EVALUATING THE PREPARATION FOR
TEACHERS OF DYING AND DEATH

by

DENIS ERIC BOYD
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Department of **Counselling Psychology**

The University of British Columbia
2075 Wesbrook Place
Vancouver, Canada
V6T 1W5

Date **April 29/77**
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The purpose of this study was to explore the significance of preparation (by measuring changes in the fear of dying and death) for teachers interested in teaching about dying and death. The preparation was an experiential and didactic workshop (see "Definition of terms" on page 58). Subjects of this study were secondary school teachers employed with the Vancouver School Board.

A group of 32 teachers (Experimental: males 6; females 26) were given a three evening experiential and didactic workshop on dying and death. This workshop took place one evening a week over a three week period. The Collett-Lester Fear of Death Scale was administered at the beginning of the training and again at the end.

A second group of teachers (Control: males 11; females 22) was not given the workshop. The Collett-Lester Fear of Death Scale was administered twice, with a three week period between testings.

There are three hypotheses in this study. The first was that an experiential/didactic workshop would lower the death anxiety of those who participated. The second was that an experiential/didactic workshop would not lower the anxiety of the religiously committed participants to any greater extent than the death anxiety of the non-religiously committed participants. Hypothesis three dealt with sex and proposed that male participants' scores would be decreased to a greater extent than those of the female participants.

The results of this investigation indicated that an experiential/didactic workshop is a means of lowering death anxiety. The teachers who were
involved had significant score changes on the Collett-Lester Fear of Death Scale, indicating a decrease in death fears. There was no difference in scores between the male and female participants as to lowering of death anxiety. The death anxiety scores of the religiously committed participants did not decrease more than those of the non-religiously committed. In fact, on some of the Collett-Lester sub-scales, just the opposite occurred.

The results of this study point to the value of preparation for teachers interested in teaching about death. A case is made for the need of such preparation and the value of an experiential/didactic workshop is supported. Another implication of this research is the value of such training to any individual interested in becoming more comfortable with his or her mortality.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>viii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>vii</td>
</tr>
<tr>
<td>List of Figures and Illustrations</td>
<td>v</td>
</tr>
<tr>
<td>Chapter One: Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Chapter Two: Review of the Literature</td>
<td>4</td>
</tr>
<tr>
<td><strong>A. Culture: general perspective</strong></td>
<td>4</td>
</tr>
<tr>
<td>1. Historical overview</td>
<td>5</td>
</tr>
<tr>
<td>2. Religious perspectives</td>
<td>6</td>
</tr>
<tr>
<td>3. A &quot;Death System&quot;: technology - help or hindrance</td>
<td>8</td>
</tr>
<tr>
<td>4. Signs of Change</td>
<td>10</td>
</tr>
<tr>
<td>5. Fear of Death</td>
<td>14</td>
</tr>
<tr>
<td>a) universal nature</td>
<td>15</td>
</tr>
<tr>
<td>b) the reality of death</td>
<td>16</td>
</tr>
<tr>
<td>c) definitions of fear</td>
<td>17</td>
</tr>
<tr>
<td>d) management of fear</td>
<td>20</td>
</tr>
<tr>
<td>6. Meaning of Life</td>
<td>26</td>
</tr>
<tr>
<td>a) enhancing forces</td>
<td>26</td>
</tr>
<tr>
<td>b) negating forces</td>
<td>27</td>
</tr>
<tr>
<td>c) finitude: the key to meaning</td>
<td>28</td>
</tr>
<tr>
<td><strong>B. Culture: specific concerns</strong></td>
<td>31</td>
</tr>
<tr>
<td>1. The dying process</td>
<td>31</td>
</tr>
<tr>
<td>a) the medical perspective</td>
<td>32</td>
</tr>
<tr>
<td>b) the patient's perspective</td>
<td>36</td>
</tr>
<tr>
<td>c) growth potential</td>
<td>40</td>
</tr>
<tr>
<td>d) at the point of death</td>
<td>41</td>
</tr>
<tr>
<td>2. Bereavement</td>
<td>41</td>
</tr>
<tr>
<td>a) &quot;little deaths&quot;</td>
<td>42</td>
</tr>
<tr>
<td>b) Influential factors in grief</td>
<td>43</td>
</tr>
</tbody>
</table>
### TABLE OF CONTENTS (cont'd)

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) grieving process</td>
<td>43</td>
</tr>
<tr>
<td>d) grief dramatized: the funeral</td>
<td>44</td>
</tr>
<tr>
<td>3. Children and Death</td>
<td>47</td>
</tr>
<tr>
<td>a) developmental perspectives</td>
<td>48</td>
</tr>
<tr>
<td>b) the need to teach</td>
<td>49</td>
</tr>
<tr>
<td>C. Death Education: a plan to meet the need</td>
<td>50</td>
</tr>
<tr>
<td>1. Variety of approaches</td>
<td>51</td>
</tr>
<tr>
<td>2. The Classroom</td>
<td>52</td>
</tr>
<tr>
<td>D. Conclusions</td>
<td>54</td>
</tr>
<tr>
<td>Chapter three: Method</td>
<td>56</td>
</tr>
<tr>
<td>A. Problem</td>
<td>56</td>
</tr>
<tr>
<td>B. Hypotheses - Substantive</td>
<td>56</td>
</tr>
<tr>
<td>C. Hypotheses - Statistical</td>
<td>57</td>
</tr>
<tr>
<td>D. Definition of terms</td>
<td>58</td>
</tr>
<tr>
<td>E. Sample</td>
<td>59</td>
</tr>
<tr>
<td>F. Treatment</td>
<td>60</td>
</tr>
<tr>
<td>G. Instrumentation</td>
<td>61</td>
</tr>
<tr>
<td>H. Design and Statistical Analysis</td>
<td>61</td>
</tr>
<tr>
<td>Chapter four: Results</td>
<td>63</td>
</tr>
<tr>
<td>Chapter five: Discussion</td>
<td>77</td>
</tr>
<tr>
<td>A. Hypothesis one</td>
<td>77</td>
</tr>
<tr>
<td>B. Hypothesis two</td>
<td>78</td>
</tr>
<tr>
<td>C. Hypothesis three</td>
<td>81</td>
</tr>
<tr>
<td>D. Shortcomings and Needed Improvements</td>
<td>81</td>
</tr>
<tr>
<td>E. Implications of the Study</td>
<td>84</td>
</tr>
<tr>
<td>F. Summary</td>
<td>84</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chapter Six</td>
<td>References</td>
</tr>
<tr>
<td>Appendix A</td>
<td>Vancouver School Board letter to prospective control group members</td>
</tr>
<tr>
<td>Appendix B</td>
<td>An outline of the treatment workshop</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Experimental group members workshop evaluations</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Collett-Lester Fear of Death Scale and Manual</td>
</tr>
</tbody>
</table>
LIST OF TABLES

I. Table 1  Combined Cell Means (Group/Religion)  
Experimental and Control

II. Table 2  Observed Cell Standard Deviations (Group/Religion)  
Experimental and Control

III. Table 3  Observed Combined Means (Group/Religion)  
Experimental and Control  
Religious Commitment and  
No Religious Commitment (Combined)

IV. Table 4  Analysis of Covariance (Group/Religion)

V. Table 5  Observed Cell Means (Sex/Group)  
Experimental and Control

VI. Table 6  Observed Cell Standard Deviations (Sex/Group)  
Experimental and Control

VII. Table 7  Observed Combined Means (Sex/Group)  
Males and Females (combined)  
Experimental and Control

VIII. Table 8  Analysis of Covariance (Sex/Group)
LIST OF FIGURES AND ILLUSTRATIONS

1. Graph a. Observed Cell Means (Group/Religion)
   Experimental

2. Graph b. Observed Cell Means (Group/Religion)
   Control

3. Graph c. Observed Cell Means (Sex/Group)
   Experimental

4. Graph d. Observed Cell Means (Sex/Group)
   Control
This research project deals with the need to prepare educators who wish to teach about dying and death. The subject is now being taught in some secondary schools in Canada and the United States. Although there are curriculum guides available on what to teach, there has been no work done on the preparation of teachers to administer the curriculum. A description of proposals for preparing teachers will follow information which acts as a foundation for this project.

Death is treated as a taboo in our society (Feifel, 1959). The social system is structured in such a way that people are insulated from old age, dying and death. Historically this was not the situation (Hofmeier, 1972). In the middle ages there was a preoccupation with mortality (Kastenbaum & Aisenburg, 1972). Religion has moved from a position of influence to one of less influence (Hofmeier, 1972; Kavanaugh, 1972).

In rural North America death was more a part of the life process (Mitford, 1963). Urbanization and a growing technology have changed society considerably (Kastenbaum & Aisenburg, 1972). One of the unfortunate changes has been an over-emphasis on youth and life to the exclusion of old age and death.

Although the general picture is one of avoidance, there are some indications of change. Some people have become aware of how harmful ignoring mortality can be and they are encouraging others to be more realistic (Kastenbaum & Aisenburg, 1972).
At the core of avoidance or acceptance of death is the fear which death evokes. Weisman (1972) and others consider this fear a "universal negative". Jung (1959) on the other hand believes that man can not evade this fear and should consider it as part of life's process. In addition to a variety of definitions for the fear of death, there are suggestions for management of these concerns (Choron, 1964).

There is a direct link between fear of death and the meaning of life (Frankl, 1973). Although some see the quality of life negated, many others make a strong case for enhancement (Curran, 1972; Kavanaugh, 1972; Keleman, 1974; and Langone, 1972).

To this point the perspective has been quite broad, dealing with the social setting. The focus now changes to three areas of specific concern. Directly affecting each of these topics is the tone set by society with regard to attitudes about mortality.

Avoidance of death has directly influenced the care of the terminally ill. Medical professionals in particular, have been taught to cure, to the point where a death is interpreted as a personal failure (Hendin, 1973; Strauss, 1969; Mount, 1973-4). For a patient the experience of dying can be a lonely one (Mount, 1973-4). When medical personnel, family and the individual patient are willing to acknowledge the reality of death, the situation changes radically. Dying can be a time of real growth (Saunders, 1969; Curran, 1972; Kavanaugh, 1972; Imara, 1975; Ross, 1974).

Bereavement is also directly influenced by how society manages death (Hendin, 1973). By facing the eventuality of death it is possible to be somewhat prepared for the grief experience when it happens (Pincus, 1974).
The funeral has been critically examined over the last 15 years (Mitford, 1963; Harmer, 1963). Much of the criticism has been directed at the funeral industry. Particular concern has been expressed about how the industry has evolved to support the growing stance of denial. The modern funeral has become a dramatization, intent on camouflaging the reality of death (Mitford, 1963).

The third topic is death and children. There is a tendency to talk with children about most things, including sex. Death is usually excluded in any sharing by adults (Yudkin, 1968). This avoidance conflicts with a child's natural tendency to learn about life and can create confusion (Kastenbaum & Aisenburg, 1972). There are many opportunities to share the reality of death (Ginott, 1969; Pincus, 1974; Ross, 1974).

Social beliefs and standards are often imparted to young people as they are educated. If there is to be a change in the way death is dealt with, it makes sense to start with children. However someone has to teach the children.

Ross and others have found that to be comfortable with the subject of death an individual has to become aware of his or her own feelings. If teachers are to teach about death they should have an opportunity to deal with their own attitudes and fears.

The purpose of this study is twofold: to develop a training procedure and to evaluate its effectiveness. There is no research available which documents the subject of teacher preparation in the area of death and dying.

What follows is the "review of the literature" which will provide an indepth look at the foundation information outlined in this introduction.
CHAPTER TWO
Review of the Literature

A. Culture: General perspective

Death has indeed been a "taboo" subject in North America (Feifel, 1959). "Death has become unmanageable for our culture and for us as individuals" (Lifton, 1974, p.3). It has been relegated to a very private or crassly commercial affair (Hofmeier, 1974).

Only a hundred and twenty-five years ago this was not the situation. Death was a more visible and acknowledged part of life in rural America. It was more of a community responsibility; the family prepared the body; friends built a coffin or picked one up from the furniture store; someone else dug a grave. Everybody had a part to play in life's ending.

Today, technology and urbanization have doubled life expectancy and yet alienated people from their dying. Customs and creeds have been developed to allow us a comfortable distance from the reality of death. "Secular and religious tactics pertaining to death share a common intent: to placate an adversary" (Weisman, 1972, p.5).

Keleman in Living Your Dying (1974, p.16) echoes and expands this idea when he says that "The myths of all societies try to ensure that we don't die meaningless deaths. They try to give an avenue of approach to the dying process so that we are not swept away in despair at meaninglessness."

Kastenbaum and Aisenburg have written an authoritative book entitled The Psychology of Death (1972). They have examined at some length the 'cultural milieu' of yesterday and today, and will be referred to frequently.
in this section of the paper. Kastenbaum and Aisenburg believe "...we no
longer participate in a society that is dominated by tradition, lineage, or
accepted dogma" (p.208). We no longer have a cultural buffer to help us under-
stand and adjust to our mortality.

Perhaps it is the loss of our dogmas and traditions that has forced
death to be hidden away. Both physical death and symbolic portrayals are al-
most out of sight. Kastenbaum and Aisenburg differentiate between "natural"
and "unnatural death". Natural death happens to old people which makes it a
distant and remote menace. Natural death is becoming obsolete in today's
youth oriented society and only happens to people who have become obsolete.
Unnatural death is primarily associated with youth and accidental deaths in
car crashes and the like.

If death constituted the overwhelming fact of life to the man of
the late middle ages, then to many of us, death may seem all but
irrelevant. Perhaps more than any society the world has known,
we have succeeded in relegating death to a small peripheral cor-
ner of our conscious mental life. Death befalls the aged, who
are semi-visible on our phenomenological screen anyhow; and death
is the business of specialists whose work is largely unseen by our
eyes. (p.207)

1. **Historical overview**

In the past it was different. There was a more limited life span with
few people even reaching old age. There was a high infant mortality rate and
no adolescence because children began to work early. There was common expos-
ure to death in people and animals. Man also had little control over the
forces of nature.

Toynbee in *Man's Concern with Death* (1968) says that his parents grew up
in the "Ancient World". For them death was an early realization since life's
expectancy was so low. He compares his parents to his more immediate family
who live in the "Modern World": "Thus I and my sisters are modern in having
no experience, in childhood, of the death of anyone in our immediate family circle" (p.259).

The Middle Ages offer an interesting contrast to our present times. "In Northern Europe for two hundred years - from the middle of the 14th to the middle of the 16th (centuries) ... the subject of death was central, pervasive, vivid, intense - in short the concern of 14th century man" (Kastenbaum & Aisenburg, 1972, p.198). Not only was life expectancy normally short but there were great catastrophes, pestilences, witch manias, dancing manias, the crusades and the Black Death (which was 90% fatal).

Readers are invited by Kastenbaum and Aisenburg to imagine the most appalling situation in hospitals, ships, and prisons; the crudest sort of funerary practices; the most desperate combinations of disease, famine and ignorance. Death was the favourite topic of preachers and writers as well as one of the most common subjects for popular art. Statues existed that were half healthy man and half decaying man. Brueger's "Triumph of Death" is a painting that mirrored the preoccupation. Death even predominated as a theme of children's games.

2. Religious perspectives

During the middle ages there was no technological defense and there were ineffectual social controls and adjustments. However there was a major source of comfort: theological doctrine with faith and trust in the "all-powerful creator" and a joyful resurrection were of help to many. The hereafter also however, became a source of terror for those unable to live up to the teachings of the church. Death became God's punishment of man and needless to say the moment of death a dreaded occasion. This concept will be explored further in a later section on "fear".
Hofmeier (1974) states that until the middle of the 19th century religion was a major influence in Western attitudes towards death. "This influence is fast disappearing" (p.13). Kavanaugh in "Facing Death" (1972) believes that the influence of religion is not simply disappearing but indeed gone. "Gone are the national and religious rituals for grieving, the wakes, the anniversary masses, the regular prayers, the proper clothing, post funeral-feasts. Cemeteries no longer hold much magnetism and holidays for honoring the dead have less meaning and popularity each passing year."(p.7)

Kavanaugh an ex-priest, goes a step further to state that although some people seem to find comfort in their faith while others' fears are increased, religious faith does little to help man with death. He says that it is the act of believing and not the belief that counts. "True believers are men committed to any set of transcendent values who dare to live them to the end." (p.14)

Kavanaugh's ideas are supported by others. Hinton (1967) states that it is unclear what effect religious beliefs do have. O'Connell (1974) has an opinion that rituals validated by institutional religion "do not help the living-dying develop the conditions for learning to live."

Ross in her classic On Death and Dying (1967) mentions that she observed both religious and non-religious persons die in peace. She also feels that the strength or quality of the "held" belief is significant. More recently Dr. Ross has said more on this subject. At a conference in Seattle, Washington in March 1976 she stated that, in her opinion, Christians are best equipped to handle death and dying. Unfortunately however, of all the world's religions, she felt members of the Christian faith were least likely to "live" their beliefs. If they would live their faith they would experience its influence in their attitudes and concerns about death.
For Kavanaugh (1972), worldly gods have taken over for traditional religion: physical health, youthful appearance, sexual attractiveness, success and peace of mind. The latter goal can be achieved in death (Refer to section "meaning of life").

Fulton (1963) talks about a secularly oriented society where death is no longer the wages of sin, but rather the wages of "loose living". "Modern America with its emphasis upon youth, health, sports cars, long vacations, and longevity has come to view death as an infringement upon the right to life and the pursuit of happiness." (p.8) Suffering is to be avoided at all costs. However the pursuit of happiness can result in "loose living" (drinking, smoking, sex) which can in turn result in illness and death. When this occurs the victims complain about their lack of luck in being "caught".

Lifton (1974, p.19) aptly refers to Arnold Toynbee's statement that death is "un-american". "He means that in a culture that places so much emphasis on progress, strength and the vitality and beauty of youth, and so little on the wisdom and dignity of age, death has no place. In such a society, dying can be a terribly lonely and desperate experience as indeed it often is."

3. A "Death System": Technology - help or hindrance?

Kastenbaum and Aisenburg (1972) claim that societies have "death systems". They define a death system as "the words and actions concerning death" that allow people to come to terms with death in both its personal and social aspects. Such an arrangement is sanctioned by governing authorities and shared by the community.

It would seem that our death system mainly encourages an attitude of denial and avoidance. The weakening of authoritative customs and religious traditions have led to the secularization already described. A social system with
such "worldly" priorities has to camouflage or completely deny the existence of death. Blauner (1966) points out that our present death system has expelled the dead. They are no longer important to the social structure. There is a "diminished visibility of death" (p.238). In the past, spirits had a large part to play in the lives of those left behind. Today we generally do not feel that the dead exert much influence over us as we go about our daily routines.

Kastenbaum and Aisenburg (1972) say our death system of avoidance can also be seen in our attitude toward the physical environment. Science has led us to believe that we are capable of control and mastery. "Science potentially can solve any problem in which we care to invest sufficient time and resources. Money changes the world." (p.207)

Scientific medicine seeks to understand and use the laws of life and death (Hofmeier, 1974); thus man finds himself with some new issues to be dealt with: birth control, abortion, prolongation of life, and euthanasia. Hendin (1973) defines direct (positive) euthanasia as a deliberate action which shortens a life (i.e. mercy killing) and indirect euthanasia as a situation where death is not induced but rather is permitted. Apparently this latter type is much more common. Mannes (1975) has written a book supporting both types of euthanasia which even details a "Living Will" which will permit a person to place his euthansic concerns in writing while he is still quite healthy. Such a document has become legalized in the State of California during October, 1976.

Science also offers the alternative of 'cyronics' or refrigeration after death (Hendin, 1973; Hofmeier, 1974). The hope is that the body could be thawed out and revitalized at some point in the future when the cure to the
disease which killed the person has been discovered.

One of the reasons why science helps to perpetuate an attitude of avoidance may be due to the fact that it tends to measure all experience within the bounds of space and time. Thus science does not furnish man with "all the necessary parameters for investigating and understanding death" (Feifel, 1959).

On the other hand, clearly science and technology are also helping mankind to achieve greater enlightenment in the area of death and dying. Scientific progress has reduced many burdens on the individual and made it possible for him to have an attitude to death which is not dominated by fear. (Hofmeier, 1974). Today man does have the opportunity to develop an attitude which encompasses a realistic awareness of the limits of one's life.

Technological advances have called into question the definition of death itself. Today there is a challenge before medical, legal and theological groups to redefine death (Langone, 1972; Hendin, 1973; Sneidman, 1973). In the past death has occurred with cessation of respiratory functions (heart and lungs). Today there is strong support for a definition of death which is based on the ceasing of mental or brain processes.

4. **Signs of Change**

There are reports of a renewed interest in death and dying in North America (Kastenbaum & Aisenburg, 1972). There are a variety of reasons offered for such a statement. One is the "BOMB": a reality which forces people to examine the meaning to end all death, because it would end all life as we know it (Lifton, 1974).
Secondly, faith in material progress is beginning to ebb. We are learning that technology does not necessarily solve social problems. Indeed there are many new discoveries which have undesirable aspects. "Unacceptable types and levels of suffering and unnecessary premature deaths have not vanished and show little inclination to do so." (Kastenbaum and Aisenburg, 1972, p.235)

Thirdly, some people have begun to suspect that our very way of life may have lethal components. There is increasing evidence of air and water pollution. Species of wildlife are disappearing from the face of the earth. Highway deaths, alcoholism, drug addiction, violence with guns, and economically inspired wars are taking their toll.

The fourth reason deals with exposure to violent death due to mass media. If there is a war in some remote part of the world it is reproduced nightly on television newscasts. Fires, automobile and airplane crashes usually receive similar treatment.

Due to major media coverage, North Americans are "literally obsessed with the occurrence of accidental deaths" (Projector, 1968). They have come to believe that accident fatalities comprise a large proportion of the total mortality rate. In actual fact only 5% of U.S. deaths are due to accidents and the remaining 95% to natural causes.

There is a tendency to believe that accidents are much more prevalent than in days gone by. Projector (1968) shows that this is an invalid assumption. In the days of horse and buggy, railway, and steamboat travel there were frequent tragedies. To cite an example, the steamboat Sultana exploded on the Mississippi river in 1865. Over 1500 people died. Another 1000 people died in a steamboat fire in New York harbour in 1904.
Projector believes that there is a relationship between modern man's infatuation with accidental death and his insufficient concern with normal death.

Hofmeier (1974) says that increased violence does not help enlightenment but continues avoidance. On the one hand, there is a society which in some ways promotes a healthy open approach to dying and death, and on the other hand a society which condones and even promotes violence. Perhaps it is this condonation by society that prevents people from being shocked by the reporting of violent events in the media. Although objectively violent death - presented in the media "increases the frequency of direct contact with death ... in an amazingly large number of cases, (it) fails to produce profound experiences of shock" (p.20). Technological advancements encourage the consideration of the nature of a meaningful and responsible life. The illusory relief given by dramatized death works in the opposite direction of any relief offered by medical progress.

Mount (1974) concurs: "The media have brought a sense of unreality to death. The picture of George Wallace lying paralyzed on the pavement provoked merely a ho-hum response". He goes on to name movies which illustrate his point. There are films like "The Godfather", "Catch-22" and "Butch Cassidy and the Sundance Kid". More recently there has been the "Exorcist" and "Jaws". At the time of this writing there is "Survive". This latest movie concerns the sensationalizing of Read's Alive (1974) which tells of the survival via cannibalism of a group whose plane crashed in the Andes mountains.

What media critics fail to mention is that there have been a number of movies which have come out with very realistic portrayals of death. The Vancouver Film Society featured several of these works in a series entitled "Living with Death" from January 20 thru March 9, 1976. The films fell into
three categories — art works, satires and documentaries. "Exterminating Angel" (1962) deals with death in a most surrealistic manner. "Death in Venice" (1971) is a powerfully intellectual production from Italy. "The National Health" and "The Loved One" (1965) are satires and "I Never Sang for My Father" (1970) a serious drama about a father and son relationship. These films and others which have been produced to challenge man's attitudes toward mortality have not been enthusiastically received.

Literature and live drama also act as vehicles for realistic portrayals of dying and death (Bloching 1974; Nelson, 1973). "The resistances men exhibit to facing the realities of their lives and deaths have provoked one play-right after another in our time. Audiences have worked wonders in fending off these messages" (Nelson, p. 118). Shibles (1974) has written a book which would seem to be the result of offering an interdisciplinary course on death. He includes a lengthy section on various literary offerings published over several years.

The fifth and final reason given by Kastenbaum and Aisenburg (1972) to support their thesis that there is a renewed interest in death is that we now have more "mental healthers" who have been "through the mill". "Old School" psychologists are now getting older and learning that their theories (psychoanalysis) do not meet the challenges of mortality.

Mental health specialists are encouraging members of today's society to change their ideas about death (Kastenbaum & Aisenburg, 1972). They are most active in attempting to prevent suicide. The Center for Studies of Suicide Prevention (CSSP) has been established with the aim of "encouraging and evaluating mental health efforts pertaining directly or indirectly to suicide prevention" (p. 236). The "Psychological Autopsy" created by
Kastenbaum and others (Sneidman, 1973) is an attempt to investigate a dead person's psychological make-up and history. In so doing, the investigators can try to determine what might have led the individual to kill himself.

Psychologists are also involved in attempting to identify psychological components in other types of death. Work is being done to improve the lot of the terminal patient. This concern will be examined at some greater length in the section on "care of the dying".

Much energy is being directed towards decontaminating the topic of death. "There has developed the tradition of investigating death attitudes in order to confront the public with its own biases and resistances." (Kastenbaum & Aisenburg, 1972, p.237).

Decontamination of dying and death in society will involve some in-depth focus upon "fear of death" and the "meaning of life". It is the fears that keep people from looking directly at their mortality. Once the fears are faced there is a direct effect upon life's meaning.

5. **Fear of Death**

In Overcoming the Fear of Death (1970) Gordon writes "Most of us are afraid to contemplate our own ending; and when anything reminds us that we too shall die, we flee and turn our thoughts to happier matters" (p.13). If and when we do consider the possibility that we might actually die, we think of it as an event in the remote future. In so doing we are able to repress our fear of ultimate doom or consciously forget it.

One's attitude towards death is ultimately related to one's fear of the subject. A person with an open and objective attitude is somehow managing his fears. Another individual who prefers to "avoid" the whole issue
is dealing with his fears in the way Gordon has mentioned. This avoidance of fear shall be analysed in this section as well as management of death anxieties.

A fear of death is dependent upon a number of variables (Langone, 1972, p.4). Already discussed at some length has been the influence of cultural and religious beliefs. "Insofar as culture is defined in terms of material traits and artifacts, much of what man does and builds is motivated by his desire to endure." (Gordon, 1970, p.24) Gordon sees our culture as a response to our fear of death. Culture thus in turn has a causal effect in nurturing the same fear.

In addition to culture and religion, Langone cites "our attitudes toward life and living, and our general emotional health" (p.4), as playing a part in fear of death. (The section on "meaning of life" will delve into the significance of these two issues in some greater detail.

a) universal nature

Weisman (1972) says that, for practically everyone, the meaning of death is a "universal negative" (p.13) and that it is impossible to imagine one's own death. Death repudiates and nullifies all the objectives so sought in life. Weisman restates the Freudian idea that although man recognizes death is universal, he is unable to face it individually. This is described as the "primary paradox". The penalty paid for avoidance is that when a death does occur it catches us unprepared.

In 1973 Becker wrote The Denial of Death just before he himself died of cancer in Vancouver General Hospital. Becker talks about the "existential paradox" of individuality within finitude.
This is the paradox: he is out of nature and hopelessly in it, he is dual, up in the stars and yet housed in a heart-pumping, breath grasping body that once belonged to a fish and still carries the gill-marks to prove it. His body is a material fleshy casing that is alien to him in many ways - the strangest and most repugnant way being that it aches and bleeds and will decay and die. Man is literally split in two: he has an awareness of his own splendid uniqueness in that he sticks out of nature with a towering majesty, and yet he goes back into the ground a few feet in order blindly and dumbly to rot and disappear forever. It is a terrifying dilemma to be in and to have to live with. (p.26)

Becker goes to some length to show that anality or concern with one's analness is at the base of most of Freud's work. One's lifestyle is a necessary and basic dishonesty about oneself and one's situation (p.55). It is a means of living securely and serenely with the fact of our creatureliness. Repression is seen as required for normal life. Culture is a compromise with life that makes life possible (p.265).

Choron has written a classic on fear of death entitled *Death and Modern Man* (1964). His book is a collection of ideas on fear which will receive a good deal of attention in this section. Choron quotes Pascal as saying that some people try to not think of death at all. He quotes 17th century poet Young as saying "All men think all men mortal but themselves" (p.107).

Choron has observed a deep seated reluctance by people to visualize the end of the process of living. He states that this stance is confirmed by the synonyms given for death such as "the grim reaper, the pale horseman, the destroying angel, the grim monster, and the arch foe" (p.107).

Try as one might to avoid the reality of mortality there are times when it is impossible to plead ignorance any longer. Jung in a book by Feifel (1959) states this most aptly:
But when one is alone and it is night and so dark and still that one hears nothing and sees nothing but the thoughts which add and subtract the years, and the long row of disagreeable facts which remorsefully indicate how far the hand of the clock has moved forward, and the slow, irresistible approach of the wall of darkness which will eventually engulf everything you love, possess, wish, strive, and hope for - then all our profundities about life slink off to some undiscoverable hiding place, and fear envelops the sleepless one like a smothering blanket. (p.4)

Choron admits that Pascal did also say that "average normal" people do think of death from time to time but in a fearful sense. He acknowledged himself that death fear was actually quite widespread as the following philosophers had all experienced it: Augustine, Montaigne, Descartes, Pascal, Comte, Schopenhauer, Renouvier and James (p.110). As has been stated the alternative to denial and avoidance is to attempt to deal with the problem of mortality. Before discussing a variety of possibilities it is appropriate to focus on death fear itself.

c) definition of fear

For Feifel (1959) fear of death is possibly the source of all anxiety. Any loss represents total loss. Cohen and Parker (1974) hypothesized that if death is viewed as an infringement upon one's life, affiliation with others and success, it would be predicted that those high in fear of failure would also be high in fear of death. Their hypothesis was supported in their research with 47 male undergraduates.

Choron (1964) has divided death fear into three sub-categories: fear of what happens after death; fear of ceasing to be; and fear of the "event" of dying (pp.74-79). By fear of the event of dying Choron equates dying with suffering. "It would seem therefore, that we have in the latter instance fear of pain, and of the indignity of being weak, helpless, and miserable rather than the fear of the termination of life". (p.77).
The event of dying is the crucial and central feature of the midlife phase. It is the feature of this stage of the life process which makes it, for many, a difficult time (Jacques, 1969). The achievement of mature and independent adulthood presents itself as our main psychological task. Such a goal is paradoxical for as one enters the prime of life, the stage of fulfillment, death lies beyond. One's own real mortality becomes a personal matter. Greater life expectancy has changed the fear of death to a fear of aging (Bloching, 1974).

On the other hand a person who has lived his life the way he wanted is not afraid of the end. The fear of dying/aging is tied to the goals of who you believe you have to be rather than who you are (Keleman, 1974, p.102).

There is a tendency to look at death as simply the end of a process (Jung, 1959). It does not occur to us to conceive of death as a goal and a fulfillment. A youth is urged on to a purposeful future. An old man, who is struggling with his old age, causes us discomfort and we respond with superficial banalities like "everyone must die sometime" or "one doesn't live forever".

For Jung "life is an energy process. Like every energy process, it is in principle irreversible and therefore unequivocally, directed towards a goal. That goal is a state of rest." (p.4) "It is as if life is like a parabola of a projectile which disturbed from its initial state of rest, rises and then returns to a state of repose." (p.5)

Man is urged to treat the descent to death from middle age with the same, if not increased, respect that is offered the ascent from youth. If this is done, the gain for the individual is a deepening of awareness, under-
standing and self-realization. Genuine values can be cultivated (wisdom, fortitude, courage) as well as a deeper capacity for love and affection, human insight, hopefulness and enjoyment (Jacques, 1969, p.163).

As long as individuals continue to treat dying as they do, old age will be an unpopular and tragic time for many people. They shall continue to be discouraged in their aging and the results will be as Jung (1959) so succinctly describes: "an old man who does not know how to listen to the secrets of the brooks as they tumble down from the peaks to the valleys makes no sense; he is a spiritual mummy who is nothing but a rigid relic of the past. He stands apart from life, mechanically repeating himself to the last triviality" (p.6)

Hinton (1967) sees dying as a separation experience. It forces people to part "and morbid fears are likely to arise at the prospect of the imposed and unsought-for separation" (p.28). Langone notes that fear of separation from family and friends was the most prominent aspect of Feifel's study of death fears.

Choron's second category has to do with fear of what happens after death. This fear has been the dominant form of death fear for almost "two millenia". Religion has made afterlife a reality which must be earned. Curran in an audio tape entitled Death and Dying says that the "core fear" is a fear of the beyond.

Choron's third category is the fear of ceasing to be or extinction. What is meant here is that where there is a love of life there will be a natural aversion to death. Hinton (1967) tells us that "much of the anxiety that the prospect of death arouses is normal and has a biological value"(p.21).
He claims that if this fear were absent we would risk our lives unnecessarily and premature death would come "too often for racial survival".

Curran talks about "annihilation fear" which brings paralyzing nightmares to children. Adults carry with them many unresolved childhood fears and death brings the threat of annihilation to the fore (Curran, 1974; Keleman, 1974).

In Counselling Learning - a Whole Person Model for Education (1972) Curran offers a good example of annihilation fears. The teacher or knower fears annihilation as he shares his knowledge with the student or learner. To safeguard himself the knower intellectualizes and factualizes his material to keep a safe personal distance from the learner. "This protective dynamic on the part of the knower can be seen in an advice-giving relationship, in which the one giving the advice may do so when the one receiving the advice is either incapable of making it operational or already knows what to do." (p.92) A knower's death fears have to do with the diminishment of his being, as what he knows is shared. Curran's solution is to have the learner provide supportive understanding as the learning process evolves.

Gordon's (1970) composite fear of death falls into this third category: fear of time, decay, irreversibility, losing our pleasures and sensations, losing our thoughts and ability to think - losing the self (p.20). Choron quotes Renouvier who said "When a man is old, very old and accustomed to life, it is very difficult to die".

d) **management of fear**

With the fears of dying and death acknowledged and examined it is now appropriate to take a look at some proposed ways of managing such apprehensions.
Becker (1973) mentions that Rank believed that killing another living creature or being was a symbolic solution to one's biological limitation. "The death fear of the ego is lessened by the killing, the sacrifice, of the other; through the death of the other, one buys oneself free from the penalty of dying, of being killed." (p.99) This idea might partially explain the existence of mercenaries, murderers and even hunters of wild game. Needless to say this is not likely to become a popular way of appeasing personal fears.

Secondly Gordon suggests a popular antidote: work and the making of money. Work which has as its result the earning of money has been considered by many as the most socially approved use of time (p.34). "This is the man who has completely forgotten his mortality, and in his headlong flight to escape it, is really rushing to embrace it. This is the man who kills himself, finally, after first killing everything in himself that is human." (p.29)

Lifton (1974) proposes five modes for achieving a sense of (synthetic) immortality: biological, creative, theological, natural and experiential. He has come up with these ideas because he thinks that "serenity in the face of death depends upon the sense that, in some symbolic way, one's life will endure" (p.49). There is a concurrence here with Kavanaugh's statement made in the section on culture that a belief in something is significant in the face of death. Lifton does, however place emphasis on the type of belief held.

Mode one is the biological and necessitates living on in one's progeny. Becker (1973) isn't impressed with this plan, for if sex is fulfillment of man's role it is also an ongoing reminder that "he is nothing himself but a link in the chain of being, exchangeable with any other, completely expendable in himself" (p.113).
Frankl (1973) asks about childless people. How are they to find an answer to their fears in this approach? Lifton would no doubt suggest that they check out one of the other four.

Number two is the creative option and involves: teaching, art-making, repairing, construction, writing and healing, etc. Any activity that permits a person to enter into a general human flow beyond himself. Becker agrees and says that "... some kind of objective creativity is the only answer man has to the problem of life" (p.183). "The most that any one of us can seem to do is to fashion something - an object or ourselves - and drop it into the confusion, make an offering of it, so to speak, to the life force." (p.285)

Death jars one into a creative state (Curran). It forces one into the world of faith and hope which are preambles to love. Creativity involves leaping into the unknown.

Lifton talks about the nuclear age, Hiroshima and Vietnam. People have come close to death in Hiroshima and Vietnam in particular, and many have survived. These survivors are able to attain "profound insights". The survivor is a creator who has known disintegration, separation and stasis and who is now struggling to achieve a new formulation of self in the world. An area where the survivor struggles is that of work: "The basic theme is the quest for significant work experience that will be immediately involving and that will contribute to the continuing human enterprise" (p.133).

The third mode, theology, proposes life after death. Hinton (1967) clearly disagrees: "A convinced belief in a future life by no means eradicates anxiety over death" (p.38). He says that the Christian doctrine teaches that a man is a guilty sinner and deserves punishment after death. Berman
and Hays did a study which they called "Relation Between Death Anxiety, Belief in Afterlife, and Locus of Control" (1973). In general the findings suggest that the relationship between death fear and afterlife beliefs is weak.

Nature is the theme of mode four and supplies man with ample evidence that regardless of what happens to man, the trees, mountains and seas endure. In actuality mountains do disappear, rivers dry up and oceans change locations. Some gather solace from the image of returning to nature from "whence we came": from dust you came and to dust you shall return (p.70).

The final mode for synthetic immortality is experiential transcendence. Lifton describes this as a psychological state which involves extraordinary psychological unity; an intensity of sensual awareness; and unexpressable illumination and insight. Becker (1973) describes psychology as the "new religion". Its purpose is to discover the strategies that a person uses to avoid anxiety. Psychology attempts to help people find paradise through self knowledge. Becker thinks that this is folly because there is no way to transcend the limits of the human condition. Becker does say, however, that there are three ways that psychology can become an adequate belief system. One is to be a creative genius as a psychologist and to use psychology as the immortality vehicle for oneself as Freud and subsequent psychoanalysts have done. Another is to use the language and concepts of psychotherapy in much of one's waking life so that it becomes a lucid belief system. The third method is to take psychology and deepen it with religious and metaphysical associations so that it becomes actually a religious belief system with some breadth and depth; the psycho-therapist becomes the guru.
Gordon (1970) feels that "man's basic motivation is to attain and repeat the spontaneous peak experience in which man is unified with himself, others and the world, and in which his thought processes, his thinking and his discursive intellect are momentarily stilled" (p.89). Man becomes one with himself, others, and the world of nature.

Gordon has developed his ideas to the point where he has come up with a theory which he calls the "unification experience". Gordon believes that sexual orgasm is the unification experience par excellence. Death need not be feared because it is the ultimate unification experience, which may make death the ultimate orgasm. Lifton's survivor is able to truly evolve in this mode. He seeks a sustained experience of exquisite inner harmony, of wholeness and unity (p.135). When there is death there is rebirth and hope. Lifton quotes Roethke "In a dark time, the eye begins to see".

Chôron (1964) has five suggestions for "alleviating the fear of death". The first is to ignore it. One does not repress the fear, one simply does not pay it any heed. Time is spent studying or in some other absorbing activity.

The second possibility is to simply face the fear "head on". By becoming familiar with it one is able to mitigate its terrors.

A third choice is to minimize death. "Death is less to be feared than nothing —— neither can it in any way concern you, whether you are living or dead; living by reason that you are still in being, dead because you are no more". (p.114).

The fourth alternative: minimize the value of life. Christians suffer in this existence and anticipate a "blissful afterlife". One may lead an
ascetic life or dedicate oneself to helping others or to some cause, scientific or artistic in nature.

Choice five is to live a rich and full life. Commitment to something is the key. This stance was particularly tried and supported by Goethe. Unfortunately he still feared death.

Choron says that "... it has become clear that none (of these methods) can be universally effective because of the varieties of these (death and dying) fears" (p.126).

A means of dealing with the hard facts of mortality not yet suggested by anyone quoted is a healthy sense of humour. (O'Connell, 1966). "Humour in the Freudian sense was a paradoxically healthy repudiation of the reality of one's death. The interpretation of this phenomenon in existential terms would be more the realization and acceptance of one's physical dissolution, although still, as with Freud, a sign of rare emotional maturity." "Life is too important to be taken seriously." (O'Connell, 1974)

It has been shown that fear of dying and death is the issue at the centre of culture's stance towards mortality. Although death is generally a most uncomfortable fact of life in the present social system there are indications of change. It is the fears associated with dying and death and must be broached by anyone tackling this aspect of life.

As has been indicated there are direct benefits to facing death fears. There is the obvious result that death does not necessarily loom so traumatically. Perhaps of even greater significance is the effect on the quality of life.
6) **Meaning of Life**

Curran (1974) says that death is the tax we pay for living. Death frames life or completes the picture of life. When a companion dies it is the final brush stroke of life which allows us to round out our awareness of the other. The peace of death allows us to be truly objective.

A part of life is closed off when people refuse to face death as individuals and as a culture (Lifton, 1974). "Until we accept the personal reality of death as a common legacy of mankind, of mine as well as yours, pertaining to me as well as to that other person, we will remain caught in a dense web of artifice and denial". (Weisman, 1972, p.18)

Denial and avoidance in the face of death have been discussed as a characteristic North American outlook. However life is not "comprehended truly or lived fully unless the idea of death is grappled with honestly". "This has implications not only for the individual but for society as well." (Feifel, 1959) The 17th century French writer and moralist, La Roche- foucauld said that "one can no more look steadily at death than at the sun". Feifel points out that much has been learned about our planet and mankind from observing the sun. "Is it not a form of ostrich adjustment to neglect one of the essential realities of life, a kind of fraud perpetuated on ourselves? " (Feifel, p.XIII).

a) **enhancing forces**

Bloching (1974) says that there is general agreement about the fact that man is characterized by the need to face the inevitability of death. "He's the creature who can die consciously." (p.24) Hinton and Ross think that many people are able to accept the reality of death. It takes a long
time to accomplish and in fact continues to occur until death itself personally arrives. The result of this process is that "life becomes much more meaningful and valuable" (Ross, 1974, p.21). Lifton quotes Forster who said: "Death destroys a man; the idea of Death saves him" (p.21). Confrontation of one's mortality simplifies life and makes it more satisfying (Gordon, 1970).

Although everyone has the certain knowledge that they must and shall die, how many persons are truly able to "know" it? Pincus asks this question in Death and the Family (1974). She says that if we could really know, "We might then be able to live more fully, less burdened by fears and anxieties, and thus improve the quality of our lives and our deaths" (p.9). This link between quality of life and quality of death is supported by others (Curran, 1974; Kavanaugh, 1972; Keleman, 1974; Langone, 1972). As an example of what Pincus means she talks about her dying husband:

He felt that during these last months of his life, he had acquired a new intensity of perception, of enjoyment, of being in touch with what was beautiful, and I could share on our gentle walks, his sheer delight in small children, birds, flowers, trees, clouds. We were probably closer during that time, more united in mutual trust, than at any other time in our long marriage. (p.4)

People are encouraged to live each moment to the fullest (Gordon, 1970). This is a worthy goal but one that is difficult to achieve (Toynbee, 1968). To the extent one is able to live in the present he/she is able to become one with the moment, the person they are with, the situation they are confronting, the world and most importantly with themselves.

b) negating forces

There are many who, although they agree that death provokes the meaning of human existence, (they) disagree about the answer to the question.
Some choose to accept a negative response.

Choron (1964) quotes Krutch who says that "Living is only a physiological process with only a physiological meaning". Nagel is also consulted: "Human destiny is but an episode between two oblivions" (p.162). If death is the end then life makes no sense. "Death may be 'nothing' as Epicurus and some modern 'tough minded' philosophers claim, for it is 'only' a natural end to life; but it, nevertheless, turns life into 'nothing' by making it appear pointless and absurd. A journey whose final destination is disaster, a struggle that is fated to be lost." (p.163)

For Choron the main problem has very little to do with mortality at all. The primary difficulty is that life's process makes life seem senseless. Gordon calls this the fear of life. Much of life is "consumed by mental anguish and suffering and dark despair and unhappiness" (p.63).

Where there is an absence of meaning in life, death forces the painful question "What have I done with my life?" and there is a regret that one has not truly lived. One would think that where life has no meaning that death would be a release. Choron says that both fears exist at the same time. One finds life meaningless and yet fears its end.

c) finitude: the key to meaning

Frankl (1973) is a leading proponent of life having meaning as a result of "finitude". He refutes the various arguments that death relegates life meaningless by pointing out that death ends procrastination. If man were immortal he could postpone every action forever (Feifel, 1959; Gordon, 1970; Ross, 1975). "We are under the imperative of utilizing our lifetimes to the utmost, not letting the singular opportunities - whose 'finite'
sum constitutes the whole of life - pass by unused." (Frankl, 1973, p.64)

Finality is essential to the meaningfulness of life. This quotation from Ross' *Death the Final Stage of Growth* says it clearly:

Death is the key to the door of life. It is through accepting the finiteness of our individual existences that we are enabled to find the strength and courage to reject those extrinsic roles and expectations and to devote each day of our lives - however long they may be - to resources, to define ourselves in terms of the feedback we receive from our own internal valuing system rather than trying to fit ourselves into some ill-fitting stereotyped role.

It is the denial of death that is partially responsible for people living empty, purposeless lives; for when you live as if you'll live forever, it becomes too easy to postpone the things you know you must do. You live your life in preparation for tomorrow or in remembrance of yesterday, and meanwhile, each today is lost. In contrast, when you fully understand that each day you awaken could be the last you have, you take time that day to grow, to become more of who you really are, to reach out to other human beings. (p.164)

Uniqueness and singularity lead to responsibility. Man's existence is a responsibility springing from finiteness. "Within his own exclusive sphere of destiny every man is irreplaceable". (Frankl, 1973, p.74) Each man has a unique destiny unlike any other in the cosmos. The opportunities that come his way for the actualization of creative or experiential values and the trials and tribulations which also come his way are all his very own. The tribulations cannot be altered and therefore must be endured and in the enduring of them additional values are actualized (Frankl, 1973).

The true meaning of individuality comes to fulfillment in the community. The individuals receive value from the group and the group in turn depends upon the individuality of its members for its meaning.

The alternative to involvement in a community is membership in a "mass". Individuality is disrupting to any mass so such uniqueness must be submerged.
In a mass a person's liberty is limited for the sake of equality. Fraternity is replaced by the herd instinct (Frankl, 1973, p.71).

"Good uniqueness" is directed toward a community for which a person has a significant value. A person shoulders the task set him by society and adds to his responsibility. One lives with an active social interest (O'Connell, 1976): "to escape into the mass is to disburden oneself of individual responsibility" (Frankl, 1973, p.73). "True community is in essence the community of responsible persons; mere mass is the sum of depersonalized entities."

For Frankl, being human means being a responsible choice maker. He sees this as man's essential freedom. Man has no control over what happens to him but he does have some control over how he will choose to react to what happens.

"During no moment of his life does man escape the mandate to choose among possibilities. Yet he can pretend to act 'as if' he had no choice and no freedom of decision. This 'acting as if' constitutes a part of the human tragicomedy." (p.76). To be human means not only to be different but to be able to become different, to change and grow. Those who admit to an unknown fear in death undoubtedly live in daily fear of the unknown in all novelty and change (Kavanaugh, 1972, p.16).

Blazer (1975) suggests that a good way to estimate a person's meaning or purpose in life would be to look at his attitude toward dying and death. This idea comes from a study he conducted which discovered that people who reported a high purpose and meaning in their life tended to have less fear of death and a more positive and accepting attitude toward it. Durlak (1972)
had earlier found similar results in a study of his own.

Man has the freedom to decide how he will react to any situation he encounters. His mortality urges this responsibility upon him and encourages him to live life to the fullest on a daily basis. "What is demanded of man is not as some existential philosophers teach, to endure the meaningless-ness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms." (Frankl, 1963)

B) Culture: specific concerns

Up to this point the perspective has been quite broad. Cultural attitudes past and present have been examined. The topic of fear has been dealt with and its significance to life's meaning expressed. This overview has prepared the way for a closer look at some specific mortality issues.

It is in the care of the dying, bereavement and sharing death with children that there are opportunities to experience first hand the fruits of one's attitudes towards mortality. Each of these areas will be approached more comfortably and effectively if one has begun to grasp one's own discomfort with dying and death.

1) The dying process

First of all the various professional roles surrounding a terminal person shall be examined. A discussion of the family position will then lead to the patient; his needs, his right to information about his disease and his growth in dying. This section will end with some information about attitudes observed near death and death-like experiences.
a) the medical perspective

Modern medicine has made great progress in helping to alleviate physical pain. It has, however, done precious little to ease the final burden of loneliness, emotional pain, grief and indignity which a dying person encounters (Hendin, 1973). Medical people are little prepared to deal with death (Strauss, 1969).

In medical care there seems to be an emphasis on technological care: "... it is not infrequent that the patient as a psychologic, sociologic and individualistic organism is overlooked" (Langone, 1972, p.37). Health care has become highly specialized and divided into many branches (Hofmeier, 1974).

Hofmeier sees medical professionals as those who provide the necessary services which maintain life. Each dying person places these helpers in a conflict which engenders feelings of insecurity. Doctors and nurses react to these feelings by maintaining a safe professional distance which prevents them from truly supporting the emotional needs of their patients.

Mount (1973-4) asked his medical colleagues just why is it that terminal care is not more generally recognized as a problem area. He notes three points in response: medical people see themselves as sensitive people and they do not recognize their insensitivity to those around them; there is more of a tendency to recognize deficiencies in those colleagues around one; and there is a tendency to think that colleagues avoid questions regarding dying more than they themselves. "The biased perspective of physicians and nurses, acquired while working in close contact with the problem year after year and the tendency for the patient to respond to those caring for him
The physician is being urged from many sources to attend to the psychological as well as physical needs of people in their charge (Kastenbaum & Aisenburg, 1972). The doctor is in a pivotal position in our society's "death system" and is able to exert much influence over the specific functioning of others in the system including the patient and his family. "While there is little a doctor can do to help a person to die, there is much he can do to help a person live until the time of death." (Langone, 1972, p.33).

To be effective with the dying the doctor must become aware of his own feelings about death (Mount, 1973-4; Kastenbaum & Aisenburg, 1972). Hendin (1973) believes that physicians must distinguish between treating their own anxieties and deciding what is best for the patient (p.68). When it is felt that a patient's death is a personal failure as a "healer", artificial life-support systems become more and more appealing for use in medical care.

Tremendous advances in technology have made "heroics" a common place occurrence. This is a situation where a person is kept alive physically on a machine when his brain has ceased to function. Euthanasia, active and passive, is becoming an increasingly popular issue in which doctors are going to be central figures.

Feifel conducted a study and learned that physicians and medical students tend to have an above average fear of death (Kastenbaum & Aisenburg, 1972). Another study by O'Connell (1966) reported that medical students...
have more concern over death than do comparable college age groups. Apparently future psychiatrists exhibited the most apprehension. The implication of this research is that many physicians enter their profession and secure "prominent mastery over disease, to help control personal concerns about death" (Kastenbaum & Aisenburg, 1972, p.215).

There is a status system in a hospital which allows the doctor to make most of the decisions. "The nurse is obligated to enforce and implement these decisions regardless of her own opinions and preferences." (Kastenbaum & Aisenburg, 1972, p.220) Such decisions may get in the way of the nurse honestly and sensitively meeting the patient's emotional needs. An example would be where the doctor has decided to share no factual information with a patient about his prognosis.

The nurse is the member of the care team who is likely to have most of the direct contact with a dying person. Kastenbaum asked 200 attendants and licensed practical nurses how they would respond to possible patient statements: "I think I'm going to die soon" or "I wish I could just end it all". Most of the respondents said they would either reassure the patient, deny the seriousness of the concern, change the subject or respond with a fatalistic platitude. Only a few nurses said they would feel comfortable "discussing" with the individual his/her concerns.

Another member of the care team is the mental health specialist. In the past he has been conspicuous by his absence. There are a variety of reasons for this absence, however of greater importance is the fact that more of these people are becoming active in work with the dying. Areas of interest and involvement by mental health professions were dealt with in the section on "culture".
The other major professional who works with dying people is the clergyman or chaplain. "It is a familiar contention that the roots of all religions are to be found in man's encounter with death, his need to adorn and interpret the bare fact of mortality." (Kastenbaum & Aisenburg, 1972, p.225) The clergy has had a long term relationship with the dying.

The chaplain does not have the pressures to update his methods as do others on the care team. His very presence on that team however is forcing him to examine his perspective and purpose. At the present time his role is hazy (Kastenbaum & Aisenburg, 1972). Euthanasia and birth control are big issues for any chaplain let alone those working within a hospital setting.

Many pastors are as uncomfortable with dying and death as any one else. This is made particularly difficult for them when others expect them to be "in-the-know" with God and have all the right answers. Kastenbaum and Aisenburg note that a chaplain can have a variety of defensive styles: a set apartness, ritualized action, special language, special attire or a business approach in which one must always be off to the next appointment.

Like any one else, "to be useful in the death situation (a chaplain) must function as a mature and sensitive person as well as a living symbol of God and Church" (p.226). The chaplain has a tremendous potential in work with the dying for he does not have a specific medical function. He can simply "be with" a patient as he has the time to sit for awhile.

A clergyman's presence can improve a patient's interpersonal life by demonstrating to staff and visitors that somebody still considers the patient to be a person deserving of full attention. Such a presence enables
the individual to come to better terms with his own situation thereby making him more appealing to the hospital staff (p. 228).

A year ago the author had the opportunity to work first hand as a chaplain in Vancouver General Hospital. This position was held for about four hours a day, five days a week over three months. The points made by Kastenbaum and Aisenburg (1972) are not only interesting but they are accurate. There was the experience of first hand relationships with patients which did confirm their personal significance. The chaplain-patient relationship also was helpful to these dying people in their continuing adjustment to various hospital conditions including staff.

Hendin (1973) suggests that the best thing for medical people would be more education in the area of death. Later there will be brief mention of courses now available for nurses and their attitudes to these programmes.

b) the patient's perspective

Ross in On Death and Dying (1969) mentions stages which she has observed dying patients to pass through. These stages number five and, in order, are as follows: shock and denial, anger, depression, bargaining and acceptance. Hope is maintained throughout all the stages. Ross notes that acceptance is a worthy goal in the dying process as it allows the patient to marshal his resources to help the medical people in their continuing work to save his life. Since this information has come out medical people have been using it in a very intellectual fashion (O'Connell, 1974). The author knows from personal experience that this approach by a helper is definitely a hindrance to good relationships.
Ross spoke at a Conference on Dying Person Care in Seattle on March 5, 1976. At that time she urged her listeners to relax on the stages and concentrate on honest non-judgemental sharing of feelings. Others agree wholeheartedly (Kavanaugh, 1972; Leshan, 1969). "The encounter needs empathy, not sympathy, and the empathy must go both ways. One must be in full contact with the patient before the patient can accept being in contact with himself and with life." (Leshan, 1969) It is not necessary to move a person through the stages but rather to accept him where he is at and try to understand what is happening. Sneidman (1973) talks about "appropriate death" where a man who has been angry all his life remains so throughout his dying.

The key person in this whole issue is the one who has the terminal illness. Sudnow (1967) wrote about dying in *Passing On - The Social Organization of Dying*. He found after observing the routine of two large hospitals, that the dying person was shunned and alienated by the treatment professionals. Mount (1973-4) writes more recently and the situation seems little changed. "Instead of sympathetic understanding and expertise in meeting his medical and emotional needs, the Canadian dying in an institution today (and more than 70% of us die in institutions) is likely to encounter isolation, loneliness and depersonalization" (p.4)

To ignore the person who is dying is thought by Weisman (1972) to be a mutilation and desecration of the dignity in death. Kavanaugh (1972) states that a dying human "deserves more than efficient care from strangers, more than machines and septic hands, more than a mouth full of pills, arms full of tubes and a rump full of needles" (p.6) Hendin (1973) quotes theologian Ramsey who says "the sting of death is solitude". Leshan (1969) has found
that there is evidence to support the belief that deep psychological isolation decreases one's will to live.

The patient should be the "centre of attention" (Saunders, 1969). There should be a focus upon both the physical and emotional needs of the sick one. His requests must be attended to rather than insisting he submit to the arbitrary will of those in attendance (Hendin, 1973; Ross, 1974). During the March conference, Ross said that we have only to ask a patient how we might help and we will be told. We must be available at a variety of times so as to provide help when help is needed.

Special treatment facilities are evolving to meet the needs of the dying. The most famous facility of this kind is St. Christopher's Hospice in London. At the time of this writing there is one such programme in Canada and it is located in Royal Victoria Hospital in Montreal. Dr. Mount, who is quoted at various places throughout this chapter is the medical director of the Montreal "hospice". These units provide staff who are particularly sensitive and flexible. In a hospice the patient "remains active in decisions about himself as long as possible" (Hendin, 1973, p.96).

Mount (1973-4) quotes a dying nurse: "I know you feel insecure, don't know what to say, don't know what to do. But please believe me, if you care, you can't go wrong. Just admit that you care; that is really for what we search" (p.5). What is needed is a special "someone" who can be a continued empathic presence, a special friend who can walk to the edge with the dying person (Kavanaugh). "If together with adequate physical care, the dying person had sufficient human companionship, most of his anguish would be prevented!" (Hinton, 1967, p.120) "We can help the patient find and accept
his own being and path; to sing his own individual song, to play in life the special music of his unique personality." (Leshan, 1969, p.31)

There are some medical people who will not even acknowledge to a patient that a terminal situation exists. Hendin believes that it is the patient's right to know what is going on. Recognition of such a stage is not defeatism rather it displays respect of the individual's dignity (Saunders, 1969).

When medical personnel, family and friends refuse to talk about death to people who are dying, the feelings of isolation are enhanced (Langone, 1972). The problem of awareness is crucial not only to the patient but for those who care for him (Glaser and Strauss, 1965).

Glaser and Strauss have written a book on this aspect of terminal patient treatment called, Awareness of Dying (1965). They outline several degrees of awareness and come out strongly supporting "open awareness".

Patients could give each other support; and the staff support the patients. Patients could even raise the flagging spirits of the staff! From their death beds, they could thank the physicians for their unstinting efforts and wish them luck in solving their research problems to save other patients. They could close their lives with proper rituals, such as letter writing and praying. They could review their lives and plan realistically for their families future. (Strauss, p.128)

Weisman thinks a family may have very good reasons not to be open with a sick member of their group. He says that guilt may arise from a sincere regret that they have not been able to avoid the calamity which has occurred. "For this reason, families and friends may want to avoid the implicit reproach that mere confrontation with the victim might elicit." (p.17) This sounds like the patient's needs are secondary to those of the "family".
While on the subject of families and their part in the dying of one of their number, it is appropriate to mention some other opinions. Relatives are often discouraged from playing active and supportive roles by the hospital (Hofmeier, 1974). "The consistently casual treatment of family members in almost all hospitals proves that medicine does not yet consider the family an important factor in patient care." (Kavanaugh, 1972)

It is suggested that families be encouraged to be as actively involved as possible for as long as possible (Hinton, 1967). The result is that these family groups report being brought closer together through the process. There are new resource books being published which can be of special help to a family with a dying member (Davidson, 1975; Jury & Jury, 1976).

Tolstoy's story of Ivan Ilych (1960 ed) is a functional account of what can occur in a setting where there is "closed awareness". No one talks to Ilych about his illness even when he has become aware of the true nature of his predicament. His isolation greatly magnifies the turmoil of his dying.

c) **growth potential**

Dying can be a time of tremendous personal growth (Saunders, 1969; Curran, 1974; Kavanaugh, 1972; Imara, 1975; Ross, 1974). One's sensitivity to and appreciation of life is greatly enhanced. The separation experience can be "life affirming or life denying" (Imara, 1975).

Helpers tend to be task oriented problem solvers. Unfortunately this approach will not work with the dying (Curran, 1974). There is no answer to dying. What is needed is a creative flow between patient and helper. Due to the intensity of the dying person's experience even short encounters can be powerful. If one respects and doesn't pity, the dying person will
teach one how to live (Saunders, 1969). "It is from our dying patients that we learn the true values of life, and if we could reach the stage of acceptance in our young age, we would live a much more meaningful life, appreciate small things and have different values." (Ross, 1974, p.33)

d) at the point of death

What is death really like when the time comes? Choron (1964) notes "numerous reports" of people facing execution in a peaceful state of mind. "Recent studies show that the state of mind of those facing death in accidents or natural catastrophes is characterized by a sentiment of beatitude, an unusual rapidity of thought and imagination, anesthesia to touch, absence of feeling of sadness and finally a 'review' of past life." (p.86) Keleman (1974) talks of similar responses in those who have been in alpine climbing accidents and near drownings.

The head of a large sanitarium in Norway has been quoted as saying that his observations have led him to believe that death is a "pleasant experience". Ross (1976) has talked to many individuals who have "died" and then come back to life. She mentions the following characteristics as commonly experienced by all those she has seen: separation from the body; a feeling of undescrivable peace; a sense of wholeness - even when the physical body was not whole; being met by someone who has died previously; and there is no longer a fear of death.

2. Bereavement

The terminally ill person is the centre of attention during the dying process but this changes once death occurs. Those left behind have to try and go on living with the loss of their loved one. "There are two parties to the suffering that death inflicts; and in the apportionment of this
Avoidance of the reality of death must certainly have some effect on the grief process. There is a tendency to urge the repression of grief (Hendin, 1973). A major problem of grief seems to be a lack of social involvement by the bereaved. Often they are left on their own to work through their loss. Loneliness is the greatest curse of widowhood (Pincus, 1974).

Since bereavement cannot be prevented the most useful thing that can be done is to acknowledge it not as a "horrible threat looming over us, but as an important part of our lives for which we can prepare ourselves" (Pincus, 1974, p.250). It is often the mourner who has never been able to face his own death who has difficulty surviving a grief experience. Mourning the death of another provides us with an excellent opportunity to rehearse our own dying (Keleman, 1974). "It is a ritual for the expression of some of the deepest and most intimate feelings of our existence." (p.45)

\[a\] "*little deaths*"

"From the moment life begins through all phases of child development, human growth depends on accepting and mastering loss - loss of the safety in the womb, loss of the breast, loss, real, fantasied or threatened." (Pincus, 1974, p.127) There are all kinds of losses; physical to the body image and socio-professional or status losses (Cattell, 1969). Keleman, 1974) refers to these occurrences as "little deaths".

People who live in institutions - state or provincial hospitals and nursing homes, are living partial deaths (Ross, 1974). Spiritual death prior to physical death is where a person loses his mind to insanity or senility. (Toynbee, 1968),
b) **Influential Factors in Grief**

There are a variety of factors which influence our response to bereavement: mode of death; timeliness; previous warning and preparation. The key factor would seem to be the quality of the relationship. The interactions that existed between the surviving and the dead (Pincus, 1974). The subtleties of the relationship play an important role (Cattell, 1969).

Fore-knowledge of an impending death can lessen the intensity of a bereavement when it comes (Herter & Knight, 1969). This preknowledge has been described as "anticipatory grief". When a wife is left alone while her husband goes off to war she experiences separation anxiety. Such anxiety will soften any news of sudden death. Similarly a family which has a member dying over an extended period of time, may only experience relief when death actually occurs.

The problem with anticipatory grief is that a sense of relief at the time of death may be accompanied by feelings of confusion and guilt. This can occur when the bereaved do not understand that a great deal of grieving has already occurred in place of post death grief. Also it is necessary to assume grief-like behavior in social settings as "any overt expression of relief is inappropriate" (Herter & Knight, 1969). "Hence honest emotions are sublimated to a degree and a charade played out." (p.200)

c) **Grieving Process**

Lindeman (1944) wrote the first article that dealt with the grief process. Since that time many others have had something to say about the numerous stages of grief (Jackson, 1957; Cattell, 1969; Imara, 1975; Kavanaugh, 1972; Pincus, 1974; Hendin, 1975; Langone, 1972; Rosell, 1969; Kutscher, 1969). There is general agreement that the stages of grief include the following
sorts of reactions; initial shock and disbelief or denial; disorganization; release of volatile emotions; guilt; loneliness; feelings of relief; eventual re-establishment.

The basic task of grieving is to give up old relationships and establish new ties. The key to doing this is to express the whole gamut of experienced emotions "which may include yearning, anger, fear, depression, panic, helplessness, hopelessness or emptiness" (Hendin, 1975, p.145; Langone, 1972; Rosell, 1964; Pincus, 1974). Knowledge of the many different phases of grief can allow one to relax somewhat when the noted feelings are felt. Abnormal grief reactions are most often diagnosed on the basis of repressed emotions. These feelings will express themselves somehow, often as physical and/or mental symptoms.

Therapeutic intervention for grieving is not necessary (Pincus, 1974). Bereavement is normal. Special attention to this time of adjustment by mental health professionals may make it seem otherwise.

There are resources which a mourner may consult. Hunt (1971) has written about the Christian perspective on death and resurrection. It is a short and readable book. Perhaps one of the best books available is Lewis' **A Grief Observed** (1961). Lewis wrote of his bereavement when his wife died, as the process unfolded.

d) grief dramatized: the funeral

There is the common assertion that a funeral or some sort of "rite of passage" should exist to aid in the mourning process (Hendin, 1975; Pincus, 1974; Ross, 1974; Langone, 1972). "The primary purpose of many of the traditional funeral rites - from ancient times to present - has
consistently been to offer solace and a period of healing to the survivors." (Hendin, 1975, p.140) The funeral also disposes of the body and acts as a public acknowledgement of death (Kavanaugh, 1972).

The North American funeral has come under a lot of scrutiny and criticism over the last 15 years (Morgan 1975; Mitford 1963; Harmer, 1963; Coriolis, 1967). [Perhaps the earliest criticism of the funeral industry was Waugh's *The Loved One* (1948)] It is felt that the modern funeral is a manifestation of societies' avoidance of death. This has only been the case since the American Civil War. Before this event North America was mainly rurally populated. Death used to be a family involvement from beginning to end (Mitford, 1963).

"The Forest Lawn Memorial Park cemetery in Southern California epitomizes our attempt to 'bury death'. There at the world's largest cemetery, death itself is a dirty word." (Lifton, 1974, p.18) During the month of July 1976 the author had the opportunity to visit two of the four Forest Lawn cemeteries in Los Angeles. They are huge rambling parks with numerous churches, statues, paintings, mosaics and museums. All these attractions are a front for the actual purpose of these facilities: to bury the dead. One of the few visible clues as to the true money making nature of the cemeteries is the close proximity of the graves to each other. The writer was amazed at the closeness of individual graves with only a few inches separating them. Every available space is being sold for burials.

One of the major criticisms of the funeral director is that in making the corpse look "life like" he is masking death's reality. The following words by John Matthews from an article entitled "The Time My Father Died" poignantly state the concern (Mount, 1973-4):
I did not want to see my father until I could have some time with him alone. Several hours before the funeral I went to where he waited. I can scarcely describe what I saw and felt. My father, I say, was 92. In his latter years he had wonderfully chiseled wrinkles. I had helped to put them there. His cheeks were deeply sunken; his lips pale. He was an old man. There is a kind of glory in the face of an old man. Not so with the stranger lying there. They had my Papa looking like he was 53. Cotton stuffed in his cheeks had erased the best wrinkles. Make-up powder and rouge plastered his face way up into his hair and around his neck and ears. His lips were painted. He looked ready to step before the footlights of the matinee performance.

I fiercely wanted to pluck out the cotton but was afraid. At least the make-up could come off. I called for alcohol and linens. A very reluctant mortician brought them to me. I began the restoration as the powder, the rouge, the lipstick disappeared, the stranger grew older. He never recovered the look of his 92 years, but in the end the man in the coffin became my Papa." (p.3)

At the graveside Matthews continues:

I say I smelled the fresh earth. There was none to be seen. What I did see is difficult to believe. I mean the green stuff. Someone had come before us and covered that good, wonderful raw dirt, every clod of it, with green stuff. Everything, every scar of the grave, was concealed under simulated grass: Just as if nothing had been disturbed here: Just as if nothing were going on here: Just as if nothing were happening. What an offense against nature, against history, against Papa, against us, against God.

I wanted to scream, I wanted to cry out to the whole world: "Something is going on here, something great, something significantly human. Look! Everybody, look! Here is my father's death. It is going on here!" (p.4)

Many funeral industry critics blame the industry for society's avoidance of death. It is however a somewhat unfair criticism as "our culture's death system has neither been created by the funeral director, nor passively received by him. The system operates through him" (Kastenbaum & Aisenburg, 1972, p.24).

Social expectations of the funeral man may also be a little unrealistic. There is a desire for a physical administrative function as well as emotional comfort. Goldberg and Kastenbaum did a study of students preparing to be undertakers. They learned that these people exhibited a low level of
intellectual interest and output. Their attitudes towards death were described as "brittle". "In general there was no evidence to indicate that career choice had been based upon a particular commitment to the problems of bereavement, or an exploration and resolution of the meaning of death in their own lives."(p.212)

Today there are memorial and funeral planning societies which allow a person to plan in writing in advance of death for disposition of his body. Basically these organizations promote simple, dignified and low cost final arrangements (Morgan, 1965). The largest such group in the world is located here in British Columbia: The Memorial Society of B.C.

There are also books evolving to help the consumer be better prepared to manage death. Watt has written Canadian Guide to Death and Dying (1974) and Wong The Layman's Guide to Drafting Wills (1974). Such books are a response to an increasing desire for people to face "head on" the implications of their mortality.

3. Children and Death

Although information about birth is shared with children, death is still generally avoided (Yudkin, 1968). If dying and death are difficult for adults then it is going to be increasingly so for children (Hendin, 1973). Children are very well protected from the realities of death. They are barred from many hospitals where some contact with dying people could take place (Ross, 1976; Kastenbaum & Aisenburg, 1972).

It has already been discussed how in earlier times death was more of a fact of life. This was certainly so for children. Brothers, sisters, friends and grown-ups would die. Many youngsters never even lived
to maturity. Death was observable by children "first hand" (Yudkin, 1968). 

### a) developmental perspectives

Although research is sparse in this area some information is available about a child's perspective of death. Most developmental psychologists state that the very young child (birth to about 2 years) has no understanding of death (Kastenbaum & Aisenburg, 1972). The general contention is that young children lack the ability to grasp any abstract conception. Kastenbaum and Aisenburg do not share this appraisal: "Between the extremes of 'no understanding' and explicit, integrated abstract thought, there are many ways by which the young mind can enter into a relationship with death" (p.9).

Kastenbaum and Aisenburg have suggested three developmental stages. The first is from birth until five years. During this period, death is not recognized as being final. It is seen as sleep or a temporary arrangement. The aspect of separation is the most distressing. Curiosity, anxiety and fear are aroused as fantasies intermingle with actual experiences. Usually the experiences are rare due to the shielding from parents. Confusion must no doubt occur within a young child when his parents say that everything is alright, yet act very upset in front of him. Or when a child nonchalantly talks about a dead person and is met with embarrassment and concern in response (Yudkin, 1968). Today adult secrecy and protectiveness feed into a child's fantasies (Yudkin, 1968). "Ambiguities in adult language and thought are apt to confuse the young child as he attempts to make sense out of death." (Kastenbaum & Aisenburg, 1972, p.15)

In the second phase (5 years to 9 years) the child tends to personify death. There is a finality in dying, and death, although it can be
"run away from". Violent games are played which may be a way of dealing with anxieties generated by persisting fantasies (Yudkin, 1968).

It is in the third phase (9 years, 10 years and thereafter) that death is seen as final and inevitable. Everyone in the world will die. This sort of realization can take place and proceed no further. It is a superficial "common sense" acknowledgement which nicely compliments the average adult's stance of avoidance.

Kavanaugh (1972) believes that teenagers have fairly liberated ideas about death. They talk of it glibly, romanticize it in song and even "pontificate on the irrelevance and waste in funeral customs". In a poll, however, Kavanaugh learned that 78% of his sample had yet to see a dead person and 92% had yet to witness a death. It is easy to be romantic and intellectual about an emotional issue, of which one knows very little. The true feelings are nicely hidden until such time as the reality of death arrives on the scene.

b) the need to teach

A child should and must be taught about death (Lifton, 1974). "If ideas about death are not developed gradually in this way and talked about at appropriate moments, the death of a child's friend, brother, sister or parent can be a trauma from which there never will be full recovery." (p.35) The healthier a child's emotional development the better able he will be to deal with loss at a later date (Cattell, 1969). Psychologically insecure children have a tougher time when a death occurs. The secure ones suffer as well but "they will be able to express their sufferings in some form and objectify them" (Pincus, p.243).
If a child is taught about the reality of mortality he will not have to go through all the stages if and when he or someone close to him becomes terminally ill (Ross, 1974). Guiding children in looking at and accepting death can result in adults who are more directed in life, who have more purpose and meaning in their lives, and who can be mature and responsible citizens (Blazer, 1973). Another purpose in openly discussing death with children is that it enables them to live more freely (Kavanaugh, 1972).

"Death education can easily be a simple extension of a child's real world!" (Kavanaugh, 1972, p.131) The key would seem to be to let the child speak freely of his/her concerns. The adult should scrap the euphemisms and respond candidly and honestly. Ginott in Between Parent and Child (1969) has a short and straight-forward section on this subject. He offers justification as well as suggestions for parents sharing with their children the facts of death.

C. Death Education: a plan to meet the need

A parent who is hopeful of being open with his children must first of all examine his own attitudes. The easiest way to manage this is to take a look at his own feelings about dying and death: "... an honest and humane approach to death can begin only when we allow ourselves to get in touch with our visceral feelings" (Kavanaugh, 1972, p.23).

Honest recognition of our mortality feelings allows us to make some choices. When we know what our feelings are we can better respect "our unique reactions" (Kavanaugh, 1972). It will no longer be necessary to force our emotions behind artificial defenses. The key is to come to terms with the fact that we do have feelings about this basic truth of life (Leshan, 1969).
1. Variety of approaches

There are a number of methods in which to achieve the goal of better understanding oneself. Keleman (1974) talks of "self dialogue"; where the "neural and the visceral" are consulted and considered. Ross (1975) talks of "identification" with those who are suffering as a means of grasping personal reactions. Psychodrama is Langone's suggestion. "By playing roles in dramas involving death, by experiencing it, so to speak, they take a closer look at it, even though it is not real, and hangups about the usually unmentionable subject may be softened." (p.49)

O'Connell (1975,6) is a strong supporter of the "death lab" or experiential workshop. The author attended the American Society of Adlerian Psychology convention and encouragement workshop held May 28 through June 1, 1976 at U.B.C. Dr. O'Connell attended and talked of his workshops. He was most impressed with the group reactions when such experiences take place. The following quotation from a recent article is appropriate here: "... members developed almost instant rapport and closeness within their groups when coping with death together. Characteristically they noted that they had never talked about their own death to others. Consequently the acceptance by others through sharing was often overwhelming" (p.4).

It was found by O'Connell (1975) that consideration of one's creatureliness acted as a powerful catalyst for both group cohesion and goal actualization. He goes on to speculate that confrontation of one's mortality may be an important part of obtaining "natural highs" and actualization of one's own happiness. We have already explored this connection between death and life's meaning at some length.
2. **The classroom**

Formal education is seen as an excellent opportunity for children to learn about death (Pincus, 1974). The teacher should not simply wait for bereavement to occur. Rather he should take many opportunities to deal with mortality "and thus counteract the taboo which leads to a built-in repression of curiosity and all sorts of irrational fears and nightmares" (p.244).

The educator of older children who is interested in the teaching of death has a growing list of resources available for students to read (Craven, 1967; Gunther, 1949; Klein, 1974; Levit, 1974; Lund, 1974; Morgan, 1975). Many of the books are stories of dying people and act as good starters for in-class discussions.

The idea of teaching about death is relatively new. There is a small number of articles which have been published on the topic (Leviton, 1969; Schrank, 1971; Berg and Daugherty, 1973; Harnett, 1973; Zazzaro, 1973; Fontenot, 1974; Sommerville, 1974; McLure, 1974; and the Memorial Society of Edmonton and District, 1975). All of these articles support the concept of death education. Most of them describe curriculum guides on the subject. The majority of these "guides" have been prepared by professionals working for the funeral industry. The one exception is a teaching unit compiled and published by the Memorial Society of Edmonton and District (1975).

An awareness of psychological dynamics and community readiness can be crucial to preparing the teacher to teach about death (Sommerville, 1974). Concern is expressed that teachers may not be able to handle death education. Zazzaro (1973) quotes educator Leviton as she outlines five criteria for a death educator. He must:

1. Come to terms with his own death feelings and admit not only to death's existence but to its full status in the dynamics of his total personality functioning.
2. Know the appropriate subject matter he is to teach.

3. Be able to use the language of death easily and naturally, especially with the young.

4. Be familiar with the sequence of psychothantological developmental events throughout life and have a sympathetic understanding of common problems associated with them.

5. Possess an acute awareness of enormous social changes currently in progress and of their implications for changes in accepted patterns of death attitudes, practices, laws and institutions.

Teachers need the support of superiors if they are to teach about death (Pincus, 1974). "No administrator should be surprised to find that his staff is afraid of handling this topic, when he considers that research studies reveal similar fears among medical practitioners and even prospective funeral directors." (McLure, 1974)

Hawener (1974) in a dissertation entitled "Teaching about Death: An exploration study of teacher candidates attitudes toward death and behavior situations involving death" supports McLure. The purpose of her study was to "explore possible relationships between kindergarten teacher candidates' anxiety towards death and perceived behavior in classroom situations involving death".

The results of this investigation indicated that personal death anxiety was not significantly related to perceived classroom teaching behavior.

Subjects by and large indicated that they would be neutral; would not initiate dialogue about death situations in the classroom. They expressed personal discomfort and lack of knowledge about what to do in classroom situations. In general these kindergarten teacher candidates expressed beliefs and attitudes about death quite like those reported in other studies of American views of death, (avoidance and denial). The candidates, nevertheless did indicate they believed teachers should have some special training to handle classroom situations.
There is nothing contained in the literature examined about any sort of "special training" program to prepare teachers to deal with death education. There are, however, some studies of nursing training programs and their effectiveness (Snyder, Gertler, & Ferneau, 1973; Murray, 1974; Lester, Getty & Kneisl, 1974; Yeaworth, Knapp & Winget, 1974). Generally the results of these studies indicate that some sort of training to deal with death and dying decreases the nurse's anxiety of death. "Experiential factors in the nursing student's training, have brought considerable overall changes in attitudes towards death and dying." (Snyder et al)

D. Conclusion

Although there is a growing trend towards honest openness, society still very much encourages an attitude of denial and avoidance with the subjects of dying and death. Such a stance affects the quality of life in general, and specific aspects of life in particular. Care of the dying, the bereavement process and the way children are educated about life, have been shown in this review of the literature to be adversely affected by a denial of mortality.

In addition to the work of mental health professionals, death education for medical people and others is becoming increasingly popular. Such education is proving to be particularly helpful to doctors, nurses and chaplains who work with dying persons.

Ross (1974) and others point to the importance of becoming more comfortable with one's own fears about death. She recommends experiential identification with those who suffer. O'Connell (1975) has found that the experiential death labs are powerful experiences for those who participate. Several papers on nurses' education outline the effectiveness of an
experiential emphasis.

It has been said that death education in schools is desirable. There are such courses now available in numerous secondary schools in the Vancouver area. Teachers are using curriculum materials available or in most cases are developing their own. It is felt that these courses will do much to change society's position towards mortality. Not only are young people grappling with the subject, but they take their ideas home and challenge their families. The result can be the initiation of open discussion about death.

The assumption is made that if death education is to be truly effective it should have a strong experiential component. The teacher would be the instigator of whatever tasks are used in a course. The writer believes that a teacher will only be effective in a death course to the degree that he or she has begun to manage his or her own feelings about mortality. In the present culture it is unlikely that many opportunities beyond the death of family or friends, would have arisen for such learning to take place (Mitford, 1963).

It is hoped that death education will be of value to those who participate in such programs. The writer believes that death educators require some preparation before they can be effective. Nurses have been shown to have decreased anxiety towards death after such training. This study will provide teachers with an opportunity for this sort of experience to occur.

Chapter three provides very specific information about this project. It begins with a statement of the problem and hypotheses.
CHAPTER THREE

Method

The remainder of this paper is a detailed presentation of the study. This chapter begins with a statement of the problem. The substantive and statistical (null) hypotheses are next. Also included are the following sub-sections: definition of terms, the sample, the treatment, instrumentation, and data analysis.

The fourth chapter is a presentation of the results of the project. It is followed by a discussion of the results and general conclusions in chapter five. All the references mentioned throughout this paper are to be found in the sixth chapter.

A. Problem:

Will an experiential and didactic training program for teachers on the subject of dying and death, affect the attitudes of those participating?

B. Hypotheses-Substantive:

1. A three evening experiential and didactic workshop on dying and death for teachers will lower the participant's death anxiety (change one's attitudes toward death: death of self; death of others; dying of self; dying of others; general death fear) as measured by the Collett-Lester Fear of Death Scale.

2. A three evening experiential and didactic workshop on dying and death for teachers will not lower the religiously committed participants death anxiety to a greater extent than the religi-
iously non-committed participants' death anxiety as measured by the Collett-Lester Fear of Death Scale.

3. A three evening experiential and didactic workshop on dying and death for teachers will lower the male participants' death anxiety to a greater extent than the female participants' death anxiety, as measured by the Collett-Lester Fear of Death Scale.

C. Hypotheses-Statistical (null):

1. A three evening experiential and didactic workshop on dying and death for teachers will not lower the death anxiety of the participants (no change, i.e. not statistically significant at the .01 level, in one's attitudes toward death of self, death of others, dying of self, dying of others, and death in general) as measured by the Collett-Lester Fear of Death Scale.

2. A three evening experiential and didactic workshop on dying and death for teachers will not lower the religiously committed participants' death anxiety to a greater extent than the religiously non-committed participants' death anxiety (no change, i.e. not statistically significant at the .01 level, in one's attitudes toward death of self, death of others, dying of self, dying of others and death in general) as measured by the Collett-Lester Fear of Death Scale.

3. A three evening experiential and didactic workshop on dying and death for teachers will not lower the male participants' death anxiety (no change, i.e. not statistically significant at the .01 level, in one's attitudes toward death of self, death of others, dying of self, dying of others, and death in general) to a greater extent
than the female participants' death anxiety, as measured by the Collett-Lester Fear of Death Scale.

Chapter two provides ample rationale for these hypotheses, especially the first. Additional comments are in order for the second and third hypotheses.

Lester (1972) noted that it had been shown that males have less fear of death than females on general measures of the fear of death. Females had significantly greater fear of death of self, death of others, and dying of self. There was no difference with males in the fear of dying of others and general fear of death. Durlak (1973) used a different scale and found that females scored higher. In another study, Durlak (1972) used the Collett-Lester scale and found that males and females had similar results. The third hypothesis is an attempt to clarify this issue.

The second hypothesis supports the contention of several authors that religious commitment does not affect one's fear of death (Berman & Hays, 1973; Hinton, 1967; Hofmeier, 1974; Kavanaugh, 1972; O'Connell, 1974).

D. Definition of terms:

  a) **experiential and didactic workshop:** in this research project a program which involves short presentations (approx. 15 min. each), films (1 for 20 min. 1 for 50 min.), and small group discussions (from 60 to 90 min. per session). The experiential nature of the program requires that participants become actively involved in the discussion groups which deal with the presented material or assigned tasks.
b) **religious commitment:** a decision made by participants in the research project about whether or not they believed in God and were or were not active in some church or religious denomination. Affirmative responses in both cases were considered as indicative of religious commitment.

c) **no religious commitment:** a decision made by participants in the study about whether or not they believed in God and were or were not active in some church or religious denomination. Negative responses to either one or both points were considered as indicative of "no religious commitment".

d) **death anxiety:** concern about death of self, death of others, dying of self, dying of others and death in general as measured by the Collett-Lester Fear of Death Scale.

E. **Sample:**

The subjects were obtained by advertising for volunteers within the Vancouver School District. The promotion was limited to two departments: Counselling and Home Economics. It is in these two departments (in addition to English) that teachers teach family life courses within which death may be included.

There were 32 persons in the experimental group. Of this group 26 were female and 6 male. A total of 41 persons attended the first night of the workshop. Six persons did not attend the final session. Some of these did not return after one night and some after night two. Two individuals came the first and third nights but missed the second. Another two people came for the second and third sessions but missed the first. One
woman who attended all three evenings did not fill out her questionnaire correctly and her results could not be used.

The control group began with 42 people. Seven chose not to complete the attitude scale a second time; two others completed their second form incorrectly. The final tally for the control group was 33: 22 females and 11 males.

F. Treatment:

The treatment was a workshop held over a three week period. There were three weekly two and one half hour sessions. The last session was held on two consecutive evenings as about half of the experimental group could not attend on the night originally scheduled. All three evenings were spent at the Vancouver School Board "Teacher Centre", 123 E. 6th Avenue, Vancouver.

A detailed description of the workshop is to be found in Appendix B. What follows is a brief overview of the program.

The first night was introductory in nature. The measurement scale was administered and this was followed by a presentation. The theme was "care of the dying". A film was viewed and small group discussions followed. The night ended with the total group sharing ideas generated in the smaller groups.

The second night's theme was the "commercial side of death". There was a short presentation on the funeral industry and a film on the same subject. This was followed by a small group discussion of personal experiences with death. The final task for the evening involved each
participant imagining that he or she had a terminal illness. The ramifications of this dilemma were discussed in small groups.

The third night began with everyone in their small groups. The task was to write and share and discuss a personal eulogy. This was followed by a presentation on curriculum suggestions and resources by an experienced Family Life teacher. Following discussion and the readministration of the measurement scale, each participant filled out an evaluation (Appendix C).

G. **Instrumentation:**

The scale used in this study was the Collett-Lester Fear of Death Scale. This measure could be reactive and there is little evidence cited in the manual of reliability, validity and social desirability. This scale was the only instrument available to the experimenter. It is one of two scales reported in a variety of studies in the literature (the other being Templers Death Anxiety Scale). A request was made to the authors of both measures and only Dr. Lester replied. This instrument and its manual can be found in Appendix D.

H. **Design and Statistical Analysis:**

\[
\begin{array}{c|c|c|c}
\text{Design} & Yb & X & Ya \\
\hline
\text{experimental} & Yb & -X & Ya \\
\text{control} & -X \\
\end{array}
\]

* Note  
Yb - pre-test  
Ya - post-test  
X - treatment  
-X - no treatment

There was a 2x2 analysis of covariance performed. The analysis involves tables and graphs of means and standard deviations. The sign-
The significance level is .01. This conservative level was chosen because of the following factors: the participants in the study were volunteers; it was not possible to randomly assign participants to the experimental and control groups; the sample size was not representative of the general teacher population but a group of secondary school teachers specializing mainly in either Home Economics or Counselling.

The covariate in the analysis of co-variance was the pre-test scores. The analysis of covariance was performed to statistically equalize the experimental and control groups on their initial levels of death anxiety. The analysis was a two tailed test because it was possible the training could have caused either an increase or decrease in death anxiety according to previous studies reported in the literature (see Review of the Literature and Method).
CHAPTER FOUR

This chapter is a presentation of the results of the study. There are eight tables and two graphs.

The first four tables (1 through 4) and two graphs (a and b) display the results related to hypotheses one and two.

Hypothesis one stated that a workshop would lower the participants' death anxiety. There was a drop in scores for the experimental group members on all scales between the pre and post testing (Tables 3 and 4). Three scales had statistically significant differences: "dying of self" ($P = .0006$); "dying of others" ($P = .0001$); and "death general" ($P = .0001$).

The results related to the second hypothesis are displayed in tables one through four and graphs a and b. This hypothesis stated that a workshop on dying and death would not lower the religiously committed participants' death anxiety to a greater extent than the religiously non-committed participants' death anxiety. The tables and graphs show that the religiously committed had an increase in anxiety on three scales and a decrease in anxiety on two scales. All five scales decreased for the non-religiously committed group. Two of these changes were statistically significant: "dying of other" ($P = .0026$) and "death general" ($P = .0004$).
I. Table 1

Observed Cell Means (GROUP/RELIGION)

Experimental and Control

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Test</th>
<th>SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Death of Self</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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<tr>
<td>Commitment</td>
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<td></td>
</tr>
<tr>
<td>(N=8)</td>
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<td></td>
</tr>
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<td>Pr</td>
<td>-5.25</td>
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</tr>
<tr>
<td>Po</td>
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<td>5.38</td>
</tr>
<tr>
<td>2. No Religious</td>
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<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N=24)</td>
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</tr>
<tr>
<td>Pr</td>
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</tr>
<tr>
<td>1. Religious</td>
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<td></td>
</tr>
<tr>
<td>Commitment</td>
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</tr>
<tr>
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<td>2. No Religious</td>
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<tr>
<td>Commitment</td>
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</table>

Note:  Pr - Pretest
       Po - Posttest

In the experimental group, the religiously committed have increases on three scales (D. of S, D. of O, and Dy. of O) and decreases on two scales (Dy. of S, and D gen). The non religiously committed have decreases on all scales but

In the control group the religiously committed have decreases on all scales but "Dying of Others". The non religiously committed have decreases on two scales (D. of O, and Dy of O) and increases on three (D of S, Dy of S and D gen.).
## Table 2

### Observed Cell Standard Deviations

(GROUP/RELIGION)

Experimental and Control

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<th>Subjects</th>
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<th>SCALE</th>
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</thead>
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<td>Death of Self</td>
<td>Death of Others</td>
</tr>
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<td></td>
</tr>
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<td>1. Religious</td>
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<td>Commitment</td>
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<td>5.40</td>
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</tr>
<tr>
<td>2. No Religious</td>
<td>Pr 14.05</td>
<td>7.96</td>
</tr>
<tr>
<td>Commitment</td>
<td>Po 11.53</td>
<td>7.74</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td>Po 12.25</td>
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</tr>
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<td>7.42</td>
</tr>
<tr>
<td>Commitment</td>
<td>Po 10.36</td>
<td>7.35</td>
</tr>
<tr>
<td>(N=26)</td>
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<td></td>
</tr>
</tbody>
</table>

Note: Pr - Pretest
      Po - Posttest
### III. Table 3

**Observed Combined Means (GROUP/RELIGION)**

- Experimental and Control
- Religious Commitment and No Religious Commitment (Combined)

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<th>$\text{SCALE}$</th>
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</thead>
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<td>Experimental (N=32)</td>
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<td>(males &amp; females)</td>
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<td>Control (N=33)</td>
<td>PrPr</td>
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<tr>
<td></td>
<td>PoPo</td>
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<tr>
<td></td>
<td>(males &amp; females)</td>
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<tr>
<td>Combined Religious (N=15)</td>
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<td>Po</td>
<td>-1.73</td>
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<tr>
<td>Combined No Religious (N=50)</td>
<td>Pr</td>
<td>-0.12</td>
</tr>
<tr>
<td></td>
<td>Po</td>
<td>-2.06</td>
</tr>
</tbody>
</table>

**Note:**

- Pr - Pretest
- Po - Posttest

*Combined = subjects (male & female) from both experimental and control groups.

In the experimental group there are decreases on all scales between pre and post testing. In the control group there are increases on three scales (D of S, Dy of S and D gen.) and decreases on two scales (D of O and Dy of O).
### IV. Table 4

**Analysis of Covariance**

*(GROUP/RELIGION)*

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<tr>
<th>Scale</th>
<th>Factor</th>
<th>s.s</th>
<th>d.f.</th>
<th>m.s.</th>
<th>F</th>
<th>P</th>
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<tr>
<td><strong>Death of Self</strong></td>
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<td>2,973.27</td>
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<td><strong>Death of Others</strong></td>
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<td>.0037*</td>
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<td>982.79</td>
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<td>42.51</td>
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</table>

**Note**

- s.s. = sum of squares
- d.f. = degrees of freedom
- m.s. = mean score
- F = Frequency
- P = Significance Level
- * = significant (.01)

Three scales are statistically significant (Dy of S; Dy of O, and D Gen) under "Group". Two scales are statistically significant (Dy of O and D Gen.) under "Religion" and there is a statistically significant "Interaction" on two scales (D of O and D Gen.).
1. Graph a.
Observed Cell Means (Group/Religion)

Experimental

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<th>Scores</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>RC NRC</td>
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<td>RC NRC</td>
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</tbody>
</table>

Key: [Pretest], [Posttest], [RC = Religious Commitment], [NRC = No Religious Commitment]

Scales: Death of Self, Death of Others, Dying of Self, Dying of Others, Death General
2. Graph b.

Observed Cell Means (Group/Religion)

Control

<table>
<thead>
<tr>
<th>Scores</th>
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<th>NRC</th>
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</tr>
<tr>
<td>-14</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>-15</td>
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</tr>
<tr>
<td>-18</td>
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<tr>
<td>-20</td>
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</tbody>
</table>

Key

- Pretest
- RC - Religious Commitment
- NRC - No Religious Commitment

Scales

- Death of Self
- Death of Others
- Dying of Self
- Dying Others
- Death General
The second four tables (5 through 8) and second two graphs (c & d) display the results related to hypothesis three. This hypothesis stated that a workshop on dying and death would decrease the male participants death anxiety to a greater extent than the females death anxiety. As it turned out both sexes had decreased scores between pre and post testing.
### V. Table 5

**Observed Cell Means (SEX/GROUP)**

**Experimental and Control**

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<thead>
<tr>
<th>Subjects</th>
<th>Test</th>
<th>S.C.A.L.E.</th>
<th>Death of Self</th>
<th>Death of Others</th>
<th>Dying of Self</th>
<th>Dying of Others</th>
<th>Death General</th>
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<tbody>
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<td><strong>Experimental</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Males</td>
<td>Pr</td>
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<td>0.33</td>
<td>-10.00</td>
<td>-11.67</td>
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</tr>
<tr>
<td></td>
<td>Po</td>
<td>-4.33</td>
<td>0.00</td>
<td>-0.50</td>
<td>-15.83</td>
<td>-20.67</td>
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</tr>
<tr>
<td>2. Females</td>
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<td>2.50</td>
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<td>-1.31</td>
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<tr>
<td></td>
<td>Po</td>
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<td>-2.82</td>
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</tr>
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<td>0.41</td>
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</table>

**Note:** Pr - Pretest  
Po - Posttest

In the experimental group there is decrease on all scales for men and women between pre and post testing.
### VI. Table 6

**Observed Cell Standard Deviations**

(SEX/GROUP)

Experimental and Control

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Test</th>
<th>SCALE</th>
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</thead>
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<td>Death of Self</td>
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<td>Pr</td>
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</tr>
<tr>
<td></td>
<td>Po</td>
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<tr>
<td></td>
<td>Po</td>
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</tr>
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<td></td>
<td>Pr</td>
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<td></td>
<td>Po</td>
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<td></td>
<td>Pr</td>
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</tr>
<tr>
<td></td>
<td>Po</td>
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</tr>
</tbody>
</table>

Note: Pr - Pretest

Po - Posttest
### VII. Table 7

**Observed Combined Means (SEX/GROUP)**

- Males and Females (combined*)
- Experimental and Control

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Test</th>
<th>Death of Self</th>
<th>Death of Others</th>
<th>Dying of Self</th>
<th>Dying of Others</th>
<th>Death General</th>
</tr>
</thead>
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<td>Combined Males</td>
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</tr>
<tr>
<td></td>
<td>Po</td>
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</tr>
<tr>
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<td>Po</td>
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<td>Po</td>
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<td>(males and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>females)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>Pr</td>
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<td>1.24</td>
<td>0.39</td>
<td>-12.30</td>
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<td></td>
<td>females)</td>
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</tr>
</tbody>
</table>

Note: Pr - Pretest
Po - Posttest

* Combined - subjects (male and female) from experimental and control groups.
### VIII. Table 8

#### Analysis of Covariance

**(SEX/GROUP)**

<table>
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<th>Scale</th>
<th>Factor</th>
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<th>d.f.</th>
<th>m.s.</th>
<th>F</th>
<th>P</th>
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<td><strong>Death of Self</strong></td>
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<tr>
<td>Sex</td>
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<td></td>
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<tr>
<td>Sex</td>
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**Note:**

- s.s. = sum of squares
- d.f. = degrees of freedom
- m.s. = mean score
- F = Frequency
- P = Significance Level

None of the scales are statistically significant under "Sex".
CHAPTER 5

Discussion

A three evening experiential and didactic workshop on dying and death for teachers did lower (on 3 of 5 scales) the death anxiety of the participants as measured by the Collett-Lester Fear of Death Scale. The first null hypothesis is rejected.

A three evening experiential and didactic workshop on dying and death for teachers did not lower the religiously committed participants' death anxiety to a greater extent than the religiously non-committed participants' death anxiety as measured by the Collett-Lester Fear of Death Scale. The third null hypothesis is supported.

A three evening experiential and didactic workshop on dying and death for teachers did not lower the male participants' death anxiety more than the females' death anxiety as measured by the Collett-Lester Fear of Death Scale. The second null hypothesis is supported.

The Collett-Lester Fear of Death Scale has four sub scales and a general anxiety score: death of self; death of others; dying of self; dying of others; and death fear in general.

A. Hypothesis one:

The intention was to test the effectiveness of an experiential and didactic workshop. There was a drop in scores (indicating a lowering of anxiety) on all the scales between pre and post testing of the experimental group when taken as a whole (table 3). Only some of these changes proved statistically significant in an analysis of covariance (table 4).
with a chosen level of significance being .01.

The two scales which had statistically insignificant score changes were "death of self" (P = .0312) and "death of other" (P = .6597). The other three had significant differences: "dying of self" (P = .0006); "dying of others" (P = .0001); and "death general" (P = .0001).

In the control group there was a slight drop in scores between pre and post testing on two scales: "death of others" and "dying of others". The other three scales had increased scores or a rise in death anxiety. The rise may have been generated by the test itself. These people would probably not think or discuss dying or death very frequently and so the Collett-Lester scale would catch them unprepared.

These results concur with the recommendations of Ross, O'Connell and others, that experiential training helps to decrease dying and death anxieties. These results also concur with the results obtained in three nursing studies (Snyder, Gertler and Ferneau, 1973; Lester, Gerry and Kneisl, 1974; Yeaworth, Knapp and Winget, 1974).

B. **Hypothesis two:**

The intention was to observe the effect of an experiential and didactic workshop on both religiously committed and non religiously committed participants. Within the experimental group at post workshop testing, those with a religious commitment when taken as a group, showed an increase in anxiety on three scales and a decrease in anxiety on two scales (table I and Graph a). Four scales decreased for the non religious commitment group.
The analysis of covariance (chosen level of significance being .01) indicated statistically insignificant differences for: "death of self" (P = .0657); "death of other" (P = .1101); and "dying of self" (P = .3434). There were statistically significant changes for "dying of other" (P = .0026) and "death general" (P = .0004). The significant changes reflect the drop in anxiety of the non religiously committed (table 4).

Three of the five scales had statistically significant interaction effects: "death of self" (P = .0003); "death of other" (P = .0037); and "death general" (P = .001). The other two were statistically insignificant: "dying of self" (P = .0216) and "dying of other" (P = .0579).

The interaction effect was a result of a reversal of direction between experimental and control groups. In the experimental the religiously committed participants' scores rose and in the control they dropped. In the experimental the non religiously committed participants' scores dropped and in the control they rose.

Of most significance is the interaction effect within the experimental group itself. The two groups (religiously committed and non religiously committed) moved in opposite directions. The religiously committed participants' scores rose and the non religiously committed participants' scores dropped (Graph a).

In the experimental group it would seem that those with religious commitment benefited less from the workshop than those without such an involvement. The Christian faith teaches of life after death. Ross and others are critical of Christians generally for not living their beliefs. There can be a superficial acknowledgement of life after death. This will be of
little help to the individual should a life threatening experience over­
take him. Only those who daily live their beliefs will find peace with
the issue of mortality (Ross). This workshop provided the participants
with an opportunity to confront their mortality. Perhaps the increased
anxieties tell something of the quality of commitments for those acknow­
ledging such bonds. It must be restated that in this study the definition
of religious commitment is: a decision made by participants in the study
about whether or not they believed in God and were or were not active in
some church or religious denomination. Affirmative responses in both cases
were considered as indicative of religious commitment.

The research on religious beliefs and death fears has shown
that there is usually little difference between religiously committed and
non religiously committed. Several authors have noted that religious com­
mmitment does not affect an individual's death fears (Berman and Hays, 1973;
Hinton, 1967; Hofmeier, 1974; Kavanaugh, 1972; O'Connell, 1974). This pro­
ject found that non religiously committed participants' anxiety levels
dropped substantially more than religiously committed participants (table I;
table 4, graph a).

When people are asked to confront their mortality, it can be a
difficult experience. The fears evoked are not easily managed, primarily
due to their unfamiliarity. Perhaps some of those who claimed a religious
belief were alarmed that they felt anxious when supposedly "knowing" that
there is life after death. Such alarm may have prevented them from bene­
fiting from the confrontation experience to the extent of non believers who
had no reason to be overly alarmed at their anxieties.

The control group was a different situation altogether. The
religiously committed showed a decrease in scores and anxiety on all scales but one: "dying of others" (table 1, graph b). The non religiously committed showed an increase of scores and anxiety on three scales: "death of self"; "dying of self"; and "death general". The other two scales ("death of others" and "dying of others") decreased on the post test.

In the control group the religiously committed dealt with death in a superficial fashion (i.e. by simply filling out the questionnaire) as there was no indepth involvement as with the experimental group. It would be easy for the religiously committed to treat the scales as per the dictates of their faith. The non religiously committed, again not having a doctrinal framework to guide them tended to have an increase in anxiety. The questionnaire would have unexpectedly come to them, quite suddenly forcing them to think of their own deaths and evoking some anxiety in the process.

C. **Hypothesis three:**

The intention was to observe the effect of an experiential and didactic workshop on both male and female participants. Both groups had decreased scores between pre and post testing (indicating a lowering of anxiety) on all the scales (table 5 and graph c). None of these changes proved statistically significant in an analysis of covariance with a chosen level of significance being .01 (table 8).

D. **Short-comings and Needed Improvements:**

The Vancouver School Board gave its approval for this study but wished that publicity about it be minimized. When the time came to hold the workshop, it became apparent that only about 20 persons were interested.
The "low key" publicity was stepped up and a decision made to treat all volunteers as participants in the experimental group. Other teachers would be randomly approached to form a control group.

Delays with the school board required adjustments which weakened the research design of this study. It would be interesting to repeat the study along the lines originally planned. It was hoped that there could be two control groups along with the experimental. Recruited teachers interested in a workshop would be randomly divided into experimental and control groups. The control people would have also been offered a workshop after the study was completed. The second control group would have been composed of a randomly selected group of teachers and would have received a pretest only. There would have been an opportunity to compare control one with the general teacher population. In addition to experienced teachers it was hoped to involve student teachers and include an hypothesis about "years of experience".

It is felt by the writer that the results of hypothesis two can not be taken too seriously for two reasons: there were only 15 people with religious commitment compared to 50 who were not so committed; to be in the religiously committed group a person had to believe in God, have an affiliation and attend it regularly. Some participants believed in God but had no affiliation or believed in God and had an affiliation which was inactive. These persons were classified as non religiously committed in this study.

The workshop itself could be improved. At the beginning the writer did not have a good technique for breaking people into small groups. The method used works well when there are even numbers and unfortunately there were not even numbers at the workshop. It is important to insist
that people join a group with people they know least well. Feedback was received from participants that they felt inhibited in groups with their friends. The depth of the friendship tended to set the tone for the group. There is a problem when the friends are only working acquaintances.

It would be valuable to have group leaders with each group. This would encourage participants to address the task at hand. Two of the six groups in the workshop never got below the surface with the tasks. Some of the participants were pleased with the experience so perhaps they went as "deep" as they were able. A disadvantage to placing group leaders within groups would be the possibility of distracting power struggles.

Another way of encouraging the groups to do the assigned tasks would be to circulate between groups as the course leader. Although such visiting might distract group process it would be a good way to observe group interaction and a means of keeping people "on course".

The workshop as it presently exists packs too much material into too short a period of time. The second night offers a good example. Many people never did get around to discussing what they imagined a terminal illness to be.

Another unforeseen problem which arose during the workshop weakened the process which had been established. A large group of teachers were attending from one particular school. They were all unable to attend the scheduled third night of the workshop due to a school open house the same evening. Thus the third session was held on two consecutive nights. Unfortunately some of the groups were broken up and the continuity lost.
E. Implications of the Study:

Although the interaction of religious belief and treatment, and sex and treatment is interesting, it is of only indirect relevance to this project. It is the result of testing hypothesis one that has the greatest practical significance.

It would seem that an experiential and didactic workshop on dying and death does lower the participants' death anxiety. Such a program might be a valuable addition to teacher training programs. Although it would be valuable for any teacher, it would be most significant for any planning to teach of dying or death in their classrooms.

An experiential and didactic workshop on dying and death could be developed for anyone interested in learning about mortality. A step in this direction has been taken by the writer by developing a six week (one evening per week) course on dying and death to be offered through a community college.

F. Summary:

In this study it was hypothesized that participants in an experiential and didactic workshop on dying and death would have a decrease in death anxiety following such an experience. The experimental group was compared to another group of teachers who received no workshop experience. Those who were involved in the workshop had a greater decrease in scores than those who did not.

Within the experimental group it was predicted that males would have greater score decreases than females. The results showed no significant differences in scores between the male and female participants.
Also within the experimental group it was predicted that religiously committed participants' scores would not be lowered to any greater extent than scores for the non religiously committed participants. This hypothesis was confirmed and in fact the opposite occurred. The scores of the non religiously committed dropped significantly more than the religiously committed participants' scores on some of the Collett-Lester sub scales.

There are a number of possible improvements for noted shortcomings in this study. The major implication of this research is that an experiential and didactic workshop is of value for teachers interested in teaching about dying and death. Indeed such a workshop is likely to be of value to anyone interested in becoming more comfortable with his or her own mortality.


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May 11th, 1976

TO: Department Heads, Counsellors and Teachers

RE: Research Study and Workshop on Death and Dying Conducted by
Mr. Denis Boyd, a graduate student in Counselling Psychology
at the University of British Columbia

Recently Mr. Boyd conducted at the Teacher Centre a three-session workshop on
Death and Dying. As part of his research study for a Master's thesis Mr. Boyd
asked all workshop participants to complete an attitudinal questionnaire on
death and dying during pre- and post-test sessions to determine what changes
in attitude occurred during the in-service program.

For comparative purposes Mr. Boyd would like approximately 40 - 50 teachers who
have not attended his workshop sessions to complete the attached attitudinal
scale. Each participant is asked to write his/her name and school address at
the bottom of the last page of the questionnaire and mail it in the return
envelope to Mr. Boyd. After an interval of three weeks another copy of the same
instrument will be sent to each participant as a post-test attitudinal measure.
On the post-test instrument the name of the participant and his/her school will
be requested again as the results will be compared to the pre-test. Please be
assured that the identities of all participants will be kept confidential and
that the attitudinal findings will be reported on an anonymous basis by Mr. Boyd
in his research study.

Thank you for your kind consideration of this research request. Your cooperation
is genuinely appreciated.

Yours sincerely,

ALLAN G. MOODIE
Coordinator of Research
Studies and Testing
QUESTIONNAIRE ON DEATH and DYING

Here is a series of general statements. Please indicate how much you agree or disagree with them. Record your opinion in the blank space in front of each item according to the following scale:

+1 slight agreement          -1 slight disagreement
+2 moderate agreement        -2 moderate disagreement
+3 strong agreement          -3 strong disagreement

Read each item and decide quickly how you feel about it; then record the extent of your agreement or disagreement. Put down your first impression. Please answer every item.

1. I would avoid death at all costs.
2. I would experience a great loss if someone close to me died.
3. I would not feel anxious in the presence of someone I knew was dying.
4. The total isolation of death frightens me.
5. I am disturbed by the physical degeneration involved in a slow death.
6. I would not mind dying young.
7. I accept the death of others as the end of their life on earth.
8. I would not mind visiting a senile friend.
9. I would easily adjust after the death of someone close to me.
10. If I had a choice as to whether or not a friend should be informed he/she is dying, I would tell him/her.
11. I would avoid a friend who was dying.
12. Dying might be an interesting experience.
13. I would like to be able to communicate with the spirit of a friend who has died.
15. The pain involved in dying frightens me.
16. I would want to know if a friend were dying.
17. I am disturbed by the shortness of life.
18. I would not mind having to identify the corpse of somebody I knew.
19. I would never get over the death of someone close to me.
20. The feeling that I might be missing out on so much after I die bothers me.
Questionnaire on Death and Dying (Cont'd)

21. I do not think of dead people as having an existence of some kind.

22. I would feel uneasy if someone talked to me about the approaching death of a common friend.

23. Not knowing what it feels like, to be dead does not bother me.

24. If I had a fatal disease I would like to be told.

25. I would visit a friend on his/her deathbed.

26. The idea of never thinking or experiencing again after I die does not bother me.

27. If someone close to me died, I would miss him/her very much.

28. I am not disturbed by death being the end of life as I know it.

29. I would feel anxious if someone who was dying talked to me about it.

30. The intellectual degeneration of old age disturbs me.

31. If a friend were dying I would not want to be told.

32. I could not accept the finality of the death of a friend.

33. It would upset me to have to see someone who was dead.

34. If I knew a friend was dying, I would not know what to say to him/her.

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

36. I am disturbed by the thought that my abilities will be limited while I'm dying.
What follows is a description of the experiential/didactic workshop given to the experimental group. There were three evenings which began at approximately 7:30 and were completed by 10:00.

Night one: As the subjects arrived I asked them to write their name, address, phone number and school on a list. While they did this I made them a name tag.

The evening began with myself being introduced by Mr. Allan Moodie of the Evaluation and Research section of the Vancouver School Board. I started with a personal introduction and an outline of the program. At the beginning of the introduction I administered the Collett-Lester Fear of Death Scale.

The scale was given on the understanding that the results would be kept confidential by myself and would be used in my research. I did say that I would be prepared to send them their results and those of the second questionnaire to be completed later.

Once the scales were completed I continued with my introductory comments and outline. When this was finished the large group divided themselves into seven small discussion groups. They were instructed to introduce themselves and tell why they had come. Next they were to respond to the two questions: How do you feel about teaching death and dying in the classroom? Do you have any experiences teaching about death?

After a break the subjects returned to one large group for a short presentation by myself on Dr. Elisabeth Kubler-Ross's work with the dying. This was followed by a film on Dr. Ross entitled, "Until I Die" which ran 20 minutes.
Once the film was finished the participants returned to their small groups to share feelings and ideas about the film. Someone in each group acted as a recorder to note group consensus about the film and terminal care generally.

This first night ended with everyone returning to the large group and hearing the recorders report the reactions to "Until I Die" and terminal patient care. General concerns or questions were also dealt with as they arose.

Night two: This session opened with everyone together. Unfinished business from the previous week was cleared away first of all and followed by a brief overview of the evening ahead.

There was a short presentation by myself on the history of North American funeral customs including the memorial society concept. We then saw a film entitled "The Great American Funeral" which ran 50 minutes. Questions and answers followed and then came a break.

After the break the group divided into the seven smaller groups for a discussion of personal "death" experiences. Instructions were circulated which requested that the subjects recall their earliest, most recent and most traumatic experience with dying or death. In addition to recalling the "memories they were to describe the feelings that were associated with them.

Later a second instruction sheet was circulated which told each group member that he or she had been diagnosed with a terminal sickness. They were to write down their feelings and actual plans until death. Once
these were recorded. they were shared.

The evening ended with a wrap-up session in a large group. I made a short presentation to explain the rationale for the tasks done during the night. This centered on the importance of personal feelings and familiarity with them. Following a short discussion we ended the session.

Night three: We again began by dealing with any unfinished business from the week before. The small groups reconvened and each participant was given the task of writing his or her own eulogy. Once this was written it was shared in the group. A break followed.

With everyone back in a large group there was a sharing of group reactions to the task. I then talked about death and the meaning of life. My focus was primarily the ideas of Victor Frankl from The Doctor and the Soul (1955) and Man's Search for Meaning - an Introduction to Logotherapy (1963)

After some discussion I introduced Mrs. Anne Gardiner, a Home Economics and Family Life teacher from Templeton Secondary in Vancouver. Mrs. Gardiner and I had worked out a teaching unit on death and dying and had presented it to some of her class. We had also spoken with teachers and student teachers in workshops on teaching about death.

Mrs. Gardiner spoke for a short time about the teaching unit she had been using with grade elevens and twelves. She also distributed several handouts which included articles and a reading list. This presentation was followed by some discussion.
The Collett-Lester Scale was readministered and an evaluation of the workshop filled out. I thanked the subjects for their involvement and the evening (and workshop) ended.
Please share your impressions of the workshop. It would be useful to know what you did not find particularly valuable or what could have been done more effectively. Feel free to mention any parts of the workshop you found to be particularly worthwhile.

My gut reactions over the years have been one of panic and fear. I have been involved in two death situations over the past 6 years which completely "FREAKED ME OUT".

In outlining my family life course (Sept. 75) I decided it was important I share The Aged Death & Dying with my kids - I didn't quite know how I was going to tackle it! - I had hoped to get a speaker! After your first night I tried it myself, mainly because I got a lot of strength from you, other people in my group and the resources presented:

Your continuing ease with the subject really got to me and has made me more comfortable with facing death.

Ann's resource material and ideas have certainly given me a new dimension to the family life program I teach. And I will tackle death a little more differently in the classroom next time.

First night I felt threatened and a little down; but your reaction gave a lot of comfort. Excellent film.

Second night - Consumer film good eye opener but made me feel uncomfortable. Workshop talks - brought me back feeling OK.

Third night - Excellent; especially your summary and curriculum outline. Thanks again, you have really helped me.
I felt that every part of the workshop was important, or in a sense critical for the desired result. I also feel that it was very useful not only in being able to accept the finality of death but in being able to approach the subject with other people who are unwilling to discuss this topic.

As you know Dennis, I attended your workshop in the fall. In a way I feel it may have had a sharper effect on people because it was not carried on over such a long period of time. I think the best results would be, if time allowed, to have the workshop on three consecutive days, when people could really get involved - not run out of time - and not have too much time inbetween each session.

Thank you, Dennis, I really enjoyed your workshop, and learned, again, a tremendous amount.

The workshop was generally very worthwhile. It has given me greater insight into death as a whole and has created a lot of thoughts and mixed emotions within myself concerning the subject. It was about time that thought was stimulated to the point where I began to take a look at my own personal opinions or attitudes toward death.

I gained more from your information on Kübler-Ross theories, consumer aspects, etc., than I did from small group discussion on the 2nd night. I found that after the 1st night that spending time with the same group of people brought back a lot of the same old stories.

Workshop - Excellent, exciting, carried with you long after you left the building. Really enjoyed the curriculum side of it with Anne - will find that particularly useful.
Part I disliked the most - the Eulogy. I fully realized its purpose to the workshop, but challenge the vogueness of Eulogies in today's services. Will appreciate receiving the results of the questionnaire - but I found it difficult to answer at times, with wording of statements and that we were to do it "quickly". I'm not sure that what I responded to are my gut feelings if I laboured on it.

In general, it gave me personal insight into the fact that often I feel I'm wasting my days and perhaps I should be doing more. The idea of procrastinating your years really struck home.

Thank you for the experience.

The most worthwhile part was thinking about death and how it would affect those around me. Also how my handling of the dying process would progress through its various stages - knowing these stages will also help me help my family and friends.

It was good talking to other people about a topic which is considered "taboo" in our society.

It was hard to let go of all your true feelings in a group where you did not know all the members - This became easier as the sessions progressed.

The film was old - but certainly made a point.

I wish I could make some suggestions but I found I got many worthwhile thoughts and experiences from each session - Thank you very much for helping me with Death and with Life.
- Really enjoyed the tasks and staying with the same group. Got to feel that I know them and like them, and will miss not having to come next Tues. night. The films excellent.

- Well organized, always felt that you knew where (and how) you were "leading" or guiding us.

- Had never even thought of this subject before, has opened doors to ideas that I didn't know I had reins on.

- Questionnaire technique was really poor. Questions were OK though. Perhaps though, there needs to be a distinction between the pain aspect of dying and the final act of death, so we know if our fears are of the pain, or of the final or isolated aspect of death.

- As to the participation of the group - the credit goes to your organized soft sell approach - very open to feedback on a sincere basis. Really enjoyed it and would certainly sign up for any other workshops, lectures, etc., that you may present.

---

I found it valuable to me to get to know a young person like yourself concerned enough with this area to study it objectively and then use this knowledge for the good of his fellow men. Death is an area that has been difficult for me and so I have avoided it. I appreciated being able to talk about my baby's death and have someone say it is OK that I have not come to terms with it. Perhaps I will some time. I have often felt that I was a very cold 13 year daughter in the way I reacted to my father's death but am beginning to see that it was a rejection of the whole thing.

I liked the way you outlined what we would do and in order to protect the plan, insisted that people follow the format. The mixing of people who didn't
work together the first night made it easier to get into the swing of it without reservations. I thought one reel of the funeral film would have been enough - leaving more time for discussion. Your organization was superb!

I really appreciated also Anne's detailed outline of how to do it with kids - excellent in service training.

Many thanks.

---

I found it very useful and interesting. I know this to be true since it was one of the many workshops I've attended that I actually looked forward to and didn't regret spending my time there.

Very worthwhile - bibliography, hints, etc., to make this topic interesting for students.

Particularly valuable - both you and Anne Gardner seemed like very warm people who were really interested and concerned in helping us as individuals.

Perhaps if we all jotted down a few thoughts on a piece of paper every time before we got into a group to discuss things I may have gotten a little more out of the talks. Also if there was some way to put us into a more serious mood (perhaps a solemn record? - I don't know) before doing the above it may have helped. I found it difficult at times to do what we were asked to do. Perhaps I'm asking for you to force me to think seriously. (Because I now know I would have gotten more out of the workshop if I were more serious).

---

I found the workshop extremely rewarding. I find death and dying very emotional and much of the time I was skimming the surface. One problem I had
was my grouping and a feeling that we couldn't relate on a similar level as my experiences were so touchy for me to handle. I got the impression that my deeper feelings were not "acceptable" to my group. This seemed to perpetuate my surface approach. However this may give me some insight in later dealing with my students (if I ever do).

Because my group relationship was surface (week #1 & #2) does not mean the whole experience was the same. I feel I have faced a lot of my fears and although I still feel I have them I am beginning to understand the why's behind them. Thank you for expressing that an "appreciation of life" often is the cause of anxiety over D&D. It was an "unconscious" feeling. Or I wouldn't verbally express it as it seems very selfish. It is good to hear someone else say it.

Thanks very much.

-----

Thought-provoking, stimulating, interesting - gave me an opportunity to think, and deal with a subject I've not done a great deal of thinking about - in terms of me - for many years.

I liked the kinds of group experiences we did, e.g. the terminal case, the eulogy etc., however, I feel it is sometimes unrealistic to expect people who perhaps do not know each other very well, if at all, to "tell all" and be terribly personal, bang, all at once. I feel people need to have a kind of "rapport" with each other before they can begin "divulging" and expressing personal "gut" feelings. The kinds of exercises presented, however, are very valuable discovering and learning, awareness experiences.

Perhaps the workshop might have been extended - more hours - with time to do reading, with follow-up discussion. Have left with very positive
feelings about the subject and with a feeling of having some degree of "confidence" to be able to teach the unit in the classroom.

The workshop enabled me to realize again the importance of living a life of meaning to me and my family. To be more aware of the passing of time and beauty that surrounds us.

The second evening left me very low, as I am not able to cope yet with the event of my own death. I guess life is so precious to me as it is to others.

However a positive event - my husband and I discussed our deaths and have made plans to join the "memorial society" to insure our desires are carried out and to relieve our family of having to make decisions that could be difficult for them. Anne's report on her classroom procedure was excellent.

I found the workshop a worthwhile experience in that it clarified some of my thoughts and feelings about death.

The group with which I worked seemed to suffer from the absence of a leader after the first session. However, perhaps none of us was willing to share.

I appreciated your friendly, warm approach.

The workshop on death and dying gave me a fuller appreciation of life. The topic on the obituary (pardon me the eulogy) and the terminal illness
were very difficult to do but probably made me think more about the meaning
of life. The workshop format was excellent and I have no comments to make
on improvements.

I could not possibly teach a section on D&D. I find it much too
difficult to let myself become completely involved in an emotional experience
such as this. For this reason I know I did not benefit as I might have from
these sessions.

It has, however, reinforced my awareness of living each day to the full;
to appreciate my family and friends, and to do my job as best I can.

I really liked starting and ending on time.

The questionnaire on D&D I found a bit difficult because there were a lot
of "I would not... then I had to figure out whether I agreed/disagreed with
the negative situation, and then finally to what degree. I felt concerned
because I was to do it quickly and I couldn't because there were a lot of
"words" to think thru.

I enjoyed the systematic approach, i.e. this is what we are going to do
tonight and then at the end of the night we would be presented with what we
would discuss next. Gave me time to gather my thoughts.

I valued getting together with people who want to talk about death and
realize that I am not alone.

It was good to go thru the experiences to broaden my thinking.
I am not sure that I changed in any of my thinking but the seminars helped me confirm my own ideas and attitudes and articulate them in a group. To articulate these ideas and realize that people were open to these thoughts strengthened me. I realize now that I should live each day as it is my last.

I liked everything about the course although parts were heavy, i.e. terminal illness and eulogy but to me they were "real" and where it is "at". Therefore I did grow!

----------

Questionnaire confusing and difficult to respond to.

Found group discussion interesting as 2 members had experienced death of a mate. Seemed each was in different stage of adjustment. Certainly an eye-opener to process.

Personal perspective exercise most revealing. Clarified my fears greatly, i.e. think can handle fear of "sudden death" better.

Felt eulogy useful as self-disclosure device, i.e. attitude towards oneself. Might be interesting in classroom setting to have a friend of student write the other's eulogy and compare. (i.e. to focus on positive aspect of one's life.

Film most informative (funerals).

Generally very well done. Certainly has helped me already. Had a student approach me with the fact her father dying of cancer. Feel I handled situation better as a result of this workshop. Thank you.

----------

Possibly the best part of the workshop was the accepting attitude (very distinctly communicated to the group) of death as a part of the life process.
This was communicated not necessarily through the various "devices", but simply in Denis relating his personal experiences and in the discussions on the "stages" of death.

-----

Found it overall worthwhile.

Liked final evening of one main topic best because on first two nights it seemed would just get going and it was time to quit.

Am looking forward to reading some of the resource material and hopefully gain some further insight into the topic of death and dying.

Thank you.

-----

I liked having to be put into the reality of thinking I had a terminal illness and how I would deal with it. In fact I really found all of the written assignments useful.

It sure made me appreciate life again.

The questionnaire was really confusing with the double negatives, etc.

The group work might have worked out better if people in my group didn't know each other quite so well. One or two people didn't feel like getting into it (and I respect that) but it sure made it hard for the rest of us to get into.

It scarestme to think that people with this brief exposure and minimal thinking will in fact try to teach the topic.

It was good to hear about a programme someone else has tried.

-----
I would have liked to hear and know a great deal more about Kubler-Ross. I wish that I had read all her books before I attended instead of one after the 1st lecture. I also wish I had read her biography - if there is one in existence.

The 2nd session. I feel that the film was too long. For our particular group perhaps it would have been OK to see just half. It was an old film. Many of us have been exposed to much of what it said.

Perhaps it would have been a good idea to give everyone a number the 1st time we attended perhaps in a series of 6 and all the number 1's could have formed one group and then friends who came together would have been less likely to end up in the same group.

I would like to thank both you and Anne for the opportunity to attend and good luck. The work you are doing is terrific.

I did not attend this series because of information I would receive on the approach to teaching. I am more interested in the actual way one approaches a terminally ill person.

---

A most valuable workshop! I really feel I've begun to learn about death, to realize mortality though I'm by no means all the way there. The aspect I'm happiest about is that the next time I'm personally involved with death I won't completely freak out as I have in the past. I think I will understand my emotions and those of others around me better (honestly feeling - mourning the loss but not being so frightened of the emotion). Hopefully, I can be of a little more help to the people I care about when they are in this experience.

As teacher, I plan to attempt to share some of this with my kids.
Yes - it's important.

Best though rough!
- discussions in group
- terminal illness experience
- eulogy thing (MOST hard!)

Best not rough
- your summaries, Anne too

Not so best
- films - so dated! (I realize your problem though). 1st one the best.
- maybe some other approach to consumer thing - panel of people relating experiences?

Super workshop. Excellent organization, etc.

(PS Best spring I've had in terms of feeling it - sun, flowers and all. Didn't realize connection between all this thinking till you mentioned it)

Thanks.

-----

Most worthwhile - the eulogy - the icing on the cake for me - really made me aware of my life and how I can make me a happier person.

I wonder if this sort of experience wouldn't be better as an all day workshop. I felt each evening as if I was spending 15-30 minutes just getting into the mood - moving the barricades and getting to the gut reactions. Another advantage would be the closeness that would develop within the group - which did in the final evening, but I wished it had done so earlier.

A suggestion for the terminal illness exercise - if people are finding it difficult, use the exercise that someone close is dying and how would they react. Then move on to their own death. I used that exercise myself to get into the question.

Classroom session with Ann very interesting. I felt the student
evaluations a bit long - we are already members of the converted so we believed her. She set out excellent directions for classroom presentations.

I really found it to be three worthwhile evenings. Denis, thanks for your time.

-----

Denis you so kindly thanked us for attending the workshop on D&D, I would like to thank you for giving us such a worthwhile project.

I am a very emotional person. I am married with two children. I really love my children and husband (every normal person does that!) and the thought of death used to leave me cold! After attending the workshop I am beginning to come to terms with human mortality.

Thank you.

-----

Denis, I think you did a really good job. The workshop was well planned and very organized. I really can't think of any way to improve it. I feel after two years of counselling workshops and groups that I'm a little saturated (for the time being) with group experiences and therefore, maybe couldn't get into the exercises as much as I would have liked. However, I intend to think about them on my own and read the material and books suggested. As a counsellor but also more importantly as a person I really do feel that this has helped me to begin to deal with death. This has always been a scary topic that I've wanted to avoid. This third session has been particularly helpful for me. It has helped tie a lot of things together. Thanks.

-----
I feel that this workshop is excellent for me. I have gained experience in all aspects of death. My experience in death, whether it is regarding emotions or consumerism is totally nothing. I have gained through discussion within the groups others opinions and feelings regarding death and dying.

I have become more aware of it and can now think about it more seriously in my own situation.

Good, good, good! I'm really glad I attended. However, I feel that there was not enough - ie more time needed, a little too superficial. It seems like every time I (and others) was "getting into it" - it was over. I think the simulation exercises (terminal illness, eulogy) were particularly worthwhile. They covered feelings and ideas with which I was already familiar but it was forced to deal with them more in depth. I can't really say much more - what I already knew or suspected was confirmed. I would like to get more involved in trying to explore and understand D&D. The film on funerals was revealing, the resources (last session) very helpful. Thank you.

Oh yeah - the +1, -1 etc. was rather confusing. Try and make it simpler. How, I don't know! Good luck.

I could use more time to build relationships in the group in order to get below the surface. Seeing one half the film on funerals would have been enough. Does your questionnaire have to be double negatives? I would spend more time on the topic with a group of strangers. Ann's situation is different, because she has her students over a longer period of time.
I found it all valuable, as I have never really discussed this topic before. I enjoyed both films and all discussions. It was nice to know that others share my concerns or look at the idea of dying more philosophically or religiously than I do. I found it useful to discuss this topic and feel my feelings because, although I don't often think about DSD, I do have strong feelings about it, esp. with regard to my own death. I hope I can learn to live the better life I have resolved to live tonight for a long time to come, and not slip easily back into a state of taking days, weeks, months, years, etc., for granted.

Have gained much from this workshop - especially have confirmed within myself the fact that I have been avoiding the reality of death.

It has made me more accepting of death as a whole - and I hope I can face it more realistically.

Thanks so much for sharing your ideas! You've made me do a lot of thinking.

- Very good feelings about 1st session.
- film "Great American Funeral" was too long
- found Anne's sharing of what she did in the classroom very useful.

The whole experience has been most worthwhile. As a result of first listening to Anne, doing some reading and also attending the workshop, I have started to think and talk about death. I think that up to now I had been denying and avoiding it. I have discussed this with my father, my
husband. I feel that I have made it easier for students and friends to share their experiences and feelings with me (It amazed me how anxious some people are to talk about this - and only need to know that you feel comfortable in sharing with them).

Although I teach Family Dynamics, I probably won't teach this topic this year - I don't think I'm completely ready - and the timing just wouldn't be as good as I would want it.

The discussion groups were a good idea - unfortunately I didn't feel comfortable in my group - I'm still trying to sort out why - is it me? Did I not feel trusted? At least I have been able to talk to others - so this has not been a problem. It's hard to isolate any particular part that was worthwhile - it has been a total experience for me - with each meeting, reading, discussion with family, friends, etc., building on what has come before. Thank you very much for sharing with us - it has been a real 'growing' experience for me - and one which I know is still only at the beginning.

----

Two comments on the other sheet.

The whole workshop was excellent - a most beautiful experience.
Keep up the good work - everybody needs more of this sharing.
Good luck in your work.

----

I felt the workshop was most worthwhile but I'm not really sure that my death acceptance is "gut" or "head". I have no fear of my own death but I know I will miss my relatives and friends should they die.
Problems that have arisen during the workshop period are not due to the workshop but due to a friend who experienced a seance and had contact with a "dead spirit". This has bothered me most. I believe this person and life after death seems weird. No matter what - "life" goes on until death. Sorry for the rambling - I really like to think and this has helped raise new questions.

My problem is your term "heavy". These questions and topics are or were not "heavy" for me.

You make them too ominous.(sp).

Death really exists.

Thanks.
Appendix D.  

THE COLLETT-LESTER FEAR OF DEATH SCALE
A MANUAL
1974
DAVID LESTER
Richard Stockton State College

THE SCALE

Here is a series of general statements. You are to indicate how much you agree or disagree with them. Record your opinion in the blank space in front of each item according to the following scale:

+1 slight agreement  -1 slight disagreement
+2 moderate agreement -2 moderate disagreement
+3 strong agreement  -3 strong disagreement

Read each item and decide quickly how you feel about it, then record the extent of your agreement or disagreement. Put down your first impressions. Please answer every time.

1. I would avoid death at all costs.
2. I would experience a great loss if someone close to me died.
3. I would not feel anxious in the presence of someone I knew was dying.
4. The total isolation of death frightens me.
5. I am disturbed by the physical degeneration involved in a slow death.
6. I would not mind dying young.
7. I accept the death of others as the end of their life on earth.
8. I would not mind visiting a senile friend.
9. I would easily adjust after the death of someone close to me.
10. If I had a choice as to whether or not a friend should be informed he/she is dying, I would tell him/her.
11. I would avoid a friend who was dying.
12. Dying might be an interesting experience.
13. I would like to be able to communicate with the spirit of a friend who has died.
15. The pain involved in dying frightens me.
16. I would want to know if a friend were dying.
17. I am disturbed by the shortness of life.
18. I would not mind having to identify the corpse of someone I knew.
19. I would never get over the death of someone close to me.
20. The feeling that I might be missing out on so much after I die bothers me.
21. I do not think of dead people as having an existence of some kind.
22. I would feel uneasy if someone talked to me about the approaching death of a common friend.
23. Not knowing what it feels like to be dead does not bother me.
24. If I had a fatal disease, I would like to be told.
25. I would visit a friend on his/her deathbed.
26. The idea of never thinking or experiencing again after I die does not bother me.
If someone close to me died I would miss him/her very much.
I am not disturbed by death being the end of life as I know it.
I would feel anxious if someone who was dying talked to me about it.
The intellectual degeneration of old age disturbs me.
If a friend were dying I would not want to be told.
I could not accept the finality of the death of a friend.
It would upset me to have to see someone who was dead.
If I knew a friend were dying, I would not know what to say to him/her.
I would not like to see the physical degeneration of a friend who was dying.
I am disturbed by the thought that my abilities will be limited while I lie dying.

SCORING

This scale is designed to assess four separate fears of death:
- fear of death of oneself
- fear of death of others
- fear of dying of oneself
- fear of dying of others.

Each subscale contains items keyed positively and items keyed negatively. Thus, although the scale is scored as any conventional Likert-type scale, care is needed in distinguishing the items of each scale and in distinguishing the positively keyed and the negatively keyed items. The distribution of items is as follows:

<table>
<thead>
<tr>
<th></th>
<th>positive</th>
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<tr>
<td>death of self</td>
<td>1, 4, 17, 20</td>
<td>6, 14, 23, 26, 28</td>
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<tr>
<td>death of others</td>
<td>2, 13, 19, 27, 32, 33</td>
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<tr>
<td>dying of others</td>
<td>11, 22, 29, 31, 34, 35</td>
<td>3, 8, 10, 16, 25</td>
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</table>

NOTE: The final score you get for any subject for each scale has no meaning by itself. It has meaning only in relation to the scores of other subjects. The items have not been constructed so that a score of, say, +A means that the subject has a fear of death while a score of -A means that the subject has no fear of death. The only kind of statement that is logically possible with this scale is that subject X has a higher (or lower) score than subject Y.

THERE ARE NO adequate norms for these scales. Several of the studies that have been published, however, do report mean scores on each of the subscales for a variety of subject populations.
BIBLIOGRAPHY of my studies using the scale

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Ford, R.E., Alexander, M., & Lester, D. Fear of death in a high stress 
Alexander, M., & Lester D., Fear of death in parachute jumpers. 
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CITATIONS of the scale (obtained from Science Citation Index)

APPENDIX

The following are some data on the scale, hitherto unpublished, which
may assist users.

Correlations Between Subscales

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<th>DyO</th>
<th>DyS</th>
<th>DyO</th>
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(All correlations are product-moment correlations.)

Correlations Between Scales and Other Fear of Death Scales

Product-moment correlations between the Lester (1967) fear of death scale and

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</table>

Other scales have been correlated with the Collett-Lester scale - see
Durlak (1972).

20, 1077-1078.

Factor Analysis

Although the basis of the scales presented here is in terms of their face validity, it is of interest to explore inter-item correlations. Accordingly, the data from 241 female subjects who completed the scale for the study reported by Lester, et al. (1974) were subjected to a factor-analysis using the UCLA Biomed Statistical Programs BMD03M. Eleven eigen values were greater than unity and eleven factors were extracted.

It can be seen from this that the factorial structure of the scale is quite complex. Factor 1 appears to embody fear of death of self, and factor 3 fear of dying of others. The other factors are mixed. However, significant correlations between the different fears are to be expected and the devising of mathematically unrelated scales may be impossible.