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DEATH ANXIETY, INTRINSIC AND EXTRINSIC RELIGIOUS MOTIVATION,
DOGMATISM, GUILT, AND DESIRED FERTILITY AMONG MEN IN RELIGIOUS
LIFE

THE UNIVERSITY OF ARIZONA

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DEATH ANXIETY,
INTRINSIC AND EXTRINSIC RELIGIOUS MOTIVATION,
DOGMATISM, GUILT, AND DESIRED FERTILITY
AMONG MEN IN RELIGIOUS LIFE

by

Craig Edward Morrison O. Carm.

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In the Graduate College
THE UNIVERSITY OF ARIZONA

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STATEMENT BY AUTHOR

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ABSTRACT

This study was designed to investigate the relationship between death anxiety and the following variables: intrinsic religious motivation, extrinsic religious motivation, dogmatism, guilt, and desired fertility among men in religious life. 274 religious men in the Washington DC area were given Templer's Death anxiety Scale, the Intrinsic religious Motivation Scale, the Religious Orientation Scale, the Dogmatism Scale Form E, the Mosher Hostile Guilt Scale and two questions to measure desired fertility.

The results showed a significant positive relationship between death anxiety and dogmatism, and death anxiety and guilt. No significant relationships were found between death anxiety and intrinsic religiosity, or between death anxiety and extrinsic religiosity. No relationship was found between a religious man's desired fertility and his death anxiety. A multiple regression indicated that dogmatism is the most important contributor to predicted death anxiety. No relationship was found between death anxiety and age. Other results suggested that there was the problem of response bias on the Intrinsic Religious Motivation Scale and on the Religious Orientation Scale.

CHAPTER 1

INTRODUCTION

It takes neither profound thanatology, eschatology, nor even psychodynamics to realize quite phenomenologically that a person's thoughts on death are, if not quite the most important thoughts in his life, at least a crucial index of mental health (Cappon, 1967, p. 3).

Until recently, the investigation of questions surrounding death belonged solely to the philosophical and theological realms. Man has been perplexed over the meaning and mystery of death, and theologians have attempted to guide him toward consoling explanations. It has been the role of religion to provide answers to the questions that arise in the heart of a being conscious of his mortality. Religion is a human attempt to understand death, and in some way to control it (Malinowski, 1965a; Malinowski, 1965b). Some philosophers have even suggested that there is a causal relationship between religion and death: that because man dies, he creates religion. Without question religion plays an important role in responding to the anxieties of man coping with the reality of his personal death. Ernest Becker (1973), in his book Denial of death, discusses the relationship between death and religion. "Religion solves the problem of death... religion gives hope, because it holds open the dimension of the unknown and the unknowable, the fantastic mystery of creation that the human mind

cannot begin to approach.... In religious terms to 'see God' is to die, because the creature is too small and finite to be able bear the higher meanings of creation" (p. 204). Peter Koestenbaum (1976) takes a religious perspective when he writes about death. He claims that with the knowledge of eternity comes "an extraordinary relaxation of anxiety." He writes that "with the discovery of the dimension of the eternal in us, a great peace descends over our existence" (p. 21). This exemplifies the belief that religious faith can calm the anxieties of a person confronting death. However, before delving into the issue of death anxiety in relation to religion, the basic question of why or how personal death anxiety exists must be raised.

Philosophers have pointed to the rather unique position man holds in nature. Man is a conscious being, and as such, he reflects on his existence and seeks to give meaning to his life. However as the person searches for meaning to his life, there is an underlying awareness within him that his life is finite, and he ultimately realizes that "I will die". Man's cognizance of his own future nothingness, his physical nonbeing, is what existential philosophers have probed. In The Concept of Dread (1944), Soren Kierkegaard discussed the point in history when man developed from ignorance to self-consciousness, an event that brought with it the realization of personal death. It was this metamorphosis in human development that gave rise to existential "dread". Man is a synthesis of matter and consciousness, and his corporeality is a constant reminder to his conscious spirit that he is mortal. It is the tension between these two

components of the human person that creates "dread". If man were pure consciousness or only matter, he would have no dread, but instead, human existence hangs between these two poles.

Herman Feifel (1959) wrote that "it is probably true that ever since dying came into fashion life has not been safe" (p. 117). Life is not safe, for death is a truth of human existence. It is intrinsically tied to life itself, and in some way, each person is aware of his personal cessation. The conflict between the individual's quest for meaning in his life and his awareness of his finitude, gives rise to death anxiety (Becker, 1973; Tillich, 1952; May, 1950; Martin, 1965). Paul Tillich writes that "it is not the realization of universal transitoriness, not even the experience of the death of others, but the impression of these events on the always latent awareness of our own having to die that produces anxiety" (p. 110). Death anxiety is the state in which a person becomes aware of his possible nonbeing and realizes that death must be faced alone for there is no possibility of escape (Tillich 1952). It is this anxiety that religious faith confronts and attempts to resolve.

With the advent of psychology came the empirical attempts to investigate death anxiety with controlled observation and psychometric instrumentation. Of particular interest to persons researching death anxiety is the effect of religious beliefs upon this anxiety. Would religious beliefs tend to increase or decrease death anxiety among the faithful?

Statement of The Problem.

Since death anxiety has surfaced as a psychological issue, it has become important to discover those personality characteristics that are associated with high death anxiety and those with low death anxiety. It would seem natural that religious faith would have some association with death anxiety; nevertheless the relationship between these two variables generates two conflicting hypotheses. It could be that the religious person, through his faith, has resolved within himself his anxiety concerning his own death. The other position suggests that a person becomes an active member of an established religion because he has a high anxiety about death. Lester (1967) pulls together ten studies which have investigated the area of death anxiety and religion. He found that the empirical data brought in conflicting results as to whether religiosity is associated with high or low death anxiety.

One of the problems with previous studies is that researchers have placed subjects into two oversimplified categories, either religious or nonreligious. These categories are too extensive and vague, and there has been some evidence to show that the construct "religiosity" may have several components within it (Nelson & Cantrell 1980). Another problem is that researchers have measured "religiosity" in terms of religious behavior (Feifel, 1959; Templer, 1972; Alexander & Alderstein, 1960), rather than investigating the degree to which the religious person truly believes his or her creed, or is intrinsically motivated (Allport, 1967) toward this creed.

Researchers using the broad category "religiosity" have failed to take into account the differences in religious denominations, as well as the variety of personality types within the churchgoing population. These problems may account for the inability of researchers investigating religiosity and death anxiety to indicate whether religious persons have lower or higher death anxiety than nonreligious persons. It is hoped that in a closer analysis of a clearly defined religious population, certain segments of the religious population will surface as having high or low death anxiety.

Religious beliefs differ from denomination to denomination and this diversity could create significant differences within a religious population. Researchers have called for studies on death anxiety that examine each religious tradition separately (Patrick, 1979). Religious persons who believe in a harsh, judgmental God may have different levels of death anxiety than religious persons who view God as all forgiving (Kierniesky & Groelinger, 1977). There is need for a study involving a religious population whose members have closely defined beliefs which each religious member publicly accepts. This type of population would remove the variable of different beliefs so that other differences might surface more clearly. It is for this reason that this research uses as its subjects a group of Roman Catholic men who are all professed members of a religious institution. An investigation limited to Roman Catholic religious men keeps the lifestyle and beliefs of the population more narrowly defined.

Another problem that has hampered the research in the area of death anxiety has been the lack of an adequate measuring instrument that is both valid and reliable (Lester, 1967). In 1970, Donald Templer developed the Death Anxiety Scale (DAS) and showed its construct validity. Previous to this most data was gathered using interviews, and consequently, the results were less reliable. Because of instruments such as the DAS, it is now possible to gather more accurate data.

Purpose of the Study.

It was the purpose of this research to discover the relationship between death anxiety (the primary variable under investigation) and feelings of guilt, dogmatic attitudes, intrinsic and extrinsic religious motivation, an indiscriminately proreligious motivation, and desired fertility. This investigation was conducted within a population of Roman Catholic men in religious life.

Significance of the Study

By understanding the correlates of death anxiety, it becomes possible to indirectly treat high levels of death anxiety (Templer, 1976). Death anxiety could become a problem for a professional religious person who acts as chaplain, parish priest or is involved in other death related services. His services often provide the link between life and death for the faithful. By his beliefs, lifestyle and professional role, he offers support and encouragement to the dying person and the survivors. To have a better understanding of the

religious minister who is experiencing high death anxiety could be important for the ministry of a church.

It is also hoped that this study would provide some answers to the previous research which has conflicting results in this area. Examining a religious and a nonreligious population in the same study has not provided any consistent results as to the relationship between death anxiety and religiosity. This research will only investigate a religious population. This population of religious men has clearly defined beliefs which all members accept as true. This avoids the problems of other research that used a population of diverse religious backgrounds. This research is also original because it will use as its subjects persons who are publicly and professionally committed to their religious beliefs.

The research also gives some insight into how the different characteristics of the religious personality relate to death anxiety. It could offer some suggestions as to other possible personality traits of a religious man experiencing high death anxiety.

Hypotheses

1. Religious men who have a greater "intrinsic" motivation toward their religious beliefs and practices, as measured by the Hoge (1973) Intrinsic Religious Motivation Scale, will have a lower death anxiety score, as measured by the Templer/McMordie Death Anxiety Scale (1979), than those religious men who have a less intrinsic religious motivation toward their religious values and practices.

2. Religious men who have an extrinsic religious motivation, as measured by the extrinsic subscale of the Allport and Ross (1967) Religious Orientation Scale (ROS), will have a higher death anxiety score than religious men who have an intrinsic religious motivation, as measured by the intrinsic subscale of the ROS.
3. Religious men who are found to be indiscriminately proreligious, as measured by the Allport and Ross ROS (1967), will have a higher death anxiety score than religious men who are intrinsically religious, as measured by the ROS.
4. Religious men who are more dogmatic, as measured by the Dogmatism Scale Form E (Rokeach, 1960), will have a higher death anxiety score than those religious men who are less dogmatic.
5. Religious men who have more hostile guilt, as measured by the Mosher Guilt Scale (1966), will have a higher death anxiety score than those religious men who have less hostile guilt.
6. Religious men who are more desirous of having offspring (Appendix A) will have higher death anxiety than religious men who are less desirous of offspring.

Definitions

Death Anxiety. For the purpose of this research, the definition of death anxiety is a synthesis of definitions taken from Kurt Goldstein (1939) and Rollo May (1950). Death anxiety is an existential anxiety, not a neurotic anxiety as discussed by Freud. It involves an individual's personal realization of his or her own human contingency and ultimate termination. Such anxiety is accompanied by a vague sense of apprehension and feelings of uncertainty and helplessness when recognizing the unavoidable certainty that "I" will die.

Religious Man. Religious man is a term applied to a male member of a religious community within the Roman Catholic Church. It is a public state of life characterized by a commitment to a group or community through the profession of evangelical poverty, chastity and obedience. These are public vows which separate the community from the world, however they are practiced for the sake and service of the world (New Catholic Encyclopedia).

Extrinsic and Intrinsic Religious Orientation. The definition is taken from Gordon Allport (1967).

Extrinsic Orientation: Persons with this orientation are disposed to use religion for their own ends. The term is borrowed from axiology, and designates an interest that is held because it serves other more ultimate interests. Extrinsic values are always instrumental and utilitarian. Persons with this orientation may find religion useful in a variety of ways: providing security and solace, social contacts, and status and self-justification. The embraced

creed is lightly held or else is selectively shaped to fit more primary needs. In theological terms, the extrinsic type turns to God, but without turning away from self.

Intrinsic Orientation: A person with this orientation finds primary motivation in religion. Other needs, strong as they may be, are regarded as being of less ultimate significance, and they are so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion.

Limitations

This study investigated death anxiety among Catholic religious males that were community oriented in the Washington D. C. area in November of 1983.

This study measured death anxiety only in the area involving the individual's personal realization of his own death (death of self).

Delimitations

This study was not designed to investigate neurotic anxiety.

This study did not attempt to measure anxiety concerning deaths of others, or the anxiety over one's own dying process (fear of pain etc.), or the anxiety over the dying process of loved ones.

No Roman Catholic religious men of the Order of Carmelites were included in the study.

This research did not examine repressed or unconscious death anxiety.

This study did not include any religious men outside the Washington D. C. area.

CHAPTER 2

REVIEW OF THE RELATED LITERATURE.

Introduction

This chapter will begin by presenting the theoretical construct of death anxiety that has been developed by philosophers and psychologists, followed by a discussion of how death anxiety is related to religious beliefs, both theoretically, and empirically. The literature was investigated in the areas of death anxiety, death anxiety and religion, death anxiety and intrinsic-extrinsic religious motivation, death anxiety and dogmatism, death anxiety and guilt, and death anxiety and fertility.

Death Anxiety

Death anxiety as a universal experience has been discussed by numerous psychologists. Dr. Frank Caprio (1950) pointed out that the fear of death constitutes an essential reaction of all human beings. Gregory Zilboorg (1943) comments on the effect of death anxiety on man's behavior: "such a constant expenditure of psychological energy on the business of preserving life would be impossible if the fear of death were not constant" (p. 467). The investigation of death anxiety will begin with how death anxiety became a subject for inquiry in the early years of psychology.

Sigmund Freud wrote about mankind's attitude toward death in his article "Thoughts for the Times on War and Death" (1915). He looked at "primitive man" and claimed that in early civilization the individual did not believe in his own death. Personal death was unimaginable and man denied its existence, believing that somehow, he would avoid death. Nonetheless, primitive man came into conflict with his "denial of death" when he saw his loved ones die and "in his pain he had to learn that one can indeed die oneself" (p. 310). For the existential philosophers these are the very beginnings of death anxiety within the individual. Nevertheless, Freud believed that death anxiety was not an anxiety at all, but a fear proceeding from a larger source of anxiety, specifically the fear of castration.

Freud explained his argument in his work The Ego and The Id (1923). After discussing the id and the ego, and how they function and relate to each other, he explained the development of the ego ideal or superego. The superego is the method through which the ego gains control over the id. It also contains answers to situations, answers which originate in the "higher nature" (moral conscience) of man. Within the superego lies the child's predominant identification, either with the father or the mother. Freud believed that the male child identifies with his father, as the father cares for his mother. He soon becomes jealous of his father (oedipus complex), but also fears his father's power (castration complex). The boy discovers the possibility of castration when he sees the girl's sex organs, and she appears castrated. The female discovers her castration when she sees

that she does not have noticeable external sex organs. The girl develops a preference for her father because he has the sex organ she is missing (penis envy). It is the fear of castration that controls the boy's behavior and the superego becomes "heir" to the castration complex developing the fear of castration into his psychological moral agent. A sense of guilt also develops out of the tension between the ego and the superego (this is important when death anxiety and guilt are investigated). The ego is aware of the moral conscience within the superego, and is aware also of the punishment which the superego can inflict on the ego. This fear of the super ego is in essence the original fear of being castrated by the father. It is a fear that the super ego will do harm to the ego and thus it appears like a fear of death.

For Freud the fear of death has only one explanation. Because of superego anxiety (which Freud identified with death anxiety) the ego does not satisfy the desires of the id because of the pain, guilt or death which the super ego threatens to inflict on the ego. The ego realizes that if it is "bad", the superego, which fulfills the function of protecting the ego like the father did for the child in earlier days, will no longer protect the ego and it will die. This explanation is rather complex, and in one of his final works, The Problem of Anxiety (1936), Freud summarized his approach to understanding the fear of death.

Castration becomes as it were imaginable through the daily experience of parting with the contents of the bowel; but nothing similar to death has ever been experienced.... I therefore maintain that the fear of death is to be regarded as an analogue of the fear of castration and that the situation to which the ego reacts is the state of being forsaken or deserted by the protecting super ego (p. 87-88).

The Freudian view of man was eloquently reinterpreted by Ernest Becker in his book Denial of death (1973). He removed Freud from his 19th century reductionist framework and examined his writings within the context of existential philosophy. Becker agreed with Freud that the child is upset by sexual matters, but for different reasons. Sexuality and corporeality remind a person of his finitude, that "I" will rot in decay. The sexual organs themselves represent how truly insufficient man is; he cannot even reproduce by himself. Each person's aging body is a constant reminder that he is dust.

Both Becker and Kierkegaard (1941) believed that although man is conscious of his deteriorating body, that his spirit soars also toward the infinite as he becomes aware of his own splendid uniqueness. He yearns to be immortal, yet his flesh reminds him that he is a corpse and food for worms. William Shakespeare captured this experience as he spoke through his character Hamlet:

What a piece of work is man, how noble in
 reason, how infinite in faculties; in
 form and moving how expressed and admirable,
 in action how like an angel, in apprehension
 how like a god; the beauty of the world
 the paragon of animals! And yet to me
 what is this quintessence of dust?
 (Shakespeare, 1600, p. 947)

The body awakens in man the knowledge that he is dust. Our culture wants the individual to avoid his aging body, not because man is first a sexual seeker, but because man primarily is an avoider of death (Becker, 1973). Becker criticizes Freud for failing to rework the central concepts of his psychology, to change his central concept of man, as a pleasure seeker to that of a death avoiding animal. Becker reverses Freudian perspective by claiming that it is death anxiety that gives rise to sexual anxieties.

A distinction needs to be made between the terms "fear of death" and "death anxiety". Often the terms "death anxiety" and "fear of death" have been used interchangeably in research, and investigators have complained that a distinction needs to be made in future death anxiety research (Shultz, 1978; Magni, 1973).

Kurt Goldstein (1939) in his book The Organism differentiates anxiety from fear. "In the state of fear we have an object which we can 'meet', which we can attempt to remove, or from which we can flee" (p. 298). Anxiety, however has no particular object, it lacks a specific direction. To explain anxiety, Goldstein turns to the existential philosophers. "Kierkegaard, as well as Heidegger, considers fear as fear of something, while anxiety, in their opinion, deals with

nothingness; their descriptions strongly suggest that anxiety is a state without reference to any object" (p. 294). Paul Tillich (1952) points out how the awareness of death can bring forth both fear and anxiety within the person. Fear is experienced in reference to a specific object, and anxiety lacks a specific object. There are specific components of death that a person can fear, such as pain, disease, or accident. Death anxiety, on the other hand, arouses undefined and amorphous thoughts concerning the unknown factors about death. It is this form of death anxiety that is the subject of this research. Today many researchers studying death anxiety have questioned Freud's explanation that the fear of death is really a fear of castration. The following section is a synopsis of what philosophers and psychologists believe are the characteristics of death anxiety.

Death anxiety is not a neurotic anxiety. Rollo May (1950) distinguished normal anxiety from Freud's concept of neurotic anxiety. "The more significant distinction is between objective anxiety (what I would term 'normal') and neurotic anxiety. The former 'real' anxiety is the reaction to an external danger like death" (May, 1950, p. 211). He points out that normal anxiety "does not require neurotic defense mechanisms," and that it "is experienced by man's contingency, his vulnerability, and brittleness to the powers of nature that places him so close to death" (p. 212). This normal anxiety is characterized by only a general restlessness or uneasiness that has no clear direction. May points out that this anxiety is frequently overlooked because it

is less intense and does not show itself in panic or other dramatic forms.

Other psychologists distinguish death anxiety from neurotic anxiety by categorizing it as an "everyday anxiety" (Levitt, 1967) or an "existential anxiety" (Tillich, 1952). Paul Tillich labels man's awareness of his own death an existential anxiety "in the sense that it belongs to existence as such and not to an abnormal state of mind as in neurotic anxiety" (p. 112). Jacques Choron views normal death anxiety as an existential anxiety or ontological anxiety because it is an intrinsic part of human existence. As it is possible for neurotic death anxiety to develop in the person, Choron points out "that where the anxiety of death is acute, it can be removed through proper therapy without taking into account the possible existence of 'ontological' anxiety" (Choron, 1964, p. 154 155). Rollo May (1950) also discusses the possibility that normal death anxiety could lead to neurotic anxiety. Neurotic death anxiety would manifest itself in an excessive concern for one's health or excessive concern about one's death over a prolonged period of time. Becker (1973) believes that normal death anxiety is constructive because it can serve as a motivator for the individual to be creative and "heroic" while he lives. Since the individual realizes that death is an absolute part of his future, he works to give meaning to his life while he lives. Thus death anxiety is considered normal because it can be met by constructive development and growth within the person, without having to retreat into neurotic defense mechanisms.

This distinction between normal and neurotic anxiety is important because death anxiety research is not intended to encompass the investigation of neurotic anxiety. Both psychologists and philosophers indicate that death anxiety is "normal", and that it should be detectable in all psychologically healthy persons. When Donald Templer (1970) investigated the correlations between the MMPI and death anxiety he found no significant correlations between the MMPI variables and death anxiety. It appears that death anxiety is not associated with certain syndromes of psychopathology, again suggesting that death anxiety can exist within a population of "normal" persons.

Existential death anxiety does not only surface in a person when that person is confronted with death. Tillich (1952) and Kierkegaard (1944) both believe that the threat of nonbeing is omnipresent and produces anxiety even when the immediate threat of death is absent. They suggest that it is our awareness of death that is our source of insecurity and anxiety in this life.

Researchers who have written general works on the psychology of death (Kastenbaum, 1972; Schulz, 1978) have criticized this research on several grounds. They suggest that there is a public component and a private or unconscious component to death anxiety (Jones & Sigall 1971). Death researchers need to clarify what they are measuring, that is, whether it is conscious death anxiety or unconscious death anxiety. Templer found that his Death Anxiety Scale (1970) does have a modest but significant correlation (.30, $p < .05$) with the Galvanic Skin Test. The Galvanic Skin Test purports to

measure private unadmitted attitudes using a decrease in electrical skin resistance caused by emotional or a novel stimulus (Templer, 1971). Because of the difficulty in assessing repressed death anxiety, most researchers do not probe this area.

Critics of death anxiety research (Lester, 1967; Collett & Lester, 1969) have argued that death anxiety needs to be broken down into four component parts with each part measured separately. Death anxiety can be divided into four types: (1) anxiety concerning one's personal death (termination), (2) anxiety concerning the death (termination) of others, (3) anxiety concerning one's experience of the dying process (poor body image, anxiety over helplessness), (4) and anxiety over the dying process of others. When subjects were measured separately according to each of these categories, there was low correlations between these different components of death anxiety within each individual person. These results indicated that there are different types of death anxiety. Durlak (1972) did an intercorrelational study of four different death anxiety scales, one of which was the Fear of Death Scale (Boyar, 1963). He showed that these scales correlated best with the "death of self" subscale of Collett and Lester.

Durlak's research is important because this present research investigating men in religious life, was designed to measure solely death anxiety in the "death of self" category, which is the existential death anxiety. Although Templer's scale (the scale being used in this study), was not examined by Durlak, he did place Boyar's Fear of Death Scale (FODS) in the "death of self" category. Templer used the

FODS to show concurrent validity and found that it correlated significantly (.74) with the Death Anxiety Scale. Other researchers, after their data gathering, have found that they were actually measuring another anxiety surrounding death, such as anxiety over the dying process, rather than the existential death anxiety (Alexander & Alderstein, 1960). This predicament should be avoided in future research.

Death Anxiety and Religion

Religion has played an instrumental role in answering the individual's many concerns about the mystery of death. Sociologists have investigated the issues of why religion exists in the first place, and how it functions within the social structure. Malinowski (1965c) was convinced that death is a tremendous source of anxiety for man, and that this anxiety brings forth religious behavior. Nevertheless, the question still remains as to whether or not religion calms the questioning soul of man attempting to understand the terror of death.

Andre Godin (1972) points out that in many "primitive" religious cultures, immortality was the expected state that an individual experienced after death. Religious warriors literally believed that they would wake up in paradise. It was not a hope; it was a psychological certainty, never challenged by their social structure. In western cultures, doubt has destabilized man's religious world view, and today this absolute acceptance of immortality has been eroded for many reasons. Beliefs need some scientific confirmation in order to be

considered true. Our society does not have a religious belief system adhered to by every member, and the religious person no longer finds it as comforting to accept the religious answers to questions about death. Spilka and Pellegrini (1967) gave 136 college students nine scales measuring different types of death attitudes. They also measured each subject's church attendance. Persons who attended church regularly saw death more in terms of the unknown than persons who attended church less often. These results are surprising and the researchers suggest that such results reflect the reducing power of religion to convince churchgoers of the afterlife, and that doubts of eschatological doctrines are entering into the minds of the faithful.

One of the earliest empirical studies on fear of death and religion was done by Herman Fiefel (1959), who sought comparative data on death attitudes from religious and nonreligious people. He used fundamentalist religious beliefs to categorize his subjects as religious or nonreligious, and he found that the religious person was more afraid of death. Fiefel suggested that the nonreligious person has less fear of death because he leaves his family alone and unprovided for, and he feels that his life is incomplete. In contrast, the religious person has greater fear of death because his fear of leaving his family abandoned is compounded by a fear of what might happen after death, specifically the fear of punishment. This research is dated, and it could be argued that today, among certain denominations, the fear of hell is no longer a primary focus, and that numerous churches are emphasizing a God of forgiveness, rather than a God of judgement.

Feifel also investigated the relationship between the individual's fear of death and his belief as to whether he personally was going to hell or heaven. He found no significant relationship between these two variables.

A limitation of this early study is that Feifel used as his criterion for religiosity, the degree to which that subject's beliefs conformed to fundamentalist theology. Recent research has shown that using orthodoxy as a measure of religiosity is the least reliable way to measure religiosity (Nelson & Cantrell, 1980). Another limitation of this research is that Feifel used only interviews to assess the death anxiety of his subjects. Today there are more accurate ways to measure death anxiety.

There has been further research investigating the relationship between death anxiety and the Christian doctrine of eternal rewards and punishments. Kalish (1963a) studied 210 college students to determine if there was relationship between the subject's fear of death and his beliefs in God and the afterlife. He found no association between these variables. This research was also done without the use of the reliable instruments that currently exist in the field of death anxiety.

Kierniesky and Groelinger (1977), in their study of Catholic seminarians and Catholic college students, found that the subjects' concepts of God did have a relationship to their level of anxiety. They used the Taylor Manifest Anxiety Scale to show that the college students were generally more anxious than the seminarians. Each

subject was then asked to describe his image of death. "The anxious college students imagined death as a despicable, horrid creature, and the less anxious seminarians imagined death as a wise and gentle figure" (p. 201). The researchers found a strong relationship between the individual's death imagery and general anxiety. In the conclusion of their research, they also suggested that these results support the findings that seminarians, who are assumed to be more religious, would have less death anxiety than the Catholic college students.

Another early piece of research indicated that religion does play a significant role in a person's concern about death (Diggory & Rothman, 1961). A questionnaire asking subjects to rank their concerns about death from most to least distasteful generated 563 responses. The subjects were divided by religion, age, sex, economic class, and marital status. A conclusion of this research was that the most important factors in determining how the subject ranked these concerns about death were (a) an adherence to a set of goals and (b) devotion (or lack of it) to a religious or social class ideology. They found that sex, age and economic class did not play as important a role in the person's concern about death as did religion. While research continues to show that religion is related to fear or anxiety about death, the literature does not reveal a consistent direction in this relationship.

Jeffers, Nichols, and Eisdorfer (1961) studied 260 persons 60 years of age and older. To assess fear of death they asked the subjects a single question: "Are you afraid to die?" They found that

belief in an afterlife was related to lower fears of death. They also found that participation in an institutional religion was associated with less fear of death.

Siegman (1961) found in a study of 79 male medical students that the less religious students saw death more negatively than the more religious students. He assessed religiosity using a 10 point scale on which the students indicated how religious he or she was. He also gave the Sarnoff and Corwin (1959) fear of death scale to assess fear of death. He found that the high religious group and the low religious group did not differ in their levels of death fear. He also had the students rate the concept of death on eleven dichotomous constructs (Semantic Differential Test, Osgood, et al., 1957). The less religious students saw death as more negative than the more religious students.

Swenson (1961) investigated a population of 210 persons over the age of 60. Using a checklist, the population was separated into two groups: persons having a positive, forward looking attitude toward death, and persons having an evasive, negative attitude toward death. He then measured fundamentalist religious attitudes using statements with which the subject could agree or disagree. The results showed that persons with fundamental religious convictions tended to look forward to death more than persons without these convictions. It is interesting to note that he also found that persons who participated in religious activities had a more positive attitude toward death than those who were not regular church goers.

Martin and Wrightman (1965) gave 58 adults two fear of death scales and a scale measuring religious participation. The subjects who were more actively religious had a lower fear of death than persons who were less actively religious.

Christ (1961) investigated 100 psychiatric patients over the age of 60. He interviewed each patient to measure that person's fear of death and their religiosity. He found no relationship between a person's attitude toward death and their degree of religiosity.

Alexander and Alderstein (1960) investigated 50 male students, separating them into religious and nonreligious categories. 25 subjects had strong positive religious sentiments and 25 had minimal contact with religion. The purpose of the research was to discover the "efficacy of the religious solution" in reducing death anxiety. They put forth these hypotheses: (1) religious subjects should show less disturbance than nonreligious subjects when responding to death words on a word association task, and (2) manifest anxiety, as a function of discussion of one's own feelings and attitudes toward death, should increase more for nonreligious than religious subjects. The researchers gave the subjects part one of the Cattell Manifest Anxiety Scale. After the discussion about death and the word association task, they gave them part two of this scale. The results were contrary to what was predicted. The manifest anxiety increased significantly more for the religious than for the nonreligious subjects. They also found that there was an increased psychogalvanic response to death words but that the two groups did not differ in this

area. They concluded that death anxiety is not resolved by religiosity.

It becomes apparent that these early studies did not show any clear relationship between death anxiety and religion. This is explained by the varying populations used, the lack of reliable instrumentation, and the measurement of religiosity in terms of religious behaviors or the degree to which the respondent conforms to an orthodox belief system.

Later investigations of death anxiety have led to the belief that it is the intensity of religious motivation which is a key factor in relationship to lower levels of death anxiety. In 1965, Feifel suggested that "enhanced attention to the complex dimensions involved in religious commitment as well as extended methodological elegance (e.g. Allport's proper distinction between 'extrinsic' and 'intrinsic' religious belief) will provide us with more meaningful and consistent information" (p. 19). It was hoped that investigating the religious population alone, and separating them into the different ways of being religious (intrinsic and extrinsic), would provide a more accurate understanding of the relationship between death anxiety and religious beliefs.

The idea that a person's level of death anxiety may hinge upon how that person is committed to his particular religious beliefs was suggested by Templer and Dotson (1970). They sought to discover the relationship between death anxiety and an individual's religious affiliation, belief, and his or her degree of involvement within that

religion. 213 students in junior and senior levels of psychology at Western Kentucky University were given Templer's Death Anxiety Scale (1970) together with eight questions of religious affiliation, belief and involvement. The results showed no significant relationship between death anxiety scores and these religious variables. In their analysis of the data, they felt that "religious and philosophical values no longer form the cornerstone of life for most people in our society" (p. 897), and that if religiosity did form a more integral part of a person's life, his or her death anxiety might be lower.

Templer (1972) gave the the same religious questionnaire and death anxiety scale to 267 subjects. These individuals were labeled "religiously more involved persons". He categorized his subjects this way because they had all recently attended an interdenominational, predominantly protestant, evangelical retreat. Of the eight religious questions, the analysis of variance was significant for five of them in this population. Templer concluded that this data supported the relationship between increased religious involvement and lower levels of death anxiety.

A recent study (Spilka et al., 1981) investigated 276 members of the clergy from fourteen religious traditions. They used a scale to assess death anxiety (Spilka, Stout, Milton, Sizemore, 1977) and found that "clerics demonstrated a rather high level of death anxiety" (p. 303), although no numerical data is given in support of this statement. It was suggested that clerics cope well with anxiety, but that there is an underlying concern about death.

From this brief review of the literature it seems that a method for investigating the religious population would be to separate it into the different types of religiosity, and then to relate these segments of the religious population to their death anxiety scores. This issue is discussed in the following section.

Death Anxiety and Intrinsic/Extrinsic Religious Motivation

Some researchers investigating religiosity and the fear of death have found a curvilinear relationship: the fear of death increases with religiosity until a certain point, following which, it decreases sharply. It was this problem of curvilinearity that gave rise to the development of the intrinsic and extrinsic concepts of religiosity. What is presented here is a brief review of the studies that discovered a curvilinear relationship, showing how the researchers changed from measuring religiosity in terms of behavior (which resulted in the curvilinear relationship) to measuring religiosity in terms of intrinsic and extrinsic motivation.

John Hinton (1963) conducted a study to examine mental distress among the dying. Although this study involved subjects who were currently terminally ill, his results are of interest to this research. He assessed the "strength of religious faith" in 121 subjects and categorized them into four groups: (1) nil--little or no belief, (2) some--have faith but attended church less than twice a year, (3) moderate--faith expressed, attended church frequently but irregularly, (4) firm--firm religious faith, attended church weekly.

Hinton concluded that "the strength of religious faith...did seem to influence anxiety" (p. 3) ($\chi^2=8.4$, $df=3$, $p<.05$) among the dying. Twenty percent of the firmly faithful were found to be anxious about dying, while among those whose faith was nil, 27 percent were found to be anxious. Among the moderately faithful, however, 31 percent were found to be anxious, and of the persons who admitted having faith but were rarely active, 56 percent were found to be anxious about dying. What is noteworthy is that few persons with a firm commitment to their religious convictions had anxiety over dying, whereas many of those who were religious but had not practiced their religious beliefs did admit anxiety about dying. This study suggests that person who were religiously active were less prone to anxiety during the dying process whereas those who were less active in their religion had more anxiety.

Hinton's data suggests a curvilinear relationship between death anxiety and the strength of religious belief as measured by religious behavior. Persons who had a firm faith in their religion and persons who were not committed or bothered by religion in any way seemed to have generally less death anxiety than persons who were in the middle area, that is, those belonging to a religion but failing to be active enough. While these persons in this middle group experience some ambivalence toward religious rituals, their beliefs in Christian eschatology may remain strong.

Homan (1965) wrote that when people encounter death, they will feel anxious. Religion, with its emphasis on the immortality of the soul and belief in the coming judgment, increases the level of death

anxiety for the individual. However, once the individual performs the rituals that are required by a particular religion he experiences a reduction in anxiety. A religion first heightens anxiety about death, and then reduces it through its ceremonies. This theory would seem to explain Hinton's discovery of a curvilinear relationship between fear of death and religious faith.

Leming (1975) tested Homan's theoretical framework. He hypothesized that persons who were categorized nonreligious or very religious would have lower death anxiety than persons who were categorized moderately religious. 403 persons were given the Boyar FODS and ten items to assess religiosity. The religiosity scale had three subscales: religious experience, belief and ritual. Religious motivation was not assessed. The results did show some support for the hypothesis. Persons who were classed as highly religious did have the least level of fear of death, followed by the low religiosity group. The moderately religious group had the highest death anxiety.

Sixteen percent of Leming's population was Roman Catholic, and results on them were slightly different. The low religiosity group showed the least level of death anxiety; the high religiosity group was shown to have a slightly higher level of death anxiety than the low group, and the moderately religious showed the highest level of death anxiety. Leming turns to Gerard (1958) for an explanation of these results. Gerard found that Catholic children expressed greater fear of hell and prayed more fervently for salvation of their loved ones. It is theorized that this fear of death, among very religious

Roman Catholics, has its source in Christian eschatology. The Roman Catholics, who had the least level of religiosity (based on Leming's scale), may also have the lowest fears concerning the "final judgment" and hell. This may account for why they had the least level of death anxiety. Whereas, those who were found to be highly religious among the Catholic population may have a deeper belief in the "final judgment", and consequently they have a slightly greater fear of death.

There has been research to suggest that it is simply the strength of a person's belief system that is an important determinant of the fear of death, regardless of what that belief system might be (McMordie, 1981). McMordie asked 320 undergraduate psychology students to complete a self-perceived religiosity checklist and the Templer/McMordie Death Anxiety Scale. The range of scores on the Templer/McMordie DAS is from 15 to 105. On the checklist, the respondents could rate themselves as extremely religious, very religious, somewhat religious, slightly religious, not at all religious, and anti-religious. The groups were then combined into high, medium and low religiosity and the death anxiety scores computed for each group: High (n=50), M=57.20, SD=13.50; Medium (n=209), M=61.27, SD=13.67; and Low (n=61) M=56.66, SD=12.93. The data shows a curvilinear relationship between death anxiety and the strength of religious commitment, and supports the argument that the strength of the commitment is an important determinant of death anxiety. McMordie's data supports the social theorists who believe that religion initially increases death anxiety, but after the religious person fulfills his

religious obligations, death anxiety is lessened. It could be suggested that the middle group who checked themselves as moderately religious, did not perceive themselves as having fulfilled their religious commitment, and are therefore more anxious about dying.

Nelson and Contrell (1980) believed that all the conflicting data assessing the relationship between death anxiety and religiosity is because researchers were looking for a linear relationship. They investigated 1,279 persons with Christian religious affiliation, hypothesizing that the relationship might be curvilinear. They found that as religiosity increased in this population, death anxiety also increased. Nevertheless, there was a point high on the religiosity scale at which death anxiety began to decrease. Consequently, high and low religiosity seem to be associated with lower levels of death anxiety while moderate religiosity is associated with high death anxiety.

Gordon Allport (1967) had also discovered this curvilinear relationship between religion and prejudice, but it only appeared when religiosity was measured in terms of behavior. He found that persons who attended religious services were more prejudiced than nonattenders, with the exception of a significant minority of attenders who were less prejudiced. He believed that the researchers had to go beyond the external behavioral evidence of religiosity into the realm of motivation in order to move beyond the curvilinear relationship.

Allport (1967), in one of his final studies, wrote that future researchers who employ the variable "religion" or "religiosity" should keep in mind the crucial distinction between religious attitudes that are intrinsic, extrinsic and indiscriminately proreligious. It was Allport who pointed out that the broad category of religion was no longer useful, and that researchers must attempt to segment the religious population in order to understand how religiosity relates to other personality variables. Although this intrinsic/extrinsic concept is still in need of further research, it is an important distinction that must be included in religious research.

In his book The Nature of Prejudice (1954), Allport investigated the problem of religion and prejudice, discovering the paradoxical role in which religion relates to prejudice. "It [religion] makes prejudice and it unmakes prejudice.... Some say the only cure for prejudice is more religion; some say the only cure is to abolish religion" (Allport, 1954, p. 444). In order to explain the two different ways that religion related to prejudice, Allport saw a need to distinguish between two types of religious orientation. He found that persons who belonged to a church because that church was safe, powerful and authoritarian tended to be more prejudiced than persons who belonged to a church because they agreed with its basic creed of brotherhood and love. Thus in order to understand the religious personality, two ways of being religious were delineated. Allport called one an "institutionalized" religious outlook and the other an "interiorized" religious outlook. These two outlooks,

Allport believed, have opposite effects in the religious personality. This would account for the data which showed that religiosity was positively related to both prejudiced and unprejudiced persons.

In his later writings (1966, 1967), Allport developed the concepts of institutionalized and interiorized into extrinsic and intrinsic religious orientation. He believed that the degree of "extrinsicness" of religious orientation was positively related to high levels of prejudice. In 1966, Allport indicated that the distinction in religious types did not rest in the frequency of church attendance, but with the personal motives of the religious individual. He began to define extrinsically religious persons as those who attend church but feel no need to integrate any spirituality into their daily lives. They participate in religion because it serves utilitarian purposes. By contrast the intrinsically religious regard faith as a value in its own right. Allport's intention in setting forth these definitions was to move away from seeing religious motivation only in terms of religious participation or belief. He believed that these were poor indicators of religiosity, and he concluded that measuring religiosity based on church participation would not produce consistent results in research investigating religiosity and other personality variables.

In 1967, Allport and Ross developed a scale, the Religious Orientation Scale (ROS), to measure the "intrinsicness" and "extrinsicness" of a person's religious orientation. The scale is of use to the researchers investigating the variable religiosity in a

particular population. In terms of this present research, Allport's discovery of these two components of religiosity could resolve the conflicts concerning how death anxiety relates to religion.

In using the Religious Orientation Scale, Allport discovered a problem, there was only a small correlation between the intrinsic and extrinsic subscale scores (-.21). He had defined intrinsic and extrinsic orientations as opposites, meaning two poles at the end of a continuum. This negative correlation was not significant enough to show that the scales were measuring two opposite characteristics. What Allport discovered was the existence of a third group whom he labelled "indiscriminately proreligious". These were persons who endorsed all items that to them seemed favorable to religion in any sense. In this manner, three types of religious orientation were discovered: (1) The intrinsically orientation included persons who were "consistently intrinsic", that is having a tendency to endorse the intrinsically worded items and reject the extrinsically worded items. (2) The extrinsically religious orientation included persons who were "consistently extrinsic", that is they endorsed the extrinsically worded items and rejected the intrinsically worded items. (3) The third type were "indiscriminately proreligious" which included persons who endorsed any or all items that to them seemed favorable to religion in any sense. Allport did suggest the possibility of a fourth group that would be considered indiscriminately antireligious or nonreligious, if nonchurchgoing persons were included in the study. According to Allport, the indiscriminately proreligious may have a mental

perspective that "all religion is good". It is a broad category that includes persons who are in favor of religion. They tend to have undifferentiated styles of thinking and they are not entirely secure in a world that for the most part demands fine and accurate distinctions. There may be a diffuse anxiety that leads them to religion. He also suggests that the indiscriminately proreligious stance on life might be found in persons who are highly dogmatic (Rokeach, 1960).

In 1977, research was done to examine death perspectives and personal faith (Spilka, Minton, Sizemore, & Stout, 1977). 328 persons were investigated to assess their death perspectives. A subsample of 167 persons were labelled "personally involved in religion" and were selected for the study of the role religion plays relative to a person's death perspective. Personal involvement in religion was defined as church attendance at least twice a month. The results showed that intrinsic faith (as measured by the Allport and Ross ROS scale) was associated with more favorable death perspectives. The subjects who received high scores on the intrinsic scale had a correlation coefficient of .37 ($p < .01$) with their perception of death as an "afterlife of rewards". The persons who had a high score on the extrinsic scale tended to perceive death as failure (.49) ($p < .01$), indifference (.39) ($p < .01$), and loneliness or pain (.36) ($p < .01$). This research suggests that intrinsically religious persons may have lower levels of death anxiety because they have more positive death perspectives.

Kahoe and Dunn (1975) investigated 70 persons who were members of three churches; two of which were Protestant; the other was Catholic. Each subject was given a questionnaire to determine the age, sex, regularity of attendance at religious activities, and his or her concern with religious affairs. Each person also completed an abbreviated form of the Dogmatism Scale (Rokeach 1960) the ROS (Allport 1967). To assess fear of death, they were given a loosely constructed fear of death measure that had a split half reliability of only .59. The results showed a significant negative correlation between intrinsic religious orientation and fear of death (-.28) ($p < .05$).

Bolt (1981) gave the ROS and Templer's DAS to 62 subjects enrolled in an undergraduate psychology course. He found that a positive relationship existed between extrinsic religiosity and the high scores on the DAS (.29) ($p < .05$). The relationship between intrinsic religiosity and death anxiety was not significant.

Magni (1972) gave 53 student nurses Boyar's Fear of Death Scale, Lester's Scale for measuring attitudes toward death (LATD), and Allport's ROS. He found a significant correlation between the extrinsic religious orientation and the FODS (.27) ($p < .05$). Again, there was no relation between the intrinsic scale and the FODS. The LATD correlated both with the intrinsic scale (-.38) ($p < .01$) and with the extrinsic scale (.37) ($p < .01$).

Because of the response bias that created the indiscriminately proreligious, there was a very low correlation (-.21) between the

intrinsic and extrinsic subscales of the ROS. Allport and Ross pointed out that this problem was encountered by other investigators who had attempted to reverse the wording of items on the scale. Uniformly, this effort was frustrating since so many subjects subscribed to both positive and negative wording of the same question. Hood (1970) used the Allport and Ross ROS and found that the intrinsic and extrinsic subscales were not significantly correlated. Hunt and King (1971) reviewed and evaluated the current intrinsic and extrinsic scales and pointed out some of the problems involved in the construction and validation procedures used on the ROS. A factor analysis of the ROS revealed the different components associated within the intrinsic and extrinsic concepts, such as personal vs. institutional, associational vs. communal and ultimate vs. personal. They also argued that Allport's definitions of intrinsic and extrinsic were too unstable and diffuse for current research.

These many problems within the the ROS rendered it less reliable to researchers wanting to assess intrinsic and extrinsic religious motivation. Hoge (1972) followed the recommendation of Hunt and King to abandon the earlier, generalized definition of intrinsic and extrinsic, and subsequently he constructed a scale around one particular concept, the dimension known as ultimate vs. instrumental. Hoge faulted past research for not including any validation procedures for Allport's Religious Orientation Scale. Consequently, he did some preliminary validation studies on his Intrinsic Religious Motivation Scale (IRM). Allport stressed in his writings that it was not the

frequency of church attendance that was an issue, but that greater stress had to be placed on the different types of motivation that lead to religious behavior. The ultimate vs. instrumental component is designed to measure religious motivation rather than religious behavior. Hunt and King (1971) defined ultimate religious motivation as a component of intrinsic religious motivation, in which the individual is intent on serving the religion and views religion as a final good and a primary motivator for life. Instrumental religious motivation was defined as extrinsic motivation, in which religion serves as a means to an end, in particular nonreligious ends.

McCarthy (1973) investigated the hypothesis that intrinsically religious subjects would have less death anxiety than extrinsically religious subjects. He studied three hundred female undergraduates and one hundred and fifty Roman Catholic nuns. He gave them the Templer Death Anxiety Scale (1970), the Allport and Ross (1967) Religious Orientation Scale, and the Purpose in Life test (Crumbaugh & Maholick, 1969). McCarthy rejected this hypothesis because he found no significant difference in the levels of death anxiety for intrinsically religious subjects and extrinsically religious subjects. He supported the contention that death anxiety is not related to religious motivation.

Edmunds (1981) hypothesized that intrinsicness of religion would vary inversely with death anxiety. She investigated 60 undergraduate students at Pennsylvania State University. All of the 60 subjects had to be affiliated with either Christianity, Judaism or

Islam. She gave them the DAS and the Hoge IRM. The results showed no significant correlation between these two variables.

Baker and Gorsuch (1982) used the Allport and Ross ROS to investigate the relationship of religion to trait anxiety. The IPAT Anxiety Scale (Scheier & Cattell 1960) and the ROS were given to 52 religious subjects who attended a church camping excursion in southern California. The correlations between the intrinsic part of the ROS and the Trait Anxiety was $-.33$ ($p < .05$) and with the Extrinsic Scale it was $.35$ ($p < .01$). One of the definitive conclusions they drew from their research was that any religious population must be separated into the two orientations toward religion and they question any research that fails to do this.

In 1979, Patrick investigated the relationship between fear of death, and intrinsic and extrinsic religious orientation using one Buddhist and two Protestant church populations located in the United States. They were given the ROS and Templer's DAS. The product moment correlation showed a significant relationship between the ROS and the DAS, $.36$ ($p < .05$).

Hood (1978) argued for the usefulness of the indiscriminately proreligious and indiscriminately antireligious types. He pointed out that persons in these categories are, in fact, motivated by conflicting stances with respect to religious orientation. They have failed to integrate successfully either an intrinsic or an extrinsic religious orientation. He argued that these categories could be useful in religious research.

For this present study, the indiscriminately proreligious category could also prove useful since among a population of religious men, it is expected that there will be few extrinsically religious persons. The intrinsically religious subjects and the indiscriminately proreligious subjects may have a significantly different relationship to death anxiety.

It becomes clear, from this review of religious research, that studies which included the intrinsic and extrinsic categories have shown a more consistent relationship to death anxiety than studies which have not used these categories. Thus, they are an indispensable part of any research investigating a religious population.

Death Anxiety and Dogmatism in the Religious Personality

In 1950, T. W. Adorno published his book, The authoritarian personality, in which he developed a scale for measuring fascism (the F Scale). Rokeach (1960) complained that the F Scale had also become known as an "authoritarian personality scale", but, he claimed, it failed to identify nonfascist authoritarians. The scale was linked to conservative or right wing ideologies, which limited its use as a scale to measure generalized authoritarianism, for it only measures fascist authoritarianism. High F scores would indicated that the individual tends to be ethnocentric, anti-semitic, and politically conservative. These scores could not be generalized to every authoritarian personality, for certainly political liberals can be equally as authoritarian. In 1957, Gregory found that this F Scale was not

sensitive to persons who tended to be liberal in their beliefs. For this reason Rokeach (1960) developed a scale to measure dogmatism that was independent of any ideology.

In his book The Open and Closed Mind (1960), Rokeach lists the characteristics of ideological dogmatism: (1) a closed system of thinking which can be associated with any ideology, regardless of content, (2) an authoritarian outlook on life, (3) an intolerance toward those with opposing beliefs, and (4) a sufferance of those with similar beliefs. The dogmatic person is characterized by the way he accepts or rejects ideas (cognitive level), people (prejudice and intolerance), and authority (authoritarianism). He is not distinguished by what he believes, but by how he believes it.

How would death anxiety relate to dogmatism? Rokeach (1960) asserted that "if we know something about the way a person believes, it is possible to predict how he will go about solving problems that have nothing to do with his ideology" (p. 12). It would be quite a burden for the individual to solve this existential problem of his own contingency. Nonetheless, as a person confronts the problem of his own personal demise, his way of coping might be linked to the degree to which that person has a dogmatic stance on life. Fillenbaum and Jackman (1961) found that dogmatic persons took significantly longer time in problem solving than did nondogmatic persons. They also found a correlation ($r=.49$) between anxiety scores on the Welsh Anxiety Index and the scores on the Dogmatism Scale. This relationship may be accentuated within a religious population, for some members might have

developed dogmatic ways of dealing with intellectual and personal conflicts.

Of interest to this research is how the belief and disbelief systems function. The disbelief system includes those beliefs that a person specifically rejects. The belief-disbelief system has a cognitive framework, the purpose of which is to ward off threatening aspects of reality. Death represents an unknowable mystery of life and certainly a highly threatening reality. Rokeach points out that as the person becomes more threatened by a situation, the desire to understand or know the threat decreases. The dogmatic person clings blindly to the status quo in the face of an immanent danger. As the time for compromise decreases, there is increased anxiety about the threat. There is a sound theoretical foundation for hypothesizing that religious men who are highly intimidated by the thought of personal demise, may cling dogmatically to absolute solutions to the problem of death (solutions often provided by religion).

Another dimension to the dogmatic personality is resistance to change. Certainly death represents the final metamorphosis (Kubler-Ross, 1975), and on the surface, resisting death is hopeless, yet this is how many people live their lives (Becker, 1973). Perhaps because the dogmatic person has a desire to maintain the status quo, he would have high anxiety over his own personal death. Researchers have shown that less dogmatic persons are more open to change and are more flexible in accepting a new environment (Erhlich & Lee, 1969). DiRenzo (1967) found that Catholics, who were more resistant to the liturgical

changes of Vatican II, had higher scores on the Dogmatism Scale than than those Catholics who were less resistant to those changes. This rigidity that is part of the dogmatic personality, may link it theoretically to high levels of death anxiety because death is an inevitable change in one's existence.

A characteristic of the religious lifestyle that makes the investigation of dogmatism particularly interesting is the structure of religious institutions. It is believed that closed-minded persons are more dependent on authority for dispensing information that is true about the world. The open-minded person is less reliant upon the opinion of authority, and unlike the closed minded person, he or she can distinguish between the source of the information and the quality of the information. These two personality types could have different levels of death anxiety.

A major contribution of Rokeach is his construction of a Dogmatism Scale independent of ideology. It was developed to measure dogmatism in persons who are liberal or conservative, orthodox or radical, Marxist or Fascist. Nevertheless, Rokeach does acknowledge that the correlation between dogmatism and right opinionation often were slightly higher than correlations between dogmatism and left opinionation. This has been a problem in further validation studies. Researchers have found that Dogmatic scale scores are higher for the orthodox or conservative person, than for the liberal person.

Kahoe and Dunn (1975) gave 70 church members, an abbreviated form of the dogmatism scale, as well as a loosely constructed fear of

death scale that had a split-half reliability of only .59. Among the Catholic population, there was no correlation between the fear of death scale and the dogmatism scale, but they did find a significant correlation among Baptists (.46) ($p < .05$). This result indicated that dogmatism was higher for Baptists who are more fearful of death. It may be true that people with a high fear of death find comfort in believing a strict religious doctrine, but dogmatism does not resolve anxiety concerning death. Whereas the intrinsic motivation toward a religion may resolve death anxiety. Hunt and King (1971) did suggest that a component of the extrinsic religious personality is dogmatism.

One study (Huesmann, 1980) hypothesized that the death anxiety of Roman Catholic religious women might be related to dogmatism. 323 nuns participated in the study. They were given the Rokeach (1960) Dogmatism Scale and the revised Livingston and Zimet Death Anxiety Scale. Huesmann found a curvilinear relationship between age and dogmatism, that dogmatism scores decreased up to the age 50, and then increased after age 50. She also found that low dogmatic nuns had significantly lower death anxiety than high dogmatic nuns at a .001 level of significance. This was the only study found that links death anxiety to dogmatism.

Death Anxiety and Guilt

Fehr and Stamp (1979) pointed out that psychometric data is available on many personality variables, but that the variable of guilt has been ignored. They commented that the relationship between

death anxiety and feelings of guilt had not been investigated. There appears to be theoretical foundation for such a relationship in that death is a forced completion of the person's life and it could be suggested that any unfinished business or guilt about one's past actions would raise one's anxiety about dying. In 1961, Mosher defined guilt as a generalized expectancy for self-monitored punishment when the individual violates or anticipates violating internalized standards of socially acceptable behavior. These standards could come from parents, peers or society. Guilt manifests itself in resistance to temptation, confession of wrongdoing, or self inflicted atonement.

Mandler and Watson (1966) have suggested that there are two determinants of anxiety. The first is any situation that interrupts or threatens an organism's response sequence, and the second is a situation that does not offer alternative ways of responding. They suggest that guilt is an experience that can interrupt a person's response sequence and thereby create anxiety. The guilty person feels anxiety over a past action he committed, which he realizes cannot be undone, thus his alternatives for dealing with this past situation are severely limited. It is possible that a person feeling guilty for some past action would have increased anxiety about death. A guilty person, when he considers his own death, feels heightened anxiety, for death limits an individual's possibilities for correcting past actions.

Freud believed that the fear of death and the feeling of guilt had their source in fear of castration. The fear of death was based

on the fear that the superego would punish the ego for some bad action, by not protecting it and it would die. The superego, being aware of all the sexual inclination of the id, uses guilt to control the ego. Fear of death is like a fear of one's conscience because both are fears of persecution, and ultimately being killed by the superego. While there is some literature linking anxiety to guilt, there is very little research linking death anxiety to guilt.

May (1950), in his book The Meaning of Anxiety, pointed out that there is always anxiety where there are feelings of guilt. He agreed with Mowrer's (1950) research, which suggested that anxiety and internal conflict are often caused by guilt feelings that arise from the failure of the individual to relate himself maturely and responsibly to his social group.

May wrote that refusal to actualize one's potential brings on guilt about oneself, because one is skirting personal responsibility. A link between death anxiety and guilt may exist in the individual who has failed to achieve his potential. The person may feel a sense of guilt for not developing and utilizing his abilities, and consequently, high levels of guilt may be associated with high anxiety about death. Research has shown negative correlations between death anxiety and the individual's feeling that his life has meaning (Blazer, 1973; Durlak, 1972).

Tillich (1952) believed that anxiety develops within the person when he realizes that he is not able to preserve his being. "The basic threat, the anxiety of a finite being about the threat of

nonbeing, cannot be eliminated. It belongs to existence itself" (p. 103). This threat of nonbeing produces anxiety which Tillich splits into three different types: (1) that arising from the threat of nonbeing, producing anxiety about death, (2) anxiety of loss of meaning and emptiness, and (3) anxiety of condemnation that includes feelings of guilt. Tillich states that these anxieties are not mutually exclusive, but that they overlap. Thus, fear of death and feelings of guilt may be connected, for nonbeing threatens the person's moral self-affirmation, for it calls him to account for himself. Man feels responsible for his being and believes he must answer for what he has made of himself. He is his own judge (for the religious population God may also be the Judge) and this produces anxiety about the judgement. Man is free to fulfill his destiny within the limits of his finitude, and failure to fulfill this destiny can drive the individual to self-rejection and to self-condemnation. Tillich points out that anxiety about death and anxiety about guilt can exist together and they can augment each other. From this perspective, it can be suggested that the religious person would be more susceptible to high death anxiety and high guilt because of the moral call to fulfill his purpose in life.

Godin (1972) had a similar perspective on guilt and death. The religious person may tend to have feelings of guilt caused by the prospect of judgement that may be included in the hereafter. This guilt causes a feeling of anxiety, in particular, anxiety over death. Like Tillich, Becker (1973) discusses the guilt that develops in

individuals who violate long-standing and deep-felt moral codes. The religious follower may tend to feel guilt when he breaks the moral code, increasing his anxiety over his own personal death and final judgement. It was Feifel (1959) who found that religious persons who were dying were more anxious because of a fear of the hereafter.

The connection between anxiety and guilt has been the subject of some research. Lowe (1964) compared the scores on the Taylor Manifest Anxiety Scale to the scores on a scale that measures feelings of guilt. The guilt scale was constructed using items from the MMPI. The selection of these items was based on the opinion of four clinical judges who felt that those items would measure guilt. The judges were not given a construct of what guilt feelings might consist. 75 items were selected that had a split-half reliability of .88 (Kuder-Richardson Formula). The other scale used in this study was the Taylor Manifest Anxiety Scale. Only six items were found to be on both scales which suggests, that these concepts are different psychological constructs. He gave the two tests to 210 persons who were either psychiatric patients, male psychiatric nursing aids, or female nursing aid applicants. The correlation between the two tests was .75. Because the correlation was so high, Lowe concluded that guilt and anxiety are empirically equivalent when measured by self-report scales, and that the distinction between these two concepts is only theoretical.

One study (Selvey, 1973) examined the relationship between fear of death and guilt about hostility. He gave 61 male and 65

female undergraduate students the Mosher Guilt Scale (1966) and the Boyar Fear of Death Scale (1963). He found no significant relationship between these two variables. Currently, the relationship between guilt and death anxiety rests primarily on theoretical ground.

Death Anxiety and Fertility

While religious beliefs may lower death anxiety among religious men, a lack of progeny may increase their death anxiety. Hinton (1967) pointed out that children "are links in a potentially immortal chain" (p. 44). A person can be more comfortable with dying if they see their children continuing their life. "Within the living bodies are the chromosomes, inherited from parental ancestors and capable of infinite replication. Once this person has safely passed on this genetic endowment he has thus contributed to his own immortality" (p. 44). Because of their choice of lifestyle religious men do not procreate, and there is some theory to suggest that the segment of the population that desires to procreate, but does not, might have a higher death anxiety

Kastenbaum (1974) hypothesized that man reproduces his own kind because he fears death. He examined social rituals, such as bestowing the name of a deceased ancestor upon the neonate, and suggested that this and other customs illustrate a relationship between fertility and fear of death. The new person with the ancestor's name provides a symbolic link between the living and the dead, a cultural expression of mankind's fear of death. Kastenbaum

speculates that there might be a direct relationship between fear of death and fertility. In very preliminary findings, he discovered that procreation was the most popular form of continuance chosen by males. This population consisted of 59 students in grade 10, and 159 liberal arts undergraduate students drawn from two colleges. Respondents tended to agree that fertility would lessen fear of death. This evidence is too rough to suggest any direct correlation between fertility and death anxiety, and Kastenbaum himself suggests some of the difficulty in this kind of research. "The relationship between death fear and fertility is contingent upon the cultural milieu, which means it is subject to change with time and circumstances" (p. 77). The religious man lives in a unique setting in which celibacy is a value, and certain religious men may experience higher death anxiety if they had or currently have a desire to procreate.

In 1980, Kinlow and Dixon, following Kastenbaum's lead, hypothesized that fear of death and fertility were directly related phenomena. 234 persons, sampled randomly and coming from different backgrounds, were given the Death Anxiety Scale (1970) of Donald Templer and a questionnaire to measure fertility. Fertility was measured in three different categories: (1) experiences, (2) desires, and (3) intentions. Templer's Death Anxiety Scale was found to be significantly related to fertility, but only among respondents whose formal education did not exceed completion of high school. Among males who were part of this educational category, the relationship was significant only for those of reproductive age (up to 45). Their actual

fertility (number of children) correlated .46 ($p < .001$) to their death anxiety, and their intentions of fertility correlated .35 ($p < .01$) with death anxiety. Among females whose educational level did not exceed high school, a death anxiety and fertility relationship was obtained, both within and beyond the reproductive age. The death anxiety scores correlated .39 ($p < .001$) with actual fertility and .40 ($p < .01$) with the person's intention of fertility. Several reasons were given for the fact that significant correlations were only found for persons with a high school diploma.

In 1981, Kinlaw and Dixon reexamined this hypothesis and found conflicting results. They gave 562 respondents a questionnaire that included a fear of death scale developed by Hoelter (1978), and questions to investigate the fertility experienced, desired, and intended by the subjects. Hoelter's scale splits death into eight different factors. Of the eight factors, the factor of death as a fear of the unknown correlated most significantly with fertility desires. Overall, the other eight factors correlated mildly or not at all, leading the researchers to conclude that fear of death and fertility are not related.

In 1979 research was done to discover if facing death would be easier for persons with children, than for those without children (Hoelter, Whitlock, & Epley, 1979). The results showed that there was a relationship between fear of death and certain fertility attitudes. The relationship was found to be positive, suggesting that those who are more fearful of death not only tend to perceive procreation as a

means for others to reduce their fear of death, but that they themselves expect having more children. The research is still preliminary, and no consistent conclusion can be drawn on the relationship fertility may have with death anxiety.

Death Anxiety and Other Important Variables

Age does not appear to have a significant impact on death anxiety. Templer (1971) found no significant correlation between age and death anxiety. He tested approximately 2600 persons from four different sources; the mean age of the population was approximately 35 years. Riley (1968) found in his study of 1500 adults that their "attitudes toward death" were not affected by age. Very recently, there has been some research to show that age may be a factor that correlates significantly with death anxiety. Stevens, Cooper, and Thomas (1980) examined 295 adults and found that subjects over 60 years had lower fear of death scores than others in the sample.

Handal (1979) investigated the relationship between subjective life expectancy (SLE) and death anxiety among 66 male and 50 female undergraduates at a Northeastern University. The mean age was 29.0 years for the males and 33.4 years for the females. He asked them to estimate their own projected life spans and then gave them a death anxiety scale (Livingston & Zimet, 1965). The correlations between these two variables for males was not significant. The correlation for females between DAS and SLE was $-.37$ ($p < .01$), meaning the longer a female expected to live the less death anxiety she had. He also split

the population into groups according to life expectancy and found that those females who had unrealistically low life expectancies (when compared to actual life expectancy figures) obtained significantly higher death anxiety score.

When Templer's Death Anxiety Scale was given to a general population (Templer, Ruff, & Franks, 1971) females scored higher than males. No significant correlations with death anxiety were found for the following variables: projective measures of fear of failure (Cohen & Parker, 1974), a dependency scale (Selvey, 1973), and race (Pandey, 1974).

Conclusion

The purpose of this review has been to show the development of death anxiety research and religious persons. The use of the broad category of religiosity to discover its relationship to death anxiety has failed to show any clear results. A curvilinear relationship between these two variables was discovered, but curvilinearity only appears when religiosity is measured in terms of behavior. Allport found that a linear relationship between these two variables existed if religiosity was measured in terms of intrinsic and extrinsic religious motivation. The current state of religious research suggests that the most accurate way to investigate the religious population is to use measurements which include the intrinsic and extrinsic categories. There is good theoretical foundation for hypothesizing a relationship between death anxiety and dogmatism among men in religious

life. The literature also indicates that death anxiety and guilt should be related, however, very little empirical research has been done in this area. The research in the area of death anxiety and fertility is still very recent, and while there is sound theory behind a relationship between these two variables very little data has been collected.

CHAPTER 3

PROCEDURES AND METHODS

Introduction

This chapter is divided into three parts. In the first section the method of selecting the subjects is presented, followed by a discussion of each scale, including how the scale was constructed and the results of the validation procedures done on the scale. Other studies which have made a significant contribution to the validity of these scales are presented. Finally, the method for treating the data is submitted.

Subjects

The population for this study was a group of Roman Catholic men, all of whom are members of religious communities in the Washington D.C. area. No religious men of the Carmelite Order were included in the population because the researcher's close affiliation with these subjects could have created a response bias. The definition of "religious man" was given to a national religious superior who had lived in Washington D.C. for six years and he selected the twenty-eight communities in that city that came under the limits of the definition. His selections were then cross-checked by a religious man who had lived in Washington D.C. for four years. The religious

superior of each community was then contacted by mail requesting his community's participation in this study. The superiors posted the letter on the community bulletin board requesting volunteers. Twenty-six of the twenty-eight communities contacted agreed to participate, although not all the members of a given community were willing to complete the questionnaire. The researcher went to Washington and visited these communities in order to administer the questionnaires. 274 religious men participated in the study. 156 took the questionnaire while the researcher was present, the remainder were instructed in how to fill out the questionnaire, but opted to fill it out at a later time and return it by mail.

Each subject was given:

1. the Templer/McMordie Death Anxiety Scale (1979),
2. Hoge's Intrinsic Religious Motivation Scale (1972),
3. Mosher's Hostile Guilt Scale (1966),
4. Rokeach's Dogmatism Scale Form E (1960),
5. the Allport and Ross Religious Orientation Scale (1967), and
6. a series of demographic questions including two questions concerning the subject's desired fertility (see appendix A).

Due to the personal nature of this questionnaire and the possible response bias on the IRM, the subjects were assured that they and their community remained anonymous.

Instruments

Templer/McMordie Death Anxiety Scale (1979).

In 1970, Donald Templer developed a Death Anxiety Scale which William McMordie subsequently improved in 1979. Templer devised the DAS because he perceived the inadequacies in other data gathering methods such as interviews, questionnaires and projective techniques. He also criticized Boyar's Fear Of Death Scale (Boyar, 1963) for not using a diverse number of procedures to validate the scale.

Donald Templer's Death Anxiety Scale consisted of fifteen statements to which the subject could respond "true" or "false". One point would be scored for each item answered in the keyed "high death anxiety" direction. Therefore a DAS score could be as high as 15 points or as low as 0 points.

To construct this scale, Templer devised forty statements reflecting a wide range of experiences around death. These forty items were then keyed true or false in the direction of high death anxiety. A clinical psychologist, two graduate students in clinical psychology and four chaplains at a state mental hospital judged the validity of these items using a scale from one to five on this basis: (1) irrelevant to death anxiety, (2) slightly associated with death anxiety, (3) moderately associated with death anxiety, (4) considerably associated with death anxiety, and (5) very greatly associated with death anxiety. The ratings for each item were then calculated and any item with a rating less than 3.0 was discarded. Nine items were discarded. To determine the internal consistency, the

item-total score point biserial correlation coefficients were computed using three independent groups of subjects. These groups included 45 college students from the University of Kentucky, 50 University of Kentucky students from age 25 to 57, and 46 students in introductory psychology from Western Kentucky University. It was decided to keep those items that had point biserial coefficients significant at the .10 level in two out of three analyses. The fifteen retained items comprised the Death Anxiety Scale. Phi coefficients were computed as a means of determining relative independence of the items. Since none of the correlation coefficients between the retained items exceeded .65, it was inferred that there was not excessive inter item redundancy.

To determine the reliability of the DAS, 37 Hopkinsville Community College students completed the DAS a second time--three weeks after a first administration. The product-moment correlation coefficient of .83 between these two administrations demonstrated acceptable test-retest reliability. A Kuder-Richardson coefficient of .76 demonstrated reasonable internal consistency of the DAS for these 37 subjects.

To determine whether or not the DAS was related to agreement response sets, it was correlated with the Crouch and Kenniston's (1960) short scale of agreeing response tendencies. A product moment correlation of .23 was obtained for the group of 37 undergraduates tested above, but this was not significant at the .05 level. It appeared that the agreement response sets accounted for little of the

variance of the DAS. The DAS and the Marlowe-Crowne Social Desirability test were administered to 46 introductory psychology students at Western Kentucky University. The product moment correlation coefficient between the two scales was not significant ($r=.03$). Templer concluded that the response set of social desirability is not appreciably related to the death anxiety variable.

Several procedures were undertaken to show the validity of the DAS. A group of psychiatric patients who had spontaneously verbalized death anxiety scored higher on the death anxiety scale than other psychiatric patients ($t=5.79$, $p<.01$). Boyar's FODS was also used as a means of concurrently validating the DAS, despite Templer's previous criticism of the lack of validity procedures done on the FODS. 77 undergraduate students were given both the DAS and the FODS and the correlation between these two scales was $.74$, $p<.05$.

In a study using the sequential word association task, 40 students in an introductory psychology class were required to write 10 associations to the word death and four other words. These same subjects then took the DAS. A product-moment correlation coefficient of $.41$ ($p<.01$) was obtained between the DAS and the number of words about death that the investigator considered descriptive of emotions. A similar study using 48 students found that a positive relationship existed between the number of emotional words and the DAS score, as judged by 3 clinical psychologists and 7 graduate students in clinical psychology ($.31$, $p<.05$).

With regard to construct validity, 77 undergraduate students were given the MMPI, a sequential word association task, the FODS, and the DAS (the fifteen items of the DAS were embedded in the last 200 items of the MMPI). The MMPI was utilized in order to determine the relationship among the DAS, personality variables, and general measures of anxiety. It was a concern that if the DAS correlated highly with the (1) Manifest Anxiety Scale, (2) The Welsh Anxiety Scale and, (3) the Welsh Anxiety Index, it could be argued that the DAS measured anxiety in general rather than death anxiety in particular. If so the DAS would not have discriminant validity. The correlation between the DAS and the Manifest Anxiety Scale was .39, $p < .05$. The correlation between the DAS and the Welsh Anxiety Scale was .36, $p < .05$. The intercorrelations of the scales themselves ranged from .69 to .78. It can be said that death anxiety correlated positively with general anxiety, but not as highly as the intercorrelations which are found among these anxiety scales themselves. Therefore, the DAS measures death anxiety in particular. Templer also pointed out that the rather low correlation with the MMPI did not support the contentions of some clinicians who associate death anxiety with certain syndromes of psychopathology. Further research involving the DAS (Templer & Ruff, 1971) showed that when the DAS items were embedded in the MMPI, this made no significant difference in the scores.

In 1979, William McMordie improved the psychometric characteristics of the Templer DAS. He chose this particular scale because it had been widely used and was considered the most validated measure of

death anxiety. The primary weakness in the Templer scale was related to its true-false format, which reduced the internal consistency of the scale.

To reduce this weakness, two new scales were constructed. The first involved improving the psychometric characteristics of the scale by converting Templer's DAS to a likert format. Thus the Templer/McMordie DAS was developed into a seven point scale Likert scale with responses ranging from "very strongly agree" to "very strongly disagree". A separate undecided response below each item was also offered. For scoring the scale, the response for each item was assigned a number from one to seven. The range of scores on the Templer/McMordie scale is 24 to 105. Scores for the undecided items are assigned by substituting the mean, rounded off to the nearest whole number.

The second method of improving the scale was the changing of the item stems in the likert version. The wording of each item was altered to increase the intensity, making the score a more sensitive measure. Thus the qualifiers were changed from "not particularly afraid" to "scares me greatly". The items were made more personal by changes from "thought of death" to "thought of my death". This scale was referred to as the Templer/McMordie DAS II.

320 students enrolled in six undergraduate courses in psychology were given all three Death Anxiety tests in the initial and retest sessions. The original Templer scale correlated best with the Templer/McMordie Scale, and the latter scale had a slightly higher

reliability on the test-retest, but not of any significance. In assessing the internal consistency, it was found that the internal consistency coefficient for the Templer Scale was .76, while the internal consistency coefficient for both the Templer/McMordie Scale and the Templer/McMordie Scale II was .84 ($p < .003$). In examining the ability of the death anxiety scales to discriminate between high and low scores, a discrimination index was computed and converted to a point-biserial correlation estimate (Guilford, 1954) for each item of the three scales. Eleven of the Templer/McMordie item correlation estimates were higher than estimates found for the Templer items. The results suggested that the Templer/McMordie items were better than the Templer items in discriminating scores.

The Templer/McMordie Scale also improved the discrimination of death anxiety between individuals. A discrimination index of 11.8 was obtained for the Templer scale while the index for the Templer/McMordie Scale was 44.2. The number illustrates the average number of scores between each pair of identical scores. McMordie concluded that the Templer/McMordie Scale did offer several advantages over the Templer Scale.

Recent use of the Templer DAS has shown it to have reliability and validity in other cultures. Warren and Chopra (1978) gave the DAS to 244 students in six helping professions at an Australian University. Again, it was found that the DAS did not suffer from acquiescence response set. It was also found to have construct validity in the Australian context. One problem found was that the

DAS was not unifactorial. They found three subscales: (1) pure death anxiety--3 items, (2) general concern about death--6 items, and (3) pain and surgical operations--6 items.

Religious Orientation Scale

Allport and Ross (1967) developed the Religious Orientation Scale so that they could better understand the relationship between prejudice and religiosity. The scale has separate intrinsically and extrinsically worded items, and Allport suggested that these scales should be treated separately. In all of the items, a score of 4 indicates the most intrinsic response on the intrinsic scale, and a score of 4 indicates the most extrinsic response on the extrinsic scale. While the scales are separate, Allport advised interspersing the items to avoid agreement response set. If a person chooses to omit an item, that item receives a score of 2.5. Allport suggested obtaining separate scores for the two subscales in order to distinguish the cases that are "indiscriminately proreligious" from those that are consistently extrinsic or intrinsic.

Allport and Ross gave the ROS to 309 persons, all of whom were members of major religions. He found only a small correlation of $-.21$ between these two scales and that was not high enough to show that these two types of religious orientation were opposite. What he discovered was that because a subject endorsed an extrinsically worded item, it did not necessarily mean he would reject the intrinsically worded item. Allport found that actually three groups were identified

by this scale. There was a group of persons who were consistently intrinsic, meaning that they endorsed the intrinsically worded items and rejected the extrinsically worded items. There was also a corresponding group which was consistently extrinsic. In addition, there was a third group who endorsed any or all items favorable to religion in any sense. Allport called this group "indiscriminately proreligious". Allport also believed that there might be an "indiscriminately antireligious" who would show a strong tendency to disagree with items on both subscales.

In his study of prejudice (1967), Allport found that the extrinsic type was more prejudiced than the intrinsic type, and that the indiscriminately proreligious type was more prejudiced than either of the two consistent types. Investigating further into the indiscriminately proreligious type, he discovered that the degree of indiscriminateness was positively related to the degree of prejudice. Subjects who were moderately indiscriminately proreligious had less prejudice than the extremely indiscriminately proreligious. One problem with the ROS is the fact that Allport and Ross did very few validity and reliability tests on their scale.

Hood (1970), using the ROS, found that intrinsically religious persons were more likely to report having had personal religious experiences than extrinsically oriented persons. This would seem to validate Allport's concept of intrinsicness. Hood also found the same problem with the ROS which Allport had found. Using a Religious Experience Episode Measure (REEM) he was not able to

differentiate between the religious experience of intrinsically religious persons and those of indiscriminately proreligious persons. Again it was thought that on the REEM the indiscriminately proreligious reported religious experiences simply because such experiences were religious in nature.

Another study that supports the validity of the ROS was done by Tate and Miller (1971). They gave the ROS and the Rokeach Value Survey to 86 Methodists. They found that the intrinsically religious persons ranked high on the values of salvation and forgiveness, while extrinsic persons ranked low on these values. Other values such as a comfortable life, pleasure, ambition, loving and helpful were not significant in either direction.

Intrinsic Religious Motivation Scale.

Allport and Ross made a significant contribution to the concept of religiosity by developing the ideas of "intrinsic religiosity" and "extrinsic religiosity." They developed a scale to measure intrinsic and extrinsic religious motivation (Allport & Ross, 1967), but in 1971, Hunt and King pointed out some of the problems with this scale. They showed how Allport's definition of intrinsic and extrinsic were vague and how the scales had low reliability and measured multiple factors. In 1972, Hoge focused on one of the components that Hunt and King had found using a factor analysis of the ROS--that of Ultimate vs. Instrumental religious motivation. Like the ROS, this scale was intended to measure religious motivation rather

than religious behavior. This new scale measures the degree to which the person's religious beliefs are ultimate in, as opposed to instrumental to, that individual's motivation to be religious. Hoge limited his scale to apply only to Christian religions in America.

In establishing the content for the scale, Hoge ruled out any items asking about specific religious behavior, such as church attendance. Following Allport's considerations, he felt that these items were not a reliable indicator of intrinsic religious motivation, and that religious behavior represents another dimension of religiosity.

To construct and validate the IRM, a three page summary of Allport's writings was composed. This material emphasized the ultimate vs. instrumental religious motivation and stressed that church attendance, church involvement, or particular doctrinal beliefs were not a good indicators of intrinsic motivation. Members of the Princeton Theological Seminary gave the summary to ministers in the area, and using the summary as a criteria the ministers nominated several persons whom they believed belonged in the intrinsic and extrinsic categories of religious motivation. 32 persons were judged to have intrinsic motivation and 19 persons were judged to have extrinsic motivation. In this preliminary validation, the subjects were given a questionnaire of 30 items. Eight of these items had the highest item to scale correlations in the Allport and Ross study (1967), and there were also 22 new items. The 22 new items were selected by a factor analysis and item to item correlations, from an initial set of 38 new items written by Hoge and pretested informally

using students from the seminary. Correlations for each item were calculated with these ministers' judgment.

After this data was gathered, another group of ministers was asked to nominate eight persons to each of the intrinsic and extrinsic categories. 42 questionnaires were completed from 21 intrinsics and 21 extrinsics. In this validation study, the 21 items used by Feagin (1964) plus the best items from the previous study were selected.

Validity and reliability results were based on data gathered from these two groups. The items with the highest validity, reliability, item to item correlation and item to scale correlation were selected. Thus a 10 item IRM was constructed, correlating with the ministers' judgment at .585 beyond a .03 level of significance. The dangers of post-hoc item selection were somewhat eliminated by using two validation studies. The reliability for the scale was .901 (Kuder-Richardson formula 20).

The problem of yea-saying or nay-saying response set is only partially eliminated with the presence of three reversed items in the 10 item scale. These items are extrinsically worded and need to be reversed for scoring purposes.

Correlations with earlier intrinsic scales are strong. The Feagin Intrinsic Scale correlated .87 with the IRM and the Allport and Ross intrinsic subscale correlated .86 with the IRM.

In the development of this scale, Hoge makes a final comment. The IRM attempts to minimize cognitive diffuseness found in the concepts of intrinsic and extrinsic of the ROS, as well as in other

religious motivation scales. The response set bias still poses a problem because extrinsically motivated religiosity is condemned by many Christian churches. He suggests that users of the IRM scale should preface the scale with a statement such as, "There is no consensus about the right or wrong attitudes on these items." Even with such a statement, social desirability will be a source of error. By talking with his subjects, Hoge confirmed that they were quite self-conscious when answering the questions. Social desirability is the key problem inhibiting effective use of this scale.

Dogmatism Scale Form E

The primary purpose of the Dogmatism Scale (Rokeach 1960) is to measure to what degree the individual person has an open or closed mind, sometimes called general authoritarianism. To select the items for the scale, Rokeach examined the defining characteristics of open and closed systems and then tried to create statements designed to elicit these characteristics. The statements were designed to transcend specific ideological positions in order to penetrate into the structural characteristics of both left and right perspectives.

The assumption behind the scale is that if a person strongly agrees with a statement, he is considered more dogmatic than if he disagrees with it. Dogmatic persons, whether they be capitalists or communists should all score together at the high end of the continuum, and they should score in a direction opposite to other persons having equally diverse yet undogmatic viewpoints.

The Dogmatic Scale started with 89 items; the best 40 are contained in the Form E. For all statements, agreement is scored close-minded and disagreement is scored open-minded. The choices run from strongly agree to strongly disagree on a likert scale of 7 points. The subject uses -3 to indicate strong disagreement and +3 to indicate strong agreement. A constant of 4 is then added to each item score this gives a possible range of scores from 40 to 280.

Each question or group of questions on the Dogmatism Scale attempts to isolate a particular component of the construct dogmatism. Item one measures the extremity of the differences between the belief and disbelief system. Items two and three measure the dogmatic characteristic that has coexisting contradictions within the dogmatic belief system. Item four illustrates the dogmatic belief that it is more important to know one's own ideas well than to understand opposing viewpoints. Items five through seventeen illustrate dogmatic beliefs about the world, the self and the future. Rokeach believed that dogmatics view this world as a lonely place in which the future is uncertain and the self is isolated and inadequately prepared to cope. The way to overcome such feelings is to identify with a cause that gives power and status. Items eighteen through thirty-three isolate the dogmatic characteristic that sees authority as absolute, and accepts and rejects persons based upon how that person agrees with the authority. Items thirty-four through thirty six measure the degree to which the person's beliefs will change when the authority alters its beliefs. Items thirty-seven to forty measure the person's time

perspective. Rokeach believed that the closed system would be preoccupied with the remote future and the remote past. The more open the belief system, the more the individual would tend to evaluate ideas based on the present state of affairs, without referring back to the past.

Rokeach also developed an Opinionation Scale which he used to show that the Dogmatism Scale was independent of ideology. The Opinionation Scale was developed with a balanced number of items, half were right opinionated and half were left opinionated. Items were then evaluated by judges to determine if particular statements were left or right of what these judges considered the center. The opinionation scale yields several scores. It yields a score for total opinionation (left plus right opinionation), a left opinionation score, a right opinionation score, and a score called conservatism-liberalism. The conservatism-liberalism score is the right opinionation minus the left opinionation. Low scores indicate liberalism and high scores indicate conservatism.

Reliability coefficients for the Dogmatism scale Form E run from .68 to .93. Reliability data was gathered from English college students and workers, Ohio State University and Michigan State students, and a VA dormitory. Rokeach used a test-retest situation with five to six months between tests. Rokeach suggested that the few low reliability coefficients are due to the fact that the items do appear unrelated to each other, and therefore the subject's responses might tend to vary slightly.

Rokeach did two validation studies using the method of known groups. The first study involved having members of the graduate faculty select students they felt were most and least dogmatic based on a summary of the open and closed mind characteristics. Unfortunately this study did not yield any significant results, and Rokeach pointed out that this might be due to the fact the college professors would not see the true beliefs of their students.

In a second study, psychology students in a graduate seminar selected high and low dogmatic persons from among their friends and acquaintances. In all cases, the subjects were outside the field of psychology. 20 subjects, 10 on each side of the continuum were tested. The subjects were given the Dogmatism Scale, Rokeach's Opinionation Scale (1960), the F Scale (Adorno 1950) and the Ethnocentrism Scale (Adorno 1950).

Out of a possible 280 points on the Dogmatism Scale, the mean for the group labeled high dogmatic was 157.2, and the mean for the group labeled low dogmatic was 101.1, a difference of 56.1 points ($p=.01$). Nevertheless, the results on the Opinionation Scale indicated that both the high dogmatic group and the low dogmatic group subjects scored higher on the right opinionation side of the scale. The high dogmatic group also tended toward the right opinionation with a mean of 90.1 (on the opinionation scale), whereas the low dogmatic group tended toward the right opinionation with a mean of 54.9 points (on the opinionation scale). Both these scores were higher than the respective left opinionation score. Rokeach concluded that the high

dogmatic group tended to be a right wing authoritarian group and the low dogmatic group tended to be right wing anti-authoritarian. This issue, that dogmatism is linked to right opinionation, has been dealt with in other research, but Rokeach concluded that the Dogmatism scale was shown to be valid for predicting dogmatism.

In a study investigating the opinionation and dogmatism among Conservatives, Liberals, Attleelets and Bevanites (two British labor movements), and Communists, Rokeach found that conservatives scored lowest on the left opinionation scale and highest on the right opinionation scale, while Communists scored highest on the left opinionation scale and lowest on the right opinionation scale. The dogmatism scores between these two groups were very similar, Conservatives: $M=258.83$ and Communists: $M=261.6$. Rokeach also gave the F scale and Ethnocentrism Scale to these groups and found that the Communists scored lower on the F scale than did the Conservatives, indicating that these scales were noticeably sensitive to ideologies while the Dogmatism Scale was not. The correlations between the liberal-conservative score and the dogmatism scale ranged from $-.03$ to $.17$ for all these populations tested. The F scale scores correlated with the liberal and conservative from $.15$ to $.37$, indicating again that the F scale tended to measure right authoritarianism. Rokeach was able to conclude that the dogmatism scale measures how a person adheres to his belief system, and that the Dogmatism Scale is independent of ideological content.

Rokeach admitted that, although the correlations between dogmatism and conservatism are not significant, they are consistently positive, indicating that dogmatism seems to be slightly linked to conservatism. Rokeach himself addressed this problem pointing out that the dogmatism scale may still contain some ideological content, and that dogmatism is slightly more compatible with conservatism than with liberalism.

Validation studies done on the Dogmatism Scale center around this problem. DiRenzo (1968) found that dogmatism was fairly evenly divided on both sides of the United States presidential elections of 1964. These results lend support to Rokeach's contention that dogmatism is independent of ideology. Hansen (1968) found that among university students rightists tended to exhibit greater dogmatism than leftists. Other studies (Costin, 1971; Hansen, 1973) have found significant correlations between dogmatism scores and conservatism. The weight of recent data (Parrott & Bruce, 1972) suggests that Rokeach's dogmatism scale is not totally independent of ideology, but leans toward a conservative orientation.

Mosher Forced-Choice Guilt Scale

In 1961, Donald Mosher developed the MIST (Mosher Incomplete Sentences Tests, 1961). The manual for the MIST contains three aspects of guilt: sex guilt (SG), hostile guilt (HG), and morality conscience guilt (MCG). After using the MIST, he found that its psychometric properties could be improved, especially when the

subjects gave responses to sentences that did not appear on the answer continuum found in the MIST manual. In 1966, he consequently constructed two new scales measuring these three aspects of guilt.

The scoring manual for the MIST contains scoring examples which fall along four points: very guilty completions (2), guilty completions (1), nonguilty completions (-1), and very nonguilty completions (-2). Three examples of each completion were given for each point. Since each of the guilt subscales contained 14 stems, there were 168 items for each one of the three subscales. Scores could range from 0 to 168 in a true-false format.

All 504 items were given to 100 college males. An item analysis was conducted for each of the subscales. This was based on a comparison of the upper and lower 27% of the sample of 100 males. Of the 168 items of the SG 118 items differentiated the extreme groups ($p < .05$); on the HG, 100 items were differentially responded to ($p < .05$); and 110 were found to discriminate upper and lower groups on the MCG ($p < .05$).

In order to determine the response sets, the 504 items were given to 129 college males with instructions to indicate whether the items would be regarded as reflecting a desirable or undesirable viewpoint by the majority of college men. A social desirability rating was computed for each item to aid in the selection of items.

A True-False Guilt Inventory was constructed by selecting the 103 items which had differentiated the upper and lower 27% in the item analysis with each item having a social desirability between 40% and

60%. The possibility of an acquiescent response set was avoided by having 51 items scored in the true direction to indicate guilt, and 52 items scored in the false direction to indicate guilt. The 51 guilty items had a mean social desirability of 49.8% and the 52 nonguilty items had a mean social desirability percentage of 50.0%.

A Forced-choice (FC) guilt inventory was constructed by taking guilty and nonguilty completions to the same stem which had been found to discriminate on the item analysis. These items were also matched within 15% on their social desirability ratings. The forced-choice Guilt Scale Form F is composed of 79 items, 22 of which measure hostile guilt. Of the 78 items, it was found that in 30 items, the guilty alternative was on average 5.9% more socially desirable than the nonguilty alternative. In 45 items, the nonguilty alternative was 5.6% more socially desirable and in 4 items the completions were identical in socially desirable percentages.

The SG scale is comprised of 35 items with possible scores ranging from 0 to 54. The HG scale is comprised of 37 items with a range of possible scores from 0 to 63, and the MCG is comprised of 31 items with a range of 0 to 54.

The following scales were administered to 95 college males: the MIST, the Mosher True-False Guilt Inventory, The Taylor Manifest Anxiety Scale, the Edwards Social Desirability Scale, the Mosher Forced-Choice Guilt Scale, and the Christie-Budnitsky (1957) Forced-Choice Anxiety Scale. Mosher analyzed his results using the Campbell and Fiske (1959) Multitrait-Multimethod matrix. This method

examines discriminant validity using a matrix presenting all the intercorrelations when each of several traits is measured by each of several methods. The different scales were found to have discriminant validity. On the forced-choice guilt scale the reliabilities were .97 on the SG, .96 on the HG, and .92 on the MCG. The results of this matrix also suggested that it was possible to distinguish between these three components of guilt, and Mosher suggested that this is how guilt should be measured in the future. Based on the correlations of the guilt scales with the anxiety and social desirability scales, it was concluded that the guilt scales are measuring something quite different from these two variables. The author did suggest that construct validation needed to be done on these two scales.

Since the development of these scales, construct validity studies have been done. Fehr and Stamps (1979) correlated certain variables to these guilt scales that appeared to them to have an underlying theoretical relationship to Mosher's definition of guilt. The variables examined were religious orthodoxy, anxiety, manifest hostility, self-esteem, and the importance of religious and economic values in one's life. 60 female undergraduates from the University of New Orleans with a mean age of 19.9 years were given the Mosher Guilt Scales, the IPAT Anxiety Scale Questionnaire (Cattell & Scheier, 1960), the Manifest Hostility Scale (Siegel, 1956), the Study of Values (Allport, Vernon, & Lindsey, 1970), and the Thouless Test of Religious Orthodoxy. A significant negative correlation was found between guilt and manifest hostility ($r = -.47, p < .001$). Hostility

guilt was also correlated with religious orthodoxy ($r=.43$, $p<.001$) and religious values ($r=.34$, $p<.01$). It was assumed that because religiosity can create guilt these correlations would support the construct validity of the Mosher Guilt Scales.

Other researchers have found that the Mosher Hostile Guilt Scale does have construct validity. Gambaro (1967) found among subjects aroused to aggression, that those with low hostile guilt decreased in diastolic blood pressure after an indirect expression of the hostility. Those persons high in hostile guilt increased blood pressure after this procedure. Males who were high in hostility guilt showed a greater increase in feeling of guilt following aggression.

The Hostility Guilt Scale of Mosher has also been correlated with the 15 Manifest needs that comprise the Edward Personal Preference Schedule. It was predicted that the guilt scales would correlate significantly with variables of theoretical relevance to guilt. Among males, a significant correlation was found between the need to express aggression and guilt over hostility ($-.43$, $p<.001$). This gives construct validity to the guilt scales. The more self-critical a person was the more they tended to have high hostile guilt scores ($.32$, $p<.001$).

O'Grady and Janda (1979) gave the Mosher forced choice guilt inventory to 148 male and 151 female undergraduate psychology students. The analysis of the scale showed the appropriateness of the forced choice scoring format. A question that they raised was whether or not the items on the subscales related to each other in a similar

fashion for both males and females. The internal consistency coefficients were not significantly different for the male and female scores. Box's test showed that the male and female correlation matrices were similar for both scales. They also did a factor analysis of the entire scale and the hostility guilt subscale was shown to have five easily interpreted components: (1) childhood aggressive experiences (35%), (2) anger (15.5%), (3) feelings about committing murder (12%), (4) feelings about arguing (10.6%), and capital punishment (10%).

O'Grady and Janda (1978) gave to 100 male and 135 female undergraduate psychology students the Mosher Forced Choice Guilt Inventory, The California F Scale, the Marlowe-Crowne Social Desirability Scale, and the Adult Nowicki-Strickland Locus of Control Scale. The results supported the idea that guilt is a construct that is identifiably different from anxiety or authoritarianism. This contradicts the earlier results of Lowe (1964) who claimed that guilt and anxiety were not different constructs.

Treatment of the Data

In order to test the hypotheses that deal with intrinsic, extrinsic and indiscriminately proreligious forms of religiosity, the subjects will be divided into categories according to their scores. Then T-Tests will be done to test for significant differences in the DAS scores between these categories. Using the Hoge IRM, the population will be separated in high, medium, and low intrinsic religious

motivation. Scores above 5.5 will be classed as high intrinsic, scores between 2.5 and 5.5 will be considered medium intrinsic, and scores below 2.5 will be considered low intrinsic.

Using of the ROS, subjects will be divided into three categories, intrinsic, extrinsic and indiscriminately proreligious. Since the ROS is scored on a scale of 1 to 4, in which 4 indicates high on both the intrinsic and extrinsic subscales, scores above 3 will indicate that the subject is "high" on the subscale. A subject will be placed in the indiscriminately proreligious category if he has a score above 3 on both the intrinsic and extrinsic subscales. A T-Test will then be done to test for significant differences in the DAS scores for these groups.

Since the relationships are all predicted to be linear, Pearson Product-Moment correlations will be used to discover the relationship between two variables. The data is continuous, normally distributed, and the variances for the samples is equal.

In terms of reliability, alpha coefficients will be used to measure internal consistency. The alpha coefficient can be used because the scales are homogeneous. A factor analysis will also be done to discover if the scale is unifactorial and to identify the underlying factors that comprise the scale. The more a scale tends to break up into factors, the lower the alpha level. The factor analysis may help to identify reasons why a particular scale was not reliable for this population. It may also be helpful in identifying questions on the scale that are particularly important for this population.

Important factors that are discovered may be correlated with the DAS scores in order to find other significant results.

Since death anxiety is the focus of this study, a multiple regression will be done with death anxiety as the dependent variable. These results will help decide what is the best predictor of death anxiety in the population of religious men.

The level of significance that will decide if an hypothesis is accepted or rejected will be .05.

CHAPTER 4

RESULTS

Introduction

This chapter presents the results of the data collected. The first section describes the demographics of the population tested, followed by a review of each hypothesis with the results that were discovered. A multiple regression was done and the equation is presented after the results on each hypothesis are given. Finally, the correlations between the death anxiety scores and the demographic data for this population are presented.

Demographics

274 Roman Catholic men in religious life participated in the study. The mean age of the population was 40.7, with a range in age from 22 to 87 (Appendix B). The mean year in which the subjects had entered religious life was 1962. The range in the year of entry into religious life was from 1920 to 1982 (Appendix C). 167 of the persons who participated were in perpetual vows, 94 were in temporary vows and 12 were novices. 124 subjects were ordained priests. Most persons in this population had acquired their bachelor's degrees with the majority having a Master's degree (in theology). It should also be pointed out that 117 religious men took the questionnaire by mail, and

157 religious men took the questionnaire while the researcher was present. There was no significant difference between the responses of these two groups.

Results for each Research Hypothesis

Hypothesis One

The first hypothesis stated that religious men who had a greater intrinsic motivation toward their religious beliefs and practices as measured by the Hoge IRM would score lower on the Templer/McMordie Death Anxiety Scale than religious men who were found to be less intrinsically motivated. The IRM contained 10 questions on a likert scale in which 7 indicated high intrinsic motivation and 1 indicated low intrinsic motivation. The coefficient alpha for the IRM was .81, indicating that the instrument was reliable for this population. The DAS scale contained fifteen items and was scored 7 for high death anxiety and 1 for low death anxiety. The alpha coefficient for this scale was .80, which indicated that the results on the DAS were reliable.

The population was separated into high, medium and low intrinsic religious motivation, according to each person's mean score on the test. Scores above 5.5 were categorized as high intrinsic (Group 1), scores between 2.5 and 5.5 were categorized as medium intrinsic (Group 2), and scores below 2.5 were categorized as low intrinsic (Group 3). The mean on the IRM was 5.5 indicating that the population was generally high intrinsic. The minimum score on the

test was 3.4, consequently there were no cases in Group 3. Table 1 shows the results of the T-test to discover if a significant difference existed in death anxiety scores between Group 1 and Group 2.

Table 1

T-Test Results comparing DAS
Scores of High and Medium Intrinsic

	Number Of Cases	M	SD	T Value	2 tail Prob.
Group One	138	4.0463	.674	.48	.634
Group Two	113	4.0064	.638		

These results are not significant, however, using the results of the factor analysis done on the Death Anxiety Scale, another T-Test was done on the data.

The factor analysis of the Death Anxiety Scale broke it up into 4 factors. Factor one included items 1, 3, 5, 7, 10, 14, 15, and these were categorized as "pure death anxiety". Table 2 presents the results of the factor analysis.

Table 2

Factor Loadings for the 4 factors
of the DAS (Varimax Rotation)

	Factors			
	1	2	3	4
1. Very much afraid to die.	.65			
2. Thoughts of death seldom in mind.				.57
3. Talk of death makes nervous.	.48			
4. Dread an operation.			.58	
5. Not at all afraid to die.	.77			
6. Not afraid of getting cancer.		.57		
7. Thought of death never bothers.	.69			
8. Distressed by time passing.			.40	
9. Fear a painful death.		.66		
10. Life after death troubles me.	.42			
11. Scared of a heart attack.		.52		
12. Thinking how short life is.				.56
13. Shudder to hear about WW III.		.28		
14. Sight of dead body.	.39			
15. Future holds fear.	.39			

It was of interest to discover if scores on factor one, pure death anxiety, would differ significantly with the scores on the IRM. Table 3 presents the results of the T-Test. The mean on this table represents the mean score only for the items in factor one. Due to the fewer number of items to consider, any subject who left out one of the items was omitted from these groups.

Table 3

T-Tests Results Comparing the Scores
on Factor 1 of the DAS for
High and Medium Intrinsic

	Number Of Cases	M	T Value	2 tail Prob.
Group One	130	31.44	1.13	.261
Group Two	113	30.56		

The results were not significant. The Pearson product moment correlation coefficient between the DAS and the IRM was not significant, $r=.04$, $p=.235$. Hypothesis one was rejected.

Hypothesis Two

The second hypothesis stated that religious men who had a high extrinsic religious motivation score, as measured by the Allport and Ross ROS, would have a higher death anxiety score than persons who had a high intrinsic religious motivation on the ROS.

The alpha coefficient for the extrinsic subscale (11 items) was .75 and the alpha coefficient for the intrinsic subscale (9 items) was .58. The low coefficient on the intrinsic subscale does call into question the reliability of this scale for this population. This coefficient is partially explained by the factor analysis. On a factor analysis this 9 item scale split up into three factors, and two items had loadings of .27 and .20. These items tended to load on all three factors, which accounts for why the internal consistency coefficient is so low.

The ROS was scored on a scale from 1 to 4, where 4 indicated high on both the intrinsic and extrinsic subscales. A score over 3 on either scale indicated that the subject was considered high on that variable. A frequency table (Appendix D) indicated that 84% of the subjects scored below 2 on the extrinsic subscale and therefore only 35 subjects had an extrinsic score over 2. Only one subject had an extrinsic score over 3. Thus it was not possible to test the hypothesis with only one case of extrinsic religiosity.

In order to ensure that this hypothesis had no results that would make a contribution to the field of death anxiety, the population was separated into two groups and a T-test was done. Group one included all persons who scored above 3 on the intrinsic subscale and Group 2 included all the other subjects in the study. Table 4 presents these results and again no significant relationship was found.

Table 4

T-Test Results of DAS scores for Intrinsic
(Group 1) and all other subjects (Group 2)

	Number Of Cases	M	T Value	2 tail Prob.
Group One	181	4.040		
Group Two	70	3.996	.48	.623

The Pearson product moment correlation between the extrinsic subscale and the DAS was very small, $r = -.08$, $p = .08$. This correlation was not significant. The Pearson correlation between the intrinsic subscale and death anxiety was $-.03$, $p = .325$, indicating that there was no relationship. Hypothesis two was rejected.

Table 5

Correlations between DAS scores and
scores on the IRM and the intrinsic and
extrinsic subscales of the ROS

	Extrinsic Subscale	Intrinsic Subscale	IRM
Death Anxiety	N=251 -.08 $p = .08$	N=251 -.03 $p = .325$	N=251 .04 $p = .235$

Hypothesis Three

The third hypothesis stated that religious men who are found to be indiscriminately proreligious as measured by the Allport and Ross ROS would have a higher death anxiety score than persons who were found to be intrinsically religious. Indiscriminately proreligious was defined as person who scored above 3 on both the intrinsic and extrinsic subscales. Since only one subject scored above 3 on the extrinsic scale (Appendix D), there were insufficient cases in the indiscriminately proreligious category and therefore it was not possible to test this hypothesis.

Hypothesis Four

The fourth hypothesis stated that, among men in religious life, there would be a direct relationship between the scores on the Dogmatism Scale and the scores on the Death Anxiety Scale. The coefficient alpha for this 40 item scale was .75. Using a factor analysis, the scale broke up into 14 factors, which explained the low alpha coefficient. The Pearson product moment coefficient between the scores on the Dogmatism Scale and the scores on the Death Anxiety Scale was .23, $p=.001$. This correlation shows that for this population of religious men, as dogmatism increased, death anxiety increased. The fourth Hypothesis was accepted.

Hypothesis Five

The fifth hypothesis stated that there would be a direct relationship between the Mosher Guilt Scale Scores and the DAS scores for men in religious life. The alpha coefficient for this 22 item scale was .79. The Guilt Scale was scored 2 points for a guilty response and 1 point for a nonguilty response. The Pearson product moment coefficient was .13, $p=.019$, indicating a significant low correlation in the hypothesized direction. This correlation showed that as DAS scores increased Hostile Guilt scores also increased. The fifth hypothesis was accepted.

Table 6

Correlations between DAS scores and scores on the
Dogmatism Scale and the Mosher Guilt Scale

	Dogmatism	Guilt
Death Anxiety	N=251 .23 $p=.001$	N=250 .13 $p=.019$

Hypothesis Six

The sixth hypothesis stated that the desire to procreate would be directly related to death anxiety for men in religious life. The subjects responded to two items on a seven point likert scale (Appendix A). A score of 7 indicated strong desire to procreate (agreement with the item), and a score of 1 indicated a low desire to

procreate (disagreement with the item). The construct validity of these two statements was partially indicated by the correlations with the subject's age. Item one correlated $-.19$, $p=.001$ with age, and item two correlated $-.23$, $p=.001$ with age. These correlations indicated that as age increased the desire to procreate decreased.

In response to the first item, the mean was 3.5, $SD=1.8$, indicating that religious men, as a group, scored in the middle of the likert scale. Fifty three percent disagreed, 37% agreed and 5% remained undecided on the item. The correlation between DAS scores and this item was not significant, $r=.06$, $p=.179$. The second item had a mean of 4.2, $SD=1.5$, indicating that the population of religious men tended to agree with the item. The correlation between death and this item was not significant, $r=.08$, $p=.096$. These correlations were in the hypothesized direction, however the results were not significant. Hypothesis six was rejected.

Table 7

Correlations between DAS scores and scores
on the Desired Fertility Items

	Item 1	Item 2
	N=251	N=250
Death Anxiety	.06	.08
	$p=.179$	$p=.096$

Multiple Regression

Using the Death Anxiety Scale as the dependent variable a multiple regression was done to discover which variables would be the best predictors of death anxiety. The equation of the prediction of death anxiety for this population of religious men is as follows:

$$\text{Predicted Death Anxiety} = 4.7949 - .21(d) - .37(g) + .18(i)$$

d=subject's score on the Rokeach Dogmatism Scale

g=subject's score on the Mosher Guilt Scale

i=subject's score on the Intrinsic subscale of the

Allport and Ross ROS

The multiple R between death anxiety and the three predictor variables was computed to be .26, which means that this equation accounts for 6.7% of the variance. Looking at the beta weights (presented in Table 8) it appears that dogmatism was the most important contributor to the death anxiety for this population of religious men.

Table 8

Beta Weights for Predictor Variables:
Dogmatism, Guilt and Intrinsic Religiosity

Variable	Beta Weight
Dogmatism	.21
Guilt	.11
Intrinsic ROS	.08

An F-Test of this multiple correlation resulted in an F score of 5.25, significant at the .002 level. The regression reveals little more than the Pearson correlations did concerning the relationship between death anxiety and other variables.

The Relationship of Demographic Characteristics
to Death Anxiety

Since death anxiety was the primary variable under consideration, it was thought that certain demographic variables might have a significant relationship with the religious man's death anxiety (Appendix A). Subjects were asked to write the number of years it had been since the loss of a "significant person" in their life. The definition of significant person was left open so that each subject could determine how long it had been since he had lost a significant person in his life, either relative or friend. How close a subject was to the loss of a significant person in his life was then compared to his DAS score. The subject was asked his current age and whether or not he had ever had a life threatening illness. If the subject had

experienced a life threatening illness he received 2 points. If he had not experienced a life threatening illness he received 1 point. These scores were then correlated to their death anxiety scores. Table 9 presents the correlations between their responses to these questions and their DAS scores.

Table 9

Correlations between Death Anxiety
and Death of a Significant Other,
Life Threatening Illness, and Age

	Signifi. Death	Illness	Age
Death Anxiety	N=242 .05 p=.218	N=248 .01 p=.393	N=251 -.04 p=.259

The correlation between death anxiety and age supports the previous research that has indicated that DAS scores are not related to age. Psychologists (Worden, 1982) writing on grief have theorized that the loss of a significant person can heighten the grieving person's own anxiety about death for a brief time. For this population of religious men, this presumption was not supported. Whether or not a religious man had ever had a life threatening illness was not related to his score on the Death Anxiety Scale.

In the literature review, Handal's study correlating death anxiety and life expectancy was discussed. This research asked religious

men their life expectancy in terms of the total years that he expected to live (Appendix A). The mean of the responses was 74.1 years with a range from 30 years to 100 years. The subject's current age was subtracted from the number of years he intended to live, arriving at the number of years the subject expected to live. There was no correlation between death anxiety and life expectancy, $r=.03$, $p=.299$. There was a correlation between the subject's age and the number of years he expected to live, $r=.20$, $p=.001$. As age increased in the population, so did the number of years the men expected to live.

Table 10

Correlations between life expectancy
and DAS scores and Age

	DAS	Age
	N=251	N=251
Life expectancy	.03	.20
	$p=.299$	$p=.001$

Conclusion

274 men in religious life completed the questionnaire. All the scales were found to be reliable, with the exception of the intrinsic subscale of the ROS which had a low alpha coefficient. Based on a T-test and Pearson product moment correlations the first three hypotheses, dealing with religious orientation and death anxiety, were rejected. Significant positive correlations were found between death anxiety and dogmatism, and death anxiety and guilt. No

relationship was found between death anxiety and desired fertility. The multiple regression equation and the beta weights for the variables supported the results found using Pearson correlations. Death anxiety was not found to be related to age, the death of a significant other, life expectancy, and whether or not the subject had ever had a life threatening illness.

CHAPTER 5

SUMMARY, OTHER FINDINGS AND SUGGESTIONS FOR FURTHER RESEARCH

Introduction

This chapter summarizes the results of this research and discusses how these results contribute to previous findings in the field of death anxiety. It presents other significant results that were of little importance to this research, but that may be of use to other persons investigating men in religious life. These results may also be valuable to researchers who select the same instruments that were part of this study. Each scale is reviewed and the significant correlations with other scales are presented. Having completed this study, questions that need to be investigated by other researchers in the field of death anxiety are suggested.

Summary and Discussion of the Results

The intention of this research was the investigation of death anxiety and other personality variables among men in religious life. The population was divided into intrinsic and extrinsic religious types because the researcher believed that these categories would provide accurate empirical data on the religious orientation of this population. This method was considered better than making an assumption that religious men would have intrinsic religious

motivation. It was found that the population scored quite high on the IRM and on the intrinsic subscale of the ROS (Appendix E). The standard deviation on the IRM (likert scale) was only .596, indicating that most of the subjects clustered around the mean ($M=5.5$). In this study, a group with more diversified religious orientations would have made it possible to test the first three hypotheses that dealt with religious motivation and death anxiety.

It is still important to use these categories in any study involving a religious population, in order to understand how the population is religious, either intrinsic or extrinsic. Allport (1967) showed that these two types of religiosity have opposite relationships to prejudice. The broad category religiosity has no meaning until the researcher has determined whether the population tends to be intrinsically or extrinsically religiously motivated. These different orientations have been shown, both in this study and in previous studies, to have opposite relationships to the other characteristics of the religious personality.

The two variables of primary interest in this study were dogmatism and guilt, both of which had significant relationships to death anxiety. Because so little investigation has been done on the variable of guilt, the positive correlation between guilt and death anxiety, that was found for men in religious life, is an important contribution to death anxiety research. This result gives empirical validity to the theoretical relationship between death anxiety and guilt. Persons doing research on death anxiety have suggested that

religious persons have more fear of death because of a fear of punishment. The results of this study indicate that it may not be the religious population in general that has more fear of death, but that there is a segment of the religious population who do not feel forgiven by God, but instead feel guilty for some past action. It is this group that has a greater anxiety about death.

Dogmatism also correlated with death anxiety for this population. This correlation supports one of the main objectives of this research: to show that dogmatic religious men have higher death anxiety scores than nondogmatic religious men. Again, this relationship between death anxiety and dogmatism helps to resolve the problem of the conflicting data on the relationship between death anxiety and religion. Religious populations that tend to be dogmatic in their beliefs may have more death anxiety than religious populations that tend to be less dogmatic. In other words, dogmatism may be a key variable in understanding relationship between religion and death anxiety. The beta weights for all the variables indicated that dogmatism was the most important contributor to death anxiety of religious men.

This population was particularly unique because all the subjects were celibate. It was thought that if a subject had a high desire to have children, he might also have high death anxiety, because procreation is one way a person can feel some sense of immortality, by passing on his life to his children. The correlations that were found between desired fertility and death anxiety were in

the hypothesized direction, however they were very low and not significant.

Most researchers using the DAS have not found a correlation with age and death anxiety. No correlation was found for this population either. No relationship was found between death anxiety and how recent a subject had experienced the loss of a significant person in his life. No relationship was found between death anxiety and how long a person expects to live.

This research, while it focused on death anxiety, also found many other significant relationships between variables that were not directly related to the purpose of this research. These results may be of interest to persons investigating these variables, and using these scales in the future. Each scale will be reviewed and the significant correlations with other scales will be presented.

Other Important Findings

The Religious Orientation Scale

A significant negative correlation was found between the intrinsic and extrinsic subscales of the ROS, $r = -.37$, $p = .001$. This correlation is considerably higher than the correlation ($-.21$) Allport and Ross (1967) found among a general population of churchgoing Christians. The higher correlation found between these two scales for this population reflects the high degree to which the population was intrinsic, rather than extrinsic (Appendix D, Appendix E). Religious men rejected the extrinsically worded items ($M = 1.7$) and accepted the

intrinsically worded items ($M=3.4$). Unlike Allport's research, there was only 1 case of indiscriminately proreligious type found in this population. One can draw two conclusions from these results: (1) the population is considerably intrinsic or, (2) based on their religious training, the religious men knew the "correct" (socially desirable) answers to the items on the ROS. Consequently they selected the intrinsic responses.

Looking at the correlations with the ROS and other scales, it becomes clear that there was a response bias on the ROS. This section presents results that show a significant positive correlation between the dogmatism scores and the scores on the IRM and on the intrinsic subscale of the ROS. Considering the theoretical constructs of these two variables, it is unusual that intrinsically religious men tended to have higher scores on the Dogmatism Scale than less intrinsically religious men, and possible reasons for this correlation are suggested.

Table 11 presents the correlations between the intrinsic and extrinsic subscales of the ROS and the Dogmatism Scale.

Table 11

Correlations between the Intrinsic and Extrinsic
Subscales of the ROS and the Dogmatism Scale

	Extrinsic Subscale	Intrinsic Subscale
Dogmatism Scale	N=251 .18 p=.002	N=251 .15 p=.008

While these correlations are low, it is unexpected that both subscales would correlate with dogmatism in the same direction. It is not surprising that dogmatism would correlate with extrinsic religiosity; the theoretical constructs of these two variables have similar qualities. The extrinsically religious person is looking for security and solace within an organized religion and tends to remain prejudiced, (as Allport discovered). This is similar to the dogmatic person, who tends to be intolerant of differences. Hunt and King (1971) and Allport (1967) both suggested that a component of the extrinsic religious personality is dogmatism.

Why then did the Dogmatism Scale also correlate positively with the intrinsic subscale of the ROS? An intrinsically religious person, according to Allport's (1967) writings, is a believer who has integrated his religious beliefs into his life. Allport discovered that the person who is intrinsically religiously motivated was less prejudiced because he truly believes in Christian love. It seems

unusual that such a person would score higher on the Dogmatism Scale. One possible explanation is that the factor common to both scales is "religious motivation" and that it is this factor that correlates with dogmatism. This would mean, that as dogmatism increased, religious motivation also increased. Another plausible explanation is that there was a response bias on the ROS for this population. Based on their training, religious men responded in a socially desirable direction to the items on the ROS, especially since organized religions tend to criticize extrinsic religious motivation. If this is true, then the intrinsic scores on the ROS do not honestly represent the religious motivation of men in religious life. Whereas, on the Dogmatism Scale the "correct" responses are not as obvious, and the purpose of the scale is not revealed by the items on it. It is possible that religious men who scored high on the intrinsic subscale of the ROS, but who were not truly intrinsic according to Allport's definition, responded to the Dogmatism Scale in the highly dogmatic direction. While, on the contrary, religious men who scored high on the intrinsic subscale of the ROS, and were truly intrinsic, scored lower on the Dogmatism Scale. Obviously there is no way to empirically test this conjecture.

It was of interest to this research to probe the data further in the hope of discovering more reasons why dogmatism correlated positively with intrinsic religious motivation. While this might be due to the response bias on the ROS, it was thought that there could be characteristics of the dogmatism scale that would be compatible with

intrinsic religiosity for men in religious life. The factor analysis of the Dogmatism Scale was done to find these factors that might be positively related to intrinsic religiosity.

The factor analysis broke up the Dogmatism Scale into 14 factors. Factors 4, 6, 7, and 9 were pulled together under the heading "absolute relationship to authority". These factors included items 4, 10, 14, 20, 21, 23, 26, 32, 35, and 36 of the Dogmatism Scale. Persons who agree with these items have a tendency to believe that the authority is correct, and to accept or reject persons based on how that person accepts or rejects authority. Correlations between the scores on these factors and the intrinsic and extrinsic subscales of the ROS are presented in Table 12.

Table 12

Correlations between Factors 4, 6, 7, and 10
combined, and the scores on the Intrinsic
and Extrinsic Subscales of the ROS

	Extrinsic Scale	Intrinsic Scale
	N=240	N=240
Factors 4, 6, 7, and 10 of the Dogmatism Scale	.06 p=.195	.28 p=.001

These results show an increased correlation between the intrinsic subscale of the ROS and the Dogmatism Scale and no correlation between the extrinsic subscale on the Dogmatism Scale. These correlations help explain the positive relationship between dogmatism

and intrinsic religious motivation for this population. Religious men who were intrinsically motivated to their religious beliefs may believe it is also important to be absolutely responsible to their superiors, and this characteristic of intrinsically religious men may have been instrumental in creating a positive correlation between dogmatism and intrinsic religious motivation. Men who are less intrinsically religiously motivated believe it is less important to be absolutely responsible to the superiors and consequently they scored lower on the Dogmatism Scale.

The Mosher Guilt Scale

The Guilt Scale had a small correlation with the Dogmatism Scale, $r=.14$, $p=.012$. This positive correlation suggests the direction of the relationship between guilt and dogmatism for the population tested. It also gives construct validity to both the Dogmatism and Guilt Scales. It would seem theoretically true that as a religious man becomes more dogmatic, that he might become more self-critical when he falls short of his expectation of how he should behave. This self criticism would result in increased feelings of guilt.

The intrinsic subscale of the ROS also showed a small correlation with the Guilt Scale, $r=.13$, $p=.024$. Again this result is surprising and it may be due to the response bias on the intrinsic subscale of the ROS. Possibly religious men knew the "correct" responses on the ROS but were not actually intrinsic. Consequently,

on the Guilt Scale, where the "correct" answers were less obvious, the religious men who were not actually intrinsic scored high.

Table 13

Correlations between Scores on the Guilt Scale
and Scores on the Dogmatism Scale and on
the Intrinsic Subscales of the ROS

	Dogmatism	Intrinsic Subscale
	N=250	N=251
Guilt	.14	.13
	p=.012	p=.024

The Intrinsic Religious Motivation Scale

The Intrinsic Religious Motivation Scale correlated significantly with the ROS, lending concurrent validity to this scale. It correlated $-.34$, $p=.001$ with the extrinsic subscale of the ROS, and $.49$, $p=.001$ with the intrinsic subscale of the ROS. This correlation with the intrinsic subscale of the ROS is much smaller than the correlation Hoge (1972) found ($.86$) when he did his validation research on the IRM.

The IRM also correlated with factors 4, 6, 7, and 9 of the Dogmatism Scale (absolute relationship to authority), $r=.20$, $p=.001$. This supports the results that were found in the relationship between the scores on the intrinsic subscale of the ROS and the scores on the Dogmatism Scale. Religious men who scored high on the IRM tended to believe that one's relationship to authority should be absolute.

Table 14

Correlations between Scores on the IRM
and the Intrinsic and Extrinsic Subscales
of the ROS and Factors 4, 6, 7, and 9
of the Dogmatism Scale

	Dogmatism Factors 4,6,7,9	Intrinsic Subscale	Extrinsic Subscale
	N=240	N=251	N=251
IRM	.20	.49	-.34
	p=.001	p=.001	p=.001

Desired Fertility

The questions about desired fertility (Appendix A) correlated with both the IRM and the Dogmatism Scale. Question 1 correlated .24, $p=.001$ with the IRM, and question 2 correlated .27, $p=.001$ with the IRM. Religious men who expressed a desire for offspring had a higher score on the IRM than did persons who said they did not have a desire for offspring.

The fertility questions correlated negatively with the Dogmatism Scale. The correlation coefficient between question 1 and dogmatism was $-.17$, $p=.004$, and between question 2 and dogmatism was $-.12$, $p=.033$. Religious men who tended to be less dogmatic agreed that they are more desirous of offspring. This correlation also supports that idea of a response bias on the scales. Dogmatic religious men may believe that religious men should not have a desire for

children, whereas nondogmatic religious men may believe it is natural and acceptable to have those desires.

Table 15

Correlations between Scores on the Desired
Fertility Items and the Scores on the
Dogmatism and the IRM Scales

	Item #1	Item #2
Dogmatism	N=251 -.17 p=.004	N=250 -.12 p=.033
IRM	N=251 .24 p=.001	N=250 .27 p=.001

Age

Table 16 presents the significant correlations between age and other variables.

Table 16

Correlations between Age and Dogmatism,
Guilt, Extrinsic Religious Motivation,
and the Desired Fertility Items

	Dogmatism	ROS-Extr.	Guilt	Fertility Questions	
				#1	#2
Age	.26 p=.001	.12 p=.027	.13 p=.022	-.29	-.23 p=.001

As the age of this population tested increased, so did the scores on the Dogmatism and Guilt Scales, as well as the level of extrinsic religiosity. There was no consistent relationship between intrinsic religiosity and age. As age increased the desire to have children decreased. This would seem to give some construct validity to the desired fertility questions.

Suggestions for Further Research

In order to better understand the relationship between death anxiety and religious beliefs, more research needs to be done on the personality variables of the religious and nonreligious populations. What needs to be discovered is the degree to which religion plays a role in death anxiety levels, or is it the variables of dogmatism and

guilt that are responsible for how anxious a person is about death. This research found that religious men, who were low dogmatic, had less death anxiety than religious men who were high dogmatic. No relationship was found between death anxiety and intrinsic religiosity. Religiosity in general may not be related to death anxiety, but dogmatic religiosity may be the variable that relates to death anxiety. More research needs to be done in this area.

More research needs to be done on the relationship between death anxiety and guilt, and death anxiety and dogmatism. The theoretical relationship between these two variables has been clearly shown in this paper. Further empirical data needs to be gathered so that researchers can better understand this relationship.

One limitation to death anxiety research is the Death Anxiety Scale (Templer, 1970) itself. It is rather difficult to construct a scale to measure a human characteristic as diffuse as death anxiety and anxiety about personal contingency. By definition, the variable is partially an unconscious phenomenon within the person. The DAS is an effective tool for measuring conscious death anxiety, but, possible methods of measuring unconscious death anxiety need to be explored.

In developing a new death anxiety scale, other characteristics of death anxiety can be included. Death anxiety does not have to deal with death necessarily, but it can also include the broader area of human contingency and fear of separation. Templer's scale does attempt to measure this experience by the item "I am often distressed

by the way time flies so rapidly." More items such as this need to be developed.

Another question regarding the DAS arose after talking with the subjects who completed the questionnaire. Do persons who verbalize death anxiety in fact have less anxiety because of their awareness and willingness to admit this anxiety? Perhaps those who do not verbalize death anxiety at all, who deny its existence in themselves, may in fact have greater death anxiety, although their death anxiety scores will be low.

There was also a group of religious men who chose not to take the questionnaire. Why they were unwilling remains unknown, however if it was due to the nature of the questionnaire, then this does raise some questions as to the validity of these results.

A problem with the ROS that was first noted by Hunt and King (1971) was that the definitions of extrinsic and intrinsic religiosity are diffuse and vague. These concepts need further clarification, after which the ROS can be revised and validity tests can be done on the scale. The discovery of a third religious type (indiscriminately proreligious) is a contribution to the understanding of the religious personality, however the characteristics of this third group need to be defined.

A review of the results does suggest that there is a problem of response bias on the ROS and IRM when these scales are used with a population of religious men. Allport suggested (1967) that a characteristic of the extrinsically religious type is an authoritarian

approach to religion. For this population the reverse was true. A factor analysis that pulled out the authoritarian type items on the Dogmatism Scale correlated significantly with the intrinsic subscale of the ROS. A plausible explanation is that the religious men selected the intrinsically worded items because they knew the expected response but they did not honestly belong in Allport's category of intrinsic religiosity. The ROS needs to be evaluated using the Marlowe-Crowne Test for Social Desirability. There would be less response bias on the Dogmatism Scale because the purpose of this scale is not revealed by the items on it. Therefore, this population would not know the "correct" responses on this scale. The intrinsic and extrinsic categories are an indispensable part of any research using the religious population, nevertheless, much work still needs to be done on the scales that measure religious motivation so that empirical data will be more reliable.

Researchers should continue to explore the variety of characteristics within the religious personality in order to discover how these variables relate to death anxiety. The belief that the broad category of religiosity will have some direct relationship to death anxiety should now be dismissed, and researchers must be more aware of the complex dimensions of the religious personality. Religious populations used in research should be clearly defined so that the results can contribute to research involving religious persons. Using a broad, undefined population will only lead to further confusion in understanding the relationship between death anxiety and religiosity.

Further research does need to be done in the area of death anxiety and fertility. There is good reason to suggest a theoretical relationship between these two variables. This research found a very weak correlation between death anxiety and desired fertility. At this point in time, no scale has been constructed to measure this variable. The two items used in this study to measure desired fertility were given construct validity, and they could be used as a start to developing a scale in this area.

Empirical data on death anxiety is very limited and the general area needs further research. Religious beliefs do provide answers to the perplexing questions surrounding death, however the efficacy of the religious solution is open to debate.

APPENDIX A

DEMOGRAPHIC QUESTIONS AND
QUESTIONS ASKED TO MEASURE DESIRED FERTILITY

The following pages contain a questionnaire that will ask for your personal opinion on certain questions. Some questions ask for your opinion on a social issue and others ask for your opinion on a personal issue. The desire is to find out how common certain opinions are, you should feel free to interpret the questions as you understand them. It is important that you answer the questions as spontaneously and as honestly as possible. This questionnaire is designed for a general population, and therefore some items may not be appropriate for men in religious life. Please answer these items as best as possible. Your anonymity is absolutely guaranteed. Thank you for your time.

Please answer the following questions.

What is your current age? _____ (years)

At what age did you enter this community? _____ (years)

What year did you make simple vows in this community? 19 _____

Please check any of the following items that apply to you:

Ordained Priest _____
 Solemnly professed _____
 Simply professed _____
 Novice _____

If you are ordained how many years have you been a priest? _____

How long ago was the death of a significant person in your life? _____

Have you ever had a life threatening illness? Yes No (Please Circle)

What is the total number of years you expect to live? _____

The following two items were asked to measure the religious mens' desired fertility. They were asked on a likert 7 point scale in which 7 indicated strong agreement and 1 indicated strong disagreement.

1. One concern that was involved in my decision whether or not to enter religious life was the fact that I would not have children.
2. While in religious life I have sometimes felt that it would have been good for me to have had children.

APPENDIX B

FREQUENCY TABLE FOR THE
AGE OF THE SUBJECTS IN THE STUDY

AGE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
22	1	.4	.4
23	3	1.2	1.6
24	7	2.8	4.4
25	9	3.6	8.0
26	12	4.8	12.7
27	11	4.4	17.1
28	12	4.8	21.9
29	13	5.2	27.1
30	11	4.4	31.5
31	7	2.8	34.3
32	9	3.6	37.8
33	5	2.0	39.8
34	6	2.4	42.2
35	7	2.8	45.0
36	12	4.8	49.8
37	9	3.6	53.4
38	8	3.2	56.6
39	4	1.6	58.2
40	7	2.8	61.0
41	5	2.0	62.9
42	4	1.6	64.5
43	2	.8	65.3
44	4	1.6	66.9
45	3	1.2	68.1
46	2	.8	68.9
47	5	2.0	70.9
48	2	.8	71.7
49	3	1.2	72.9
50	2	.8	73.7
51	2	.8	74.5
52	5	2.0	76.5
53	4	1.6	78.1
54	3	1.2	79.3
55	5	2.0	81.3
56	3	1.2	82.5
57	6	2.4	84.9
58	1	.4	85.3
59	1	.4	85.7
60	4	1.6	87.3
61	3	1.2	88.4
62	3	1.2	89.6
63	4	1.6	91.2
65	5	2.0	93.2

AGE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
66	3	1.2	94.4
67	1	.4	94.8
68	1	.4	95.2
69	3	1.2	96.4
70	3	1.2	97.6
72	1	.4	98.0
73	2	.8	98.8
75	1	.4	99.2
76	1	.4	99.6
87	1	.4	100.0
TOTAL	251	100.0	
MEAN		40.757	
STANDARD DEVIATION		14.068	
MEDIAN		36.556	

APPENDIX C

FREQUENCY TABLE FOR THE YEAR OF ENTRY INTO RELIGIOUS
LIFE FOR THE SUBJECTS OF THIS STUDY.

YEAR OF ENTRY	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
1920	1	.4	.4
1923	1	.4	.8
1928	2	.8	1.7
1929	1	.4	2.1
1932	3	1.2	3.3
1933	3	1.2	4.6
1935	3	1.2	5.8
1937	2	.8	6.7
1939	2	.8	7.5
1940	2	.8	8.3
1941	1	.4	8.8
1942	4	1.6	10.4
1943	3	1.2	11.7
1944	2	.8	12.5
1945	3	1.2	13.7
1947	1	.4	14.2
1948	5	2.0	16.2
1949	5	2.0	18.3
1950	3	1.2	19.6
1951	4	1.6	21.2
1952	4	1.6	22.9
1953	1	.4	23.3
1954	4	1.6	25.0
1955	3	1.2	26.2
1956	4	1.6	27.9
1957	5	2.0	30.0
1958	3	1.2	31.3
1959	3	1.2	32.5
1960	4	1.6	34.2
1961	3	1.2	35.4
1962	2	.8	36.2
1963	5	2.0	38.3
1963	5	2.0	40.4
1965	6	2.4	42.9
1966	8	3.2	46.2
1967	3	1.2	47.5
1968	7	2.8	50.4
1969	1	.4	50.8
1970	1	.4	51.3
1971	1	.4	51.7
1972	1	.4	52.1
1973	2	.8	52.9
1974	5	2.0	55.0
1975	1	.4	55.4

YEAR OF ENTRY	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
1976	6	2.6	57.9
1977	11	4.4	62.5
1978	10	4.0	66.7
1979	6	2.4	69.2
1980	17	6.8	76.3
1981	18	7.2	83.7
1982	15	6.0	90.0
1983	24	9.6	100.0
BLANK	11	4.4	
TOTAL	251	100.0	
MEAN		1967	
STANDARD DEVIATION		16 (years)	
MEDIAN		1968	

APPENDIX D

FREQUENCY TABLE FOR SCORES ON THE
EXTRINSIC SUBSCALE OF THE ROS

SCORE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
.91	2	.8	.8
1.00	6	2.4	3.2
1.09	11	4.4	7.6
1.18	15	6.0	13.5
1.27	11	4.4	17.9
1.30	2	.8	18.7
1.36	9	3.6	22.3
1.40	1	.4	22.7
1.45	25	10.0	32.7
1.55	24	9.6	42.2
1.60	1	.4	42.6
1.64	18	7.2	49.8
1.73	20	8.0	57.8
1.75	1	.4	58.2
1.78	2	.8	59.0
1.80	1	.4	59.4
1.82	17	6.8	66.1
1.88	1	.4	66.5
1.90	3	1.2	67.7
1.91	26	10.4	78.1
2.00	14	5.6	83.7
2.09	11	4.4	88.0
2.18	6	2.4	90.4
2.20	2	.8	91.2
2.27	11	4.4	95.6
2.36	6	2.4	98.0
2.40	1	.4	98.4
2.55	1	.4	98.8
2.70	1	.4	99.2
2.91	1	.4	99.6
3.27	1	.4	100.0
MEAN	1.688		
STANDARD DEVIATION		.383	
MEDIAN	1.723		

APPENDIX E

FREQUENCY TABLE FOR SCORES ON THE
INTRINSIC SUBSCALE OF THE ROS

SCORE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PCT)	CUMULATIVE FREQUENCY (PCT)
2.00	1	.4	.4
2.22	1	.4	.8
2.44	3	1.2	2.0
2.56	1	.4	2.4
2.67	3	1.2	3.6
2.78	5	2.0	5.6
2.88	2	.8	6.4
2.89	7	2.8	9.2
3.00	19	7.6	16.7
3.11	15	6.0	22.7
3.22	19	7.6	30.4
3.25	4	1.6	31.9
3.29	1	.4	32.3
3.33	36	14.3	46.6
3.38	3	1.2	47.8
3.43	1	.4	48.2
3.44	29	11.6	59.8
3.56	31	12.4	72.1
3.57	1	.4	72.5
3.60	1	.4	72.9
3.63	1	.4	73.3
3.67	30	12.0	85.3
3.75	1	.4	85.7
3.78	18	7.2	92.8
3.89	10	4.0	96.8
4.00	8	3.2	100.0
MEAN	3.387		
STANDARD DEVIATION		.340	
MEDIAN	3.440		

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