

AN ABSTRACT OF THE THESIS OF

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Title: Death Anxiety: A Comparison of Nursing Home and
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A review of the literature revealed that elderly persons residing in nursing homes generally displayed a lower degree of death anxiety than elderly persons residing independently in the community. Considering the recent increase in life expectancy and decrease in mortality rates, the present study sought to provide a current investigation of the relationship between death anxiety and living arrangements.

Attitudes toward death were measured using Templer's Death Anxiety Scale among 31 elderly men and 31 elderly women over the age of 65, half of whom resided in nursing homes and half of whom resided in apartment complexes. A significant difference in age was found between the 2 groups, with the oldest age group being the nursing home residents.

Because of the significant difference in age between the two groups of elderly individuals, an analysis of covariance was performed. The results of the analysis revealed a nonsignificant relationship between death anxiety and residence, as well as between death anxiety and gender. The Residence X Gender interaction was also found to be nonsignificant. Results of the current study

are consistent with previous research, which reports that as a group, aged persons express low levels of death anxiety. Several possible explanations for this finding were explored, including denial, the potential inaccuracy of the assessment technique employed, and subject-selection problems.

DEATH ANXIETY: A COMPARISON OF NURSING HOME
AND INDEPENDENTLY LIVING ELDERLY PEOPLE

A Thesis

Presented to

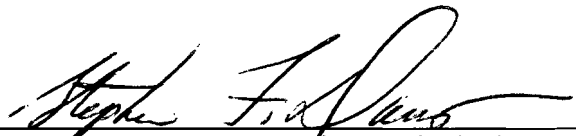
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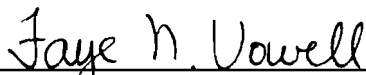
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Chapter 1

INTRODUCTION

To everything there is a season,
and a time to every purpose under heaven:
a time to be born, and a time to die.
Ecclesiastes, III, 1-2

From the 15th century epic, Der Ackermann aus Bohem, a passage reads--"As soon as man comes to life, he is immediately old enough to die." Death is one event that can be predicted with certainty for individuals once they have been born into this world. Yet, it can be argued that death carries with it vast uncertainty, for it is unknown when and how it will approach us. Death anxiety is not a unitary phenomenon; rather, it is multidimensional in nature. It can entail such concerns as the cognitive and emotional impact of dying, physical alterations resulting from dying, awareness of the finite time between birth and death and the rapidity of its passage, or concern about the stress and pain accompanying one's death (Lonetto & Templer, 1986). These concerns may apply to all individuals, but the present focus is placed on the elderly.

Not all older individuals may experience a great fear of death, but it appears virtually impossible for older persons to avoid the question of their death. There are simply too many reminders of their eventual fate as they grow old. Perhaps inconceivable for healthy younger persons, many sick and frail elderly may actually even welcome death as a release from their adverse circumstances.

Review of Literature

In assessing the psychological effects of institutionalization in a nursing home on the ambulatory aged, Lieberman, Prock and Tobin (1968) designed a study to differentiate the effects of awaiting nursing home admission from those living in a nursing home. The underlying assumption was that differences between the community and waiting list samples would reflect effects of pre-institutional disruptions, whereas differences between the waiting list and nursing home samples would reflect the effects of institutionalization. Three groups were compared: elderly in a nursing home, older persons living in the community, and older persons on nursing home waiting lists. Data were gathered in a series of three or more interviews which were accompanied by ten psychological tests. The results revealed that nursing home elders appear more affected by the subject of death than those living in the community or in the waiting period. The authors concluded that institutionalization has both ameliorative and adverse effects.

Lieberman (1961) investigated the relationships between mortality rates and entrance into a nursing home, physical status, and age. The records of all applicants accepted for admission between 1947 and 1959 to the Orthodox Jewish Home for the Aged of Chicago were investigated. Lieberman found that the death rate following institutionalization was 2 1/2 times greater than in the waiting period. Lieberman stated that although it was beyond the scope of his study, the notion of applied stress and one's mode of adaptation to entrance

into an old age home is an easily acceptable and empirically demonstrable hypothesis for his findings.

The purpose of Given and Range's (1990) research was to examine further differences between nursing home residents and public housing residents in terms of life satisfaction and death anxiety. Residents of a public housing apartment complex as well as nursing home residents completed the Death Anxiety Scale, the Philadelphia Geriatric Center Morale Scale, and a structured interview. It was found that nursing home residents more frequently reported that in five years they expected to be dead, whereas public housing residents more frequently reported that in five years they expected to be doing about the same thing or nothing. The two groups did not differ in their report of life satisfaction or death anxiety. However, across both groups, those reporting higher life satisfaction also reported lower death anxiety and a more positive attitude toward growing older. Given and Range further concluded that place of residence was not related to reported life satisfaction or death anxiety.

Christ (1961) conducted a pilot study to determine how a group of geriatric psychiatric patients felt about the topic of death. The data were based on interviews of one hundred patients admitted to the psychiatric wards of San Francisco General Hospital in 1959. The patients were fearful of death, but as a whole were willing, and in some cases, were relieved to discuss death. Christ further speculated that some of these patients' psychiatric

symptoms (i.e., delusions) may be due to anxiety and subsequent denial of death. Christ suggested that it is the physician's duty to broach the topic of death with patients and to help them deal with their pending fears. Similar to Christ's research was that of Sudnow (1967) and Taylor (1977), who likewise reported that adult children find it difficult to broach the subject of death with their aging parents. Sudnow and Taylor reported that health care personnel in hospitals and nursing homes often manage to avoid the topic of death. Wass and Scott (1977) claimed that until recently, even experts on aging tended to avoid the subject.

Cappon (1962) conducted a survey of the public conscious attitudes about death and dying. Cappon's purpose was to establish what information those who are dying say they wish to receive, as well as their preferences regarding the mode of death and the factors which relate to fear of death and dying. Participants varied from non-patients to medical and psychiatric patients, as well as those dying. All subjects responded to a comprehensive questionnaire. Cappon concluded that dying persons wish to receive minimal information about their impending death, and that all subjects wish death to be sudden, particularly if they have some control over this. Lastly, factors relating to fear of death were the physical and especially the psychological status of the person whose attitude is being assessed.

Goldfarb, Fisch and Gerber (1966) conducted a study of mortality rates among the elderly living in nursing homes. Persons studied were residents of old age homes, nursing

homes, and state hospitals. These individuals were given a battery of psychiatric, psychological, and medical examinations, and some aspects of their life situations and immediate histories were explored. Within one year, 24% of this group had died. Mortality was higher in the state hospitals than in the other institutional settings.

Lieberman and Coplan (1970) attempted to assess the effects of the length of time from death among the aging. Lieberman and Coplan addressed whether there are psychological consequences among older people if they know their time is running short and "if they acknowledge their death as a psychological reality" (p. 71). Eighty ambulatory subjects, 40 of whom were a year or less away from death were compared in a matched pair design to 40 subjects who were at least 3 years from death. This was postulated by the subject's stable or unstable health conditions. The subjects were compared on personality variables, thoughts and feelings toward death, and death symbols on the Thematic Apperception Test (TAT) cards. The results indicated that death becomes a meaningful issue for the very aged when distance from death is relatively brief, that is, a year or 2 prior to death. Lieberman and Coplan's conclusion is supported by the fact that those subjects nearer to death showed poorer cognitive performance, lower introspective ability, a heightened docile self-perception, and a greater number of death symbols on the TAT task. In addition, personal fear of death was contingent upon one's life circumstances and not on the approach of death itself.

An attempt was made by Kastenbaum (1967b) to increase awareness about the total situation in which the elderly living in a nursing home find themselves as the prospect of death increases. Kastenbaum interviewed patients of "Death Valley," which is a wry designation that many patients had attached to an intensive treatment unit at Cushing Hospital in Massachusetts. The death rate for this ward had been substantially higher than on any other ward. Kastenbaum interviewed 40 patients who had resided on the ward and had improved and been transferred to another unit. Kastenbaum indicated that admission to an age-segregated institution suggests or confirms to many people the idea that "it is all over but the dying" and that this perception of placement is what many times contributes to death anxiety. Previous research by Kastenbaum (1964) revealed that the lives of younger people are considered to be worth much more time and expense than the lives of the elderly.

Kalish (1965) reported that the dying elderly living in nursing homes all wish their families to be with them as they die. The adult children of the dying elderly also want to be with dying family members. As revealed through interview, the elderly themselves, however, frequently wish to be removed from their home when they become unable to take care of themselves or cannot afford to hire others who can care for them. According to Kalish, the elderly appear much concerned with becoming a "burden" on others and often decide to place themselves in nursing homes.

Baum (1984) conducted a study to compare differences of perceived age and death anxiety levels in older

persons. The hypothesis was that those elderly who denied their age (younger age identification) would exhibit higher death anxiety than their "older feeling" counterparts. Three groups were studied: group membership affiliated residents, inactive community members, and nursing home board-and-care level elders. Measures included death anxiety, physical and emotional health, depression, locus of control, and purpose of life. Baum found that single elders who are poorer in emotional health and feel more externally controlled appear to manifest more death anxiety. Conversely, those elderly who were married, of sound emotional health, and who perceived themselves as internally controlled, produced lower death anxiety scores.

Tuckman and Lorge (1952) researched the attitudes of graduate students toward the institutionalized elderly by means of a 137-item questionnaire. Most of the statements reflected popular misconceptions and stereotypes about the elderly. Tuckman and Lorge compared the responses of three groups of older age subjects to the same questionnaire. Participants included persons living in the community, persons living in the traditional type of institution for the aged, and an intermediate group living in an apartment house. It was hypothesized by Tuckman and Lorge that as individuals become less able to cope with the problems of day-to-day community living, they will subscribe more to the misconceptions and stereotypes about old people. The data showed that agreement with the misconceptions and stereotypes tends to increase from

community to apartment house to short-term institution to long-term institution.

Roth (1978) maintained that fear of death and irrational ideas about it are widespread features of the psychopathology of aging, causing much anxiety and depression. It was Roth's belief that insightful psychotherapy combined with pharmacotherapy are effective in treating the elderly for depression and anxiety. Two case histories were given. The first case history involved a 63 year-old man who sought treatment for a very distressing, restless insomnia. By means of psychotherapy it was revealed that he had unrealistic views about death in that going to sleep foreshadowed death. He required his bedroom to be devoid of features that could make it look like a grave. His dreams also reflected every aspect of his overwhelming fear of death. The patient's anxiety was relieved with medication, which eventually was discontinued. Through psychotherapy he gained much insight into his fear of death, and his death phobia greatly improved. The second case history involved a 68-year-old woman who sought treatment due to epigastric discomfort accompanied by an agitated, apprehensive state. The woman apparently never married and now feared death due to her state of illness and loneliness. She experienced relief after being placed on medication and participating in psychotherapy, whereby she realized that if alone in old age one must make arrangements for care if placed in a dependency position through illness.

Swenson (1958) hypothesized that there is a death attitude construct in the geriatric population, and that

its relationship to such characteristics as age, education, physical condition, latitude of interest, home living conditions, and religiosity could be demonstrated. A group of geriatric subjects from homes for the aged completed a death attitude checklist, a death rating scale, and the MMPI. Swenson found that the elderly who were active in religious groups, better educated, and experiencing poor health reported looking forward positively toward death. Those elderly who avoided reference to death included the less educated, those engaged in a large number of activities, and those in good health. No relationship was found to exist between death attitudes and age.

Shrut (1956) investigated attitudes toward death among aged ambulatory, unmarried, white, females residing in the apartment dwellings of the Home of the Aged and Infirm Hebrews of New York, and similar elderly persons who lived in the larger and more institutionalized Central House of the same home. Shrut used clinical impressions based on a sentence completion test and ten Thematic Apperception Test cards, plus data derived from three questionnaires on health, adjustment, and participation in activities. Shrut found that the subjects living in the apartments, which were more like their previous living arrangements, showed less fear of or preoccupation with death, which might mean, Shrut concluded, that they enjoyed better mental health. Shrut reported that both groups of subjects revealed at least mild anxiety with regard to thoughts of death.

Kimsey, Roberts and Logan (1972) attempted to learn how the elderly feel about death and dying, and toward living as well. An interview form, consisting of multiple-choice self-rating items, sentence completion tasks, and open-ended questions was administered to the elderly subjects from a 100-bed proprietary nursing home. The results revealed that these aged nursing home patients did not report being fearful of death and dying. Most spoke of its inevitability, while a few had positive feelings toward the process.

Jeffers, Nichols and Eisdorfer (1961), interested in why the elderly regress to denial in matters pertaining to death, longitudinally studied over 200 aging volunteers. It was the authors' impression that denial is an important mechanism for dealing with anxiety in old age and was perhaps the most common adaptive technique employed in personality adjustment among elderly persons.

Baum (1983) investigated the effects of anxiety about afterlife and wellness in elderly persons. Demographic variables such as gender, age, education, and location were obtained for analysis. Wellness was inferred from scores on three measures of physical, emotional, and faster subjective speed of time, the premise being that elders who are less well will be more anxious about afterlife. Baum interviewed institutionalized elders, who were board-and-care residents. The interview schedule included a demographic data sheet, a measure of anxiety about afterlife, and several items of wellness. The hypothesis that anxiety about afterlife would be related to well-being in elderly persons was not supported by the

data. The lack of significant findings is consistent with other research which also fails to correlate death fears with afterlife belief (Berman, 1974; Berman & Hayes, 1973; Klopfer & Price, 1978; Kurlychek, 1976). Baum's additional finding that middle-aged adults tend to show the highest levels of death anxiety is also fairly consistent in the literature (Bengston, Cuellar & Ragan, 1977; Kimsey, Roberts & Logan, 1972; Sanders, Poole & Rivero, 1980).

Swenson (1961) studied attitudes toward death among 210 elderly persons contacted through homes for the aged, Golden Age Clubs, and other organizations and industries. Methods of evaluating attitudes toward death included a checklist of death attitudes, a checklist of interests, hobbies and activities, a forced-choice rating scale, and the MMPI. The results of Swenson's research suggested that aged persons do not often admit to a fear of death and that often they either look forward to death or their contemplation of death is evasive. Religion also plays a significant role in one's attitude toward death in that the religiously oriented person tends to contemplate death in a positive manner. Similar results regarding religiosity were found by Wagner and Lorion (1984). Others discovered no relationship whatsoever between fear of death and religious beliefs or activities (Christ, 1961; Kurleycheck, 1976; O'Reilly, 1958; Templer & Dotson, 1970). Swenson concluded that people in homes for the aged look forward to death much more than do those living outside of institutions.

Matse's (1975) approach to discovering reactions to death in residential homes for the aged included inviting seventy-eight students, who were all working in residential homes, to complete a questionnaire. The questionnaire touched on the feelings death produces in the personnel and the way these feelings become expressed in behavior. Matse stressed that this research only aimed at becoming somewhat more sensitized to some aspects of the problem of death in residential homes; therefore, generalizations were not plausible. Matse concluded that reactions of the staff to the death of residents is diverse. It appeared that among the personnel, there are those who are continually troubled by death and others who are scarcely touched by death, though most are in between these two extremes: to a greater or less degree, a death shocks them, but the shock does not last long. What does seem conclusive from Matse's research, however, is that the manner in which the personnel are affected by a resident's death depends on the relationship they had to the deceased.

Bascue and Lawrence (1977) designed a study to explore the relationship between death anxiety and future time orientation in elderly people. The sample was comprised of 88 women whose death anxiety, subjective time, and religiosity were measured by means of 4 written questionnaires. Results revealed that there is an intimate relationship between death and time remaining in one's life for the elderly, more specifically, that one possible reason elderly people turn away from a consideration of their future is to avoid any thoughts of

death. This conclusion is consistent with the research of Kastenbaum and Aisenbery (1972).

To ascertain who experienced a greater fear of death, the young or the elderly, Westman, Canter and Boitos (1984) had 225 college students and 71 elderly persons from a senior citizen residential center answer a death and dying anxiety scale of six items each. Half the items of each scale concerned beliefs and fears at a general level or of people in general, and the others applied to the particular respondent. If it was assumed that expressing less fear when the item concerns oneself constitutes denial, as Westman, Canter and Boitos did, evidence was found only with fear of dying and only in the younger group. Devins (1979) reported the same results in his research. To assess how the aged in nursing homes view death and dying, Hinton (1966) interviewed nursing home patients who were dying of various diseases and were at various ages. The interviews were conducted at bedside and repeated at weekly intervals. It was Hinton's clinical observation that those dying patients who were 60 years or over showed greater acceptance of dying than those who were younger and that the overwhelming majority of those over 70 years "faced death with considerable equanimity" (p. 24).

Whether an individual's perception of motivation for behavior is centered internally or externally (locus of control) in relation to life satisfaction and death anxiety was studied by Hickson, Housley and Boyle (1988). Elders affiliated with a senior citizen retirement center

completed the Internal-External Locus of Control Scale, the Philadelphia Geriatric Center Morale Scale, and the Death Anxiety Scale. The findings suggested a relationship between gender and both life satisfaction and higher death anxiety, as others have reported in their research (Templer & Ruff, 1971; Templer, Ruff & Franks, 1971). Control orientation was found to be significantly associated with life satisfaction. Death anxiety, however, was a function of age and locus of control combination. Significant correlations between life satisfaction and death anxiety were found, regardless of the individual's control orientation.

In order to present data regarding the conscious attitudes of older persons toward death, Feifel (1956) studied 40 white male veterans of World War I living at a Veterans Administration Domiciliary. Feifel concluded that these men had two dominant outlooks: one visualizing death as the dissolution of bodily life and the doorway to a new life, and the other, with a kind of philosophic resignation, as the end. Feifel further hypothesized that certain older persons perceive death as the beginning of a new existence for the purpose of controlling strong anxieties concerning death.

Roberts, Kimsey, Logan and Shaw (1970) proposed to evaluate death attitudes among 57 nursing home elders by use of both questionnaires and projective tests. Results of the study revealed that, for the most part, those aged persons did not report being fearful of death and dying. Most spoke matter-of-factly of its inevitability; a few expressed some positive feelings toward the process.

Kastenbaum (1967a) considered aspects of the mental life of the dying institutionalized geriatric patient as perceived by the staff members who were in most intimate contact with them. The material reported by Kastenbaum derived from 61 cases of psychological autopsies in which a multi-disciplinary team gave detailed consideration to recently deceased patients. The findings of Kastenbaum's research failed to support the assumption that most aged persons are in a poor mental state as they are dying. Positive references to one's own death were heard much more frequently than negative (depression, anxiety) references.

Preston and Williams (1971) researched how people in homes for the aged who were suffering from terminal illnesses viewed death when dying would be the consequence of omitting life-sustaining or of instituting life shortening measures. Elders living in a publicly supported home for the aged and private nursing homes were interviewed. About half rejected death as a consequence of withholding life-sustaining measures or of instituting life-shortening measures in the event of fatal illnesses, great distress, and heavy medical expenses. One quarter rejected life-shortening but favored the omission of life-sustaining measures and about one-third favored death through omission or commission.

Brewer (1982) researched not only the difference between death anxiety in the elderly who live in apartments for the aged and those who reside in nursing homes, but the relationship between death anxiety and

level of self-esteem in these two populations. Brewer administered Templer's (1970) Death Anxiety Scale (DAS) and the Texas Social Behavior Inventory-Form A (TSBI-A) to 33 elderly persons living in two residential settings: nursing homes and apartment complexes exclusively for older individuals. Brewer found a negative relationship between death anxiety and level of self-esteem. Because subjects who reported a high level of self-esteem also reported less fear of death, Brewer hypothesized that "people who have meaningful lives, i.e., have positive feelings toward themselves or positive self-concepts, will also have less fear of death" (p. 24).

DeSpelder and Strickland (1987) recently noted the increase in life expectancy and decrease in mortality rates. They also noted that not only are people living longer than they once were, but death is less visible, as 80 percent of all persons die in institutional settings (i.e. nursing homes or retirement homes).

Given and Range (1990) concluded their study by suggesting a need for further research on the relationship between death anxiety and living arrangements. The purpose of the present study was to provide a more recent investigation of death anxiety between the elderly residing in nursing homes and the elderly residing independently in the community.

Chapter 2

METHOD

Sample

There were two groups each of 31 elderly adults. The first group consisted of 16 women and 15 men who resided in a nursing home in Ottawa, Kansas. This type of dwelling is defined as a residential home that is meant to give accommodation and care to aged people who can no longer live by themselves (Matse, 1975). The second group consisted of 15 women and 16 men who resided in apartment complexes exclusively for older individuals in Emporia, Kansas and Ottawa, Kansas. This type of dwelling is a building in which each individual lives independently in his/her own apartment with a number of peers living in close proximity. The elderly were considered to be those individuals who live in either of these types of residential settings who were sixty-five years of age or older.

Instrument

As noted, the purpose of the current study was to investigate the relationship between death anxiety among the elderly living independently in the community and elderly residing in nursing homes. Death anxiety will be measured by Templer's (1970) Death Anxiety Scale (DAS), which consists of 15 true or false statements. Scores on the DAS range from zero to fifteen with zero representing the lowest intensity of death anxiety and 15 representing the highest. Test-retest reliability of the DAS was reported by Templer (1970) to be .83. Templer (1970)

reported a coefficient of .76 to demonstrate internal consistency. Templer (1970) also reported that the response set of social desirability was not appreciably related to the death anxiety variable. In regard to validity of the DAS, Templer has shown that it correlates significantly with Boyer's (1964) Fear of Death Scale ($r = .74$), the Welsh Anxiety Scale ($r = .36$), and the Manifest Anxiety Scale ($r = .39$).

Procedure

The administrative staff of the nursing home facility provided a list of the names and room numbers of the residents they felt would be capable and cooperative in completing the questionnaire. After obtaining the list from the administrative staff, the examiner located each resident and introduce herself as a graduate student in clinical psychology. The DAS was administered to the nursing home residents on an individual basis or in small groups, depending on the situation.

Participants were given the opportunity to complete the questionnaire themselves or have the examiner read the questions aloud to them. After distributing the questionnaire to the residents, the following remarks were read aloud to each resident:

This questionnaire is designed to determine your attitude toward death. There are 15 items on the questionnaire and you are to answer each item true or false as it applies to you. Do you have any questions?

After questions were addressed, the examiner instructed the residents to begin. The examiner gathered the

questionnaires as they were completed and thanked each resident for their participation.

Administration of DAS to those living in apartment complexes was conducted both individually and in small groups, depending on the situation. The administrative staff had notified the residents ahead of time for group participation. The examiner introduced herself to the residents as a graduate student in clinical psychology and then proceeded to hand out the questionnaire. The same procedures and instructions used for the nursing home group was also employed with this group.

Chapter 3

RESULTS

Age

The sample of 31 nursing home residents ranged in age from 66 to 99 years. Their mean age was 85.00 years with a standard deviation of 7.48. The sample of 31 apartment complex residents ranged in age from 65 years to 92 years. Their mean age was 78.45 with a standard deviation of 6.66. A t test was performed to compare the differences between the means. The results of this test yielded a significant difference in mean comparisons, $t(60) = 3.65$, $p < .001$.

Death Anxiety

A 2 (nursing home or apartment) X 2 (male or female) between subjects analysis of covariance was performed on the death anxiety score. Age was the covariate because the nursing home and apartment living groups significantly differed on this measure. Table 1 presents the adjusted means and standard deviations for the gender and residence groups. The main effects for Residence, $F(1,57) = 2.93$, $p > .05$, and Gender, $F(1,57) = 0.10$, $p > .05$, were not significant. The Residence X Gender interaction was also not significant, $F(1,57) = 0.03$, $p > .05$. The elderly living in apartments ($M = 4.61$, $SD = 2.59$) did not have significantly higher death anxiety scores than the elderly living in nursing homes ($M = 3.00$, $SD = 2.26$).

Table 1

Adjusted Means and Standard Deviations for Death Anxiety Scores By Residence and Gender

RESIDENCE	GENDER		
	Women	Men	Combined
Nursing Home			
<u>M</u>	3.00	3.00	3.00
<u>SD</u>	2.12	2.47	2.26
Apartment			
<u>M</u>	4.67	4.56	4.61
<u>SD</u>	2.99	2.25	2.59
Combined			
<u>M</u>	3.81	3.81	
<u>SD</u>	2.67	2.45	

As can be seen from Table 1, mean death anxiety scores for the two residence groups were quite similar. The mean death anxiety scores for women and men were identical.

Chapter 4

DISCUSSION

In his study of nursing home residents 60 years or older, Hinton (1966) reported that the overwhelming majority of those 70 years "faced death with considerable equanimity" (p. 24). Certainly, the results of the current study are consistent with his findings. Westman et al. (1984) and Devins (1979) also report that as a group, aged persons express minimal death anxiety. In the present study, both samples reported low DAS scores despite the 6.55 year age difference. Although there was a slight difference in reported DAS scores, this difference was not large enough to be considered significant. Indication of low death anxiety among nursing home residents is evident from their remarks such as, "When the time comes, the good Lord will take me"; "I hope I am ready any time"; "When God is ready for me, he'll take me." The inference from the responses of some of the nursing home elders is that certain people fear idleness and uselessness in old age more than they do death. For example, "I just wish I could go... what good am I?"; "Why did I live so long anyway?" Persons residing in apartment complexes also made spontaneous comments which appeared indicative of low death anxiety: "We're too busy living to think about it"; "When it comes, that's when I'll fear it" "Live for the moment and don't fear what's ahead." However, one woman residing in an apartment complex responded with comments such as the following: "Dying is the fear of the unknown."; "It's

human nature to be afraid of death and want to live." The aged are a highly heterogeneous group in relation to death anxiety; however, the results of the current study suggest low levels of death anxiety among the elderly.

Christ (1961) and Swenson (1961) reported that differences in death fears and attitudes among older men and women are insignificant when using questionnaires. The results of the current study are consistent with their findings. There was no significant difference in DAS score means among the total sample of men and women.

In their study of death anxiety among nursing home residents and public housing residents, Given and Range (1990) employed the DAS and the Philadelphia Geriatric Center Morale Scale. They reported that place of residence was not related to death anxiety. The results of the current study are consistent with their findings. It was expected that nursing home residents would have had more exposure to death, thus decreasing their death anxiety. However, apartment complex and nursing home residents were about the same in terms of death anxiety. Results of the current study are inconsistent with the body of literature, which demonstrates that elderly residing in nursing homes are less fearful of death than older persons living in the community.

One factor to be considered in evaluation of the present results is that of denial. According to Jeffers et al. (1961), the adaptive use of denial is well documented in the psychoanalytic literature. They have observed the use of denial in a longitudinal study of over 200 aging volunteers. They suggest that denial is an

important defense mechanism in old age. Further, they propose that denial "may be among the most common adaptive techniques employed in personality adjustment by persons beyond the fifth decade of life" (p. 55). To confirm this notion, 90 percent of their subjects replied "no" when asked "Are you afraid to die?" Jeffers et al. (1961) conclude that a conscious answer of "no" may represent psychological denial. Denial may have been a factor in the responses of the current investigation as reported DAS scores were very minimal for both samples.

A second consideration in assessing the current results is that of the potential inaccuracy of the assessment technique employed in the current investigation. Perhaps the main dilemma facing an investigator, after formulating a research hypothesis, is in effectively measuring an individual's attitudes toward death and dying. According to Kurlychek (1978), the main difficulties encountered in using the questionnaire method to measure death anxiety are problems dealing with standardization and interpretation.

A final consideration in assessing the current results involves subject-selection problems with the elderly. The sample of apartment dwellers were informed by means of a flyer and through their apartment manager that the current study was to occur. Perhaps those residents attending and participating were representative of the apartment dwellers who were more socially active and in better physical and mental alertness, thus excluding participation from other residents of the same apartment

dwellers who were more socially active and in better physical and mental alertness, thus excluding participation from other residents of the same apartment dwelling. Also, nursing home elders were always carefully chosen by the administrative staff of the nursing homes. Certainly some persons were incapable of responding to a questionnaire, and others were excluded due to terminal illnesses. Thus, ability as well as administrator's preference for subject participation were criteria for selection.

The problem of death has always been a great enigma of humanity. It is an event everyone meets and from which no one can escape. The journey one takes in meeting death is also a very personal and intimate experience. Brewer (1982) suggested that the very personal nature of death perhaps makes death an issue that is illusive to objective analysis. Even so, by bringing together what is available of thanatological theory and investigation, researchers can establish a framework that enables them to explore and understand the composition, dynamics, and idiosyncrasies of death anxiety. In addition, clinical practitioners need be aware of the features of death anxiety in order to better design and assess treatment, intervention, and follow-up procedures.

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