and dying (.57)
- 155 do something no one else has done (.51)

Factor 3. Abnormalcy-Psychiatric Dimension with Strong Emotional Discomfort.

- 10 nervous breakdown (.58)
- 17 contentment (-.65)
- 25 depressed (.59)
- 35 die with dignity by living last days as normal (-.67)
- 50 unusual behavior (.47)
- 54 panic (.57)
- 55 regress to childlike attitudes and helplessness (.64)
- 90 accept easily (-.56)
- 115 peaceful state (-.53)
- 122 terror (.57)
- 159 angry (.59)

Continued

Factor 4. Emotionally Positive/Behavioral-Activity Dimension.

- 40 pick nice song remind of someone close who died (.63)
- 44 eat a lot (.54)
- 62 party a lot (.54)
- 67 rejoice over cessation of suffering (.74)
- 70 hope (.49)
- 90 accept easily (.54)
- 134 look forward to (.61)
- 137 wonderful (.62)
- 157 happiness (.81)

Factor 5. Mixed: Uninterpretable.

- 14 limits wants, dreams (.51)
- 37 save money for loved ones (-.49)
- 60 ignore death and dying (-.59)
- 130 not plan funeral (.51)

Factor 6. Mixed: Behavioral-Activity Dimension with Emotional Discomfort.

- 22 loved ones to faint (.53)
- 52 do something heroic (.69)
- 57 spend money (.60)
- 82 lose independence, ability to function on own (-.53)
- 105 hate (.48)

Factor 7. Mixed: Behavioral-Activity Dimension with Emotional Discomfort.

- 12 take a lot of getting used to (.45)
- 65 shock (.47)
- 72 get drunk (.67)
- 74 smoke a lot (.88)
- 87 mercy killing acceptable if dying in severe pain (.65)
- 120 obsessed with the question of why (.48)
- 145 plan my funeral (.57)

Factor 8. Mixed: Uninterpretable.

- 7 believe in myths and superstitions (.52)
 - 45 donate body to science (-.55)
 - 84 segregate self from others (.45)
 - 110 defiant (.66)
-

APPENDIX F

VARIMAX ROTATED FACTOR PATTERN OF FRI FOR WESTERN SUBJECTS ;
CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
FROM THE ANALYSIS OF THE FRI FOR WESTERN SUBJECTS

VARIMAX ROTATED FACTOR PATTERN OF FRI FOR WESTERN SUBJECTS

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
2	28	26	-43	-08	10	-10	-03	50	60	02	09	09	09	02	45	14	-14
4	32	18	-49	09	19	-01	26	52	63	13	09	05	05	-03	11	19	-20
5	11	36	-23	-08	-23	19	05	54	10	39	16	-16	-16	09	68	13	-22
7	43	08	-13	06	03	07	-04	55	19	06	-03	-18	-18	08	13	16	09
10	08	05	-69	-29	07	02	-13	57	46	04	-32	-23	-23	-13	11	-16	00
12	07	21	-22	-24	16	-44	-01	60	57	37	-21	04	-02	-02	06	-13	-17
14	13	23	28	02	-31	-40	-28	62	70	17	03	05	07	07	28	22	20
15	29	-02	-46	-17	21	-15	-12	64	-08	38	13	14	31	14	02	-27	-16
17	08	10	29	-08	-36	29	44	65	17	61	14	-14	-14	02	21	12	20
20	02	16	-15	-14	-17	-36	18	67	26	-10	-13	67	-14	-14	-06	03	-04
22	21	54	-10	15	03	-12	-18	70	-07	-15	-17	40	11	11	-33	32	20
24	21	-05	-12	-07	20	03	33	72	70	16	-17	-03	10	10	12	08	00
25	07	23	-28	-22	46	-10	-06	74	60	20	31	06	01	01	-07	24	21
27	13	40	-05	-18	03	-29	16	75	46	39	16	09	16	16	-07	11	32
30	02	37	06	06	-22	-03	18	77	23	58	10	-02	-02	-03	20	-03	-06
32	04	52	-03	-06	-12	-12	02	80	16	35	35	04	23	23	13	-03	03
34	-11	02	20	26	-13	19	-10	82	05	34	09	34	29	29	-41	-14	09
35	-08	-04	43	-54	00	20	-10	84	37	28	01	-17	36	36	-10	08	01
37	-08	40	05	-02	-23	-08	01	85	-19	30	36	58	00	00	04	13	-26
40	09	-01	28	-15	05	22	-02	87	17	-02	-60	30	-15	-15	46	-21	00
42	13	-02	05	-16	-04	50	-01	90	05	-25	14	06	07	07	-82	-07	09
44	40	-14	00	-25	32	01	-05	92	18	48	19	-03	40	40	36	-11	29
45	27	00	-05	-03	-05	-15	50	94	27	18	09	22	15	15	57	-09	23
47	-14	42	-18	-31	01	06	50	95	-07	22	75	-07	08	08	08	-14	26

Continued ...

ITEM	I	II	III	IV	V	VI	VII	VIII	ITEM	I	II	III	IV	V	VI	VII	VIII
97	35	-09	-09	-11	-14	50	-36	09	130	06	08	-01	00	61	14	01	-02
100	46	-01	03	-04	21	16	-36	05	132	01	50	-35	40	-17	15	07	-02
102	30	15	47	-11	-16	06	-06	15	134	-22	-33	-03	35	-12	-38	38	01
104	31	28	20	-02	17	71	24	10	135	-12	14	58	11	06	08	04	21
105	07	11	-20	-07	30	52	02	20	137	-15	-06	16	42	-05	-55	39	17
107	-04	-09	05	20	-02	36	-36	31	140	02	-21	51	25	-03	-01	16	16
110	52	12	16	-01	47	15	17	22	142	39	32	00	-49	-05	31	-17	06
112	05	-13	42	04	-15	07	20	-14	144	00	-09	11	79	-12	-02	00	20
114	02	00	07	-05	-04	14	-09	67	145	06	01	07	04	-65	-18	08	26
115	-28	-01	22	13	03	-10	-17	71	147	41	-09	36	-02	02	15	-36	10
117	18	-13	-25	08	36	-28	21	02	150	15	05	-12	-09	16	08	65	-20
120	28	32	-01	12	15	54	16	43	152	17	-10	09	17	-19	12	73	15
122	24	29	-02	-12	04	73	-03	05	154	12	03	36	-13	35	-06	46	-33
124	35	-10	-10	10	40	-12	05	00	155	37	10	02	-15	24	-06	41	10
125	19	48	-42	-05	-28	22	16	-06	157	04	-48	25	26	-09	-37	15	24
127	08	-17	11	47	33	17	-30	-06	159	08	64	-04	-12	13	16	11	01

Note: Factor loadings are preceded by a decimal.

	I	II	III	IV	V	VI	VII	VIII	Total
% of variance explained by each factor	6.1	5.6	5.6	5.3	3.6	6.5	4.4	3.5	40.6

CONSTRUCTED FACTOR LABELS AND SALIENT ITEMS FOR FACTORS RESULTING
FROM THE FACTOR ANALYSIS OF THE FRI FOR WESTERN SUBJECTS

Factor 1. Behavioral-Activity Dimension with Emotional Discomfort.

- 52 do something heroic (.63)
- 57 spend money (.46)
- 60 try to ignore (.57)
- 62 party a lot (.70)
- 72 get drunk (.70)
- 74 smoke a lot (.60)
- 75 feel life is meaningless (.46)
- 100 entering the unknown (.46)

Factor 2. Emotionally Painful Dimension.

- 24 bewildered (.66)
- 65 shock (.61)
- 77 unhappiness (.58)
- 92 helpless (.48)
- 125 didn't live life to fullest (.48)
- 132 loneliness by survivors (.50)
- 157 happiness (-.48)
- 159 angry (.64)

Factor 3. Religious-Philosophical Dimension with Emotional Discomfort.

- 22 loved ones to faint (.54)
- 27 sorrow (.52)
- 32 make amends for things have done (.52)
- 87 mercy killing acceptable act if dying in severe pain (-.60)
- 95 turn to God (.75)
- 102 reestablish previous links with religion (.47)
- 135 pray for others (.58)
- 140 think and talk philosophically (.51)

Factor 4. Emotionally Positive Dimension.

- 4 hopeless (-.49)
- 10 nervous breakdown (-.69)
- 15 painful (-.46)
- 67 rejoice over cessation of suffering (.67)
- 85 forgive past offences (.58)
- 127 solves peoples' problems (.47)
- 142 suffering and pain (-.49)
- 144 state without worry (.79)

Continued ...

Factor 5. Mixed: Uninterpretable.

- 35 die with dignity by living last days as normal (-.54)
- 130 not plan my funeral (.61)
- 145 plan my funeral (-.65)

Factor 6. Strongly Emotionally Painful Dimension.

- 54 panic (.68)
- 87 mercy killing acceptable act if dying in severe pain (.46)
- 90 accept easily (-.82)
- 94 feel sorry for self, not expect others to (.57)
- 97 loss of loved ones forever (.50)
- 104 desperate (.71)
- 105 hate (.52)
- 120 obsessed with question of why (.54)
- 122 terror (.73)
- 137 wonderful (-.55)

Factor 7. Emotionally Positive/Behavioral-Activity Dimension.

- 42 donate to charity as last honourable gesture (.50)
- 150 write poem re feelings on death and dying (.65)
- 152 interest in, desire to explore death and dying (.73)
- 154 courageous (.46)

Factor 8. Peacefulness Dimension.

- 47 sympathy for person dying and family (.50)
 - 114 eternal peace (.67)
 - 115 peaceful state (.71)
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