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EXISTENTIAL THEORY, EGO DEVELOPMENT,
PURPOSE IN LIFE, AND DEATH ANXIETY
AMONG OLDER ADULTS

presented by

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Ph.D. degree in Psychology


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**Existential Theory, Ego Development,
Purpose in Life, and Death Anxiety
Among Older Adults**

By

Charles E. Gutierrez

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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ABSTRACT

EXISTENTIAL THEORY, EGO DEVELOPMENT, PURPOSE IN LIFE, AND DEATH ANXIETY AMONG OLDER ADULTS

By

Charles E. Gutierrez

Existential theory and prior research findings led to the hypothesis that level of ego development would correlate positively with the extent to which one reported their life to be meaningful and negatively with one's death-related anxieties. It was also hypothesized these latter constructs would relate inversely. Measures representing each construct were administered to 87 women and 13 men community volunteers averaging 73 years of age and about one year of college. Ego development was assessed by Loevinger's (1970) Sentence Completion Test (SCT), purpose in life was measured using Crumbaugh and Maholick's (1968) Purpose in Life (PIL) inventory, and death anxiety was addressed by Templar's (1970) Death Anxiety Scale. A brief questionnaire assessed recent experiences with death of close associates, specific death education experiences from parents, health status, recreational experiences, and religiosity.

Despite small numbers of men, the two subsamples differed significantly ($p < .05$) only on the PIL, with men scoring higher than women. A multiple analysis of variance indicated SCT ratings associated significantly ($p < .05$) only with DAS scores. This positive relationship between ego development and death anxiety is incongruent with the hypothesized inverse association. Contrary to hypotheses, PIL measure did not correlate significantly with either ego development or death anxiety.

All correlations were examined among the three principal measures and the seven questionnaire variables separately for the subsamples of men and women. Among older women, level of ego development correlated significantly and positively with general education ($r = .30$) and with a simple report about death education received from parents ($r = .32$). Also significant was women's .25 correlation of death education with PIL responses which contrasted with men's parallel correlation of $-.36$. Health emerged as a salient variable for these older men, correlating significantly and positively with their ego development ($r = .67$) and education ($r = .66$), but inversely with age ($r = -.64$). These correlations differed significantly ($p < .05$) from women's parallel correlations (respective r 's = $-.16$, $-.21$, and $.16$) when tested using Fisher's r to z transformation. Such results suggest health concerns are more prominent in the minds of the men than among the women.

The results did not support the Existential position about relationships between the constructs of ego development, death anxiety, and purpose in living. Future studies of these constructs seem well-advised to attend more closely to the variables of age, gender, and health. Also notable is the Purpose in Life inventory's irrelevance to the present measures of ego development and death anxiety. Limitations of the study's design and execution were discussed. Overall, the findings raise questions about prior research reports in this sector.

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INTRODUCTION

The issue of death is a crucial aspect of existence; however, its significance has not yet been fully realized in psychology. The import of death was initially examined in psychoanalysis (Freud, 1900), which based mental phenomena on the emergence of instinctual needs from the unconscious, and from previously experienced situations. However, Freud concluded at that time that death was not an appropriate area for investigation. According to Freud (1900) "the unconscious seems to contain nothing that could give any content to our concept of the annihilation of life...nothing resembling death can ever have been experienced; or if it has, as in fainting, it has left no observable traces behind." Consequently, death was not a major factor in the etiology of anxiety or fear in classical psychoanalytic theory. It was not until 1920, when Freud postulated the existence of Thanatos, that death was elevated to primary significance. Freud posited that life is ultimately directed toward death, and the principle of thanatos is to lead what is living back into an inorganic state. Thus, death was integrated into psychoanalysis through Freud's assertion that it is an instinct; however, with few exceptions (e.g., Klein, 1948) the concept of thanatos has not had a significant impact on psychoanalytic theory. The diminution of the significance of death is further evidenced by the neglect of death in the literature. Indeed, the present state of events is not unlike that of twenty years ago, when Maurer (1966) likened death to the previously hidden state of sexuality, and described death as "the new pornography to

be discussed privately in hushed tones, never mentioned to children and certainly out of bounds for psychologists." This review will trace the evolution of death in theory, initially examining its emergence in psychoanalysis, where it has traditionally been regarded as a derivative of primary unconscious issues. Death has been construed as being a derivative of the fear of separation or object loss, as symbolic of castration, or as representative of the fear of abandonment and/or persecution by the superego. Death will also be explored with regard to the concept of thanatos, ego development, and the philosophies of Kierkegaard and Heidegger, whose work has contributed significantly to the understanding of death. Finally, the implications of theory and philosophy will be examined relative to the research literature, and a study will be conducted to provide integration.

Psychoanalytic Theory

In order to more fully comprehend the issue of death in psychoanalysis, it may be fruitful to provide an overview of Freud's work on anxiety, as the latter forms a common thread to the precursors of death in classical psychoanalytic theory. Freud (1895) initially approached the problem of anxiety in his investigation of the "actual neuroses." According to Freud, (1895), neurosis occurs as a result of the transformation of repressed sexual excitation, or libido. The theory of the libido remained in force for almost three decades, and was abandoned after Freud formulated a new theory based on the structural model of the psyche. In this theory, the importance of libidinal strivings was modified, in as much as its role in anxiety was replaced by the function of the ego which seeks the avoidance of unpleasure. Another central aspect of the

structural model is "primary anxiety" which Freud presented as the ego's first developmental task with regard to coping with traumatic situations. According to Freud (1926), primary anxiety is prototypic of the anxiety and helplessness that occurs within the ego following an accumulation of excitation, with which it cannot cope. The source of this excitation may be either internal or external, which is differentiated as the ego develops, and which is initially perceived as traumatic (Freud, 1926). Freud posited that the ego learns to cope with traumas by recreating the anxiety arousing situation so as to lessen its impact, as in an inoculation. This process results in "signal anxiety" which forewarns the ego of a potential danger. Perhaps the concept that is most salient to this study is the helplessness that was theorized to be felt by the ego when confronted by overwhelming trauma.

In early childhood, the first traces of consciousness are thought to not differentiate between ego and nonego, but rather, between greater and lesser tension, which with satiation, returns to a state of nondifferentiation (Fenichel, 1945). It is through the differentiation of self and other that the recognition that others are necessary for satisfaction occurs, which is a process that parallels the development of the ego. Indeed, Freud (1926) regarded separation as the critical issue in the development of anxiety, which he posited to be the antecedent of castration anxiety and fear of loss of love, which highlights the importance of objects. Freud also posited that separation occurs as a developmental sequence with regard to the roots of anxiety, which parallels the maturation of the ego, with the fear of death being the final transformation. In summary, a review of classical psychoanalytic theory demonstrates that

anxiety was initially associated with libidinal excitation, but was later centered on the functions of the ego and its relationships with others. However, death was not specifically addressed until 1920, when Freud initially posited the existence of Thanatos, or the death instinct. According to Freud, thanatos is an instinct of death and destruction, that works in opposition to the instinct of Eros, which serves to preserve the species. Freud later integrated aggression with thanatos, as he posited that aggression is its derivative and primary representation (Freud, 1923). Finally, Freud (1933) argued that thanatos is an innate tendency that exists within people that seeks a return to our inorganic origins. For Freud, the duality that ensues between the instincts of eros and thanatos colors life.

Freud's thesis of the death instinct initially met with much scepticism. However, his theory of thanatos was not entirely abandoned, and his elevation of death into theory was paralleled by the work of Rank. Rank was an analyst who contributed significantly to psychoanalytic theory with respect to the issue of birth trauma and death. As previously noted, Rank's theories on the trauma of birth were seminal in Freud's development of both primary anxiety and signal anxiety in classical theory. Nevertheless, Rank's (1929) formulations were quite distinct from Freud's and may be characterized as existential, as his focus was on the human situation of man rather than on the operations of the ego. Rank held that fear rather than anxiety was the quintessential issue, which he posited emerges in the experience of birth. Rank also differed from Freud in his conceptualization of what the issue of death involves. For Rank, a polarity exists between union and separation, with fear of death being the

fear of having to live in isolation. Rank (1929) also posited the existence of a positive life instinct; however, he maintained that a "primary ambivalence" must be assumed, which arises from the presence of the fear of life and fear of death. Another important difference between Rank and Freud concerns the etiology of neurosis, which Rank grounded on the fear of death. According to Rank (1929) death is the essential punishment that the neurotic seeks to avoid. More specifically, the neurotic attempts to subject death to his own will by limiting his life, thereby punishing himself so that he will not have to face the final punishment of death. In summary, Rank regarded death as a critical variable in human development, which if it is handled creatively, may further actualize development, or may lead to neurosis, if it is avoided. In this regard, Rank stressed the interpersonal aspects of life, rather than the intrapsychic, and highlighted the difficulties involved in being an individual. In summary, Rank's theories foreshadowed later developments in psychology and the contributions of the existential philosophers.

Klein is another analyst who was strongly influenced by Freud's theories. She emphasized the object relationships that occur in development, and formulated a theory linking object relationships and thanatos. Klein (1948) posited that the experience of the ego during the initial stages of development is one of persecution. Persecution arises from the activity of the death instinct that is perceived within, but which is experienced as coming from without. Klein promulgated a theory of development that outlines the processes by which the ego transacts its relationship with the object of its libido, as colored by the innate destructive impulses that are directed against it. According to Klein (1948) the

interaction and ultimately the fusion between aggression and libido are the causes of anxiety and guilt; or more generally, anxiety arises from the activity of the death instinct which is kept at bay by the life instinct. Finally, Klein posited the existence of persecutory anxiety and depressive anxiety, which are structurally related to two distinct "positions" or stages of ego development, and which form the foundation of her provocative theory.

Stern provided another perspective on the importance of death for a complete understanding of early ego development. Stern's (1966) thesis was principally based on clinical observations and reinterpretation of classical cases. Stern maintained that "mortal terror" is the quintessential affective state of birth, and the foundation of the fear of death. He also reinterpreted Freud's (1923) concept, that the fear of death should be regarded as analogous to the fear of castration. Essentially, he argued that Freud was misinterpreted; that he did not refer to fear of future death, but rather to mortal terror - "the response in a traumatic situation, that is, to a situation of acute extreme danger to life." Like Rank, Stern suggested that adaptation to death is a necessary part of maturation and that deficiency in this adaptation is an integral factor in neurosis. Stern's work allows for a further integration of the relationship between trauma, anxiety and depression, which he outlined in his theory of biotrauma.

Perhaps the most critical issue that is raised by the theories of Rank, Klein, and Stern is that of the experience of the ego, and its level of awareness of its environment. As previously indicated, Klein posited that the ego's experience of the death instinct is one of annihilation

anxiety, while Rank theorized that fear is the salient issue, and Stern posited that the ego's initial experience of trauma is one of mortal terror. Klein's thesis presumes an awareness in the ego beyond that of itself; as a knowing beyond that of primary narcissism. To be afraid of annihilation presupposes that awareness of oneself exists, as well as the awareness of the possibility of no longer being. Consequently, a review of Mahler's work may prove useful in addressing the issue of the ego's awareness of itself and others, as her investigations have been particularly valuable to increasing our understanding of this area. Mahler (1967) posited that the infant is in a state of "normal autism" during its first weeks of life, in which the infant is incapable of differentiating between self and other. Increased awareness begins in the second month, which marks the phase of normal symbiosis. This phase is marked by the infant's perception that he and his mother are part of an omnipotent system.

As differentiation progresses, the infant is posited to become more aware of himself physically, with this representation becoming the foundation of his body image. In summary, Mahler suggested that differentiation between self and other is not immediately present at birth, but that it occurs as a result of later development. Thus, the ego's early experience of excessive tension, which may occur in situations of extreme hunger may be more parsimoniously viewed as one of an affective state of anxiety, as Freud has suggested, rather than that of annihilation anxiety or terror as Klein and Stern have posited. However, in order to fully address the area of annihilation anxiety, the work of Hurvich (1988) will also be examined, as his contributions in this area have been extremely valuable. Hurvich's work provides an integration of disparate elements of classical psycho-

analytic theory. First of all, he attempted to bridge the conceptual controversy of the primacy of the affects of fear and anxiety by using them interchangeably in his monograph. Like Stern, he traced the development of Freud's formulations with regard to the origins of anxiety. However, his focus has been primarily in the area of the ego's helplessness following a traumatic situation. As previously outlined, Freud theorized that angst initially occurs as a result of the ego being in a state of helplessness following an accumulation of excitation, with which it cannot cope. Hurvich proposed that one's reaction to being overwhelmed or annihilated, which he termed mortal danger, may be seen as an elaboration of the traumatic moment. Citing Freud's theories, Hurvich noted that this trauma may have occurred at a time when the ego was immature and overwhelmed, and may persist with current anxiety reactions, serving as the basis for later anticipatory anxiety. Hurvich also posited that the fear of being overwhelmed underlies the sequence of fear of the loss of the object, loss of the penis, and loss of love, and that annihilation anxiety is a significant element in severe psychopathology. In summary, Hurvich's work represents an important elaboration of the area of annihilation anxiety, and his conclusions with regard to the first elements of consciousness support the formulations of Freud, Rank, and Stern.

In completing my analysis of the origin of anxiety, the work of May (1977) is also salient, as he has demonstrated that a child's fears, and ultimately fear in general, is an "objectivated form of underlying anxiety." In summary, anxiety is likely to be the fundamental affective state of the ego. Perhaps as important are the relationships that are formed, and how one copes with the certainty that relationships end. An

unavoidable reality in the understanding of psychic processes is that we will never know the "truth" of certain issues. In this regard, theory and research provide our best approximations to such truths. Thus, a review of the literature with regard to how children learn about death may prove profitable in elucidating the effect of this awareness.

One of the earliest studies that was conducted in this area is that of Anthony (1940). Essentially, Anthony used parents' written accounts of their children's spontaneous verbalizations about death, a story completion test, and the revised Stanford-Binet Intelligence Scale to study the etiology of the concept of death in children between the ages of 3 and 13 years. Anthony found five distinct stages of children's thoughts about death, which ranged from ignorance to a clear definition of death in biological or logically essential terms. In addition, these stages of understanding were found to be more closely related to the child's intellectual performance than to his age or personal experience of death. In summary, the child of 5 or 6 years attached meaning to death, but not in biological or logical terms. However, by 8 or 9 years, causal or logical explanations were used to some degree, which resembled that of adults.

The work of Nagy (1948) has also contributed greatly to our understanding of how children learn about death. Nagy explored this issue by asking the following: "What does the child think death to be, what theory does he construct of the nature of death." Her study included children from the ages of 3 to 10, and involved the use of written compositions, drawings and discussions. Nagy conducted an interview after the compositions, with the questions based on the content of the children's compositions. The range of questions were as follows: "(a) What is

death?; (b) Why do people die?; (c) How can one recognize death?; (d) Do you usually dream? Tell me a dream about death!" The aforementioned questions were asked only when such issues did not arise in the interview. In brief, Nagy found a pattern of response that suggested the presence of stages of development with regard to the child's understanding of death. More specifically, the child of less than five years was found to not recognize death as an irreversible fact, but conceived of death as temporary and reversible. Life and consciousness were attributed to the dead, who were thought of as merely being asleep. Between the ages of five and nine, death was often personified and associated with aggressive intent on the part of others. Some of the children believed in a "death-man" who lurks in the night, is difficult to see, and who carries people away. At this stage, death was not perceived as being inevitable, as the children could conceive of others dying but not of their own death. Only after the age of nine was it recognized that death is a universal process that is related to natural laws. Nagy recognized the importance of the child's level of cognitive development in his understanding of death, and posited that the stages of awareness parallel the developmental periods of Piaget. Finally, Nagy examined the children's feelings about death, and found that the most painful aspect of this was the separation, which she substantiated in a control study.

Thus, the findings of both Anthony and Nagy suggest that the child's level of cognitive development is a critical variable in his understanding of death. The latter appears to parallel Piaget's periods of cognitive development, as illustrated by the work of Wulf (1973). Indeed, Piaget

(1955) credited a knowledge of the fact of death with opening the door to logical thinking.

The work of Maurer (1966) is also important, as she has attempted to put the literature of the child's understanding of death into perspective. Maurer argued that just as the child develops a sense of being, he is also aware of a sense of nonbeing, which occurs in the transition from sleep to wakefulness. She presented a biological explanation for the latter, and attempted to sidestep the issue of cognition, as she suggested that a child innately knows that the loss of his parents means his loss of life. Thus, she hypothesized that fear of death underlies separation anxiety. Maurer's formulations about the importance of loss are supported by Nagy (1948), who found that the most painful aspect of death for her subjects was separation. However, Maurer suggested that the experience is not so much one of anxiety or loss, but one that approaches terror. In this regard, her formulations approach those of Stern (1966); however, unlike Stern, she did not address the issue of mourning. Indeed, it is likely that elements of mourning are what Nagy's children spoke of being most difficult, rather than the issue of terror, which may occur first, but which is likely to be repressed.

At this time, a brief overview of the issue of mourning in psychoanalysis, will be presented. Mourning, a natural concomitant of death, is an issue that appears to be more salient for older children. To reiterate, the issue of the ego's experience of separation has been primarily interpreted as one of anxiety or terror, which speaks to the helpless state that the ego is theorized to experience. Indeed, to this point the focus has been primarily in this area; however, the relationship that

exists between mourning and death is also significant, which has important implications for ego development as well. Freud's (1913) initial writings about mourning stressed the importance of the survivor separating his memories from those of the dead, and in coming to grips with the loss. Freud (1917) also addressed the complications that sometimes arise in mourning, in which a turning away from reality sometimes occurs.

In describing the conflict that ensues, Freud highlighted the pain involved in coping with the loss, and the difficulty in letting go. He suggested that acceptance was made easier by the ego's awareness of its own existence, in that the ego's erotic narcissism facilitates the severing of the attachment to the deceased. In addition, he noted that the libido that had been cathected onto the object may be withdrawn into the ego, thereby retaining a part of the lost object. Freud noted that identification occurs when libido from the ruptured attachment is withdrawn into the ego, and that identification and emulation two important mechanisms that the ego employs to cope with loss. In addressing the relationship between mourning and anxiety, Freud (1926) noted that mourning and pain result from the loss of an object, while anxiety is a reaction to the danger of losing the object.

Klein's (1940) contributions to psychoanalysis also extend to the process of mourning, as she theorized that mourning is a process of disorganization and of subsequent reorganization of one's inner world, and the reestablishment of links with the external world.

Bowlby (1961) is another theorist who has made substantial contributions to our understanding of the process of mourning. Bowlby posited that there are three distinct phases in mourning, the first of which he

termed Protest. Bowlby defined Protest as the initial reaction of the survivor to the loss which sometimes borders on denial, accompanied by the desire to re-establish the relationship. He noted that weeping and anger are the two primary aspects of Protest. Bowlby also linked the denial with the self-blame that is typical of loss, in which castigation, anger, and repeated disappointments reflect the hope that the lost object may still be recovered. Bowlby defined the second and final phases of mourning to be those of Despair and Detachment. According to Bowlby, Despair occurs when the impossibility of reunion becomes clearer, which is paralleled by a disorganization of behavior. In this regard, Bowlby's second phase of mourning incorporates much of Klein's perspective in this area. The last phase is Detachment, in which acceptance of the loss occurs in healthy mourning, with identification and incorporation of values being the links by which a connection is maintained with the lost object. In summary, Bowlby has made important contributions to the understanding of mourning which foreshadowed the work of Kubler-Ross, who is best known for uncovering the processes in coping with one's own death.

Kubler-Ross' (1981) formulations were derived from her work with dying patients, from whom she identified five stages of coping with death. The first stage is termed the "No, not me" stage, in which the initial reaction is one of shock and denial. Kubler-Ross notes that only when the dying person can talk about his imminent death with another, can he progress to the next stage, which is one of rage and anger, and which is defined as the "Why me" stage. Kubler-Ross defined the third stage as one of "Bargaining," in which the individual has stopped saying, "No, not me." People at this stage appear to be at peace, but they are far from

it. For Kubler-Ross, they are still attempting to find some way of extricating themselves from the inevitable, and achieve a kind of temporary truce. Increased acceptance of mortality occurs in the latter part of this phase, when they begin to put their business in order. The patient then typically proceeds to the next stage, which Kubler-Ross termed the "Yes me" stage or one of depression. She notes that patients tend to go through two types of depression, the first of which is a kind of reactive depression. During this time, past losses are mourned, as are the difficulties of dealing with the current situation. Kubler-Ross described the next type of depression as a silent or preparatory grief. People in this part of the stage begin to mourn their own death, as well as the things that will never be. Kubler-Ross notes that people at this stage tend to want to say good-bye to their loved ones, and to die quietly. The final stage is one of "Acceptance", which is marked by an inner peace in which the individual has accepted that he is finite, and that life is to be enjoyed for today. Kubler-Ross suggests that acceptance is akin to a feeling of victory and serenity, acquiescing to the inevitable order of life. In essence, as in many phases of human behavior, the process of mourning proceeds along a series of stages, which parallels not only one's understanding of death, but also one's acceptance of the inevitability of death. The latter appears to proceed along a fixed sequence as well, which is illustrated by the commonalities that exist in the theories of Bowlby and Kubler-Ross. An additional omnipresent variable is denial, which speaks to the difficulty that we have in facing death, and which is a great obstacle that must be overcome in fully addressing one's own death. As previously outlined, mourning is also an inevitable aspect of

life, as all relationships that we have are destined to end. This existential issue will be next examined relative to the philosophies of Kierkegaard and Heidegger, who have made their own significant contributions to the issue of death.

Existential Theory

Kierkegaard was a Danish philosopher whose major work occurred in the middle of the nineteenth century. He is generally regarded as the founder of the formal school of Existentialism (Yalom, 1980), and his work primarily addressed the meaning of existence for the individual. For Kierkegaard, that which exists is constantly involved in change or coming to be in different ways. He posited that to exist means to be free and to have the responsibility of one's own becoming. With regard to the issue of death, Kierkegaard (1964) maintained that one dreads losing oneself and becoming "no thing," which he defined as an essential aspect of existence. Moreover, he posited that man limits himself in order to avoid the awareness of death. Kierkegaard (1964) noted that the result of denying death is despair, which he defined as a sickness of the spirit that may be expressed in three ways: in despair in not being conscious of having a self; in despair at not willing to be oneself; and in despair in being willing to be oneself." For Kierkegaard, despair is tempered by self-reflection, however, it does not provide refuge, as despair increases as consciousness increases. Redemption is achieved by pursuing the true vocation of man, which is "to will to be oneself" (Kierkegaard, 1964). Kierkegaard also emphasized the role of faith, which he maintained provides possibility. For Kierkegaard (1964), in facing death one comes to experience life as the "possibility of possibility."

The work of Heidegger is also salient, as he too spoke of the importance of death in existence. Essentially, Heidegger addressed the issue of being, which he paraphrased as Dasein. Heidegger (1962) conceived of Dasein as having empirical and transcendental qualities, as Dasein represents man's search for meaning and is simultaneously the known. Heidegger also noted that Dasein may occur either authentically or inauthentically, with the latter being defined as "absorption in the world" of appearances, or as a more general state of one's familiarity with the world. For Heidegger, however, when one is totally involved in the familiar world of appearances, one is alienated from one's existential situation. When this occurs, he posited that anxiety arises as a guide to lead one back to authentic existence. With regard to death, Heidegger (1962) maintained that death is Dasein's "ownmost possibility." Heidegger noted that by a process of deepest self-examination, which he referred to as "unconcealment," do we recognize that we are finite beings, who must die, and who are free - a freedom from which we cannot escape. We must also come to grips with a fundamental aspect of our existence, in that we are alone in a world where there is no inherent meaning. In summary, these issues are central to existentialism, which has also had a significant impact on psychoanalysis, as illustrated by the work of Boss and Binswanger.

Existential Analysis

Boss and Binswanger were analysts who are identified with the area of Existential Analysis, which has its foundation in psychoanalysis. Boss's work was greatly influenced by Heidegger, and his contributions have been largely in the areas of authenticity and guilt. According to Boss (1957), man is able to transcend his immediate situation because he has the capa-

city for understanding his being and taking responsibility for it. In this regard, Boss posited that guilt arises when one fails to be authentic.

The work of Binswanger also follows the philosophical doctrine of being that was developed by Heidegger. In contrast to psychoanalysis, Binswanger replaced the construct of the libido with dasein, and maintained that the primary source of anxiety is existence itself. Binswanger emphasized the significance of the types of relationships that the self transacts across time, which he defined as existential modes. He also maintained that understanding that which exists must be placed relative to that which is, and examined across time. With regard to psychotherapy, Binswanger's mode of treatment involves a tracing of the patient's life history, and an elaboration of the thema and aspects of relating that exist for the patient, based on the underlying structure of the patient's being.

Empirical Literature

In order to more fully summarize the place of death in psychoanalysis and existentialism, a review of the salient research literature will be conducted, which will begin with a review by Stolorow (1966). The latter is especially pertinent, as Stolorow completed a review of death in psychoanalysis and existential philosophy. Stolorow initially examined the theory that death anxiety is a derivative of castration fear, and cited the work of Bromberg and Schilder (1933) in support of the latter. A more contemporary study that was not cited by Stolorow is that of Sarnoff and Corwin (1958), who also examined the relationship between castration anxiety and death anxiety. Essentially, Sarnoff and Corwin hypothesized

that participants with high castration anxiety would display more fear of death following their exposure to sexually arousing stimuli than individuals with low castration anxiety. Consequently, the study measured the interaction of castration anxiety and sexual stimulation in determining the fear of death. In order to facilitate the examination of these variables, Sarnoff and Corwin developed an Opinion Scale, which measured the basal levels of subjects on fear of death and morality. A measure of their participant's level of castration anxiety was obtained by presenting the subjects with the castration anxiety card of the Blacky Test (Blum, 1949).

The latter depicts two dogs, one that is standing blindfolded over which a large knife appears to be about to descend on his outstretched tail. The other dog observes what is occurring. The participants were presented the card and asked to rank three summary statements that best summarized the situation that was depicted. They were subsequently assigned to three categories, based on their level of castration anxiety, as derived from their summary statement. Next, they were presented with the sexually arousing stimulus. The latter included a condition of High and Low sexual arousal, which involved the use of photographs of nude women and photographs of fashion models, respectively. Finally, the participants were asked to complete a measure of death anxiety. The results were in the expected direction, and Sarnoff and Corwin concluded that HCA (High Castration Anxiety) subjects showed a significantly greater increase in fear of death than LCA (Low Castration Anxiety) subjects after exposure to the sexually arousing stimuli of the HAS (High Arousal Situation) condition. There were no significant differences in mean FDS

(Fear of Death Score) shift scores between HCA and LCA subjects under the LAS (Low Arousal Situation) condition. In summary, the latter study provides support for the theory that the fear of death is related to the fear of castration. However, the issue of etiology is still unclear, as repression of death is a significant variable which is not easily overcome in research.

Stolorow next examined the theory that death anxiety is a derivative of the fear of separation or object loss. With regard to the latter, he noted the content of a poem of an analysand who was dying, and cited another study by Bromberg and Schilder (1936). Stolorow also presented the work of Anthony (1940), which has been previously discussed, and that of Natterson and Knudson (1965), who also found that death anxiety is associated with separation anxiety in children. This study is significant, in that the process of separation relative to the fear of death was examined in a population of fatally ill children and their mothers. Natterson and Knudson (1965) studied 33 children, ages four to twelve, who were selected according to the following criteria: (a) children who were admitted to the City of Hope between June, 1956 to August, 1958; (b) parents of children who had consented to have themselves and their terminally ill child followed for at least two weeks; (c) children who died at City of Hope during the latter period; and (d) children who were diagnosed to have cancer, leukemia, or blood disease. The children and their mothers were under the observation of the hospital staff, which included physicians, nurses, a school teacher, an occupational therapist, and a social worker. The focus of the staff's observations was on three stressors: the child's separation from his or her mother, the traumatic

procedures that each child endured, and the response of the child to the deaths of other children. The observations were partially retrospective; however, efforts were made to note the latter immediately, often on the patient's medical chart. Natterson and Knudson found that children were most distressed by their mother's absence. It appears that the separation from their mother was most severe in children below the age of five, with children in increasing age groups being most distressed by the reaction to the procedures (i.e., bone marrow aspirations) and to the deaths of other children, respectively. Natterson and Knudson concluded that the fear of death is related to other fears in a maturational manner, paralleling the cause of distress in the children.

The last theory that Stolorow presented was the derivation of death anxiety from superego dynamics. In this regard, Stolorow discussed the findings of Chadwick (1929), and Zilboorg (1938). A related study is that of Greenberger (1965), who addressed this issue by studying the fantasies of terminally ill women relative to controls. In addition, Greenberger's study tested the salience of five psychoanalytic theories with regard to death: 1) disbelief in death; 2) death as punishment for either aggressive or incestuous wishes; 3) death as separation from the mother; 4) death as reunion with the mother; and 5) death as a lover. In reference to the first theory, disbelief in death speaks to the denial that has been discussed in the body of this study, which is elaborated in the work of Kubler-Ross. As to the issue of death as a punishment, Greenberger addressed the issue of castration anxiety, as outlined in classical psychoanalytic theory. The theory of death as a separation from the mother speaks to separation anxiety, which was addressed by both Freud and

Bowlby. Death as a reunion with the mother is drawn from the work of Rank who, as previously indicated, theorized that death is experienced as a desire to return to the womb. Finally, the view of death as a lover speaks to a less well known perspective, which is illustrated by Freud's interpretations in "The Theme of the Three Caskets" (1925). Greenberger used the Thematic Apperception Test (TAT) in her study, for which she devised a scoring system to measure the fantasies of women based upon the aforementioned perspectives. She conducted two studies, the first involving 25 female patients who were hospitalized for a confirmed or suspected case of cancer, and a similar matched set of controls. The second study included female patients who were hospitalized for a variety of severe illnesses (i.e., heart ailments) to augment the results of the first study. A control group was employed for the latter, which was similar in many respects to that of the first study. It should be noted that Greenberger sought to maximize the degree of concern with death in her experimental group; thus, these patients were tested at periods of extreme stress (i.e., patients were tested one day prior to their surgery). On the other hand, the control group was tested at points of minimal stress (i.e., towards the end of their course of treatment), as the author sought to decrease concern with death in this group. The results of the study were that the first experimental group had significantly more fantasies of death as a punishment for aggressive or incestuous wishes than the control group. In addition, the perspective of death as a lover received some support, with less support for the theory of separation. Greenberger also found that cancer patients did not significantly differ from controls in their tendency to repress or deny

thoughts of death, despite her attempt to control for this variable. In this regard it is possible that the level of repression of death was significant and in even measure for each group, despite the situation that the patients in the experimental group were facing. A methodological weakness also exists in Greenberger's design, as she used a different set of TAT cards in her second study. As a result, she limited the comparability of her two studies, with the second study having only one significant finding as compared to the first. Hence, the issue of the reliability of the findings of the first experiment is brought into question. Finally, data is unavailable as to the level of pain that the first experimental group experienced. This issue is salient, as the first group is likely to have been in the most pain as a result of their condition, which may have strongly colored their responses on the projective test, and their concerns about punishment. In summary, Greenberger's study lends support for the theory that one's reaction to one's own death may be linked to superego dynamics; however, the latter is limited as a result of methodological difficulties.

With regard to the work of the existentialists, Stolorow noted that each writer stressed the importance of authentically dealing with non-being, which contributes to a heightened sense of being, and psychological growth. Stolorow also broadly defined death anxiety as a multifaceted construct, which appears to be evidenced by the research literature. Finally, in an effort to stimulate research in the area, Stolorow posed the following questions: (1) Do people with death anxiety fear the process of dying or the state of death, or both? (2) Do people relate death anxiety to a fear of unification or individuation, or both? (3) Does the

ability to work through death anxiety contribute to an increased sense of being, or a greater appreciation of life, or both? (4) Are people who exhibit psychopathology unable to work through death anxiety? and (5) Are certain ego defense mechanisms directed against death anxiety?

With regard to Stolorow's questions, the work of Bromberg and Schilder (1933), which was referenced so frequently by Stolorow, is applicable as their work addressed questions 1 and 3. To reiterate, Bromberg and Schilder (1933) examined the attitudes of normal and neurotic subjects toward death through the use of a questionnaire. With regard to the subjects who were studied, the population was comprised of 70 "normal" subjects, which included participants in psychology groups at New York University, Columbia University, medical students at New York University, and members of the community. Bromberg and Schilder's population ranged in age from 20 to 52 years, and primarily consisted of women. As to the population of "neurotic" subjects, the authors used 10 patients who had been treated on the wards of Bellevue Hospital, and in whom thoughts of death were prominent. However, additional information is unavailable as to the latter subjects' background. In essence, Bromberg and Schilder asked their subjects 32 questions about death, examples of which include the following: "1. How often do you think about death? 7. Are you afraid of dying? Of death? Of being dead? (and) 14. Do you have fantasies of how it feels to be actually dying? What do you imagine you see and hear?" After the completion of their study, Bromberg and Schilder opted to provide collective impressions rather than statistical analyses, as they believed that this would be the clearest method of reporting. The authors found that most participants reacted strongly to the first

question, and that they were most afraid of dying. This finding was interpreted as providing support for the perspective that the fear of death is related to a fear of separation. Bromberg and Schilder also addressed Stolorow's third question, which examines the way in which people think about death. They found that participants tended to have abstract ideas of death, and that for some participants, the religious belief of reward for goodness was maintained.

As to the last two questions that Stolorow (1966) recommended for further study (Are people who exhibit psychopathology unable to work through death anxiety? and Are certain ego defense mechanisms directed against death anxiety?), the work of Searles is relevant, as his work with schizophrenic patients has illuminated the relationship that exists with this disorder and death. According to Searles (1961), schizophrenia may be seen as an unconscious attempt to ward off anxiety associated with life's finitude. Searles (1961) summarized his findings thusly: "a person cannot bear to face the prospect of inevitable death until he has had the experience of fully living, and the schizophrenic has not fully lived." Thus, Searles' work suggests that a direct relationship exists between the inability to move through death (anxiety) and the presence or degree of psychopathology, and that schizophrenia appears to be associated with particular modes of defense against death anxiety. Indeed, Searles' theories recall the formulations of Rank (1929), who posited that the neurotic limits himself in order to avoid death.

The work of Teixeira is also useful in understanding the relationship that exists between psychopathology and the issue of death. As to the etiology of schizophrenia, Teixeira (1984) maintained that the pathogenic

environment in which a schizophrenic is raised becomes internalized and forms the pathological experiential models that the schizophrenic has of the world, others, and of himself. Teixeira also noted that the affect related to this pathological model leads to the formation of a set of conditioned expectations, which become the foundation of annihilation anxiety, and which form the basis for the pathological internal world of the schizophrenic. Teixeira described Sullivan's (1953) conception of the "not-me" as one way in which the latter has been integrated into theory. Finally, Teixeira suggested that annihilation anxiety is more experientially similar to traumatic anxiety than to signal anxiety; and that it may be more correctly described as terror. In this regard, Teixeira's formulations parallel those of Hurvich (1988), and further underscore the significance of annihilation anxiety.

However, Stolorow's question: Do people relate death anxiety to a fear of unification or individuation, or both? remains unanswered. Essentially, the fear of individuation parallels the formulations of Rank and the existentialists, who emphasized the solitude into which man is born. Stolorow's question also addresses the issue of relationships, which relative to the antecedents of death anxiety, have been interpreted within varying frameworks. An additional variable is that raised by Natterson and Knudson (1965), who posited that the fear of death is related to the maturation of consciousness. In this regard, how one perceives death is central. Another salient issue is the meaning that one derives of life. In the research literature, such issues have been more generally examined relative to the areas of death anxiety and purpose in life (Durlak, 1972; Nehrke, Bellucci, & Gabriel, 1978). Life satisfaction

has also been associated with Humanistic and Ego Psychology, and the contributions of Frankl and Erikson. With regard to the work of the former, Frankl was an analyst whose focus was on the significance of meaning in life. For Frankl, being human involves being directed outward, which is a dimension that provides for the transcendence of self. Echoing the formulations of the existentialists Frankl maintained that one is complete only after life has been completed by death. An early study that examined Frankl's theories is that of Durlak (1972). Durlak focused on Frankl's (1965) postulate that an individual must find meaning in his suffering and mortality in order to have meaning in life. Durlak hypothesized that a negative relationship would exist between purpose in life and fear of death. He employed two college and one high school sample in his study, and utilized the Purpose in Life test (Crumbaugh & Maholick, 1964), and the Fear of Death Scale (Lester, 1967) to examine his hypothesis. Durlak's hypothesis was confirmed across all participants, which he replicated with another college population, thus, providing support for Frankl's postulate.

Blazer (1973) also investigated Frankl's theories regarding the importance of meaning in existence. His study involved participants who were over 18 years of age, and who were equally divided with regard to gender. Blazer used the Purpose in Life test and the Fear of Death Scale. Like Durlak (1972), he too found a negative and significant correlation between purpose in life and fear of death. An additional finding was that there were only marginal differences between the sexes, ages, or marital conditions of the participants. Finally, Blazer concluded that in assessing a person's meaning in life, it is important to look at

his attitude about death. This perspective also echoes the formulations of the existentialists.

A related study is that of Neimeyer and Chapman (1980), who examined the Sartrean concept of choice in existence. Essentially, Sartre (1972) maintained that in life, man chooses himself. Neimeyer and Chapman drew a parallel between the latter concept and the establishment of one's identity, as they noted that by means of active investment in the attainment of personal goals, people evolve for themselves substantial identities during the course of their lives. Death ends this process, making life either actualized or incomplete. Neimeyer and Chapman posited that individual's whose life plans are incomplete would experience greater death anxiety than those who have fulfilled their major projects.

Neimeyer and Chapman's study involved 101 participants, who were from three community groups: 39 crisis line counselors (9 men, 32 women), 50 public school teachers (39 men and 18 women), and 12 members of a Lutheran Church death and dying study group (5 men and 7 women). The participants ranged in age from 14 to 68, and were from diverse demographic and educational backgrounds. Neimeyer and Chapman utilized the Threat Index (Kelly, 1972), the Collet-Lester Fear of Death Scale (Lester, 1974), and the Death Anxiety Scale (Templer, 1970). In order to test the hypothesis that participants with incongruent perceived ideals would exhibit more fear of death than participants who displayed greater self-ideal congruence, the total group of participants were divided into two subgroups (high and low self/ideal congruence) based on their performance on the Threat Index (TI). Neimeyer and Chapman's hypothesis was strongly supported, which supports the positions of the existentialists.

In order to more fully assess the salience of an existential perspective, Mullins and Lopez (1982) hypothesized a result that is at direct variance with that of Neimeyer and Chapman (1980). In essence, Mullins and Lopez sought to discern if a comparable difference exists in the level of death anxiety among the "young-old" and "old-old" residents in nursing homes, as defined by Neugarten (1974). The authors also sought to assess the predictive value of education, gender, subjective health, functional ability, social support, and length of stay with regard to death anxiety among the latter groups. Mullins and Lopez hypothesized that death anxiety would be greater among the young-old than among the old-old participants, and that death anxiety would be greater among those participants who were more highly educated. In this regard, the authors posited that the participants would value higher levels of education; hence, death was predicted to result in a greater loss, the prospect of which would result in greater angst. As previously indicated, this hypothesis is at variance with the existential position. The authors also hypothesized that the female participants would experience greater death anxiety than the male participants, that death anxiety would be greater for those participants who were found to have declining functional ability, and/or who subjectively assessed themselves as having poor health. Finally, Mullins and Lopez hypothesized that death anxiety would be greater for those participants with greater social support and among those participants who had longer lengths of stay in the nursing home.

Mullins and Lopez examined 228 participants with an average age of 75.18 years. They utilized the Death Anxiety Scale (Templer, 1970) to assess conscious death anxiety, three items from the OARS questionnaire

(Pfeiffer, 1975), which they noted are the most important questions concerning perceived health in that instrument, the Langley-Porter Self-Maintenance Scale (Lawton & Brody, 1969) to assess each participant's functional ability, and an index derived from items developed by Bachman, Kahn, Davidson and Johnston (1973), to subjectively assess the extent of social support the participant received from others.

The results were that the older residents were significantly more likely to have greater death anxiety than the younger residents. In addition, three of the authors' hypotheses were supported among the younger residents. These include the findings that death anxiety was greater among those participants with poor functional ability, poor subjective health, and longer stays in the institution. Three hypotheses were also supported among the older residents, as death anxiety was found to be greater among those with higher education, poor functional ability, and poor subjective health. In summary, the two most discriminating variables relative to death anxiety were subjective health and functional ability, which are likely to figure prominently in the assessment of one's satisfaction with one's own life. Unfortunately, this factor was not assessed by Mullins and Lopez (1982), nor was that of ego development, which has been shown to be an important issue in this population.

A more contemporary study is that of Florian and Snowden (1989), who assessed the universality of the inverse relationship that has been demonstrated relative to the fear of death and purpose in life. Their sample consisted of 325 students, who were divided into seven groups based on participants' self-definition of ethnicity. The sample was also divided across religion, yielding six distinct groups. Florian and Snowden util-

ized the Fear of Personal Death Scale (Florian & Kravetz, 1983), and the Life Regard Index (Battista & Almond, 1973) to test their hypotheses. The first measure consists of 32 items which are answered on a 7-point Likert scale. The test-retest reliability of the Fear of Personal Death Scale is reported to range from .50 to .90 (Florian & Snowden, 1989), with the score being a simple summation of the entries made. In this scale, a high score reflects high death anxiety. The Life Regard Index (LR Index) consists of 28 items that have a 5-point scale. The LR Index is divided into two subscales: Framework and Fulfillment. Each scale is composed of 14 items, half phrased negatively and half positively, with the sum termed the Life Regard (LR) Index. The LR Index is reported to have a test-retest reliability of .94, and its two subscales are highly correlated ($r=.76$) (Battista & Almond, 1973). Florian and Snowden found that fear of personal death was inversely related to positive life regard for White Christians (comprised of a variety of interdenominational sects), for Blacks (although to a lesser degree than for whites), and marginally among Vietnamese. A relationship was not found to occur for the remaining ethnic groups: Mexicans, Chinese and Jews. As to the variable of religion, Buddhist subjects were most different, scoring the highest fear of personal death score, and the lowest score on the LR Index. The authors interpreted this finding as consistent with the Buddhist view of life, of which reincarnation is a central aspect. The authors also posited that the Buddhists' responses to the LR Index may be similarly affected, as a Western perspective of what is satisfying in life may not be valid either for the spiritual outlook of Buddhism, or of those cultures outside of the United States. The authors concluded that

the existential importance of fear of death appears to be most relevant for White Christians, and that future studies in this area would of necessity require measures that are more sensitive with regard to culture.

Another area that has relevance to this area is that of loss, which was demonstrated by a study conducted by Pfozt and Stevens (1989). The authors examined the relationship of purpose in life to grief experiences regarding the death of a significant other. Previous research in this area has demonstrated that individuals who experience low purpose in life tend to use more emotion- based strategies in dealing with death, and have much difficulty in accepting the loss. Pfozt and Steven's sample consisted on 13 males and 27 females, who ranged in age from 18 to 38 years, and who had lost a significant other between 1 to 36 months prior to their involvement in the study. The rationale for the latter time frame was to ensure that the mourning process remained a salient issue. As to methodology, both the Purpose in Life test (Crumbaugh & Maholik, 1964) and the Grief Experience Inventory (Sanders, Mauger & Strong, 1979) were employed, the latter of which consists of nine bereavement scales which measure specific aspects of grieving (i.e., despair, anger and guilt). The participants were initially divided into two groups, based on a median split of their Purpose in Life scores. In this regard, individuals who had a score of 108 or above were placed in the high purpose in life group, and those who had scores below this were placed in the low group. It should be noted that there were 19 participants in the high group and 21 in the low group, and that there were no significant differences between groups with regard to ratings of either degree of emotional trauma relative to the loss, or intimacy of the participant with the deceased. The results of

the study were in the hypothesized direction, as mourners who reported little meaning in their lives appeared to experience more intense anger in response to the death of a significant other, which reflects their difficulty in accepting losses.

The importance of loss as an issue was also demonstrated by Florian (1989), who examined the issues of meaning and purpose in life in bereaved parents. Florian studied the impact of loss in 26 parents, whose child had died in a military campaign 11 years prior to their involvement in the study, and in 26 parents who had lost their child two years prior to their involvement in the study. He included a matched-control group of 52 parents, and utilized the Meaning in Life Scale (Florian, 1985), and the Purpose in Life test (Crumbaugh & Maholick, 1964). The Meaning if Life Scale (MIL) is a multi-dimensional measure that is comprised of 11 items reflecting aspects of life that are thought to provide meaning in life. Each item is answered on a 5-point scale, with a high score reflecting high meaning in life. The Purpose in Life test (PIL) has been previously discussed in this review, and as indicated by its title, its purpose is to measure the extent to which an individual experiences purpose in life. Florian found that nonbereaved parents score significantly higher than bereaved parents on both measures. In addition, the two groups of bereaved parents did not significantly differ with regard to their scores on either measure; hence, the length of time after the loss did not differentiate the two groups. Bereaved parents also tended to rate themselves as less physically healthy than nonbereaved parents, which further illustrates the significance of the loss. Florian interpreted his results as providing support for Frankl's theories, and suggested that the

bereaved parents may have experienced what Frankl (1963) termed an "existential vacuum." Frankl (1963) defined this state as one in which there is a loss of meaning of segments of experience, including the loss of joy of living and motivation to continue the struggle for survival. In summary, it appears that bereavement is an extremely complex process, which may possibly not be overcome by some individuals, and which may indeed worsen rather than improve as time goes by (Rando, 1983; Roskin, 1984).

An area that is centrally related to loss and culture is that of ego development. Nehrke, Bellucci, and Gabriel (1978) examined the relationship between ego development, death anxiety, and purpose in life relative to Erikson's (1963) theories of development. Erikson posited the existence of eight stages of psychosocial development, the final stage being ego integrity vs. despair. According to Erikson, ego integrity is characterized by a recognition that one's life is one's responsibility, and that life is more broadly tied with the lives of all who have preceded him. Integrity is also reflected in the acceptance of the flaws of those that one has encountered in life.

In contrast, Erikson defined despair as the feeling that life is too short, and that one has lost the chance to do things differently. Erikson notes that an individual at this stage is filled with a contemptuousness, which may be evidenced by misanthropy. Nehrke, Bellucci, and Gabriel hypothesized that individuals who have attained ego integrity would demonstrate satisfaction with life and would not fear death, as opposed to individuals who have not achieved such integration. Their hypothesis was predicated on the idea that Erikson's final stage of development may be

summarized as an individual's perspective about death, in which they made the further assumption that a measure of ego integrity may be obtained by assessing the level of one's death anxiety. Nehrke, et al, attempted to empirically assess the latter through the use of the Locus of Reinforcement Control scale (Rotter, 1966), the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961), the Fear of Death Scale (Boyar, 1964), and the Death Anxiety Scale (Templer, 1970). Their study involved 120 participants, who were all over 60 years of age. A third each were from private nursing homes, public housing units, and the community, with each group being balanced for gender. The authors found that Erikson's theory was generally supported. There were no significant sex differences with regard to death anxiety, nor was there a relationship between death anxiety and years of education. However, age was found to be negatively related to death anxiety for the total sample.

Woods and Witte (1981) also examined Erikson's final stage of development (ego integrity vs. despair) relative to death anxiety and purpose in life. The authors used the Life Satisfaction Index-A, Death Anxiety Scale, to assess the respective variables. Woods and Witte hypothesized a negative correlation between performance on the Life Satisfaction Index-A and the Death Anxiety Scale. The authors also examined Erikson's postulate that resolution of earlier conflicts in psychosocial development would enhance one's progression through future stages of development. Woods and Witte used the Ego Identity Scale (Rasmussen, 1974) to examine previous resolution of conflicts, and hypothesized that a positive correlation would exist for performance on both the Life Satisfaction Index-A and the Ego Identity Scale, and that a

negative correlation would exist for performance on the Death Anxiety Scale and the Ego Identity Scale. Their sample was comprised of 29 men and 71 women, who were between 61 and 89 years of age. The Life Satisfaction Index-A and the Ego Identity Scale were alternately presented first and last with the Death Anxiety Scale presented secondly, in order to lessen any potential emotional impact of the scales. The results supported Erikson's postulate that the final stage of psychosocial development is likely to be reached by individuals who have successfully resolved earlier developmental stages, as evidenced by the positive correlation between measures of ego identity and life satisfaction. However, only partial support was obtained for the remaining hypotheses that were tested. More specifically, negative correlations between fear of death and ego identity and between fear of death and life satisfaction were found for men but not for women. The authors attributed this discrepancy to sex-roles, as they suggested that the issue of retirement may be more salient for men than for women, who may experience the latter as an identity crisis.

A more contemporary study is that of Richardson and Sands (1987), who examined the relationship of death anxiety and Erikson's (1963) theories in a population of 74 middle-aged women. More specifically, the authors attempted to assess the importance of intimacy, generativity, integrity, and identity in predicting attitudes about death in mid-life. Richardson and Sands also sought to assess the utility of direct and indirect measures of death concern, and employed a multidimensional approach relative to death. The authors used the Death Anxiety Scale (DAS) (Temple, 1970) as their direct measure of death concern, and four cards

from the Thematic Apperception Test (TAT) (Murray, 1943) as their indirect measure. Three additional items were included to facilitate the assessment of death attitudes from a developmental perspective (i.e., "Compared with other people my age, I think about death more than others, about the same as others, or less than others."). Developmental level was assessed by evaluating the participants' developmental concerns (i.e., in reference to intimacy - - "I am interested in developing an intimate relationship with someone."). It should be noted that the authors cautioned that the ability of such an approach to predict developmental level has not been established; hence, their results must be tentatively accepted.

Richardson and Sands also performed assessments of concurrent and construct validity for the DAS and TAT, as well as a factor analysis, in which a regression analysis of the factors was used to clarify their findings. As to the validity assessment, the authors found that the relationship between measures was complementary, and that frequently, conflicting results occurred. Hence, they concluded that the TAT and the DAS are likely to measure different aspects of death anxiety.

This issue was further clarified in the factor analysis, in which 7 factors were derived, the strongest of which was entitled "Death Concern." The authors noted that this factor represented the traditional death anxiety construct, and they found that the variables with the strongest loadings for this factor came from the DAS. The DAS also primarily contributed to the loadings for the factors of "Death in Physical Terms," "Death Denial," and "Death as a Dimension of Time" which provides support for the validity of the DAS, and the complexity of the issue of death awareness.

Richardson and Sands found that the developmental concerns of integrity and generativity were more predictive of death concern than age, which they argued confirmed the inverse relationship that has been demonstrated between purpose in life and death anxiety. The second factor that was analyzed was Death as Interpersonal Loss, which was primarily related to the developmental factors of identity and intimacy. More specifically, participants who were struggling with identity appeared to be concerned about issues of loss, as did those who reported that they were not looking for an interpersonal relationship.

The next factor that was related to developmental issues was that of Death Denial, which was primarily related to age. An interesting finding occurred with this, as the younger group of women exhibited more variability with regard to their fear of death than the older group of women. However, the older women as a whole reported greater denial of death. Finally, the last factor was entitled Death as a Dimension of Time, and was accounted for primarily by the construct of integrity. In clarifying the latter, the authors reasoned that those in search of meaning appeared to be concerned about time passing too quickly, and those who had meaning were not bothered by the passage of time. In summary, Richardson and Sands concluded that death attitudes are complex and multidimensional, and that developmental issues are related to consciousness of death.

A related study is that of Frazier and Foss-Goodman (1988), who examined the relationship between death anxiety and personality in a population of 161 undergraduates. Frazier and Foss-Goodman used a comprehensive questionnaire, rather than single measures presented

jointly, in order to diminish the extent to which participants would frame their responses based on their reaction to one of the measures. The authors' questionnaire included the Death Anxiety Scale (Templer, 1970), the Fear of Death Scale (Sarnoff and Corwin, 1959), the Eysenck Personality Inventory (Eysenck & Eysenck, 1968), the Jenkins Activity Survey (Jenkins, Zyzanski & Rosenman, 1979), and a modification of the Social Readjustment Rating Scale (Holmes & Rahe, 1967). In reference to the preceding measures, the Eysenck Personality Inventory (EPI) was designed to assess personality along the dimensions of extraversion-introversion, and neuroticism. More specifically, the variable of extraversion-introversion taps the tendency of the individual to be impulsive and sociable, as compared to being introspective and restrained. The dimension of neuroticism is measured along a low-high continuum, and reflects the respondent's tendency to emotionally overreact to situations. The Jenkins Activity Survey was designed to obtain an index of one's day-to-day activities (i.e., recreation, interaction with others).

The measure also discriminates between Type A and Type B personality variables. Type A individuals are described as being driven, and extremely competitive individuals, who are also thought to have much stress associated with their pursuits. Type B individuals are at the opposite extreme, and are basically laid-back, and less focused on being the best. As previously indicated, a modified version of the Social Readjustment Rating Scale was employed, which assesses the significance of events that have occurred in the preceding year and one's anticipation of future events. Finally, the questionnaire that was employed consisted of 84 items, each

of which had a 7-point scale with endpoints labeled "strongly agree" and "strongly disagree." The results were in the anticipated direction, as characteristics of neuroticism and Type A personality variables displayed a positive and significant correlation between death anxiety for both the DAS and FODS. In this regard, the authors maintained that participants who displayed a sense of time urgency, and who were more emotive and aggressive possessed greater death anxiety.

The construct of Locus of Control is another variable that has been examined relative to death anxiety and purpose in life. Locus of control was developed by Rotter (1966), and speaks to the perception that one has as to whether one's actions are contingent on one's behaviors (internal control), or due to others or external events (external control). Hickson, Housley, and Boyle (1988), proposed that an individual's LOC may serve as a moderating variable in relation to anxiety. One hundred and twenty-two adults participated in the study, who ranged in age from 61 to 80. The instruments that were employed included the Internal-External Locus of Control Scale (Rotter, 1966), the Philadelphia Geriatric Center Morale Scale (Lawton, 1972), and the Death Anxiety Scale (Templer, 1970). The Internal-External Locus of Control Scale is a 23 item forced choice questionnaire, which is scored in the external direction. The Philadelphia Geriatric Center Morale Scale, consists of 22 items to which the respondent either agrees or disagrees. A high score reflects the presence of high morale, with life satisfaction reflected in the scale by positive self-regard, acceptance of reality, and striving for mastery. The last measure, the Death Anxiety Scale, has been previously reviewed.

Hickson, et al, found a general relationship between the variables of

death anxiety and life satisfaction, such that high life satisfaction correlated significantly with low death anxiety regardless of the participant's LOC.

It should be noted that this relationship was significant for the females, who comprised the majority of the sample, and for the following age groups: 61 to 65 and 71 to 75. Additional analyses exhibited significant main effects of sex and LOC, and a significant interaction between age and LOC, such that females were found to have lower life satisfaction, and higher death anxiety. Another interesting finding was that internal control was significantly associated with life satisfaction. The authors concluded that the perception that the elderly have with regard to their control of reinforcing events is a central factor affecting their degree of life satisfaction. As to the sex differences that were uncovered, Hickson, et al, posited that females may have learned more "helpless attitudes" at younger ages than their male cohorts.

A study that was conducted by Robbins (1989) helps to further clarify the issue of gender and death anxiety. Robbins reviewed the relevant literature in this area, and demonstrated the reliability of the finding that women tend to have significantly higher scores on measures of death anxiety than males.

She reported that the latter has been chiefly found on responses to the Death Anxiety Scale (Templer, 1970), and inconsistently found on another popular measure of death anxiety, the Collet-Lester Fear of Death Scale (Lester, 1974). As a result, she attempted to explore the relationship of sex-role stereotypes to the gender differences on these measures. Robbins also included the Bem Sex-Role Inventory (Bem, 1981), the Marlowe-Crowne

Social Desirability Scale (Crowne & Marlowe, 1960), Spielberger's State Anxiety Inventory (Spielberger, 1983), and Spielberger's Trait Anxiety Inventory (Spielberger, 1983). The last two measures were used to assess the role of general anxiety with regard to the variables under investigation, which was also the reason for inclusion of the Marlowe-Crowne Social Desirability Scale. The author hypothesized that females would report more death anxiety than males on the DAS, and that if sex differences occurred on the CLFODS, they would also be in the same direction. The second hypothesis was that intercorrelations would occur between measures of death anxiety and state anxiety, trait anxiety, and to a lesser extent with social desirability. The final hypothesis was that sex-role stereotypes, as indicated by the Bem Sex-Role Inventory, would help account for the variance in scales of death concern associated with gender. Their sample was comprised of 67 women and 25 men who were all undergraduate students. Robbins found that females reported more death anxiety on the DAS than males, which was also the case on two of the four CLFODS subscales ("Fear of Others" and "Fear of Dying of Self"). Positive correlations were found between both measures of death anxiety and measures of general anxiety, which provided support for the second hypothesis. It should be noted that none of the scales was associated with social desirability, which has been found by others (Kastenbaum & Costa, 1977). Finally, women had significantly higher scores on the Bem Femininity Scale, and men had higher scores on the Bem Masculinity Scale. Robbins interpreted these findings as providing support for the impact of sex-role stereotypes in the assessment of death anxiety.

Issues of gender are clearly important in examining death anxiety and

life satisfaction. Such issues may be more generally subsumed under the area of ego development, which has also been demonstrated to be a significant issue.

To this point, ego development has been primarily examined relative to the theories of Erikson, and the developmental formulations of other psychoanalytic theorists. Loevinger (1985) presents a more contemporary model, that represents an integration of common elements in the models of Erikson (1963) and other theorists. Loevinger's theories address ego development comprehensively along character, cognitive, moral, and social lines. She and her colleagues have also developed a measure of ego development that has been hailed as one of the most empirically based and best designed measures of ego development (Vaillant (1987). Loevinger posited the existence of seven basic stages of ego development, and three transitional phases. As in Erikson's psychosocial model, each stage is successively more complex than the one preceding it, and evolves in an invariant and hierarchical order. The first stage (I-1) is comprised on two phases, which are termed the Presocial and Symbiotic Phases, respectively. Essentially, the Presocial phase is marked by the egocentricity of early childhood, and its primary task is for the child to achieve object constancy. Attachment is the focus of the Symbiotic phase, during which further differentiation between self and other occurs.

The Impulsive (I-2) Stage is next, in which the child further affirms his or her own separate identity. However, the child continues to perceive the world in egocentric and concrete terms. In addition, the child's assessment of its actions are based on the consequences which result, with rules being followed only when it is advantageous for the

child to do so. The third stage (Delta) is one that is "self-protective," in that one's energies are directed to whatever is advantageous to oneself regardless of rules, morality, or relationships. Relationships are correspondingly less dependent than those of the Impulsive Stage, and an increased understanding of rules is paralleled with increased efforts to avoid getting into trouble. Following the Delta Stage is the first transitional phase, which is termed Delta/3. The latter progresses into the Conformist Stage, in which increased importance is placed on following rules, with interpersonal relationships being seen in terms of concrete events and actions, rather than on internal events. The second transitional phase occurs at this time, and is termed I-3/4. This phase marks the initial aspects of responsibility, self-awareness, and self-criticism. As a result, one is less constrained by the norms of one's group, as is typical of the Conformist Stage, and increased flexibility exists in one's relationships with others. The next stage is the Consciencious Stage (I/4), which is marked by the internalization of morality. In contrast to the concrete perspective of the Conformist Stage, relationships are now perceived in terms of feelings and motives, rather than on actions. The latter results in the maturation of one's interactions with others, so that relationships become more meaningful and vivid. The third transitional phase occurs at this time, and is termed I-4/5. Individuals at this phase exhibit an enhanced ability to tolerate paradoxes, which is reflected in their ability to engage in increasingly complex relationships, and the increased value that is placed on relationships. The sixth stage is termed the Autonomous Stage (I-5), in which an increased appreciation occurs relative to the individual decisions that

are confronted by all of us. Paralleling the latter is the increased ability of individuals to cope with their inner conflicts. As a result, interpersonal relationships are marked by one's recognition of his or her interdependence with others, as well as the need for autonomy that others have. The final stage is termed the Integrated Stage (I-6), which Loevinger (1966) described as involving the reconciliation of conflicting demands, and the acceptance that everything cannot be attained. In this stage, the differences of individuals are cherished, rather than merely tolerated.

Loevinger's final stage of ego development reflects a world view that has much in common with that of Erikson (1963). Kubler-Ross maintained a similar prosaic view of life in her final stage, as she spoke of the tranquility and increased understanding that occurs after one has come to grips with one's mortality. Existential philosophy provides a less ethereal perspective, as anxiety is viewed as an aspect of life that is inescapable. In this viewpoint, living authentically, which may be equated with such levels of ego development is related to coming to grips with one's mortality. Increased meaning in life is also presented as a derivative of authentic existence. Indeed, these two basic tenets of existentialism have received empirical support. In comparing existentialism with psychoanalysis, the construct of the ego most directly reflects the concept of dasein. As a result, the issues of death anxiety and purpose in life will be examined relative to the issue of ego development in this study, in order to provide an integration of the perspectives and research literature that has been reviewed.

Hypothesis 1: Participants with a high purpose in life will have less death anxiety than those individuals who have a low purpose in life.

Hypothesis 2: Participants who have successfully reached the latter stages of psychosocial development will have a greater purpose in life and less death anxiety than those participants who have reached lesser stages of development.

Hypothesis 3: Participants who have had significant losses will have greater death anxiety than those who have not had a significant loss.

METHOD

Subjects

Recruited by the author in Lansing, Michigan from the Foster Grandparent's Group, the St. Lawrence Hospital Auxiliary, and the Waverly 39er's Senior Citizen's Group, 87 women and 13 men participated in the study. The limited number of men was partly a function of their lesser availability and interest in attending the experiment, and in completing the questionnaires. Participants ranged in age from 60 to 89 years, and varied with respect to a number of demographic/life experience variables, as shown in Table 1. Analyses of the differences between the mean responses of men and women were performed for each variable. Only on the Purpose in Life (PIL) test was there a significant difference $F(1, 98) = 4.27, p < .05$. As a result, the responses of both sexes were aggregated in the analyses that were performed.

Procedure

Individuals were advised of this study through postings on their respective group's bulletin boards. These gave a brief description of the study, and a sign-up sheet for interested participants. The sign-up sheet listed the date, time, and location for participation. Volunteers were informed of this study's purpose by the author, who described it as an investigation of attitudes about death. Subjects were provided with a

Table 1

Means and Standard Deviation on Each Demographic/Life Experience Variable

<u>Variable</u>	<u>Women</u>		<u>Men</u>	
	(n = 87)		(n = 13)	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Age	73.00	6.76	73.54	6.79
Education	12.47	3.08	13.69	3.52
Religiosity ^a	7.31	1.99	7.18	1.72
Death Education ^b	.39	.49	.46	.52
Deaths ^c	.55	.50	.39	.51
Health Rating ^d	7.27	1.80	6.85	1.99
Recreational Activities ^e	1.67	.47	1.83	.39
Death Anxiety Test Score	40.37	11.54	36.31	10.38
Sentence Completion Test Rating	6.94	1.43	7.15	1.07
Purpose in Life Test Score	81.74	9.49	87.54	9.07

^aScore was obtained by self-rating on a 10-point scale, with high scores reflecting stronger degrees of religious beliefs.

^bScore was quantified by 1 for those who reported receiving death education from their parents and 0 for those who did not.

^cScore quantified by 1 for those who had reported experiencing a death in the past 3 years, and 0 for those who had not.

^dScore was obtained by self-rating on a 10-point scale, with high scores reflecting better degrees of health.

^eScore was quantified by 1 for those who reported participating in active recreation and 0 for those who did not.

questionnaire that included a cover letter (Appendix A; page 70), a Departmental Research Consent Form (Appendix B; page 71), and a Personal Data Form, which solicited identifying information (Appendix C; page 72), as well as the following measures: the Death Anxiety Scale (DAS) (Appendix D; pages 73 through 74), the Sentence Completion Test (SCT) (Appendix E; pages 75 through 81), and the Purpose in Life (PIL) test (Appendix F; pages 82 through 84). Participants were read the following as a group before they began the study:

This is a study that is designed to learn about the attitudes and feelings that people have about death. You will be asked to answer several questions, some of which are of a highly personal nature. Please be aware that your name will not appear on any of the questionnaires that you complete, rather, a code will be used which will facilitate an analysis of your responses. Thus, your responses are completely anonymous, and no one, except myself, will have access to your responses. In addition to the questionnaire, an introduction sheet is provided, as well as a consent form for this research. If you do not feel comfortable about participating at this time, or if you have changed your mind in any way, please feel free to not participate any further. Please hand in your materials, and feel free to leave at this time. If you do wish to participate, please read the consent form and sign and date it at the bottom. When answering the questionnaire, please do not leave out any questions or parts. Although instructions are included in your packet, please feel free to raise your hand to ask questions at any time. After you have completed all of the materials, please hand in your consent forms separate from your questionnaire. Are there any questions? Please begin.

Instruments

The Death Anxiety Scale (DAS) is a 15-item questionnaire listing different fears that a person may have about death (Appendix D; pages 73 through 74). For this study, the original DAS true-false options were converted to a Likert scale format, with higher values indicating that one

"strongly agrees" with the item in question. This modification has been shown to not effect the reliability of the measure (Richardson & Sands, 1987), and to facilitate factor analysis of DAS data. More generally, the test-retest stability of the original scale was .83 after a 3-week interval, which according to Templer (1970), reflected an acceptable level. Finally, its concurrent validity was supported by a substantial correlation ($r = .74$, $N = 70$) with Boyar's (1964) Fear of Death Scale (Templer, 1970).

The Sentence Completion Test (SCT) is a measure that was developed over a decade by Loevinger and her colleagues (1985). It was founded on Loevinger's theories of ego development and provides 36 sentence stems to be completed by the subject. Essentially, the SCT is scored by a rating of the subject's responses to the sentence stems, resulting in an overall rating of ego development. The scoring paradigm assumes that each person has a core level of ego functioning that will be reflected in their SCT response. Loevinger, Wessler, and Redmore (1970) have reported interrater reliability ratings for the core ego level at .85, and median interrater correlations as .75, for both Loevinger's group and trained raters. I was the only rater in the present study, and my proficiency in rating sentence stems was assessed by my accuracy in rating 100 sample sentence stems provided by Loevinger (1970). My rating of the developmental level reflected by the sample sentence completions matched those assigned by Loevinger (1970) 83 times out of 100. The frequency distribution of my ratings for the present women and men participants is provided in Appendix G (page 85).

The Purpose in Life Test (PIL) was developed by Crumbaugh and Maholick

(1968) to test Frankl's theory of existential frustration, which is posited to occur when the individual's meaning in life is diminished. Essentially, PIL addresses the degree to which the individual perceives her/his life to be meaningful. PIL is comprised of 20 Likert type statements, accompanied by responses that range from low purpose (1) to high purpose (7). As to reliability, the split-half (odd-even) correlation of PIL was .85 ($N = 120$, Crumbaugh, 1972). Furthermore, its correlations with the Collett-Lester Fear of Death Scale (Collet & Lester, 1969) were found to be .54 ($N = 120$) and .68 ($N = 94$) in two populations of college students (Durlak, 1972). Finally, the PIL has been found to be significantly correlated with the depression scale of the MMPI ($r = -.65$, $N = 143$; Crumbaugh, 1972).

RESULTS

The first hypothesis addressed the relationship between death anxiety and purpose in life. Participants with high "purpose in life" scores were posited to have less death anxiety than those with lower "purpose in life" scores. To estimate the potential effect of PIL gender differences, separate correlational analyses were conducted for each sex. However, neither correlation was statistically significant at the .05 level by the two-tailed test (women's $r = .16$; and men's $r = -.09$). Consequently, the first hypothesis was rejected.

The second hypothesis pertained to ego development. Those whose responses indicated higher levels of SCT ego development were posited to have a greater purpose in life and less death anxiety than those whose scores reflected lower developmental stages. Based on respondents' PIL and DAS scores, two groups of approximately equal size were formed for all participants. Those scoring 83 or less on the PIL constituted the low purpose in life group, and those scoring above 83 comprised the high purpose in life group. Similarly, persons scoring 41 or below on the DAS made up the low death anxiety group, and those scoring above 41 were placed in the high death anxiety group. The means of the pertinent variables are shown in Table 2. Multiple Analysis of Variance (MANOVA) was employed to test this hypothesis, as displayed in Table 3. Although a significant relationship was found between DAS and SCT, a significant

TABLE 2

Means (and Standard Deviations) of DAS and PIL for use in MANOVA

<u>Low PIL Group</u>	<u>High PIL Group</u>
74.30 (8.38)	88.27 (9.85)
<u>Low DAS Group</u>	<u>High DAS Group</u>
32.97 (17.19)	49.56 (7.52)

TABLE 3

Multiple Analysis of Variance for Scores on PIL and DAS by SCT Rating

<u>Source of Variation</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>E</u>	<u>Sig of F</u>
WITHIN CELLS	20.83	90	.23		
Regression	.00	1	.00	.00	.97
PIL	.70	2	.35	1.51	.23
DAS	1.36	2	.68	2.93	.05
PIL by DAS	.58	4	.15	.63	.64

Regression Analysis for Within Cells error termDependent Variable: SCT

<u>Covariate</u>	<u>B</u>	<u>Beta</u>	<u>Std Err</u>	<u>T-Value</u>	<u>Sig of T</u>
Sex	-.01	-.00	.15	-.04	.97
<u>Covariate</u>	<u>Lower -95%</u>		<u>CL - Upper</u>		
Sex	-.31		.30		

interaction did not occur between DAS and PIL. Hence, this hypothesis was rejected.

To clarify all relationships among responses to the DAS, SCT, PIL, and questionnaire variables, an exploratory factor analysis was conducted. A principal components method with varimax rotation to simple structure was used. A priori factors were created for the DAS and PIL to facilitate comparisons of the present results with those of other researchers (i.e., Richardson & Sands, 1987). In this regard, the DAS variables included death denial (Dden), death concept (Dcon), death in physical terms (Dphy), sense of finitude (Fini), and death in metaphysical terms (Dmet). Factor variables derived from the PIL included one's sense of life purpose (Lper), life assessment (Lasses), meaning of life (Mlife), and self-perception (Sper). Taken from responses to the demographic and life experience questionnaires, other variables were also assessed for their possible impact on ego development (see Tables 4a and 4b). These included: Educational level (Educ), experience with death in the last three years (Losses), assessment of religiosity (Relig), marital status (Marit), spousal status (Spouse), assessment of health (Health), current residence (Resid), and experience with death education (DeathEd). All factor variables were rotated (varimax), yielding the factor loadings displayed in Table 5. Factor 1, labeled Death Anxiety, was comprised of the majority of DAS variables, including overall DAS scores, Dcon, Dden, Dphy, Fini, Dmet, and Health (negatively). Labeled Marital Issues, Factor 2 included positive loadings for marital status (Marit) and residence (Resid), but an inverse loading for the death of one's spouse (Spouse). Factor 3, labeled Purpose in Life, had only positive loadings for one's

TABLE 4a

Factor Matrix for Demographic/Life Experience Variables and Factor Variables

	<u>FACTOR 1</u>	<u>FACTOR 2</u>	<u>FACTOR 3</u>	<u>FACTOR 4</u>
Education	-.12	-.24	-.10	.72 ^a
Losses	-.01	.33	-.05	-.26
Religiosity	-.06	-.28	-.37	.38
Marital Status	-.10	.91 ^a	-.01	.03
Spouse's Status	.11	-.87 ^b	.11	.07
Health	-.40 ^g	.16	-.01	-.21
Residence	.02	.47 ^c	-.02	-.45 ^c
Death Educ	.01	-.11	.09	.14
PIL	.02	-.07	.83 ^a	.08
DAS	.99 ^a	-.07	-.06	-.06
Dden	.85 ^c	-.08	-.16	.13
Dcon	.87 ^b	.09	-.04	.03
Dphy	.80 ^d	-.13	.14	-.20
Fini	.61 ^f	-.20	-.03	-.04
Dmet	.62 ^e	.09	-.01	-.14
Lper	.09	.02	.10	-.17
Mlife	-.06	.04	.70 ^c	.44 ^d
Lasses	-.12	-.11	.82 ^b	-.10
Sper	.01	.11	.13	.62 ^b

Note. Superscript identifies variables loading .40 or above on each factor.

TABLE 4b

Factor Matrix for Demographic/Life Experience Variables and Factor Variables

	<u>FACTOR 5</u>	<u>FACTOR 6</u>	<u>FACTOR 7</u>
Education	.10	.33	.16
Losses	.10	.12	-.81 ^a
Religiosity	-.15	.03	.08
Marital Status	-.03	.06	-.11
Spouse's Status	.05	.19	.05
Health	-.48 ^b	.33	.18
Residence	.11	.07	.59 ^b
Death Educ	-.13	.86 ^a	-.11
PIL	.37	.03	.03
DAS	.08	.03	.03
Dden	.02	.14	-.01
Dcon	-.13	-.13	-.07
Dphy	.08	-.09	-.07
Fini	.27	-.11	.30
Dmet	.26	.41 ^b	.06
Lper	.89 ^a	-.04	.02
Mlife	-.36	-.09	.04
Lasses	-.04	.11	.01
Sper	-.09	-.04	-.02

Note. Superscript identifies variables loading .40 or above on each factor.

TABLE 5

Factor Analysis for Factor Variables Relative to SCT Rating

<u>VARIABLE</u>	<u>COMMUNALITY</u>	<u>*</u>	<u>FACTOR</u>	<u>EIGENVALUE</u>	<u>PCT OF VAR</u>	<u>CUM PCT</u>
Education	.75	*	1	4.39	23.1	23.1
Losses	.86	*	2	2.68	14.1	37.2
Religiosity	.39	*	3	2.11	11.1	48.3
Marital Stat	.85	*	4	1.57	8.2	56.5
Spouse's Stat	.83	*	5	1.22	6.4	63.0
Health	.61	*	6	1.16	6.1	69.1
Residence	.79	*	7	1.02	5.4	74.4
Death Educ	.81	*				
PIL	.85	*				
DAS	.99	*				
Dden	.80	*				
Dcon	.81	*				
Dphy	.74	*				
Fini	.59	*				
Dmet	.66	*				
Lper	.85	*				
Mlife	.82	*				
Lasses	.73	*				
Sper	.42	*				

score on PIL (PIL), assessment of life (Lasses), and sense of meaning in life (Mlife). Factor 4, labeled Education, loaded positively for educational level (Educ), self-perception (Sper), and meaning in life (Mlife), but negatively on residence (Resid). Labeled Perception of Life, Factor 5 was comprised of perception of life (Lper), and negatively on health (Health). Factor 6 consisted of death education (Deated), and death in metaphysical terms (Dmet), and was labeled Death Education. Factor 7, labeled Losses, was comprised of one's experience with death (Losses), and inversely with residence (Resid).

To assess the significance of these seven factors relative to SCT rating, a regression analysis was conducted, as shown in Table 6. The multiple R for this test indicated that Factors 1 and 6 contributed significantly to the prediction of SCT ratings $F(7, 52) = .55$. As indicated, Factor 1 was comprised of the majority of DAS variables. These variables were found to be statistically related to ego development as a whole, which suggests that the relationship that exists is an inclusive one. This result was further elaborated by the significance of Factor 6, featuring variables associated with death education. The findings support the existential position that facing death is associated with ego development.

The last hypothesis involved the issue of loss, as participants who have had more losses (as identified in the questionnaire) were posited to have higher death anxiety levels than those who have experienced fewer losses. However, the correlation was not statistically significant [$r(98) = .06$] by the two-tailed test, and this hypothesis was not supported.

Finally, to examine the more focal relationships between SCT level,

TABLE 6

Multiple Regression for Factors Against SCT Rating

Multiple R	.54
R ²	.29
Adjusted R ²	.20
Standard Error	1.13

Analysis of Variance

	<u>df</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Regression	7	28.11	4.02
Residual	52	66.49	1.28

Variables in the Equation

<u>Variable</u>	<u>B</u>	<u>SE B</u>	<u>Beta</u>	<u>T</u>	<u>Sig of T</u>
Losses	-.19	.15	-.15	-1.3	.23
Death Education	.46	.15	.36	3.13	.00
Perception of Life	-.22	.15	-.18	-1.52	.14
Education	.27	.15	.21	1.83	.07
Purpose in Life	-.05	.15	-.04	-.35	.73
Marital Issues	.03	.15	.02	.18	.86
Death Anxiety	.32	.15	.25	2.19	.03

performance on the DAS and PIL, and the questionnaire variables, a correlational analysis was conducted. To assess gender differences, separate analyses were conducted for women and men, as displayed in Table 7.

Women's SCT level correlated positively and significantly with both death education ($r = .32$; $p < .01$), and general education ($r = .30$; $p < .05$). A similar correlation was found between women's PIL responses and death education ($r = .25$; $p < .05$). Hence, education and death education were principally associated with women's SCT response, with death education also related positively to their PIL responses. Women's DAS scores correlated negatively with both their health status ($p < .05$), and age ($p < .05$), indicating that for this sample, death anxiety increased with impaired health, and declined with age. Among these men, health correlated positively and significantly with both SCT level ($r = .67$; $p < .05$) and education ($r = .48$; $p < .05$), but negatively with age ($r = -.47$; $p < .05$). Clearly, health was a more meaningful variable for men, in which a classic relationship was found between declining health and increasing age.

Due to this small sample of men, confidence in the stability of pertinent intermeasure differences is limited. However, examination of these differences yields interesting results. Health correlated positively and significantly with men's SCT level, but negatively with women's SCT level ($r = -.16$). A similar relationship occurred with health and education (men's $r = .66$; women's $r = -.21$). Health and age were significantly and negatively correlated ($-.64$) for men, but not for women ($r = .16$). It appears that health may symbolize a sense of strength for men but may be less culturally meaningful for women. Men's death education and PIL scores correlated negatively ($r = -.36$), as opposed to their significant

TABLE 7

Correlations for 87 Women's Scores on Measures and Ratings on Demographic/Life Experience Variables

	DAS	PIL	EDUC	HEALTH	AGE	DEATHED	LOSSES
SCT	.21	.01	.30**	-.16	-.12	.32**	.20
DAS	-	.16	.03	-.34**	-.22*	.04	-.03
PIL		-	.04	.01	.16	.25*	-.06
EDUC			-	-.21	-.13	.14	-.10
HEALTH				-	.16	.17	-.08
AGE					-	-.01	.06
DEATHED						-	.18

**p < .01, two-tailed. *p < .05, two-tailed.

Correlations for 13 Men's Scores on Measures and Ratings on Demographic/Life Experience Variables

	DAS	PIL	EDUC	HEALTH	AGE	DEATHED	LOSSES
SCT	.18	-.25	.48	.67*	-.47	.43	.46
DAS	-	-.09	-.23	-.24	-.36	-.07	.34
PIL		-	-.50	-.37	.19	-.36	.24
EDUC			-	.66*	-.47	-.03	-.28
HEALTH				-	-.64*	.28	.13
AGE					-	-.01	-.18
DEATHED						-	.07

*p < .05, two-tailed.

positive correlation among women ($r = .25$). In this regard, it appears that women are better able to come to terms with death than men, with declining health being more likely to significantly disrupt men's lives.

DISCUSSION

Death Anxiety scores alone were found to be unrelated to response to the Purpose in Life (PIL) questionnaire. Based on prior research that had reported a negative correlation between these measures of Death Anxiety and Purpose in Life, an inverse relationship between these measures had been posited. The present findings also failed to confirm the posited interaction between these two variables relative to SCT level. Death Anxiety responses, but not Purpose in Life responses, were associated mildly but significantly with SCT level of ego development. Increased purpose in life has also been associated with the final stages of Erikson's (1963) theory of ego development. However, the present measure of Purpose in Life was found to be of only marginal relevance to measures of Death Anxiety and levels of SCT ego development. As a result, it may be fruitful to reconsider the construct of purpose in life.

From a psychoanalytic perspective, purpose in life may be viewed as synonymous with one's *Weltanschauung* (world view). In this regard, purpose in life is primarily a function of the ego. Hence, it is likely to be overshadowed by ego development consistent with the present findings. From the existential perspective, life has no inherent meaning, and reality is marked by the presence of inescapable anxieties. Existentialism sets living authentically as the primary life goal of humans, implying a distinct sense of individuality. Authentic living is

associated with coming to terms with one's mortality, which results in anxiety and despair. If one who has reached the final stages of ego development lives authentically, then anxiety about death is likely to be elevated, rather than diminished. This also fits with the present findings.

I had originally hypothesized that as ego development increased, the effectiveness and sophistication of defense mechanisms or processes for coping with anxiety and related issues, would also increase. Thus, the impact of such issues was thought to be diminished as reflected by decreasing death anxiety but increasing purpose in life. Instead, the present measure of Death Anxiety was unexpectedly found to associate positively, although mildly ($r = .21$) with SCT level of ego development. This suggests that facing death, and attempting to understand that experience, was positively associated with ego development. It should be noted that gender differences were found, with women appearing better able to cope with death than men. Indeed, women's level of ego development and their PIL responses were found to correlate positively and significantly with death education. In contrast, men's PIL responses correlated negatively with their death education experiences. In summary, the relationship between purpose in life and death anxiety appears considerably more complex than posited, with purpose in life at least as presently measured, being less relevant than theorized, and gender differences playing an important role.

In addressing the disparity between the current findings and the prior research literature, attention will first be directed to the works of Durlak (1973) and Blazer (1973), who reported a negative correlation

between death anxiety and purpose in life. Because both investigated only college students, sample appears a salient issue. Issues of purpose in life and death anxiety appear decidedly different for 70 year-olds than for 20 year-olds. Thus, by virtue of age alone, 70 year-olds are much more likely to have had direct experiences with death than 20-year olds. The importance of this issue is illustrated by Florian's (1989) exploration of differences between bereaved and nonbereaved parents. Nonbereaved parents scored significantly higher on PIL, as well as on another life satisfaction measure.

The generational issue is also evident in the work of Richardson and Sands (1987), who also examined the issue of gender. They assessed the importance of developmental stages relative to issues of purpose in life and death anxiety among mid-life women. Although college students, their sample ranged in age from 30 to 49. Richardson and Sands formulated measures of four of Erikson's (1963) developmental stages: Identity, Intimacy, Integrity, and Generativity. They defined the stage of Integrity as one in which the individual displays a wholeness of personality, with life being meaningful and purposeful. Generativity was defined as providing for the next generation. These authors found that the developmental stages of Integrity and Generativity were highly predictive of concerns with death, which they argued supported Durlak's (1972) negative correlation between responses to the Death Anxiety and Purpose in Life measures. In examining their results more closely, it appears that those who reached the developmental stage of Integrity directly faced issues of death, as reflected by their high levels of death concern. Richardson and Sands identified the sense that life has purpose and meaning as an aspect

of Erikson's highest developmental stage; thus, it too was positively associated with high levels of death concern and in conflict with Durlak's (1973) finding. These authors correctly interpreted their results with regard to Generativity, concluding that death was an important issue among their sample of mid-life women with generative needs. Richardson and Sands' results mirror the current findings with regard to the importance of coming to terms with death and ego development.

Gender and generational differences were also found by Woods and Witte (1981), who examined the relationships between life satisfaction, death anxiety, and ego development in a mixed-sex sample. They used Rasmussen's (1964) Ego Identity Scale (EIS) to assess participants' level of ego development, as well as to test the theory that the resolution of previous conflicts is a precondition for continued ego development. Woods and Witte hypothesized a positive correlation between responses to the Life Satisfaction Index - A (LSI-A) and the EIS. The results supported Erikson's theory that individuals who have successfully resolved earlier developmental stages are more likely than others to reach the stage of ego integrity. Woods and Witte (1981) further hypothesized a negative correlation between Death Anxiety Scale (DAS) responses and the EIS; also a negative correlation for performance on the LSI-A and the EIS. These hypotheses were only partially supported, as life satisfaction correlated positively with ego identity for both sexes. Only among the males, however, did fear of death correlate significantly and negatively with ego identity and life satisfaction. Woods and Witte attributed their findings to gender differences, suggesting that retirement may be more salient for men than for women, with men being likely to experience retirement as an identity

crisis. Comparisons of the present findings with those of Woods and Witte are limited, due to the use of different measures to address the constructs of ego development and purpose in life, also the present work's use of the Likert conversion of the Death Anxiety Scale. Nevertheless, a cursory review reveals that the present sample was much more highly educated (mean education of males was 13.7 years) than Woods and Witte's (mean education of males was 7.9 years). Men and women's mean scores did not vary appreciably on the measures employed by Woods and Witte (1981). For the present sample, in contrast, women's mean DAS scores exceeded those of men and women's mean PIL scores were significantly above men's. Such variations may speak to the conflicting findings of these two studies and also, as suggested by Woods and Witte, to the gender differences.

Gender and generational differences were also found by Hickson, Housley, and Boyle (1988), who examined the issue of locus of control relative to issues of purpose in life and death anxiety. Their participants ranged in age from 61 to 80. Hickson et al. used the Rotter Internal-External Locus of Control Scale (Rotter, 1966), the Life Satisfaction Index (Havighurst, Newgarten, & Tobin, 1961), and the DAS to assess each respective issue. They found that high life satisfaction correlated significantly with low death anxiety only for women, regardless of locus of control (LOC), and for specific age groups. As a group, women evidenced lower life satisfaction and higher death anxiety. Hickson et al. posited that such levels may be due to social conditioning, as girls are more likely to learn helpless attitudes. In review, it is noteworthy that each study yielded different results, which speaks to the heterogeneity of the variables of purpose in life and death anxiety and use of different

measures. Gender and generational differences were also demonstrated to be important variables.

Concerning limitations of the present study, perhaps most notable was the dearth of men. Although this precluded assessing for sex differences, this sample appeared reasonably homogeneous, as the subsamples of men and women differed significantly only in their PIL responses. Consequently, the responses of both sexes were aggregated for most analyses. Targeting all available male senior citizens groups for participation in this study would have eliminated this issue. Such an approach may indeed be necessary given the finding that men have difficulty in facing death. If the current results are representative, men are likely to avoid participating in a study assessing death anxiety.

Another issue was the use of only single measures of life purpose and death anxiety. As Ebersole and Quiring (1991) suggest, employing two measures of purpose in life may have more adequately assessed this construct. These authors advocate use of the Meaning in Life Depth (MILD) measure by Ebersole and Sacco (1983), addressing the cognitive aspects of meaning in life. Although it may have proven useful to include such a measure, as well as an alternate measure for the DAS, a concern was the length of the questionnaire employed in this study. Completion of this questionnaire took approximately 50 minutes, which appeared to be a fairly lengthy time for some participants. An intermission and providing refreshments might well have made the task of completing the questionnaire less burdensome. Such actions may have also increased the number of participants' willing to complete the questionnaire.

Another important limitation is that the participant's mental health

was not assessed, a variable that Chessick (1991) has recently argued to be critical in the development of being and sense of purpose of life. Although this too may have lengthened the questionnaire, a significant variable appears to have been overlooked. Future research in this area seems likely to profit from inclusion of mental health. The three-year time frame employed to assess the issue of loss is another consideration. This period was borrowed from Pfost and Stevens (1989), who argued that 36 months would ensure that this variable remained salient. However, Florian (1989) demonstrated that the time of the loss may not be that critical, as he found that bereaved parents who lost their child two years prior to the study did not differ meaningfully with parents who had lost their child 11 years prior to the study. Differences in life stage at the time of the loss may also bear on this issue, which is another variable that may be useful to assess. A final limitation is that the author was the only one rater of the measures, which has particular relevance to SCT scores. This precluded a rigorous assessment of interrater consistency which might have strengthened confidence in the accuracy of SCT ratings.

SUMMARY AND CONCLUSIONS

My findings are suggestive of meaningful relationships between ego development and death-related issues. The present results seem consistent with a basic tenet of existential philosophy, that facing death, and attempting to understand it is significantly related to (ego) development. Support was also provided for Rank's (1929) theories, as he regarded death as a crucial variable, which if handled creatively may maximize development. The importance of coming to grips with death was also espoused by Piaget (1955), who credited a knowledge of the fact of death with opening the door to logical thinking. Understanding death may be integral to ego development, and it is perhaps this quality that most acutely reflects the humanness of men and women. Also noteworthy were several gender differences suggesting that older women may be better able to cope with death than older men. Finally, and in contrast to previous reports, the present measure of purpose in life was found largely irrelevant.

APPENDICES

APPENDIX A

Introduction

The purpose of this study is to learn about the attitudes and feelings that people have about life and death. This will involve use of four questionnaires, which include questions that are of a personal nature, and which will take approximately 45 minutes to complete. Please be aware that your name will not appear on any of the questionnaires that you complete, rather a code will be used which will facilitate an analysis of your responses. Thus, your responses are completely anonymous, and no one, except myself, will have access to the information that you provide. In addition to the questionnaires, an introduction sheet is provided, as well as a consent form for this research. If you do not feel comfortable about participating at this time, or if you have changed your mind in any way, please feel free to not participate any further. Please hand in your materials, and feel free to leave at this time.

If you do wish to participate, please read the consent form and sign and date it at the bottom. Please try to answer all questions. Although instructions are included in your packet, please feel free to raise your hand to ask questions at any time. After you have completed all of the forms and questionnaires, please hand in your consent forms separate from your questionnaires. Are there any questions? Please begin.

APPENDIX B

Departmental Research Consent Form

1. I have freely consented to take part in a scientific study being conducted by Charles Gutierrez, under the supervision of Dr. Bertram Karon.
2. The study has been explained to me and I understand the explanation that has been given and what my participation will involve.
3. I understand that I am free to discontinue my participation in the study at any time without penalty.
4. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions results of the study will be made available to me at my request.
5. I understand that my participation in the study does not guarantee any beneficial results to me.
6. I understand that if I want to talk about any questions or concerns that I have after I complete the questionnaires, that I can address these with Charles Gutierrez who will discuss these with me after this session.
7. I understand that I can receive information on the results of the study by contacting the office with which I am affiliated after August 30, 1990.

Signed: _____

Dated: _____

APPENDIX C

Personal Data Form

Please complete the following:

Identification Number _____

Sex: _____

Date of Birth: _____

Marital Status: _____

If married, is your spouse still alive? _____

If your spouse is deceased, please note what year he or she passed away? _____

Residence Status (i.e., living in your own home, apartment complex for older adults, living with relatives): _____

Educational Level: _____

Religion: _____

Please rate how religious you consider yourself to be (on a scale in which 10 is very religious and 1 is not at all religious)? _____

Birth Order (i.e., oldest child): _____

Did your parents ever talk to you about death (i.e., what happens when you die)? _____

If so, please note how old you were when this happened? _____

Have you had any family members or others close to you who have died in the last three years? _____

If so, please note how old you were when this happened? _____

Please note the reason for their death: _____

Was this a loss that you expected to occur at that time? _____

Please note what feelings you have about this loss at the present time? _____

Please rate how healthy you consider yourself to be (on a scale in which 10 is extremely healthy and 1 is very poor health)? _____

Do you currently have any health problems (i.e., diseases for which you take medication)? _____

If so, please state what they are, and how long this has been a problem for you. _____

If you do take medication, please note which medication(s) you are currently taking. _____

What do you do for recreation? _____

APPENDIX D

Death Anxiety Scale

Please answer the following questions based on how they apply to you at this time. Read each question carefully, and circle whichever number applies to you most in answering each question. For example, if you feel that the question applies to you, you would circle a number on the right, with 5 reflecting that you believe that this question applies very much to you.

1. I am very much afraid to die.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
2. The thought of death seldom enters my mind.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
3. It doesn't make me nervous when people talk about death.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
4. I dread to think about having to have an operation.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
5. I am not at all afraid to die.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
6. I am not particularly afraid of getting cancer.
1 2 3 4 5
This does not apply This applies very
at all to me much to me
7. The thought of death never bothers me.
1 2 3 4 5
This does not apply This applies very
at all to me much to me

8. I am often distressed by the way time flies so very rapidly. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
9. I fear dying a painful death. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
10. The subject of life after death troubles me greatly. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
11. I am really scared of having a heart attack. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
12. I often think about how short life really is. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
13. I shudder when I hear people talking about a World War III. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
14. The sight of a dead body is horrifying to me. 5
1 2 3 4
This does not apply This applies very
at all to me much to me
15. I feel that the future holds nothing for me to fear. 5
1 2 3 4
This does not apply This applies very
at all to me much to me

Sentence Completion for Men

Instructions: Complete the following sentences.

1. When a child will not join in group activities _____

2. Raising a family _____

3. When I am criticized _____

4. A man's job _____

5. Being with other people _____

6. The thing I like about myself _____

7. My mother and I _____

8. What gets me into trouble is _____

9. Education _____

10. When people are helpless _____

11. Women are lucky because _____

12. A good father _____

13. A girl has the right to _____

14. When they talked about sex _____

15. A wife should _____

16. I feel sorry _____

17. A man feels good _____

18. Rules are _____

19. Crime and delinquency could be halted if _____

20. Men are lucky because _____

21. I just can't stand people who _____

22. At times he worried about _____

23. I am _____

24. A woman feels good when _____

25. My main problem is _____

26. A husband has the right to _____

27. The worst thing about being a man _____

28. A good mother _____

29. When I am with a woman _____

30. Sometimes he wished that _____

31. My father _____

32. If I can't get what I want _____

33. Usually he felt that sex _____

34. For a woman a career is _____

35. My conscience bothers me if _____

36. A man should always _____

APPENDIX F

Purpose in Life Test

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgment either way. Try to use this rating as little as possible.

1. I am usually:

1	2	3	4	5	6	7
completely			(neutral)			exuberant
bored						enthusiastic
2. Life to me seems:

1	2	3	4	5	6	7
always exciting			(neutral)		completely	routine
3. In life I have:

1	2	3	4	5	6	7
no goals or aims at all			(neutral)		very clear	goals and aims
4. My personal existence is:

1	2	3	4	5	6	7
utterly meaningless,			(neutral)		very purposeful and	
without purpose					meaningful	
5. Every day is:

1	2	3	4	5	6	7
constantly new			(neutral)		exactly the same	
and different						
6. If I could chose, I would:

1	2	3	4	5	6	7
prefer never to			(neutral)		like nine more lives just	
have been born					like this one	
7. After retiring, I would:

1	2	3	4	5	6	7
do some of the exciting			(neutral)		loaf completely the rest	
things I have always					of my life	
wanted to do						
8. In achieving the life goals I have:

1	2	3	4	5	6	7
made no progress			(neutral)		progressed to complete	
whatsoever					fulfillment	
9. My life is:

1	2	3	4	5	6	7
empty, filled only			(neutral)		running over with exciting	
with despair					good things	

10. If I should die today, I would feel that my life has been:
1 2 3 4 5 6 7
very worthwhile (neutral) completely worthless
11. In thinking of my life, I:
1 2 3 4 5 6 7
often wonder why I exist (neutral) always see a reason for my being there
12. As I view the world in relation to my life, the world:
1 2 3 4 5 6 7
completely confuses me (neutral) fits meaningfully with my life
13. I am a:
1 2 3 4 5 6 7
very irresponsible person (neutral) very responsible person
14. Concerning man's freedom to make his own choices, I believe man is:
1 2 3 4 5 6 7
absolutely free to make all life choices (neutral) completely bound by limitations of heredity and environment
15. With regard to death, I am:
1 2 3 4 5 6 7
prepared and unafraid (neutral) unprepared and frightened
16. With regard to suicide, I have
1 2 3 4 5 6 7
thought of it seriously as a way out (neutral) never given it a second thought
17. I regard my ability to find a meaning, purpose or mission in life as
1 2 3 4 5 6 7
very great (neutral) practically none
18. My life is:
1 2 3 4 5 6 7
in my hands and I am in control of it (neutral) out of my hands and controlled by external factors
19. Facing my daily tasks is:
1 2 3 4 5 6 7
a source of pleasure and satisfaction (neutral) a painful and boring experience
20. I have discovered:
1 2 3 4 5 6 7
no mission or purpose in life (neutral) clear-cut goals and a satisfying life purpose

APPENDIX G

Frequency Distribution of SCT ratings for Women Participants

Value	Frequency	Percent	Cumulative Percent
5	22	25.3	25.3
6	11	12.6	37.9
7	17	19.5	57.5
8	25	28.7	86.2
9	11	12.6	98.9
10	1	1.1	100.0

Frequency Distribution of SCT ratings for Women Participants

Value	Frequency	Percent	Cumulative Percent
5	1	7.7	7.7
6	2	15.4	23.1
7	5	38.5	61.5
8	4	30.8	92.3
9	1	7.7	100.0

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