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DEATH ANXIETY
THE EXTERNAL AND INTERNAL OUTCOMES OF THIS
PHENOMENON ON HUMAN BEINGS *

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Anxiety is a natural phenomenon among people, regardless of their age and gender. The level of anxiety and the origin of this phenomenon can vary widely depending on age, gender, education, religiosity and so on. This study is an attempt to see if there are any significant differences in death anxiety between psychology students at the Department of Psychology at Stockholm University and a group of caregivers at a nursery home in down town Stockholm. Hypotheses were that religiosity decreases death anxiety and caregivers manifest higher level of death anxiety compared with the psychology students. The comparison is between 52 psychology students and 52 caregivers. The present study is a survey based on 12 questions made by the author. The impact of our predictors on our dependent variable, death anxiety, is significant. The result shows some differences between participants. Psychology students shows a higher degree of death anxiety compared with the second group. This study shows no evidence that closeness to death increases death anxiety among caregivers. Different studies indicate that high level of anxiety has led in many cases to a decreasing of work quality and an increasing of sicknesses. Having knowledge about anxiety can help us to better people's health condition and contribute to the health of society as a whole.

Keywords: Anxiety, death anxiety, caregivers, psychology students

I n t r o d u c t i o n

Anxiety, a definition

According to the psychoanalytic approach anxiety is defined as a state of tension, which motivates a person to do something. Anxiety arises when a conflict arises among the id, ego, and superego and its function is to save us from a coming or experiencing danger. There are three different kinds of anxieties: reality, neurotic, and moral. Reality anxiety is defined as a fear of danger from the external world, while neurotic and moral anxiety arise when the "balance of power" within a person is threatened. Neurotic anxiety is the fear of being punished. And moral anxiety is the fear of our own conscience. When a person's ego is unable to control anxiety by choosing a direct or rational method, he/she chooses to deal with it in a irrational and unrealistic way, like repression, denial, projection, and so on (Corey, 2001).

* For accepting me as I am and leading me through my study I would like to send my gratitude to my supervisor Kimmo Sorjonen. I will also thank Hellis Markusson, the head of Bergsunds äldreboend, to give me her permission to ask her staff, filling my questionnaire. Last but not least I will thank all those wonderful students and caregivers who participated in this study and gave me the opportunity to look at the phenomenon, death anxiety closer.

Anxiety is not the same as fear, which is said to be focused on objects (Feifel, 1965). Freud made a distinction between fear and anxiety. *Anxiety refers to the state and ignores the object, while fear directs attention precisely to the object* (Feifel, 1965. p. 45). Freud's definition of death anxiety is based on his conceptions of instincts as drives and behavior that is motivated by drive reduction. Freud called it the repetition compulsion. A drive toward death along with drives toward life lie within everyone of us. Eros, after the Greek word for love includes our ego instincts that functions to preserve our life and the sexual instincts to preserve the life of species. On the other side of Eros lies Thanatos, after the Greek for death that functions to control and represses our sexual wishes (Leahey, 2001).

Origins

While Freud defines anxiety as a result of a conflict among the id, ego, and super ego and emphasizes anxiety as a result of a conflict of one's biological needs and the demands of society, most existential thinkers, including May, assumes that anxiety arises, as Kierkegaard defined it, when human freedom is threatened. This threat can be pointed out to one's physical life itself, such as actual death, or to one's psychological life, such as loss of freedom, either way it causes anxiety (Hergenhahn & Olson, 1999). Anxiety occurs when a person's opportunity to choose is gone. Anxiety doesn't mean disorganization, but a deep sense, during a long period, after going through many uncompleted forms of it's history, in a greatest sense of meaning finds itself, also, freedom (Kierkegaard, 1996). Even though Kierkegaard gives, in some extent anxiety a religious meaning by defining it as a dreaming soul is his explanations of how this phenomenon functions in human mind is worth to be looking at closely. (Kierkegaard, 1977).

There are different arguments regarding the fear of death. Some researchers (the defendants of "the Healthy-Minded Argument") emphasis that the fear of death is not a natural phenomenon and it is not present in every one from the birth. They argue that the fear of death develops in the child later in his life when he is about the age of three to five. The child recognizes gradually that there is something called death that takes some people away forever. On the other side of this picture we can see researchers (the defendants of "the Morbidly-Minded argument") who believe that even though the fear of death can not be there from the beginning because it is too abstract for a child to understand, but it is the very basic fear that influences all other kind of fears. The fear of death is a fear from which no one is immune (Becker, 1997). This fear of death works as a self-preservation and it is the engine of maintaining life (Grof, 1985). It help us to overcome the dangers that threaten life. Zilboorg assumed, according to Becker, that even though the fear of death (death anxiety) must be presented whatever we do, it cannot be present in our mental functioning, if so then it would be impossible to function normally (Becker, 1997).

Different stages

We don't want to accept our mortality because it normally arises a negative feeling within us. Thinking that our own life is going to come to an end is merged with anxiety. In our unconscious mind it is unimaginable to accept that we have to die, *but we can only be killed* (Kubler-Ross, 1997. p. 16). So we normally define death as something, which is associated with a bad act, a frightening happening (Kubler-Ross, 1997). Elizabeth

Kubler-Ross presents five stages that each person goes through when he is dealing with his death anxiety. Those stages will be presented here.

Denial

We have a tendency to deny our own mortality. The denial of death is the first stage. One can see and accept that death is coming to the guy next-door, but not to oneself. This kind of thinking has a catastrophic consequence. This denial is one of the major reason that we step aside and observe that thousands and thousands of people get killed and we don't do anything about it. We think: this is not coming to me. This is just coming to them. And it leads to an increase of wars, riots, murders and other crimes. If the denial of death is no longer possible, it will be the first step to face death with acceptance and dignity (Kubler-Ross, 1997). Denial is considered to be the first reaction to death. It will be replaced by partial acceptance.

Anger

The next stage to face our own mortality is anger. It is a stage, in contrast to the stage of denial, that is very difficult to cope with. The fact that we must interrupt all our life activities and accept our mortality is a strong anger producing factor. Feeling that we can no longer have control and will be forced to give up all those controls is another anger producing factor.

Bargain

The third stage to accept the death (our own mortality) is the bargain. It occurs usually among people who believe in God and they usually keep the bargain secret. It often occurs among patients as well as healthy people, that they promise for example "a life dedicated to God" or "a life in the service of the church" hoping to get some additional time. Being aware of their own mortality and hoping, by giving promises, to receive some more time from God, people hope to extend their life a bit more.

Depression

The fourth stage in this process is depression. A person comes to the point that he admits that it is impossible to get healthy or younger and there is no more time to beg. When he realizes that he is getting weaker and weaker every day, the stage of bargaining gives way to the stage of depression. A person who finds himself in this position feels very sad. It is important to allow him express his sorrow, which probably helps him to find the final acceptance much easier.

Acceptance

The last and final stage is acceptance. Reaching this stage is like coming to peace and dignity within oneself. A person in this stage is able to express his feelings and thoughts and becomes a calmer person who has a full respect for himself, for his previous life, and for the people who are living and have a healthy life (Kubler-Ross, 1997). The acceptance is not about accepting one's own mortality by hating life or hating others who are living. It is a mental state that makes one accept death as a departure and see it as a circle of life (Kubler-Ross, 1992, 1997).

Again, how we deal with the fear of death and how much time we spend in each stage, if we ever get to the second, third, fourth, or fifth stage, depends strongly on the nature and the vicissitudes of our developmental process (Williamson & Shneidman, 1995).

Life and death

The level of death anxiety heighten when we lose a loved one. As time passes most of us are going to feel better and realize that even though it is difficult we can manage to go back to our everyday routine. A second source for death anxiety comes from personal death awareness. Being aware of our own death is something we all are. Normally our personal death awareness is on a low level, but it arises when we lose a close friend or a member of the family. This manifestation of death anxiety is because it gives us a parent clue that we are not immortal. Being aware of our own mortality on a conscious level leads to existential anxiety. If the level of this anxiety is very high it destroys a normal interaction within us and with others, the patient is better off seeking a professional help (Worden, 1991).

As Jung put it in a beautiful way, an important phase of reaching individuation of the soul is the question if we can under the life circle, let our false and limited self die in order to be able to fulfill our real self (Jung, 1996). *Your body shall be close with its death- in all those possible forms and levels- like a parent, intimate and emotional indifferent step on the way toward the goal that you found worthy in your life* (Hammarskjöld, 1963. p. 127).

Thinking about death is maybe not overwhelming when we are young, but the thought is there all the time and it comes to the surface (consciousness) now and then. The thought is there when you see a person who is fighting with death and finally giving up. The thought is capturing when you see a living body goes to its end and what you see in front of yourself is not a human being but a cold and pale face and a heart that is not beating any more. The thought is capturing, too when you see a young person with a lethal disease fighting for his life but in vain, and finally unwilling sinking down into his grave. It is capturing when you are alone, at home, when outside is cold and dark, and both coldness and darkness are surrounding you and fighting aggressively to break themselves into the house and take your light and you with them. When you think that even the walls are closing, thinking about death is inescapable (Jung, 1996).

As there are a huge number of young people who have anxiety about the life they must face, there are even a bigger number of elderly people who experience death anxiety. Those youngsters who experience life anxiety will experience a strong death anxiety late in life. Not having a clear understanding of death as a goal (as a end of a journey) is as neurotic as not having fantasies about building a life in the future as a young (Jung, 1996).

Many existentialists believe that death and life are interdependent phenomena. They believe that our awareness of death is a source of zest for life and creativity. This awareness is a basic human condition that gives us motivation to live. When we are aware of not being alive for ever, then we know that every moment in life is crucial to complete our wishes and dreams. Although *physical death destroys us, but the idea of death saves us*. Anxiety and death anxiety are an inseparable part of an authentic life. Most people are aware of the fact that they must die some day. Being aware of nonbeing

is the opposite side of the rich, and creative life. And this awareness of course arises anxiety. The existentialists argue that this anxiety doesn't need to be negative and *can and (should be) used to motivate people to get as much out of life as they can in the time available to them.* (Corey, 2001. p. 153). May, cited in Corey, wrote: *to grasp what it means to exist, one needs to grasp the fact that he might not exist* (Corey, 2001. p. 153). Those who are not ready to die, have no present life either. Only people who are ready to die with life, remains vitally alive, Jung said (Feifel, 1965). Those who are not ready to die, are already dead yet they are just breathing. Death is not one time phenomenon. People die everyday and they may continue to live the day after or for a while. People die symbolically. Each time we lose something that is valuable for us, we experience an attack on our existence and anxiety arises, a symbolic death. So, in order to be able to deal with this anxiety, to control it, for not taking over our life and in order to go back to normal life, we must challenge those everyday threats. With other words, in order to normalize this anxiety we must have a authentic life. And we must be aware that authenticity and anxiety are inseparable (Hergenhahn & Olson, 1999).

One of the ways that people use to try overcome the fear of death is the desire to have children and to make many children. It is laying in a conscious and unconscious desire to live forever. This is one of the reasons that explain why people, who are unable to have children, are trying so hard to be able to have children and when they fail to have their own child they turn to adoption (Gordon, 1970).

People's engaging in charity and those who build for instance a hospital or a university or those who build a monument are another examples of those who wish to remain alive when their body cannot live any more. All these ways are an attempt to cope with the fear of death and to carry out a normal life (Gordon, 1970). All we are doing, for instance, taking an academic degree, publishing a book, being a successful entrepreneur, or a famous person, have something to do with our desire to live more and to cope with our death anxiety.

There are people who work so hard to extend in which they exclude everyone and everything else. They work days and nights and forget everything, including that they will die some day. These people are those who completely forget their mortality and try unconsciously to escape death, but ironically this hard work is irrational because they forget to enjoy being with family and friends, to relax and enjoy a beautiful evening or having some quiet times and this causes probably their own early death. Or they will wake up some day in the middle of their great year, with all success and discover that they lost a lot and death is coming toward them restlessly. This point will be an unforgettable moment in their life, merged with a tremendous amount of anxiety. What they fought so hard to repress in all those years is not repressible any more (Gordon, 1970). This is what Jung called pursuing false and inhuman goals and losing an authentic existence. Being aware of death, our own mortality, creates a balance within human beings in which they can carry out an authentic life. Death is not just coming to the guy next-door, it is coming to me too, for sure.

Freud who was fighting with a deadly cancer the last sixteen years of his life emphasized, while his own son was killed on the battlefield, that it had better for us to become more familiar with the true nature of our attitudes toward death, *an attitude which we are too willing to distort and suppress* (Fulton, 1965. p. 66).

Bob Lively, the executive director of the Samaritan Counseling Center of the Capital Region Inc. and the writer of Angel's 3 words significant, put our situation in life in a beautiful way: *"My Labrador retriever, who suns herself peacefully just beyond the window as I write these words, owns no notions of her limits. But you and I do. And it is the very knowledge known as "death anxiety" that can drive us to a place where we attempt to defy death through a lifetime of denial or else we retreat to the opposite pole where we miss the meaning of existence altogether by sniveling for decades in dread of our own demise...And out of a light shining in the darkness a voice arrives to comfort each one of us with those three wonderful words: "Be not afraid..."* (Lively, 1990).

Lively continues that being afraid is a natural human trait and we are the only ones on this planet who understand the limits of our own mortality. Fear, as such, is not a bad thing. If we can learn how to control over it, it will be useful for us and it will save us from many dangers. Even certain amount of death anxiety helps us to have a better comprehension of our limits. And a sense of being aware of our own mortality gives us a better life framework in which we can live a harmonic life. When a simple normal anxiety becomes extremely painful, it is a sign of abnormality. The occurrence of abnormal anxiety can be a result of different factors. A sudden death, for instance, of a family member can trigger such an extreme anxiety. A person experiencing this should seek professional help in order to learn how to deal with the problem. Anxiety can occur when caregivers have to deal with terminal ill patients. The ways caregivers deal with dying patients are different. Worden and Kubler-Ross did a survey on 5000 health professionals on issues of terminal care. 92 percent of caregivers reported that they experienced special difficulties with some dying patients (Worden, 1991). Thomas Falci, a Syracuse psychiatrist, specializing in depression, addiction and panic disorders, recommends short-term therapy for these situations, which is based on eight to twenty sessions. He argues that the patient must learn relaxation techniques, and practice breathing and relaxation exercises in order to be able to stop panic attacks. Unlike long-term therapy, the therapist doesn't pay attention to the client past, where the underlying causes of the present problem can be sought (Lively, 1990).

Religiosity

People's awareness of the concept of death and their death-anxiety-consciousness varies. There is evidence that females manifest higher level of death anxiety than males, but researchers do not have any clear explanation for this phenomenon (Lively, 1990). Death anxiety can vary, depending on the degree of religiosity, although studies on this subject do not give clear results. Those who were moderately religious scored higher on some dimension of death, for instance concern over the consequences of one's death for one's family and friends (Swanson & Byrd, 1998). Those who were highly religious scored higher on, for example, fear of punishment in the afterlife. The study shows that religious people show qualitatively, as well as quantitatively, different level of anxiety about death. A study was conducted on seventy undergraduate psychology students between the age of 19 and 30 (58 female and 12 male), measuring their death anxiety in relation to their religious orientation, separation-individuation conflict, and two dimensions of guilt (need for reparation and fear of punishment). Separation-individuation relates to the stage that a teenager leaves his parents home and start living by his own. It is a stage where one is not depending on his family as he did before and

must try to make it on his own. This stage is always merged with a certain amount of anxiety that each person must deal with. This study separated students' religious orientation into two categories, extrinsic and intrinsic religious orientation. Extrinsic religious orientation refers to the participants' engagement in religious activities as ends in social or emotional consequences. The intrinsic religious orientation refers to the degree to which participants engage in religious activities as ends in themselves. In other words, "*the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion*" (Swanson & Byrd, 1998. p.278). According to this study intrinsic religion provides little or no relief from death anxiety and extrinsically religious individuals manifest more death anxiety than others. This result is in contrast to theoretical standpoint, following Freud, that religion serves largely as a coping mechanism against anxiety-based experiences.

Spirituality

On the other hand, researchers presented strong evidences that spirituality, or religious belief keeps older people healthier and decreases their death anxiety. Religious studies, presented at an annual meeting of the American Psychological Association in Toronto, (1996) shows that religious people can calm down by praying. And taboos like smoking and drinking also help them to stay healthier longer. Their belief helps them to fight stress and mental illness, which in turn can reduce death anxiety as they age. This study is in contrast to the above mentioned study of young college students because it shows that religious faith among older people make them fear death less and reduces anxiety disorders such as agoraphobia. Researchers claim that "*you have to find a way to cope with life*" and it could be possible even with religion. Researchers, Robert W. Duff of the University of Portland and Lawrence K. Hong of California State University, Los Angeles, found that simply the regular attendance at religious services, (not religious activities such as prayer or Bible reading per se) lessen the fear of the next life among older Americans. This study was based on a random sample of 674 healthy residents, with an average age of 75.6 years, from six retirement communities in California and Oregon. This study shows that factors such as participating in social activities or regularly visiting with friends and children had no significant effect to lower death anxiety. Researchers explain their finding based on Emile Durkheim's sociological theory that *solidarity, shared meanings and a sense of transcendence become more powerful in public religious rites*. Durkheim believed that it is necessary for participants to participate regularly in order to be able to renew those emotional states with which they can protect themselves from dread (Briggs. 1995). And again a third study manifests that psychosocial maturity is a better predictor of death anxiety than age is. This study was conducted on 194 respondents, undergraduate students at the University of Alaska and from Anchorage community senior centers, to assess the relationship among death anxiety, age, and psychosocial maturity. The study showed that as psychosocial maturity and age increases, death anxiety decreases. Researchers believe that there must be a third variable (psychosocial) which effects the relationship between death anxiety and age. Some studies have demonstrated indirectly that there is a likely relationship. Lonetto and Templer claim, according to Gonzales, that existential adjustment and social adequacy lower death anxiety. Researchers in this study believe that age alone cannot account for the decrease in death anxiety among elderly. We must take under consideration a combination of aging and the

achievement of greater psychosocial maturity that serves to decrease death anxiety (Gonzales, 1995).

Individuation

Another criteria (individuation) of this study showed that McCarthy's prediction that a relatively conflict-free investment in autonomy and individuation would insulate a young adult against death anxiety was true (Swanson & Byrd, 1998). In contrast to McCarthy, Firestone claims, according to Swanson and Byrd, that achieving a strong sense of personal identity-individuation increases death anxiety. He believes that this death anxiety is a non-pathological state that is triggered by a strong sense of personal identity. Other studies confirmed McCarthy's claim that the resolution of separation-individuation conflict decreases death anxiety directly. (Swanson & Byrd, 1998).

Cultural differences

Even though there is a standpoint that presents death anxiety as a universal phenomenon, there is another view that indicates that fear of death is mostly culturally based. Death anxiety is more observable in Western cultures where feat of mortality is normal. People's awareness of the concept of death and their death-anxiety-consciousness varies. There is evidence that females manifest higher level of death anxiety than males, but researchers do not have any clear explanation for this phenomenon (Wass & Neimeyer, 1995).

Self – efficacy

Studies on the impact of conscious death anxiety on behavior showed that there is a relationship between conscious death anxiety and broader maladjustment. There are studies that support the standpoint that competent individuals with greater sense of purpose in life experience less death anxiety. Individuals who are more actualized express minimal fear of death. Various studies have verified that people who are more present and future oriented tend to express less death anxiety that those who have a tendency to live in the past. Some researchers claim that persons with defensive personality styles score low on death anxiety. These individuals tend to avoid threatening stimuli. Researchers pointed out that death education (having different courses about the concept "death" at schools and higher level) could have different impact on students, depending on the level of their self-efficacy in dealing with death. There is a difference to know what kind of behavior is more acceptable in a particular situation and being able to carry out the appropriate behavior when one must to do it. Self-efficacy is about one's ability to deal with the world, ability to perform the required behavior in a particular situation. *What one can actually do often differs from what one thinks he or she is capable of doing* (Hergenhahn and Olson, 1999. p.351). While some students with higher level of self-efficacy may receive some benefit from death education, others with low level of self-efficacy can be traumatized by it (Swanson & Byrd, 1998).

Life philosophy

We know now that death orientation is not stable across the course of adult development and it shifts into an increased comfort with motality in later life. The

philosophical apprehension, according to Kierkegaard, emphasizes the idea that dread, or anxiety, is built into human mind. The state of being self-conscious (which separates us from animals) and the state of having an animalistic side within ourselves produce dread. It is a battle between spiritual and bodily experiences in which we experience anxiety, regardless of which direction we choose. Kierkegaard says: “*The spirit cannot do away with itself (i.e., self-consciousness cannot disappear)... Neither can man sink down into the vegetative life (i.e., be wholly an animal)...*” He cannot flee from dread (Becker, 1973, p. 69). There is always a conflict there, which produces anxiety. Even though we cannot flee from anxiety we can significantly reduce it. Any individual can feel much better, without showing a high level of anxiety by creating a *system of thoughts* for himself. If he can create a complete structure for his way of life, (a life philosophy) he can harmonize with himself, and when he stabilizes a balance between different parts of his personality he is able to establish a harmonized interaction with the world out there, too.

Hypotheses and purpose

The purpose of this study is to see if there are any significant differences in death anxiety between psychology students and a group of caregivers at a nursery home. We will be looking at the differences within the groups, too. Different studies showed different results regarding the level of death anxiety among different groups of people. Researchers found that, for instance, religious people show both more and less fear of death compared with people who are not religious. Our hypotheses are that closeness to death arouses death anxiety, and that religiosity decreases death anxiety.

M e t h o d

Participants

The questionnaire was answered by 104 respondents. Of the 104, 52 were psychology students at the department of Psychology at Stockholm University, and 52 were caregivers from a nursery home in downtown Stockholm. The psychology students announced their will to participate on a list at the Department. The caregivers were selected from a Ward at a nursery home (Bergsunds äldreboende). The head of the nursery home gave her permission regarding asking her personal to respond to some questions about anxiety. The participants were informed about the purpose of this study before they started to answer the survey. The mean age for psychology students was 27.5 with a standard deviation of 6.5. The mean age for caregivers was 38 with a standard deviation of 7.7. Of the psychology students 39 were female and 13 male. The second group contained 37 females and 15 males. Each psychology student received half an hour course credit. None of the respondents among caregivers received any form of credit for their participation.

Material

The respondents' attitudes toward death anxiety were measured with 12 questions made by me, based on a Likert-type scale. To each statement the respondents either disagreed or agreed by circling a number from 1 to 7. The questionnaire contains two more questions asking participant's gender and age. The level of religiosity, and the level of

being introvert or extrovert are measured by four questions, items 1 - 4. thoughts about death by losing a love one and thoughts about death in connection to media are measured by five questions, items 5 – 9 (see appendix). We put items 10 and 11 out of the study because of two reasons the first was that they did not show any significant result and the second reason was that the questions were not clearly constructed. The common definition of extroversion is having a tendency to be externally oriented, confident, outgoing, and gregarious. Introversion means having a tendency to be internally oriented, According to Carl Jung a person who is quiet, subjective, and nonsocial is an introvert person (Heregenhahn & Olson, 1999). By a religious person I mean the common definition of it, a person who believes in God or a person who believes in God and practices religion (Cowie, 1990).

Procedure

After receiving permission from Psychology Department, the author announced the need of some participants for this study on a board that was for this purpose at the Department. It was emphasized that participation was voluntary and the estimated time for filling out the questionnaire was roughly half an hour. The author gave a short description of the questionnaire and directions for how to answer the questions. The respondents were told that they could return the survey back to the author at any time without feeling forced to answer all the questions and yet receive their participation time. All students who participated in this study chose to fill the questionnaire completely. The participants were asked to answer the questions without talking with each other. They could ask me any question regarding the survey and questions in order to understand the meaning of some concepts used in the survey.

After receiving permission from the head of Bergsunds äldreboende, the author went to different wards on different occasions. More than 90 percent of caregivers who were asked to respond the questionnaire chose to answer. They were asked to answer the questions when they were on their break. The purpose and how to fill the questionnaire were explained before they started answering the questions. They were told that participation is completely voluntary and they can stop answering the survey any time they want. Two questionnaires were excluded because of too many missing values. Some caregivers received my help to fill the questionnaire.

Items 1 and 4 (reversed) built one factor, demonstrating the degree of religiosity. Items 2 and 3 (reversed) created another one, showing the degree of introversion and extroversion. And items 5 to 8 functions as a third factor, measuring thoughts about death. Other factors were age, gender and group (containing psychology students or caregivers). Those factors were used as independent variables in a regression analysis with death anxiety (item 12) as dependent variable.

R e s u l t s

In order to do a reliability test we created an index of item 1 and item 4, and labeled it as RELIGIOUS, ($\alpha = .80$). Items 2 and 3 build another index, named EXTROVERT,

(alpha = .35). And items 5, 6, 7, 8, and 9 build a third index, DEATHTHINK, (alpha =.84).

The regression analysis indicates that the variables, GROUP (0=Psychology students, 1=Caregivers), EXTROVERT, RELIGIOUS, DEATHTHINK, GENDER (0=Woman, 1=man), AGE predicts 23% of the variance in DEATH ANXIETY ($R^2 = 0.23$). This model is significant ($F_{6,97} = 4.68$, $p < .001$).

A closer look at the Beta values revealed that GROUP and RELIGIOUS had a significant effect on DEATH ANXIETY while the effect of the other independents variables were non significant (See figure 1).

The Beta value for factor: GROUP is $-.314$, which means that caregivers manifest a lower level of death anxiety compared with psychology students. Also the effect of RELIGIOUS is negative, (Beta = $-.241$) which means that the higher score on RELIGIOUS the lower score on DEATH ANXIETY.

The Zero-order correlations between DEATH ANXIETY, DEATH THINK and AGE were quite high but became non significant when controlling for the other independent variables. For AGE this can probably be explained by the higher age among the caregivers compared to psychology students (see table 3).

Table 1. The Mean score and Standard Deviation of items, DEBALI, DEMOSKVA, DEWTC, DEWAR, and DECPER, for the total groups (n=104).

Items	Mean	Std Dev	Cases
DEBALI	3.48	1.92	104
DEMOSKVA	3.86	1.91	104
DEWTC	4.80	2.09	104
DEWAR	4.00	1.98	104
DECPER	6.02	1.56	104

Table 2. Pearson Correlation between items, DEBALI, DEMOSKVA, DEWTC, DEWAR, and DECPER, for two groups (n=104).

Items	DEBALI	DEMOSKVA	DEWTC	DEWAR
DEBALI				
DEMOSKVA	.79			
DEWTC	.56	.68		
DEWAR	.37	.41	.54	
DECPER	.48	.48	.52	.33

All correlations are significant on 0.01 level (2-tailed).

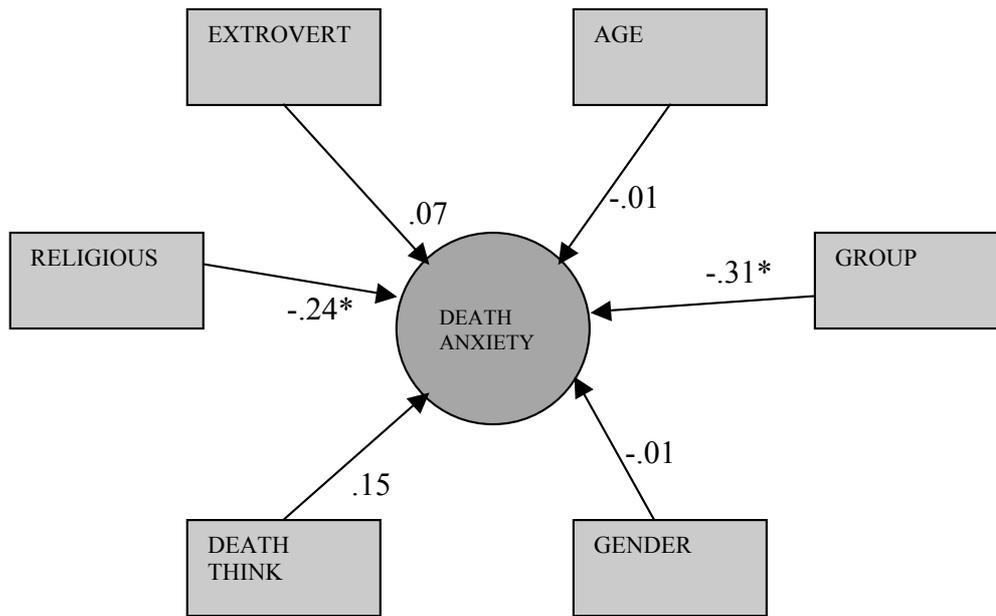


Figure 1. Effects of independent variables on the dependent variable DEATH ANXIETY, measured as Beta values. * $p < 0.01$

Table 3. The zero-order and partial correlations between the independent variables (DEATHTHINK, EXTROVERT, RELIGIOUS, AGE, GENDER AND GROUP) and the dependent variable (DEATH ANXIETY). Further, Pearson correlations among the independent variables.

Items	DEATH ANXIETY		DEATHTHINK	EXTROVERT	RELIGIOUS	AGE	GENDER
	Zero-order	Partial					
DEATHTHINK	.220*	.157					
EXTROVERT	.085	.074	.164				
RELIGIOUS	-.263*	-.261*	.059	.010			
AGE	-.228*	-.011	-.076	.231*	.133		
GENDER	-.097	-.013	-.303*	-.280*	.017	.021	
GROUP	-.375*	-.267*	-.211*	.031	.093	.599*	.043

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion

We found that psychology students manifested a higher level of death anxiety compared with the other group, caregivers. The Zero-order correlation analysis showed that age differences between the groups had a significant effect on death anxiety. The significant Zero-order correlation between age and death anxiety is probably an artifact of the difference in age between the psychology students and the caregivers. The partial correlation was non-significant. The fact that caregivers showed a lower level of death

anxiety can be seen from two different angles, denial or psychological maturity. Being close to death can create a sense of denial on caregivers. It will be very difficult for them to work with dying people and being emotionally involved with each death that happen. For being able to continue working with dying people they may try to get distance to what is happening in their everyday life at work in order to be able to run the work. The denial can be a way for them to cope with the anxiety which is merged with their job. Another explanation for having a low fear of death, compared with psychology students, might be that they have reached a level of psychological maturity. Because of having contact and working with dying people, they may have a clear understanding of the concept of death in their system of thoughts.

The reason that psychology students showed a higher level of death anxiety compared with caregivers can be sought in their psychological maturity. The fact that they are a younger group and may be still in the stage of searching. But this result is in contrast to many other studies that showed that young people with a creative life style and with purposes experience less fear of death (Rasmussen & Brems, 1996).

On the other hand caregivers had a mean age of 37 which can mean that they have passed the stage of searching, although Kubler-Ross, (1997, 1992) did not give any age for going through her stages, but we can draw conclusion that age can be an important denominator. Another factor can be, for instance, the psychosocial factors that were not being measured in this study. This study in contrast to Lively's (1990), showed no significant differences between males and females.

The positive relation between religiosity and having less fear of death confirms Freud's statement about religion as a coping factor to decrease death anxiety (Swanson & Byrd, 1998). Different studies confirmed that religiosity both increases and decreases death anxiety. These studies indicate that being more religious help people to cope with the fear of death (Hendrick, 1996). They may use their religion extrinsically, also they may use their religion in order to cope with anxiety producing factors (Swanson & Byrd, 1998). They may use their religiosity as a defense factor which helps them not to be afraid of death, while they work every day with those who are fighting with death. Giving themselves to the hands of God gives them confidence to live. They may think: I die when it is Gods will.

As a matter in fact I am not afraid of death, but afraid of not being able to live, a patient said (Palmgren, 1997. p. 32). Depending on how we define the meaning of life, we will either have opportunities for growth, or our chances of having a successful life will be diminished. Not just having a clear definition of the meaning of life can improve our chances to make a harmonic life, also having a clear definition or understanding of the meaning of death will have a significant impact on our chances to succeed in carrying out a productive life. It is not just the terror of death that motivates us to move, as Becker (1997) said. Having a satisfactory grasp of the concept of death, being familiar with it as a part of life, as a departure, as giving opportunity and chances to those who we love, can reduce our anxiety of death and create a psychological balance within ourselves. We know that it is common for people to have an unpleasant understanding of death (Kubler-Ross, 1997, Kierkegaard, 1996). Thinking about death has traditionally been merged with terror, fear, and anxiety, so people try to repress thoughts of death in order to be able to deal with their anxiety of death (Jung, 1996). Seeing death as an end and seeing the end, which is coming with death is the origin for human desperation (Kierkegaard,

1996. p. 19). If we can help people become more familiar with the concept of death by, for example, bringing it up more often in our discussions with those we care for, by doing this, we can successfully reduce the amount of our anxiety and make death a meaningful reality of life. As Jung put it in a beautiful way, an important phase of reaching individuation of the soul is the question if we can under the life circle let our false and limited self die in order to be able to fulfill our real self (Jung, 1996. p. 8).

A System of Thoughts

Even though we cannot flee from anxiety we can significantly reduce it. An individual can feel much better, without showing a high level of anxiety, by creating a *system of thoughts*. If he can create a complete structure for his way of life, (a life philosophy) then he can harmonize with himself and when he stabilizes a balance between different parts of his personality within himself, he will be able to establish a harmonized interaction with the world out there, too.

We know that many criminals with long record of delinquency do not show any death anxiety (Lieberman, 2001). Let's assume that this death anxiety does not exist in their unconsciousness. One hypothesis can be that they have established a complete system of thought in which they regulate their criminal behavior, so these acts are according to their life philosophy. Having a life philosophy per se is not going to help people to be more productive in their life, but it helps them to reduce their anxiety. Even death anxiety can be reduced significantly by having an organized worldview. Those individuals who are still searching and have not reached any conclusion in their mind manifest higher level of anxiety. I believe that young adulthood in general is a period of transition from a previous system of thoughts to a new and more mature life philosophy. This period of uncertainty is an extremely anxiety producing time. This can give us some explanation about why young psychology students (mean score of age, 27.5) manifest a higher level of anxiety. Those who can pass through this period successfully manifest a harmonic interplay within themselves and with others. Many are not capable of going through this pain and uncertainty, which is a part of this transition period. They simply stay in this period through their adult life and manifest an immature interplay with themselves and with the world surrounding them. The consequence of this ambiguity comes out in unhealthy behavior. Those inner barriers create lots of outer barriers and the consequences of those outer barriers are including an enormous high level of anxiety. One of the criteria for having a complete life philosophy is that one has a satisfactory definition of death as such. Different groups of individuals, for instance, religious, socialist, Buddhist, naturalist, and so on, have different kind of apprehension of the concept of death, but as long as they can harmonize this understanding with the rest of their own life philosophy they can reduce their death anxiety.

I do not agree with Kierkegaard that anxiety just occurs when something does not match with our understanding (Kierkegaard, 1986). Anxiety occurs, too, when we do not have a clear understanding of that "something". In the absence of a system of thoughts we do not know what to do, and how to integrate with that phenomenon, "something". Death produces anxiety when it is not matched in our understanding. Death produces anxiety, too, when we don't know what exactly it is. Death is the opposite side of life and it is frightening, but when we have a complete understanding of what it is and when we are able to integrate this concept of not being alive in our

system of being alive, we reduce the anxiety of death and the frightening part of it will not be there any more.

As long as the concept of death places in our unconsciousness, it produces a high level of anxiety, but when we can bring it to consciousness and try to understand it and deal with it, we have a chance to reduce our death anxiety. Death anxiety will increase, too when we bring it to consciousness while we still do not have a correct place for this concept in our system of thoughts. The level of our death anxiety will increase because we are simply in the state of searching, but when we reach the destination, when this concept is integrated with other concepts of our life philosophy, we will no longer experience a high level of death anxiety.

Extrovert and introvert death anxiety

Kierkegaard gives too much weight to the childhood and the relationship between parents and child in which a child can shape a personality. A personality with which he can deal with his death anxiety later in his adulthood (Becker, 1997). It is fully possible that individuals can overcome the difficulty of their childhood. They can create their own personality in their adulthood, by taking responsibility for their own actions and making their own choices. So personality is not determined in childhood and death anxiety producing factors can be completely different at different ages. If we are going to believe that the personality is set at 4 or 5 years of age and it is determined, depending on how parents treat the child, then we remove all responsibility for actions an individual takes by referring that his personality was shaped in his childhood and it is set by his parents and not the individual himself. If so, why would we punish an individual who makes a mistake? This is not his fault. This is his parents' fault. Should we punish his parents for a crime he has done? By explaining death anxiety and the outcome of it from this angle, that the parents are the cornerstone of death anxiety producing factors, we remove an individuals freedom to choose, their right to make their own decisions and their responsibility for their own actions.

Extreme death anxiety can be one of the factors that steers individuals in one of two different directions. A person with an introvert abnormal death anxiety manifests it in form of physical sickness and psychological disorder and it can lead in many cases to hurting himself such as suicide. On the other hand an individual with an extrovert extreme death anxiety shows it in form of extreme hostility toward other human beings. The fact that murderers like Nazi doctors and terrorists like Aum Shinrikyo, the leader of the Japanese terrorist cult, and Bin Ladin, the leader of Islamic terrorism, have manifested such a enormous hostility against humanity can be also sought in their extrovert extreme death anxiety. Death anxiety is a universal phenomenon and yet our responses to it vary widely. I think that we, as individuals, can have some control over this through the understanding of our cultural expectations and our personal history (Lieberman, 2001. Williamson & Shneidman, 1995. p. 299-309).

It is important to emphasize that death is just not for the guy next-door, but for me and my family, too. 46 percent of psychology students chose 6 and 7 on item DEWTC, but those who chose 6 and 7 on item DECPER were 76 percent. This number was even lower for caregivers, DEWTC, 34.6 percent and DECPER, 71.2 percent.

A chance for peace may thus be found in studying the attitudes to wards death in the leaders of the nations, in those who make the final decisions of war and peace between nations. If all of us would make an all-out effort to contemplate our own death, to deal with our anxieties surrounding the concept of our death, and to help others familiarize themselves with these thoughts, perhaps there could be less destructiveness around us (Kubler-Ross, 1997, p. 27).

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APPENDIX

Stockholms Universitet Psykologiska Institutionen

Dina svar på denna enkät kommer att behandlas konfidentiellt. Uppgifterna kommer att användas i forskningssyfte. Du har rätt att avbryta undersökningen och ändå få ut din deltagartid.

Ringa in ditt svar!

1. Är du en religiös person? **(RELIGIOUS)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet r

2. Är du en utåtriktad person? **(EXTROVERT)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

3. Är du en inåtriktad person? **(INTROVERT)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

4. Är du en icke religiös person? **(NORELIGIOUS)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

5. Tänkte du på döden efter vad som hänt på semesterparadiset på Bali, där några hundra turister dödades?
(DEBALI)

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

6. Tänkte du på döden när du hörde att mer än 160 personer miste livet i Gisslandramat på en teaterbyggnad i Moskva? **(DEMOSKVA)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

7. Tänkte du på döden efter terrorattentaten, på World Trade Centre i New York, som krävde 3000 oskyldiga liv? **(DEWTC)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

8. Tänker du på döden oftare när det pågår ett krig i världen och du hör om det dagligen på TV och läser den i tidningar? **(DEWAR)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

9. Tänker du på döden när någon nära person till dig dör? **(DECPER)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

10. Besöker du en kyrka (moské, tempel,...) när det känns känslomässig svårt, eller när du tänker på döden efter en näras bortgång? **(GOCHURCH)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

11. Gör du andra aktiviteter när det är känslomässigt svårt efter bortgången av en person som stod dig nära för att åtgå till den normala känslan? **(ACTIVITY)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

12. Blir du rädd när du tänker på döden? **(DEAFRAID)**

Stämmer inte alls
1 2 3 4 5 6 7
stämmer helt och hållet

Jag är född 19... **(BORN)**

Jag är en Man en Kvinna. **(GENDER)**

Tack för din medverkan!