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Searching for Meaning:
Moving Toward an Understanding of Death and Spirituality

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Abstract

Barriers to accessing quality end-of-life care, such as hospice care, are the result in part, of the reluctance of many Americans to come to terms with their personal mortality. The purpose of this study was to examine the perceptions of death and spirituality of two sample populations. The first sample included thirty-nine individuals, randomly selected from a small mid-western town telephone directory. The second sample included forty-one individuals from a small mid-western University, Master's of Social Work school. The research was a mixed methodology project, combining a quantitative instrument to survey death attitudes and a qualitative survey to assess attitudes regarding spirituality. The individuals' death and dying attitudes were surveyed using Wong, Reker, and Gesser's (1994), Death Attitude Profile – Revised survey instrument. The spirituality attitudes were assessed using a written questionnaire containing six open-ended questions. The relationship between the two topics was explored. In the year 2030 it is estimated that 20% of Americans will be 65 years or older. The literature suggests that the "baby boomer" population wants choices and quality of life issues addressed, at the end-of-life. Ultimately, knowledge of attitudes towards death and spirituality will help clinicians effectively and compassionately serve dying individuals.

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Searching for Meaning:
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The purpose of this study was to explore the perceptions of individuals surrounding the topics of death, dying, and spirituality. Thanatology (the study of death and dying) is a multidisciplinary field, which over the last forty years has been a field of inquiry that has had an increase in popularity. Contributions to the field come from, but are not limited to professionals in philosophy, sociology, medicine, nursing, psychology, anthropology, law, education, and theology (Neimeyer and Van Brunt, 1995). Likewise, the subject of spirituality has had an emergence of popularity as a topic of importance. There is a wealth of literature relating to spirituality and spiritual care. Carroll (2001) reports that "The need to understand the nature of spirituality and to provide spiritual care has been widely acknowledged throughout the medical, sociological, psychological, philosophical and theological literature". Interestingly, the rise in literature of these two topics occurs while "United States citizens have sought increased control over their experience of dying" (Silveira, DiPiero, Gerrity, & Feudtner, 2000). Janoff-Bulman and Frantz (as cited by Vickio, 2000) noted, "We tend to harbor a fundamental assumption in Western culture that we can exercise control over future outcomes". Vickio develops this concept and observes, "Confrontation with death, for instance, has the power to shatter our illusions of predictability, control, and continuity." This dilemma is the challenge society faces when trying to assimilate death into our belief systems (Vickio, 2000).

Death in America is often lonely, pain-filled and without dignity. Individuals living with a terminal illness often find themselves vulnerable and marginalized due to society's death-denying culture. However, life-and-death issues have moved increasingly from the private to the public spheres of society and are appearing more frequently in the

courts, media, and the arts (Fox, 1981). Yet, it remains that many Americans feel as Woody Allen when he stated, "It's not that I'm afraid to die, I just don't want to be there when it happens"(Allen, 1996). Contemporary society would benefit from a vision of death that is not dissociated from life, but one that embraces the significance and dignity of each individual (Jackson, 1977). In facing our mortality, our priorities may change, which may enhance our life experiences. Kinnier, Tribbensee, Rose, & Vaughan (2001) referred to many authors (e.g. Feifel, 1990; Frankl, 1967; C. Groff & Grof, 1990; Klinger, 1977; Lifton, 1979; Noble, 1987; Tillich, 1959; Vandenberg, 1991; 1993; Yalom 1980, 1989) that describe in the literature of existential psychology " The idea of confrontation with death can serve to shake individuals into reassessing their priorities and may provide them with sagacious insights about life…" (p. 171). As individuals, and as a collective society, our cultural perceptions and attitudes towards death, dying, and spirituality profoundly influence our dying experience when the day comes. The search for meaning in our lives is affected by how we view death. Soros (1999) observed "The reality of death and the perceptions of the participants-the dying person, the doctor, the family members- are separated by a wide gap. We need to bring the two into closer alignment" (p. 209). The reluctance of some Americans to come to terms with their personal mortality, can contribute to the barriers faced when accessing quality hospice and end-of-life care. Current policies surrounding end-of-life care may be a reflection of individuals' and societies' attitudes on death and our reluctance to face our own mortality. The study of death and dying is important to better serve those at the end of life, along with their family, friends, and caregivers. Quality of life at the end-of-life, is an essential topic that ultimately affects us all.

The health care establishment, and even society itself, does not manage the dying experience very positively (Asch-Goodkin, Caloras, Coloney, Kangas, & Wegryn, 2000). Discussion of death is still a taboo in our society, death has been privatized, desacralised, and hidden behind institutional walls (Martin, Emanuel, & Singer, 2000). In a culture that honors beauty and youth, the fear of dying is unspeakable. All too often contemporary dying is accompanied by limited patient and family understanding of the medical care being provided and their control in making those decisions. Dying can be filled with unrelieved physical pain and psychospiritual suffering (Bern-Klug, Gessert, & Forbes, 2001).

Wittkowski (2001) noted, "Both the fear of dying and death and death anxiety is of importance to clinical practice. The psychosocial care of the dying and death education are both major fields in which death-related fears play an eminent role" (p.479). Hospice is a philosophy about the significance of death and dying within the context of human existence, helping people find meaning in their life and in their death (Asch-Goodkin et al., 2000). The goal of hospice care includes improving the quality of life of the dying, through promoting pain and symptom management (palliative care), and supporting the patient and their families with emotional, social, and spiritual care, allowing for a peaceful and dignified death (Johnson & Slaninka, 1999). Individuals' and societies' attitudes and perceptions toward death, dying, and spirituality may be a barrier to the access of quality end-of-life care given by the hospice interdisciplinary team. Dying is a time for completion and even growth, perhaps within relationships or spirituality, not just a time to endure (Connor, 2000). Corr and Doka (2001) propose that master concepts must be developed so as to integrate knowledge from thanatological studies within the field and

also connecting to works in other disciplines to "strive toward better concepts and a clearer understanding of the issues faced by human beings as they seek to live an examined life and prepare themselves to face death". Knowledge of attitudes towards death and spirituality may help clinicians effectively and compassionately better serve dying individuals and allow easier access to quality end of life care such as provided by hospice. Thus, the purpose of this study was to explore the perceptions of individuals surrounding the subjects of death, dying, and spirituality to move toward a relational understanding of these essential topics.

Relevance to Social Work

In the 21st century, social workers can assist those at the end of their life and their families by effectively articulating their professional role and special expertise on the hospice team (Reese & Sontag, 2001). The National Association of Social Workers (NASW, 2000) calls social workers to respect the inherent dignity and worth of individuals. At the end-of-life, the dignity, worth, and comfort of dying individuals is essential to the mission of hospice care. Other core values of the social work profession such as service, importance of human relationships, social justice, integrity, and competence all are interrelated and vital to serving those at the end of life. A belief in empowering the patient with their personal life and death decisions is an essential element of the hospice philosophy (Asch-Goodkin et al., 2000). The empowerment approach taken by some social workers is a complimentary fit to the hospice philosophy. Social workers also promote client self-determination in end-of-life decisions (NASW, 2000). Social workers are in a unique position to be part of the interdisciplinary team that weaves together a meaningful experience for the dying person along with their family and friends.

Social workers have an important role to play to empower this underserved population. Social workers must use current knowledge available concerning death and dying, employ the values needed to address the many ethical decisions involved with end-of-life care, and possess many interpersonal skills while working with hospice families.

Similarly, research that explores individual's attitudes toward spirituality is also pertinent to the field of social work. Hodge (2001) cites numerous studies (Bullis; Cornett, 1992; Derezotes, 1995; Jacobs, 1997; Poole, 1998; Rey, 1997; and Sermabeikian, 1994), which call for the reintegration of spirituality into the therapeutic dialogue. Ellison & Levin, (as cited by Hodge, 2001) reports that "Several hundred studies exist on spirituality and religion, the majority of which suggest that spirituality is a key strength in personal well-being" (p. 203). The social worker, when helping individuals who are at the end of their life, uses that individual's spirituality as a strength and resource. This practice skill is congruent with the strengths perspective (Hodge). The present study is especially relevant to the social work profession; as it adds to the body of knowledge and moves toward an understanding of individuals' perceptions of death, dying, and spirituality attitudes, to better serve those who are dying.

Theoretical Relevance

The theoretical relevance of the current study is embedded in philosophical complexity. The topics of death, dying and spirituality are inherently philosophical as they address the nature and meaning of life. This creates the complex circularity of understanding life through the study of death and understanding death through the study of life. Complexity, by definition requires numerous perspectives to address the myriad of confounding issues. Best-selling author, M. Scott Peck (1998) states:

> I hope you will abandon the urge to simplify everything, to look for formulas and easy answers, and to begin to think multi-dimensionally, to glory in the mystery and paradoxes of life, not to be dismayed by the multitude of causes and consequences that are inherent in each experience – to appreciate the fact that life is complex. (p. 14)

Multi-perspectives are needed from multiple disciplines to bring deeper understanding to the current study. The present study employed a post-modern "both/and" approach when subscribing to philosophically relevant theories versus an "either/or" approach. Neimeyer & Van Brunt (1995) cites Tomer (1994) for an excellent summary of philosophical, psychological, and sociological theoretical perspectives on death and death anxiety. Tomer (1994) lists psychological approaches including self-realization theories, personal construct theory, and Erikson's psychosocial theory, among numerous others. Corr and Doka, (2001) identified lifespan development (e.g., Cook & Oltjenbruns, 1999) and family systems theories (e.g., Walsh & McGoldrick, 1991) as approaches that are useful in the study of death and dying (p. 185). In addition, Corr and Doka noted that long traditions of philosophical and religious inquiry into the significance of death in human life have also been theoretically useful. Existentialism, phenomenology, and symbolic interactionism are the theory bases which this research employed.

Existentialism

A popular philosophical and psychological theme within the study of death and death anxiety is based on an existential perspective. Existentialism posits that individuals are motivated to pursue personal meaning in their unique, subjective human experiences. Widera-Wysoczanska (1999) reports:

> Studies of the literature of thanatopsychology show that the topic of death appears in reflections of researchers in almost every field of mainstream psychology: psychoanalysis, cognitive, developmental (Becker, 1973; Erikson, 1980; Freud, 1967; Kelly, 1995). This topic is of particular interest to theorist of humanistic-existential psychology (Boss, 1967; Dabrowski, 1986; Frankl, 1963; Yalom, 1980). In their opinions, death is strongly connected with the process of life and defines its content. (p. 73)

Similarly, Kinnier, Tribbensee, Rose, & Vaughan (2001) have reported:

> The idea that a confrontation with death can serve to shake individuals into reassessing their priorities and may provide them with sagacious insights about life has been repeatedly described in the literature of existential psychology (e.g., Feifel, 1990; Frankl, 1967; C.Grof & Grof, 1990, Klinger, 1977; Lifton, 1979; Noble, 1987; Tillich, 1959; Vandenberg, 1991, 1993; Yalom, 1980, 1989). (p. 171)

Existentialism provides an integrative, conceptual framework from which to study the attitudes of individuals regarding the topics of death and spirituality.

Phenomenology

The current study also employed the phenomenological approach to the study of death, dying, and spirituality as a philosophical, theoretical grounding. This approach is based on Martin Heidegger's (1962) philosophical treatise *Being and Time*. Carroll (2001) cites Moustakas (1990; 1994); Paley (1998); and Crotty (1996), and states, "The aim of phenomenology is to discover the nature and meaning of phenomena through the participants' experiences and not to describe the subjective experiences of the participants". Phenomenological researchers believe that knowledge is relative and unique

to the individual's interpretation. Rubin and Babbie (2001) report, "The aim [of phenomenology] is to discover the subjects' experiences and how they make sense of those experiences" (p. 389). When applied to death studies, Tomer (1994) reports that phenomenological approaches "…make the meditation on personal death a precondition for achieving meaning and freedom of fear in everyday life" (p.6). The phenomenological paradigm allows for each individual's voice to be heard and an emergence of meaning to arise out of the data without a preconception of the data. Understanding a phenomenon from the individual's perspective is appropriate for the present study and consequently the phenomenological framework was employed.

Symbolic Interactionism

David Karp and William Yoels (as cited in Longres, 2000) defined symbolic interactionism as "a theoretical perspective in sociology that focuses attention on the processes through which persons interpret and give meanings to the objects, events, and situations that make up their social worlds" (p. 406). Fulton & Bendiksen (as cited in DeSpelder & Strickland, 2002) state, "Symbolic interactionism emphasizes the freedom of individuals to construct their own reality as well as to potentially reconstruct that which has been inherited" (p. 101). DeSpelder & Strickland also point out that, "What a person 'knows' about death may change from time to time. We may hold conflicting or contradictory notions about death, especially our own" (p. 78). The symbolic interaction perspective is useful and relevant in the current study as it inherently addresses the significance of the search for meaning in the study of death and spirituality.

Research Questions

The present study was guided by questions that revolve around the nature of individuals' attitudes toward death, dying, and spirituality, and the relationships between these concepts. It is important to address these issues as it may allow for a deeper understanding of people's perceptions of death and spirituality which, ultimately will help clinicians effectively and compassionately serve dying individuals. The major question that guided this study was: What is the relationship, if any, between participants' spirituality and attitudes they hold toward the topics of death and dying? Sub-questions that guided this study included:

1. What are the differing attitudes that participants have regarding the subject of death?
2. How does age, gender, and years of education of the participant influence death and dying attitudes?
3. What is the nature of spirituality, as defined by the individual?

These questions allowed the current study to move toward an understanding of attitudes regarding death, dying, and spirituality.

Scope of Present Study

The primary purpose of this study was to explore the perceptions' of individuals regarding death and spirituality and the relationships between attitudes toward death and spirituality. In addition, the study looked at age, gender, and years of education of the participant, to investigate how different attitudes are related to these socio-demographic variables. These objectives seek to bridge the gap between death researchers and clinicians working with those in end of life care. Wolfe and Jordan (2000) call for thanatology

researchers and clinicians to develop a partnership so as to better serve the dying and bereaved. Possible benefits of the proposed research include that the knowledge gained regarding attitudes towards death and spirituality will help clinicians effectively and compassionately serve dying individuals, their family, friends, and caregivers. The current study questions whether or not individuals' perceptions of death are reflected in current, societal policies regarding hospice end-of-life care. On a societal level, policies that govern access to hospice care may be a reflection of the attitudes that individuals within that society collectively hold regarding death and dying. Private troubles (i.e.: death and dying fear or anxiety) are quite often innately connected to public issues (i.e.: Medicare policies governing access to hospice). Or, as Van Den Bergh & Cooper state, (as cited in Van Den Bergh, 1995, p.xxxiii), "The personal *is* [italics added] political". Awareness and education of the biopsychosocial *(personal)* issues that impact the hospice patient/ family can *bridge* to an awareness and education of the Medicare/ managed care companies' Hospice benefit *(political)*. The reluctance of some Americans to come to terms with their personal mortality, can ultimately be a contributing factor to the barriers faced when accessing quality hospice and end-of-life care. Individual and societal attitudes are reflected in political policy reality. It was an overarching goal of the current study that the information gained through this current study might ultimately allow easier and timelier access to quality end of life care, such as that provided by hospice.

Delimitation of Present Study

It is beyond the scope of the present study to fully address numerous issues and implications surrounding death and dying. Examples include: (a) research and literature regarding near death experiences, (b) medical interventions at the end of life, (c) the use

and under use of advance directives, (d) ageism, (e) ethical dilemmas surrounding end-of-life care, and (f) assisted suicide, to name a few. In addition, due to the expanse of literature regarding spirituality, the current study's literature review will be limited to spirituality on broad terms and how it influences hospice, death attitudes, and the social work field.

Review of the Literature

The study of death, dying, death awareness, and death attitudes has grown in popularity since Kubler-Ross's (1969) book on death entitled, *On Death and Dying*. Wong et al. (1994), cite Amenta, (1984); Kalish, (1976); and Wass, Corr, Pacholski, & Forfar, (1985), who reported concerning death research, "In terms of applications, the emphasis has been on death education for health and hospice professionals" (p121). Dame Cicely Saunders, who founded the hospice movement, awakened the medical world to the spiritual needs of dying patients (Carroll, 2001). There is a need for death attitude research to better serve those at the end of their life, including the importance of their spiritual care. In the following sections, I will review the literature, which guided the present study. The areas of focus will be death attitudes, spirituality, and hospice care.

Death Attitudes

Neimeyer & Fortner, (1997) and Neimeyer & Van Brunt, (1995), (as cited in Neimeyer 1997-98) report:

> In the forty years that have elapsed since Feifel's pioneering contributions to the study of death attitudes (Feifel, 1955; Feifel, 1956), over 1,000 published articles have examined the causes, correlates, and consequences of death anxiety, and the related concepts of death threat, fear, and concern. (p. 97)

These articles have been published in a wide range of journals and books from professionals in philosophy, sociology, medicine, nursing, psychology, anthropology, law, education, and theology (Neimeyer and Van Brunt, 1995). Neimeyer (1997-98) cites many authors (e.g., Lester, 1967; Neimeyer & Fortner, 1997; Neimeyer & Van Brunt, 1995; Pollack, 1979; and Simpson, 1980) who agree, "…serious reviewers of this literature have repeatedly concluded that the impressive quantity of this literature has not been matched by its quality" (p. 97). Historically, the study of death attitudes has been dominated by the study of death anxiety (Neimeyer & Van Brunt, 1995), these studies had a tendency to assume death anxiety as the attitude the participants held. Neimeyer (1997-98) reports, "It has become a common place observation in thanatological scholarship that we live in a death-denying society" (p.100). Neimeyer suggests Kastenbaum, (1992); Neimeyer & Van Brunt, (1995); and Pollack, (1979) for substantive reviews of death anxiety literature.

Corr, Doka, & Kastenbaum (1999) also offer a literature review, which is organized around three central topics: (a) awareness of and communication about dying, (b) processes of illness, and (c) coping with dying. Corr and Doka (2001) reported that progress has been made in death-related research and they cite Pine (1977, 1986) as a reference for query into a historical review. In addition they offer numerous studies regarding other death-related phenomena (p.184). Neimeyer (1997-98) suggests Neimeyer & Fortner (1997) for a historical survey of the seminal contributions of Herman Feifel to the assessment of death attitudes. Corr and Doka suggest textbooks (e.g. Corr, Nabe, & Corr, 2000; DeSpelder & Stickland 1999: and Kastenbaum, 1998) for further investigation into death-related phenomena and death education, which gives historical references to possible explanations for current societal trends and attitudes. Feifel & Strack (2001),

offer recent books on thanatology that have been written for students and professionals (e.g., Kastenbaum, 2000; Strack, 1997; Wass & Neimeyer, 1995) along with the suggestion to study the journals, *Omega, Death Education, and Death Studies*.

Neimeyer and Van Brunt (1995) show that within research, a definition of death anxiety has "plagued the field of death anxiety from the beginning". Questions regarding the meaning of "fear of death" and whether or not this is conscious or unconscious surround the field of study. Nonetheless, Neimeyer and Van Brunt reported, "…as the field has progressed, early instruments that treated death anxiety as a unidimensional concept have been supplemented by others that are explicitly multidimensional". Lockhart et al., (2001) reported:

> Most of the existing research on attitudes toward death has focused almost exclusively on feelings of fear or anxiety associated with death and dying (e.g., Pollack, 1980; Robbins, 1989; Templer, 1970; Thorson & Powell, 1990). It appears simplistic, however, to assume that individuals, especially older adults who already may have lived the majority of their years, possess a singular fear-driven view of death. (p. 332)

Neimeyer (1997-98) revealed, "…95% of the literature on death anxiety has used conscious reports of respondents in the form of written scales or questionnaires" (p. 100). Reviews have been provided of some of the measures (e.g. Neimeyer, 1994a; Neimeyer & Van Brunt, 1995; Neimeyer, 1997-98). The instruments vary in their theoretical grounding, content focus (death anxiety, threat, acceptance, or competency), and dimensionality (encompassing various aspects of death attitudes) (Neimeyer, 1997-98).

Neimeyer calls for novel means of assessing people's understandings, feelings, and images of death in the future.

Lack of theoretical grounding in death attitude research has been criticized (Neimeyer, 1994b). Neimeyer (1997-98) lists Kastenbaum, (1988); Neimeyer, (1994b); and Tomer, (1994) for comprehensive discussions regarding the role of thanatological theory in guiding death anxiety research (p. 98). Corr, Doka, & Kastenbaum (1999) offer a discussion regarding overarching theory in the study of dying and theories that are relevant to the study of death and dying. The complexity of developing a theory that transcends the multidisciplinary fields of death and dying is also discussed. Neimeyer (1994b) calls for investigators to "…acquaint themselves with rich and occasionally demanding conceptual frameworks, and then carefully select instruments and procedures that enable meaningful tests of the resulting hypotheses" (p.111).

Neimeyer and Van Brunt (1995) report that over the last 20 years, a large amount of the death anxiety research has focused on the relationships between death anxiety and demographic variables. Seale (as cited in Daaleman & VandeCreek, 2000) reports "From a social constructionist perspective, social determinants such as social support, education, gender, and religion are primary elements that facilitate the interpretation and understanding of death and dying. Neimeyer & Van Brunt (1995) offer summaries between the correlations of death anxiety and demographic and situational factors.

In regard to gender differences, some conflicting findings are reported, but overall it is found that "There is now ample evidence that women express more fear of personal death than men do, although the explanation for this sex difference is not clear" (Neimeyer & Van Brunt, 1995, p. 79). Possible explanations could be due to the fact that perhaps

women express themselves more freely and/or men attempt to avoid thoughts of death (Wong, Reker, & Gesser, 1994; Neimeyer & Van Brunt, 1995).

In reviewing the literature regarding age differences in death anxiety research, it is generally found that there is a negative correlation between age and fear of death (Neimeyer & Van Brunt, 1995). Numerous possible explanations for this correlation are possible. Neimeyer and Van Brunt report:

> For example, the more positive attitude toward death and dying in the elderly could reflect the diminished quality of elderly persons' health and lives; their greater religiosity; their more extensive experience in having worked through the deaths of parents; peers, and partners; or the fact that their expectation to live a certain number of years has been met. (p. 65)

Neimeyer and Van Brunt continue, " In addition, we are beginning to realize that death orientation is anything but stable across the course of adult development and instead shifts into increased comfort with mortality in later life, at least among relatively healthy respondents" (p. 79).

Based on previous general findings, Kastenbaum & Aisenberg, and Wass, Berardo, & Neimeyer (as cited by Wong, et al, 1994) reported "...the majority of older adults are not afraid of death and like to talk about it" (p. 124). Feifel & Strack (2001) studied self-reported fear of death among thanatologists. They reported that conscious death fear and anxiety tend to decrease from middle-life to old age. These findings were consistent with results from the general literature (e.g., Kastenbaum, 1992; Neimeyer, 1998; Neimeyer & Fortner, 1997). Fortner & Neimeyer (1999) present a later literature review which quantitatively summarizes 49 research studies concerning the relationship between death

anxiety and age, ego, integrity, gender, institutionalization, physical and psychological problems and religiosity in older adults. They found that "…age, gender, and religiosity do not appear to reliably predict death anxiety in elderly people". Fortner & Neimeyer call for sound methods for measuring death anxiety and sampling in the elder population in the future.

Regarding occupations of individuals and their level of death anxiety Neimeyer & Van Brunt (1995) summarize:

> There are also data indicating that although the pursuit of death-exposure professions such as medicine does not necessarily predict the level of death fear, individuals with exaggerated anxiety about death may enact their professional roles differently than their less anxious co-workers, perhaps to the detriment of their patients. Conversely, at least some professionals and volunteers who successfully work with the dying show reduced death fear and greater death competency. Fear of death may be enhanced in other occupations, however, especially those that entail actual death risk to the worker. (p. 79-80)

Neimeyer & Van Brunt (1995), share summaries of other findings regarding death anxiety and situational factors. They report that health status of the respondent does not seem to be a potent predictor of death anxiety (p.80). In addition, they report, "A good deal of research has focused on this topic [psychological maladjustment] in the last 15 years, and the resulting evidence suggests a relationship between conscious death anxiety and broader maladjustment" (p. 73). Relatedly they report, " Thus, the tendency of more actualized individuals to express minimal fear of death is one of the more extensively replicated findings in the literature (p. 75).

Relevant to this study, the relationship between religiosity and death attitudes has been researched. Neimeyer, (as cited in Daaleman & Vande Creek, 2000) summarized:

> Intuitively, strong religious beliefs, whether expressed or privately held, should be associated with a decreased fear of death and greater acceptance of death. However, research that has examined the interaction between religious belief and attitudes toward death has produced controversial results that generally do no support this assumption. (p. 2514)

Relevance to Current Study

Neimeyer (1994b) reports "psychological research on attitudes toward death has made considerable strides in the last few decades, emerging from the general obscurity with which death and dying have been shrouded in contemporary society" (p. 275). Corr et al. (1999) conclude their article by offering numerous, useful lessons to contemplate after reading their review of selected literature on dying and coping with dying. These lessons along with findings from other death attitude research may allow individuals to, as Corr & Doka (2001) state, "…strive toward better concepts and a clearer understanding of the issues faced by human beings as they seek to live an examined life and prepare themselves to face death" (p.196). Information and findings gained from death anxiety research could prove useful for health care professionals as they compassionately serve those who are dying. Feifel & Strack, (2001) conclude, "We truly cannot fully understand the human condition without considering the dimension of death" (p. 109). Death attitudes research is important in the search for meaning in our lives.

Spirituality

Carroll, (2001), Anandarajah, (2001) and many others have recognized spirituality as a complex and multidimensional part of the human experience. There is a wealth of literature over the past 20 years addressing spirituality, as it has become a buzzword in our culture with a proliferation of books on the topic. Anandarajah reports, "Many authors recommend clarifying the difference between the terms 'spirituality' and 'religion' and advocate a universal, broad-based definition of spirituality that encompasses religious and non religious perspectives". Carroll agrees, "Indeed, in the 1990's virtually all definitions relating to spirituality in the medical and nursing literature recognize that spirituality is not always associated with religion".

In defining spirituality, Carroll (2001) identified many references (Labun, 1988; Saunders, 1988; Carson, 1989; Cobb & Robshaw, 1998; Kellehear, 2000) that state "Spirituality has… been defined in broader terms; as a search for existential meaning; a force that impels humans forward into living, which is not always expressed through religion." Similarly, for encouraging scientific investigation into the relationships between health and spirituality, the International Center for the Integration of Health and Spirituality (ICIHS, retrieved March 19, 2002 from http://www.nihr.org/abouticihs/religiousvariable.asp) define spirituality, religiousness, and religiosity:

> Generally, spirituality is characterized in our research as the broader context of seeking a relationship to something divine, transcendent, or ultimate. Religiousness, on the other hand, includes both personal beliefs, such as a God or in a higher power, and institutional beliefs and practices, such as church

membership, church attendance, and commitment to the belief system of a church or organized religion. Religiosity, then, would imply the degree or extent to which one is dedicated or devoted to one's religious affiliation or religious beliefs. In contrast spirituality would imply belief in or devotion to a transcendental reality (God, The Universe, Faith, Higher Being, etc.), which may (or may not) incorporate a formal religion as an integral part of one's belief system.

Other definitions are offered within the literature. Bradshaw (as cited in Daaleman & VandeCreek, 2000) state hospice's definition of spirituality as the personal and psychological search for meaning. Additionally, Anandarajah (2001) has defined and outlines spirituality covering the cognitive/philosophical aspect (search for meaning, purpose and truth in life), the experiential/emotional aspect (feelings of hope, love, connection, inner peace, comfort and support), and behavioral aspects (the way a person externally manifests individual spiritual beliefs and inner spiritual state).

Within the social work profession, Hodge (2001) addresses spirituality and the need for spiritual assessment within social work practice. Hodge reported, "Spirituality is defined as a relationship with God, or whatever is held to be the Ultimate that fosters a sense of meaning, purpose, and mission in life (p. 204).

Wuthnow (as cited in Daaleman & VandeCreek, 2000) notes that spirituality is a part of a larger trend in the United States in which there is a movement from traditional membership in a faith community to a spirituality of seeking. Reed (cited in Daaleman & VandeCreek, 2000) notes, a greater spiritual perspective and orientation is acknowledged by terminally ill patients moreover than both non-terminally ill hospital patients and healthy patients. In a study on spirituality and spiritual care, Carroll (2001) states that an

advanced cancer diagnosis may provoke a crisis of meaning and belief systems, which some authors describe as a spiritual crisis.

Daaleman and VandeCreek (2000), hypothesizing the relationship between spirituality and death attitudes stated:

> Intuitively, strong religious beliefs, whether expressed or privately held, should be associated with a decreased fear of death and greater acceptance of death. However, research that has examined the interaction between religious belief and attitudes toward death has produced controversial results that generally do not support this assumption. (p. 2514)

Neimeyer (1994a) reported, "Therefore, considering all the findings on religiosity and belief in afterlife, it appears that firm believers tend to have less death anxiety and to enjoy a higher level of personal meaning and well-being" (p. 127). Obviously, controversy and opposing research exists regarding the correlation between religiosity and death attitudes.

Relevance to Current Study

Carroll (2001) reports "The need to understand the nature of spirituality and to provide spiritual care has been widely acknowledged throughout the medical, sociological, psychological, philosophical and theological literature". Carroll found that to meet the spiritual needs of the cancer patient it was necessary to have a team approach to their care, such as hospice provides. The spiritual care of the dying is an important aspect of the multidisciplinary care that hospice provides. Byock along with Emanuel, E. & Emanual, (as cited in Daaleman & VandeCreek, 2000) report, "The goal of a quality comfortable death is achieved by meeting a patient's physical needs and by attending to the social,

psychological, and the now recognized spiritual and religious dimensions of care" (p. 2514).

Sheridan (2001) and Canda (1997) report the growth in the interest of spirituality as a topic within the social work profession, as evidenced by an increase in social work publications, an increase in the number of courses offered on spirituality in schools of social work, and the establishment of the Society for Spirituality and Social Work. Canda, Lum, and Raines, (as cited in Canda, 1997) challenge the social work profession to "…develop sensitivity and competence in dealing with spiritual diversity, just as in dealing with cultural diversity" (p. 304). Canda reports, "Spiritually sensitive practice is described as a helping relationship in which the worker links personal and professional growth, engages in dialogue with clients about their frameworks for meaning and morality, appreciates diverse religious and non religious expressions of spirituality, supports creative resolutions of life crises, and connects with a variety of spiritual resources as relevant to the client" (p. 299).

The current study explored spirituality, as defined by the participant, through a phenomenological inquiry process. The individual generated the definition, meaning, and level of importance that spirituality held for her or him self. Some participants closely identified their religiosity with their spirituality, while others adamantly defined their spirituality as separate from organized religion.

Hospice

As previously stated, hospice is a philosophy about the significance of death and dying within the context of human existence, helping people find meaning in their life and in their death (Asch-Goodkin et al., 2000). The goal of hospice care includes improving

the quality of life of the dying, through promoting pain and symptom management (palliative care), and supporting the patient and their families with emotional, social, and spiritual care, allowing for a peaceful and dignified death (Johnson & Slaninka, 2000). An interdisciplinary team addresses the needs of the dying individual and their family, through compassionate, palliative care. The interdisciplinary team primarily consists of the patient's physician, the hospice medical directors, registered nurses, social workers, spiritual counselors, bereavement counselors, related health care professionals, and volunteers. The ethos of hospice is person-centered, and is built on a commitment to ensuring that physical, emotional, social, and spiritual concerns of the individual are given priority in the care they receive during their dying experience (McGrath, 2001). In the year 2000, approximately 2.4 million Americans died. One out of every four people who died in the U.S., died while receiving hospice care. Still, 80 percent of the respondents in a year 2000 public opinion survey, conducted for the National Hospice Association stated they did not know the meaning of hospice. Seventy-five percent of those surveyed did not know that hospice care can be provided in the home, and 90 percent did not realize that hospice care can be fully covered through Medicare (National Hospice Foundation, 2001). The statistical figures confirm there is a lack of awareness and more education is needed to ensure that the healthy and the dying are informed of their options concerning hospice care and issues surrounding the end-of-life.

Access to Hospice Care

In the years since the first US program was founded, the hospice movement has grown in this country, especially since the Medicare hospice benefit was established in 1983 (Asch-Goodkin et al., 2000). There are an estimated 3,100 operational hospice

programs in the U.S., including the District of Columbia, the Commonwealth of Puerto Rico and the Territory of Guam. Ownership varies in hospice programs with 73% being non–profit, 20% for-profit, and 7% government owned. Hospice care, besides being covered by Medicare and Champus plans, is also covered by approximately 82 percent of managed care plans, and most private insurance plans (National Hospice Foundation, 2001). Eighty percent of the people who use hospice care are over the age of 65, and are thus entitled to the services offered by the Medicare Hospice Benefit. In 1997, Medicare spent approximately $2 billion dollars of its $200 billion budget on hospice services. In 1995, 65 percent of hospice patients were covered by Medicare, 12 percent had private insurance, 8 percent were covered by Medicaid, 4 percent were in the non-reimbursed/indigent category, and 11 percent were other funding sources such as private pay, donations, and grants (National Hospice Foundation, 2001). It seems that both hospice services and money are available. However, knowledge regarding the concept of hospice, and appropriate and timely access to this service can be problematic.

Barriers to Hospice Care

There are many barriers to the access of hospice benefits. These deterrents are an ongoing problem for accessing the compassionate care hospice offers. The number of terminally ill Medicare beneficiaries choosing hospice services has increased over the years, but sadly they are served by hospice for a decreasing number of days of care. In 2000, 34 percent of those choosing hospice care, died within seven days of admission with 25 days being the median length of service (National Hospice Foundation, 2001). The hospice care option is being accessed at the "crisis" moment, sometimes within hours of the end of the patient's life. This is a problem for two reasons: patients are not receiving

the compassionate care needed for a full, quality end-of-life experience; and, hospice costs are high on the front end of the referral, thus creating a financial strain on the hospice system (Heinrich, 2000).

But these are not the only challenges. Medicare has many barriers to face with the influx of baby boomers into the system (Leipzig, Edelberg, & Vladeck, 2001). Medicare, which now covers healthcare costs for 39 million elderly and disabled, is expected to more than double its rolls as the baby boom generation retires over the next twenty years and no longer contributes to the funding of Medicare (Zwillich, 2001).

An ongoing concern expressed by many involved, is the hospice eligibility requirement by Medicare which states that a beneficiary has to be certified as having a prognosis of a life expectancy of six months or less. The requirement has been challenged as complicated to implement and a deterrent to hospice referrals (Heinrich, 2000). Currently, there are two initial ninety-day benefit periods followed by an unlimited number of sixty-day periods, which the physician must re-certify each time. The physician must state that the patient has six months or less to live before each benefit period, consequently she/he is considered the "gate-keeper" of the hospice service (National Hospice Foundation, 2001). The hospice benefit can only be elected if other Medicare coverage is refused, which is directed toward treatment or cure of the illness. This policy complicates the decision. Congress, never intended the prognoses of patients to be a hard and fast requirement, rather the six-month period was intended to be a guidepost (Grigsby, 2000). But, medicine is both an art and a science (Bailey & Bertman, 2000). Prognosis is difficult at best: where does aggressive medical intervention end and comfort care begin? Physicians, besides making the difficult decision of eligibility are also faced with clinical,

ethical, and policy problems. At times, clinical judgments, ethics, and the laws overlap and conflict (Meisel, Snyder, & Quill 2000).

In the opinion of many professionals in the hospice field, the reluctance of physicians to refer patients at all or in a timely manner is the most significant problem facing hospice today (Asch-Goodkin et al., 2000; Johnson and Slaninka 1999). Doctors' misconceptions about hospice care and an ingrained, never-say-die attitude are significant barriers in quality end-of-life care (Slomski, 1995). Some physicians see the death of their patient as a professional failure. Also cited was the neglect of physicians and other health care professionals to come to grips with their own fears about death, which may explain their unresponsiveness to the needs of the dying (Milner, 1980).

Lack of communication between patients and their doctors is problematic. Physicians, by initiating end-of-life discussions earlier and more systematically, could allow patients to make more informed choices, achieve better palliation of symptoms, and have more opportunity to work on issues of life closure (Quill, 2000). This communication needs to start at the medical school education level. There is a need for improved medical education on death, dying, terminal illness, and bereavement (Charlton & Ford, 1995). Dying is more than a medical event. Individuals with terminal illnesses face many deep psychological challenges. Yet, through these emotional and psychosocial challenges, personal growth and the deepening of relationships are possible when physical pain and suffering are controlled (Block, 2001). Financial considerations/implications can be a source of psychological distress symptoms as well. In a study working with a well-insured population, 31% of the families reported that they lost most or all of the family savings (Bern-Klug et al., 2001). Special attention also needs to be given to the impact

that fear, depression, anxiety, anger, and spiritual despair may have on the individual that is dying and his family, friends, and caregivers (Block, 2001). These attitudes may impact the accessibility to hospice care. The personal side of dying is that quality of life is defined and perceived on an individual level.

Ethical Considerations in Hospice Care

Ethical concerns are raised in the study of the dying. There is a wide range of ethical dilemmas social workers seek to resolve within end-of-life care. Measuring the quality of life of hospice patients implies that there is a life with no quality. Some depressed individuals with terminal illness feel that life is not worth living, and there are those who are in favor of euthanasia and physician-assisted suicide (Farsides, 2001). Currently there is the controversial issue surrounding the state of Oregon's 1997, Death with Dignity Act, which allows for physician-assisted suicide. Special considerations and policies must be enacted to ensure vulnerable populations are adequately cared for at the end-of-their life such as children and those living with disability.

An area for consideration within the end-of-life ethical dilemma discussion is the area of the use of advance directives, the process of communication between patients, their health-care providers, and their families about the kind of care that will be appropriate when the patient cannot make decisions. In an effort to improve the quality of the end-of-life, a patient writes an advanced directive while the individual is still physically, mentally, and emotionally able to "self-direct". Surveys indicate that only ten to twenty-five percent of Americans have documented their end-of-life choices or selected a health care agent to make decisions on their behalf (NASW, 2000). A study cited by Bern-Klug et al., (2001), states that even for those who do have advance directives, however, the directives written

in the documents are not always followed in end-of-life care. These may be consequences of poor communication or a reflection of individuals' and societies' death attitudes, and the lack of individuals and families to not openly confront mortality. Social workers need to be proactive to promote the concept of advance directives (NASW, 2000).

Relevance to Current Study

A literature review of hospice care is important in gaining an understanding of the possible contexts of dying individuals. Hospice care policies are linked to Americans' perceptions and attitudes of death and dying. Neimeyer & Van Brunt (1995) report, "…there are encouraging signs of increasing social or real-world relevance in this literature [death anxiety] as researchers begin to study the beneficial emotional impact of such psychosocial interventions as hospice care for the dying…" (p. 82). The reluctance of individuals to face their personal mortality and subsequently not communicate effectively with their family, friends, and the health care establishment about either their fears or concerns may lead to poor access to hospice care and the model of dying well that they offer. Corr, Doka, & Kastenbaum (1999), review literature regarding awareness and communication about dying. Lockhart, Bookwala, Fagerlin, Coppola, Ditto, Danks, & Smucker (2001) suggest that discussions regarding death and dying should periodically occur between the elderly, their families, and their caregivers, to include physicians and mental health care providers so as to foster communication and to prevent the development of unhealthy attitudes toward death. Open communication is essential in access to quality end-of-life care that hospice provides.

On an individual level, access to hospice may be impacted by the individual's personal attitudes regarding death and dying, and/or reluctance to "come to terms" with

their spirituality. On a societal level, policies that govern access to hospice care may be a reflection of the individuals' attitudes. Many calls have gone out to professional bodies to encourage further research into the barriers encountered when accessing hospice services before a late terminal stage (Johnson & Slaninka, 1999). In addition, Wolfe and Jordan (2000) call for thanatology researchers and clinicians to develop a partnership so as to better serve the dying and bereaved. Social workers should respond to these calls in the effort to be an advocate for the underserved population of the dying. Higher education concerning the issues surrounding end-of-life care, more compassionate, value based expertise, both quantitative and qualitative research and just social policies are needed to be with and serve those who die. Knowledge of attitudes towards death and spirituality may help clinicians effectively and compassionately serve dying individuals and allow easier access to quality end-of-life care as provided by hospice.

Summary of the Literature

The literature reviews on death attitudes, spirituality and hospice were conducted to address what is known in these fields that would be beneficial when studying the research question; "What is the relationship between death attitudes and spirituality?". The spirituality literature is full of definitions, some of which focus on a search for "meaning in life" (Carroll, 2001). Similarly, the rationale for studying death and dying has been explained as a search for "meaning in life". Widera-Wysoczanska (1999) reports, "The humanistic-existential psychological perspective maintains that peoples' attitudes toward death are an experience involving self-actualization and search for meaning". Additionally, hospice is a philosophy about the significance of death and dying within the context of human existence, helping people find meaning in their life and in their death

(Asch-Goodkin et al., 2000). The current study explored the perceptions individuals have toward death, dying, and spirituality. It was an attempt to research a complex topic using multiple perspectives from multiple disciplines to bring deeper understanding to the profound subject matter. The overarching theory posits that by moving toward an understanding of these topics, individuals will have easier access to hospice care and dying well, therefore affecting their quality of *life*. This access will be due to a shift in both the individuals' and societies' perceptions and socialization toward death and dying. The dying have much to teach us about living.

Hypothesis

The hypothesis for this study was as follows: Persons who report that their individual concept of spirituality has value in their lives, will have a more positive attitude toward death and dying than persons who do not report that spirituality has value in their lives, when controlled for selected variables, such as gender, age, and education.

The literature reviews indicate that the relationship between death attitudes and spirituality is varied and inconclusive in prior studies.

Variables

The independent variable for the study was the importance that spirituality held for the participant in their life. The participant defined spirituality through a six question, qualitative questionnaire. The dependent variables for the study were the five dimensions of the Death Attitude Profile – Revised (DAP-R), (Wong, Reker, & Gesser, 1994). These dimensions are (a) Fear of Death, (b) Death Avoidance, (c) Neutral Acceptance, (d) Approach Acceptance, and (e) Escape Acceptance. These dimensions allow the participant

varying attitudes towards death and dying versus assuming death anxiety. A continuum of attitudes is allowed through a 32-item questionnaire.

Methodology

The research methodology employed in the current survey was a combination of qualitative and quantitative approaches. Slife, Hope, and Nebeker (1999), reported Faulconer & Williams (1985, 1990), Polkinghorne (1983), and other researchers have claimed that qualitative and quantitative methods can be effectively combined. Slife & Williams (1995) and Bevan (as cited in Slife et al., 1999) indicated, "The combination has come to be known as methodological pluralism". Sherman and Reid (1994) revealed that many social work researchers needed to integrate qualitative and quantitative methods to address the shortcomings in one method over another. Neimeyer (1997-98) in discussing death anxiety research reports, "Ideally, analyses of both types [qualitative and quantitative] might be combined in a single design, allowing their complementary strengths to make unique contributions to the overall results of the study" (p. 115).

Death Attitudes Research Instrument

The Death Attitude Profile – Revised (DAP-R; Wong, Reker, & Gesser, 1994) was the instrument that was utilized in the present study to quantitatively measure death attitudes. The revised version of the DAP-R (Wong, et al., 1994) is a 32-item multidimensional measure of attitudes toward death. The rationale for selecting the DAP-R is based on the fact that a broad spectrum of death attitudes is measured through the use of this instrument (Wong et al., 1994). The five factorially defined dimensions are (a) Fear of Death, (b) Death Avoidance, (c) Neutral Acceptance, (d) Approach Acceptance, and (e) Escape Acceptance. An example of an item accessing Fear of Death is, "I have an

intense fear of death". The authors described the fear of death/dying dimension as negative thoughts and feelings about the state of death and process of dying. This subscale has seven items. An example of an item accessing Death Avoidance is, "I always try not to think about death". This subscale has five items. An example of an item accessing Neutral Acceptance is, "Death is a natural aspect of life". The neutral acceptance dimension is described as the view of death as a reality that is neither feared nor welcomed. The neutral acceptance subscale has five items. An example of an item accessing Approach Acceptance is, "I believe that I will be in heaven after I die". The approach acceptance dimension is described as the view of death as a gateway to a happy afterlife. This subscale has ten items. An example of an item accessing Escape Acceptance is, "Death is deliverance from pain and suffering". The escape acceptance dimension is described as the view of death as escape from a painful existence. This subscale has five items.

For each item, participants indicated the extent to which they agreed or disagreed on a seven-point scale. Higher scores indicated stronger agreement of each item (i.e., 1 = strongly disagree, 2 = disagree, 3 = moderately disagree, 4 = undecided, 5 = moderately agree, 6 = agree, and 7 = strongly agree). For each dimension, a mean scale score was computed by dividing the total scale score by the number of items forming each scale. The literature review had revealed that previous Alpha coefficients had been found to range between a low of .65 to a high of .97 (Wong et al., 1994).

This psychometrically sound instrument allowed for a wide range of attitudes from avoidance to acceptance. Lockhart et al. (2001), reported the following:

> Most of the existing research on attitudes toward death has focused almost exclusively on feelings of fear or anxiety associated with death and dying (e.g., Pollack, 1980; Robbins, 1989; Templer, 1970; Thorson & Powell, 1990). It appears simplistic, however, to assume that individuals, especially older adults who already may have lived the majority of their years, possess a singular fear-driven view of death. (p.332)

Lockhart et al., (2001) cite Erikson to conclude that "Indeed, conceptualizations of the final stage of life involve the resolution that one's death is approaching and an acceptance of that experience." (p. 332). Clements and Rooda (1999-2000) cite Neimeyer (1997-98) who rated the DAP-R as being one of the most psychometrically sound measures of attitudes toward death currently available. (p. 454). Neimeyer (1997-98) reports, "Internal consistency and test-retest reliability of the five subscales range from adequate to excellent, and the conceptually complex factor structure of the DAP-R has been closely approximated in a principle components analysis (p. 106). Wong et al., (as cited in Neimeyer 1997-98) reported very specific patterns of interrelationship between subscales of the DAP-R and methodologically independent measures of attitudes toward life, death, the possibility of an afterlife, and subjective well-being, which generally support the convergent and discriminate validity of the instrument (p. 106). See Appendix A, Section II, the death attitude assessment using the DAP-R.

Spirituality Assessment Research Instrument

In the current study, qualitative methodology was employed to explore individuals' spirituality through the use of six, open-ended questions. A consensus report on scientific research on spirituality and health (Larson & Swyers, 1998) alerts the researcher to the

complexity and potentially dangerous issues confounding researching religion, spirituality, and health. Qualitative methods are appropriate due to the very nature of spirituality. Hodge (2001) reports:

> The problems inherent in quantitative assessment may be particularly relevant in the realm of spirituality. Reed (1992), for instance, has argued that spirituality, as a subjective interior reality, is difficult to quantify in any manner. Furthermore, this reality can vary radically across various spiritual traditions (feminist goddess traditions versus Islamic traditions), making attempts at quantification difficult (Robbins, Chatterjee, & Canda, 1998).

Carroll (2001) cites Patton (1990) and Polit & Hungler (1995) who report "Questionnaires do not allow the exploration of the intricacies of nebulous phenomena….analyzing multidimensional human phenomena quantitatively may result in a superficial overview rather than an in-depth understanding of the phenomena". Hodge (2001) continues:

Spirituality seems better served by qualitative assessment methods. Qualitative approaches tend to be holistic, open ended, individualistic, ideographic, and process oriented (Franklin & Jordan 1995). As such they offer particular strengths in assessing client's spiritual reality, where richness of information can be of particular importance (Mattaini & Kirk, 1993).

The questions on the spirituality portion of the questionnaire were derived from common literature themes addressing spirituality assessments, most notably the spiritual history questions articulated by Dr. Christina M. Puchalski (1999). Additionally, literature addressing spirituality assessments found in Larson, Swyers, & McCullough,

(1998), Anandarajah, (2001), and Hodge (2001) confirmed the usefulness of the questions chosen for the current study. Phenomenology guided the spirituality questioning portion of the current study, allowing for the participants' perceptions to be listened to and validated, thus allowing for unique views and experiences of spirituality to emerge. Qualitative research techniques and procedures such as coding and triangulation, as outlined by Strauss & Corbin (1998) were utilized to ensure quality. Additionally, the researcher maintained a balance of objectivity and sensitivity, which was critical for sound qualitative analysis. See Appendix A, Section III, the spirituality section of the current study.

Samples and Description of Research Design

Two samples were surveyed. The first sample was a systematic sample, selected from the Galena, Illinois telephone directory (sampling frame) with a random start. Business addresses and obvious household duplicate phone numbers were not used from the telephone directory. The cover letter and questionnaire was mailed to 273 households. A pre-addressed, stamped envelope was included with the survey. The participants were asked not to place their name on the questionnaire and to return the envelope anonymously. The participants were asked to self-administer the written questionnaire that was expected to take 20 to 30 minutes to complete. Rationale for the mailed, systematic sample was due to an anticipated high rate of return due to the nature of community. Sociodemographic information, including age, gender, marital status, occupation, years of formal education completed, highest level of education attained, religious affiliation, and organization affiliations were collected from each participant. Thirty-nine completed questionnaires were returned for a completion rate of 14% for this portion of the sample. The cover letter sent to this sample is found in Appendix B.

The second sample was selected from a small mid-western university's School of Social Work. The faculty, staff, and students were invited to participate through the inter-office mail system. The participants were asked not to place their name on the questionnaire and to return the envelope anonymously. The participants were asked to self-administer the written questionnaire that was expected to take 20 to 30 minutes to complete. Sociodemographic information, including age, gender, marital status, occupation, years of formal education completed, highest level of education attained, religious affiliation, and organization affiliations were collected from each participant. Seventy-nine surveys were mailed, with forty-one surveys returned for a completion rate of 52 % for this portion of the sample. It was anticipated that there would be a high rate of return due to the small, close-knit community atmosphere of the school and the ease of returning the survey. The cover letter sent to this sample is found in Appendix C.

Profile of Sample

The participants in the first sample were adults, 18 years and older. They were recruited from the community of Galena, Illinois and invited to participate in a combination qualitative and quantitative study involving death attitudes and spirituality. The participants represented a cross-section of residents of a rural, mid-western, small-sized community of 3,460. The demographic profile of the sample and of the population profile are very comparable as both are middle-class, from a small mid-western community, and are predominately Caucasian and Christian. The demographic profile of the second sample was very comparable as both are predominately a middle-class, Caucasian, Christian population, with the second sample having or obtaining a higher education by attending or teaching at a small mid-western University.

Data Measurement

The independent variable for the study was the importance that spirituality held for the participant in their life. The participant defined spirituality. This variable was generated through six open-ended questions regarding the participant's spirituality in a qualitative research survey. The question: What importance does your faith have in your life?" provided the clearest indication of the participant's attitude regarding the value of their personal spirituality. The wording of the question used the word "faith" instead of "spirituality" or "religion" which allowed for the participant to define their "faith" as their personal expression of their spirituality and/or their religion. These word answers were coded into a numerical, ordinal scale: 1 = "no importance", 2 = "very little importance", 3 = "neutral", 4 = "moderately important", 5 = "important", and 6 = "very important". Through triangulation of the data, constant comparisons were made to ensure logical consistency between categories. Information from the triangulation was incorporated into the analysis based on feedback from two independent researchers. See Appendix B, Section III, the spirituality section of the current study.

The dependent variables for the study were the five dimensions of the Death Attitude Profile – Revised (DAP-R), (Wong, Reker, & Gesser, 1994). These dimensions: (a) Fear of Death, (b) Death Avoidance, (c) Neutral Acceptance, (d) Approach Acceptance, and (e) Escape Acceptance, are factored by a 32 item questionnaire. See Appendix B, Section II, the death attitude assessment using the DAP-R.

Ethical Considerations

The possibility of some psychological distress existed. Since the topic was death, some respondents may have experienced some psychological arousal, psychological discomfort, stress, anticipated grief reactions, and/or memories of previous grief experiences. However, the arousal was not expected to remain. The participants were informed that they were randomly selected. In addition, within the cover letter, instructions were included that recommend if the respondent became emotionally uncomfortable from participation in the study, they should not fill out the survey or stop during the answering of the questions. They were encouraged to speak to a professional regarding these feelings by contacting their local community health center if they felt inclined to do so. The potential participant was again reminded of these considerations on a memo that was attached to the survey itself. Prior to the mailing of the surveys, R.A. Neimeyer (personal communication, April 25, 2002) stated, "I can honestly say I have never seen an adverse reaction to completing a death attitude scale…". No questions or complaints were registered with the researcher. The data was stored in a locked file at the principle investigator's home. The surveys were destroyed after the information had been entered into a computer database. This study took place from June first of 2002 until May 11th of 2003. One of the core ethical values of the social work profession, which states the inherent dignity and worth of the person is respected, was maintained in the present study (NASW, 1996). See appendices B and C for the current study's cover letters.

Results

Restatement of Purpose

The purpose of the current study was to explore the perceptions of individuals surrounding the subjects of death, dying, and spirituality in the effort to move toward an understanding of these essential topics and the relationships between them. The current study was motivated by the vision and goal that education and awareness of individuals' and societal attitudes toward death, dying, and spirituality will ultimately allow for easier, timelier, and appropriate access to hospice care.

Restatement of Hypothesis

The hypothesis for this study was as follows: Persons who report that their individual concept of spirituality has value in their lives, will have a more positive attitude toward death and dying than persons who do not report that spirituality has value in their lives, when controlled for selected variables, such as gender, age, and education.

Results of the Analysis

Description of the Respondents

The total number of respondents was 80 (n = 80). The ages of the respondents ranged from 22 years of age to 92 years of age, with 45 years of age being the average (mean = 45). The gender of the respondents was primarily women, with 67.5 percent (n = 54), being female. Over half of the respondents (n = 47) had a four-year college degree or more.

Methods of Analysis

For all statistical procedures, the 0.05 level of significance was used. Data were entered and analyzed using SPSS Base 10.0 (SPSS Inc, Chicago, IL) on a personal computer. Alpha coefficients were determined on the five dimensions of the DAP-R.

A Standard linear regression analysis was performed on the five dimensions of the death attitude profile (dependent variables) and the importance of faith of the respondent (independent variable), for the purpose of evaluating possible relationships between the variables identified. This analysis was then controlled on by age, gender, and years of education. Zero-order correlations were also used to confirm tests for significance and possible relationships.

Results

Alpha coefficients of internal consistency are presented in Table 1. Alpha coefficients ranged from a low of .60 (Neutral Acceptance) to a high of .96 (Approach Acceptance). The Approach Acceptance, Death Avoidance, Escape Acceptance, and Fear of Death scales when taken together have a good to very good reliability. These findings are consistent with Wong, Reker, & Gesser's (1994) reliability findings.

Regression analysis revealed that within the model, there is a significant relationship ($p < .001$) between the "Approach Acceptance" death attitude with respondents who reported that faith was important in their lives. R^2 was .486, 48.6% of the variation can be explained by the importance of faith variable. Table 2 displays the unstandardized regression coefficients (B), intercept, and standardized regression coefficients (β) for each variable. The β for the Approach Acceptance was .637. This result is consistent with the hypothesis; individuals who report that their faith (spirituality

as defined by individual) is important to them, have a more positive attitude toward death. This result is also consistent with previous research that reports that individuals who report a spirituality or religiosity have lower death anxiety (Rose & O'Sullivan, 2002).

Similarly there seems to be a significant relationship ($p < .01$) between the "Escape Acceptance" death attitude with respondents who reported that faith was important in their lives. R^2 was .213, 21.3% of the variation can be explained by the importance of faith variable. Table 3 displays the unstandardized regression coefficients (B), intercept, and standardized regression coefficients (β) for each variable. The β for the Escape Acceptance was .400. This result is also consistent with previous literature findings that individuals who report a spirituality or religiosity have lower death anxiety (Rose & O'Sullivan, 2002).

A zero-order, Pearson's correlation was performed, which is displayed in Table 4. Both Approach Acceptance $r = .67$, $p < .001$ and Escape Acceptance $r = .43$, $p < .001$ were statistically significant and positively correlated. Approach Acceptance had a strong correlation and Escape Acceptance had a moderate correlation.

Additional Findings

The qualitative spirituality questionnaire allowed for the participant to voice their individual view on their personal spirituality throughout the entire qualitative portion, particularly when asked, "In what ways do you consider yourself spiritual or religious?"

- "Spiritual because I believe in the soul, but not in any way religious".
- "I identify with nature. All aspects of life are to be enjoyed. New beginnings and the cycle of life are to be celebrated."

- "Currently, I do not attend church. My pastor died of cancer and my family and I have not been active in church since. I am still spiritual and believe in God."
- "I now consider myself spiritual in the connectedness of all life and the responsibility of all individuals to care for all life."
- I am not "practicing" any religion in particular but feel emotionally spirituality within myself."
- "Highly Spiritual with Nature and human kindness. Haven't figured out the 'heaven-hell' concept or 'organized' religion."
- "I am spiritual, which to me is a whole lot different than religious. I believe my soul came to "earth school" to learn, to become richer to my inner self so whatever path I cross (good or bad) has meaning to understanding of who I am. Religion of whatever denomination is a stepping stone or tool of learning spirituality."
- "I enjoy reading about my religion and sharing with my inter-faith family."
- "Spirituality and a belief in a relationship with Jesus Christ is the most important "lens" through which I view life. I attend church, pray regularly, and study the Bible."
- "Go to church weekly and holy days, pray everyday."
- "I feel I am religious in the fact that I believe in God, and go to church."

The participants being allowed to report their spirituality through a qualitative measure allows for unique expressions of spirituality. These findings are consistent with the International Center for the Integration of Health and Spirituality (ICIHS, retrieved

March 19, 2002 from http://www.nihr.org/abouticihs/religiousvariable.asp) definition of spirituality, religiousness, and religiosity:

> Generally, spirituality is characterized in our research as the broader context of seeking a relationship to something divine, transcendent, or ultimate. Religiousness, on the other hand, includes both personal beliefs, such as a God or in a higher power, and institutional beliefs and practices, such as church membership, church attendance, and commitment to the belief system of a church or organized religion. Religiosity, then, would imply the degree or extent to which one is dedicated or devoted to one's religious affiliation or religious beliefs. In contrast spirituality would imply belief in or devotion to a transcendental reality (God, The Universe, Faith, Higher Being, etc.), which may (or may not) incorporate a formal religion as an integral part of one's belief system.

Most respondents were very clear and direct with their opinion on the question: "What importance does your faith have I your life?"

- "None"
- "Not much importance"
- "Little"
- "Moderate importance"
- "Strong importance"
- "It helps to make sense out of life and guides my choices and decisions"
- "It gives me comfort and peace. It helps me reflect on the/my meaning and purpose and life."

- "My faith plays a major part in who I am as a person and what I believe to be true."
- "Integral part of mental/physical well-being.
- "The ultimate of who I am."
- "It enables me to even think about the subject of death."

The data from the respondents resonated with a theme in death studies, which states that death ultimately can be seen as either a door (to another world or existence) or as a wall (earthly existence is the end and the only expression of existence).

- "To me, death and spirituality are separate. I have a spirit, but once my body ceases to live, so does my spirit."
- "Life is wonderful and is filled with meaning. Death is the end of everything that is wonderful but a part of living. After death there is nothing but who cares except those who have not had a good life."
- "In a universe without beginning or end, life is an event that has a beginning and an end for the individual. What that individual chooses to do with that time either contributes to the overall good or it does not. If the individual accepts the inevitability of that life, spirituality may not be important. If they don't then spirituality can assume a significant role in their lie. In either case, the end is still the end."
- "I really do hope there is an afterlife, but I am not 100% convinced of that."
- "I am looking forward to the next chapter!"

- "My greatest concern about death is that I may be a burden to my children or suffer the indignities of being feeble or incontinent in a nursing home. Under these conditions I would welcome death knowing that a place in heaven awaits."
- "I believe there is a life after death".
- "I feel that our lives are a continuous experience that is not ended by death, but that continues after death ~ that a soul is constantly growing, learning and becoming a better being through many lives ~ and series of lives ~ Our lives are a mere blink in the entire picture of spiritual existence."
- "My own personal faith and what I believe are extremely important to me. It helps me to feel confident about my life and the world in general as well as being comfortable with death. Death becomes an extension of my life."

The themes generated from this research demonstrated individuals searching for meaning in their lives: constructing and reconstructing their personal realities. This is consistent with symbolic interactionism, existentialism, and narrative theory.

Limitations and Recommendations

Limitations

It is important to acknowledge that these findings have been affected by varying confounding factors. Because this study was completed in the Midwestern United States, generalizability is uncertain. Additionally, individuals who self-select to complete the questionnaire are more likely to have somewhat of an awareness, acceptance, or willingness to reflect on their mortality and/or spirituality. Finally, the qualitative portion

of the survey did not allow for the responses to be as extensive as would have been beneficial. Confirmation of the accuracy of the meaning concerning the respondent's spirituality answers was not allowed.

Recommendations

It is recommended that future studies include a larger, more diverse sample, where true random sampling could be employed. In addition, personal interviews regarding participant's spirituality would be more extensive and ensure greater accuracy. Feifel & Strack (2001) report, "There is a definite need to integrate the clinician's admiration for individuality and complexity with the researcher's demand for precise and vigorous documentation." Finally, future research should include a portion dedicated to the respondent's knowledge of access to hospice services and hospice care.

Discussion and Conclusion

Discussion

The topics of death, dying and spirituality are inherently philosophical, paradoxical, and complex as they address the nature and meaning of life. This study found a relationship between death attitudes and spirituality. However, as M. Scott Peck (1998) states, researchers and clinicians would benefit by not simplifying, but to thinking multi-dimensionally and not be dismayed by the multitude of causes and consequences that are inherent in each experience ~ to appreciate the fact that life is complex.

We live in a death-denying culture, where youth, beauty, and independence are valued. However, this study found that many individuals *did* want to talk about death, dying, and their spirituality.

- "This is a though provoking survey ~ thanks for opening the conversation."

- "Etc., Etc., Etc. I could speak and listen for hours on end on this topic ~ I love it!! Thank You!!"
- "When I saw the topic of this survey I was interested immediately."
- "I may not be your typical respondent, and thought you should know. For my undergraduate major, I did an academic study of religion with an emphasis on the role religion plays in the lives of people. Also, took courses and did independent study on death and dying. That was long ago, but suspect I am at least still partially influenced. Good luck on your study."
- "Good Survey!"
- "This was very interesting to answer."

Perhaps as individuals we want to talk about death and dying, but believe that everyone else (society) doesn't want to talk about the subject. The previous quotes may indicate that there is a current social reform movement regarding the social taboo of talking openly about death. This warrants future research.

Strengths of the current study include the willingness to research and report the sensitive topics of death, dying, and spirituality. "Spirituality" was allowed a broad definition, based in the participant's view, not the researchers. Additionally, the use of methodological pluralism to study death attitudes and spirituality allowed for unique contributions to emerge. While lacking direct evidence of such, it is this author's belief that the survey in and of itself, whether or not returned to the researcher, was an "intervention" to open the conversation regarding death, dying, and spirituality. This study contributes to important thanantology research.

Social workers can assist those at the end of their life and their families by effectively articulating their professional role and special expertise on the hospice team (Reese & Sontag, 2001). A belief in empowering the patient with their personal life and death decisions is an essential element of the hospice philosophy. The present study is especially relevant to the social work profession, as it adds to the body of knowledge and moves toward an understanding of individuals' perceptions of death, dying, and spirituality attitudes, to ultimately better serve those who are dying.

Conclusion

Compassionate hospice care is a basic human right that should be afforded to all. This study was motivated by the view that through open, clear communication about death and dying, quality end-of-life care would be enhanced. This would be demonstrated by access to hospice for more individuals, in an appropriately and timelier manner than current access allows. Empowering social work must address and support individuals' attitudes toward death, dying, and spirituality to provide integrative support to those individuals whom we are called to serve. "We truly cannot fully understand the human condition without considering the dimension of death." (Feifel & Strack, 2001). As we search for meaning in our lives, through listening to individuals' narratives, social workers can co-create with individuals and society to move toward an understanding of death and dying, and the influence spirituality has on these aspects of life.

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Appendix A

General Instructions: A brief introduction will be given at the beginning of each section of questions. For each question, please check the box for your response, or write your response in the space provided following the question. You have the right to answer or refuse to answer any question in this questionnaire. If you do encounter any such questions, please check the box for either "no answer" or "don't know". Please feel free to include any written comments that you would like to make on any of the questions in this questionnaire. Please do not put your name on this questionnaire.

Section I

This first section of questions is directed at some general background information.

1. Age:_____ 2. Sex: M_____ F_____ 3. Marital Status:_____

4.

Occupation:_____

_____

5. How many years of formal education have you

completed?_____

6. What is the highest level of education that you have attained?

□ elementary school

□ GED certificate

□ high school degree

□ vocational degree

□ bachelor's degree

□ master's degree

□ doctorate

□ no answer

7. What is your religious affiliation?

□ Protestant

□ Catholic

□ Jewish

□ None

□ Other_____

□ No answer

8. Please indicate if you belong to any of the types of groups or organizations listed below.

Please check any that apply to you.

□ none
□ political organizations
□ professional organizations
□ recreational groups
□ environmental groups
□ religious groups
□ civic-community groups
□ fraternal organizations
□ business groups
□ service organizations
□ health-medical groups
□ no answer

Section II

This section contains a number of statements related to attitudes that people have toward death. This information will be used to gain a deeper understanding regarding death and dying. Read each statement carefully, and then indicate the extent to which you agree or disagree by circling one of the following: SA=Strongly Agree; A=Agree; MA=moderately agree; U=Undecided, MD=Moderately disagree; D=Disagree; and SD=Strongly disagree.

It is important that you work through the statements and answer each one. Many of the statements will seem alike, but all are necessary to show slight differences in attitudes. Please take note that the answer categories change direction from question to question.

1. Death is no doubt a grim experience.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
2. The prospect of my own death arouses anxiety in me.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
3. I avoid death thoughts at all costs.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
4. I believe that I will be in heaven after I die.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
5. Death will bring an end to all my troubles.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
6. Death should be viewed as a natural, undeniable, and unavoidable event.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
7. I am disturbed by the finality of death.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
8. Death is an entrance to a place of ultimate satisfaction.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
9. Death provides an escape from this terrible world.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
10. Whenever the thought of death enters my mind, I try to push it away.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
11. Death is deliverance from pain and suffering.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
12. I always try not to think about death.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**

Legend: SA=Strongly Agree A=Agree MA=moderately agree U=Undecided
MD=Moderately disagree D=Disagree SD=Strongly disagree

13. I believe that heaven will be a much better place than this world.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
14. Death is a natural aspect of life.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
15. Death is a union with God and and eternal bliss.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
16. Death brings a promise of a new and glorious life.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
17. I would neither fear death nor welcome it.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
18. I have an intense fear of death.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
19. I avoid thinking about death altogether.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
20. The subject of life after death troubles me greatly.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
21. The fact that death will mean the end of everything as I know it frightens me.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
22. I look forward to a reunion with my loved ones after I die.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
23. I view death as a relief from earthly suffering.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
24. Death is simply a part of the process of life.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
25. I see death as a passage to an eternal and blessed place.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
26. I try to have nothing to do with the subject of death.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
27. Death offers a wonderful release of the soul.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
28. One thing that gives me comfort in facing death is my belief in the afterlife.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**

Legend: SA=Strongly Agree A=Agree MA=moderately agree U=Undecided
MD=Moderately disagree D=Disagree SD=Strongly disagree

29. I see death as a relief from the burden of this life.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**
30. Death is neither good nor bad.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
31. I look forward to life after death.	**SA**	**A**	**MA**	**U**	**MD**	**D**	**SD**
32. The uncertainty of not knowing what happens after death worries me.	**SD**	**D**	**MD**	**U**	**MA**	**A**	**SA**

Section III

This section contains open-ended questions related to your spirituality. All of the information you have included here is considered confidential and will be treated as such. If you need any additional space please feel free to use the back of the page.

1. Describe the religious/spiritual tradition you grew up in.

2. In what ways do you consider yourself spiritual or religious?

3. What gives your life meaning? For example: relationships, nature, music, art?

4. What importance does your faith have in your life?

5. Is there a group of people you really love, or who are important to you, that you can count on for support? If so, please describe.

6. Do you currently have a chronic, serious, or terminal illness? If so, how have your beliefs influenced you?

Please feel free to include any comments pertaining to death, spirituality, and/or the relationship between the two topics.

Please return this survey in the envelope provided.
Your cooperation in this study is sincerely appreciated.

Thank You

Appendix B

You are being invited to participate in a research study. This cover letter is intended to provide you with information about this study. The principal investigator or faculty sponsor named below will answer any of your questions about the research procedures, your rights as a participant, and research-related risks at any time.

Title of Project: Perceptions of Death and Spirituality

Principal Investigator: Jennifer Taylor
Mailing Address: 1207 Lincoln Ave. Galena, Il 61036 Phone number: 815-777-2523

Faculty Sponsor: Michael J. Jerin, PhD Phone number: 563-333-6495

The purpose of this research is to study the perceptions of individuals regarding the subject of death. This study will also look at the interplay between attitudes towards death and spirituality. Your name was randomly selected from the Galena telephone directory. The project is being done to partially satisfy a requirement for a Master of Social Work degree from St. Ambrose University. This study will take approximately twenty to thirty minutes to complete.

The survey focus, is on what for many people a very emotional issue – death. If you feel that thinking about or answering questions on this subject will cause you any emotional difficulties, please do not fill out the survey. Because death is a rather sensitive subject, some people may experience some psychological discomfort when answering the questions. If you become emotionally uncomfortable from participating in this study and wish to speak to a professional regarding these feelings, please call your local community health center.

There are no direct benefits to you from participating in this study. However, you may develop a deeper understanding of your personal choices regarding life and death. The information obtained from this study may be used by professionals to provide better services to people who have encountered losses of family or close friends.

All of the information obtained from you will be anonymous. **The survey does not ask for your name or any other personally identifying information, please do not put your name on the survey.** No one will be able to know that you provided any of the information. The data will be stored at the principle investigator's home office, in a locked file cabinet. The surveys will be destroyed after the information has been entered into a computer database. Surveys will be destroyed no later than May 11, 2003. After the study has been completed a copy of the database will be stored at the St. Ambrose School of Social Work. The data may be analyzed in future studies.

Participation is completely voluntary. You are free to refuse to participate or refuse to answer any question at any time. You are free to withdraw your consent and to withdraw from the study at any time. By agreeing to participate in this research you do not waive any of your legal rights.

It is recommended that you keep this cover letter for future reference. By completing and returning the survey you are giving your consent to participate in this study.

Thank You,

If you have any questions or complaints about the informed consent process or the research study, please contact Ann Freeberg, Vice President for Research, at (563) 333-6158.

Appendix C

You are being invited to participate in a research study. This cover letter is intended to provide you with information about this study. The principal investigator or faculty sponsor named below will answer any of your questions about the research procedures, your rights as a participant, and research-related risks at any time.

Title of Project: Perceptions of Death and Spirituality

Principal Investigator: Jennifer Taylor
Mailing Address: 1207 Lincoln Ave. Galena, Il 61036 Phone number: 815-777-2523

Faculty Sponsor: Michael J. Jerin, PhD Phone number: 563-333-6495

The purpose of this research is to study the perceptions of individuals regarding the subject of death. This study will also look at the interplay between attitudes towards death and spirituality. The project is being done to partially satisfy a requirement for a Master of Social Work degree from St. Ambrose University. This study will take approximately twenty to thirty minutes to complete.

The survey focus is on, what many people consider a very emotional issue – death. If you feel that thinking about or answering questions on this subject will cause you any emotional difficulties, please do not fill out the survey. Because death is a rather sensitive subject, some people may experience some psychological discomfort when answering the questions. If you become emotionally uncomfortable from participating in this study and wish to speak to a professional regarding these feelings, please call your local community health center.

There are no direct benefits to you from participating in this study. However, you may develop a deeper understanding of your personal choices regarding life and death. The information obtained from this study may be used by professionals to provide better services to people who have encountered losses of family or close friends.

All of the information obtained from you will be anonymous. **The survey does not ask for your name or any other personally identifying information, please do not put your name on the survey.** No one will be able to know that you provided any of the information. The data will be stored at the principle investigator's home office, in a locked file cabinet. The surveys will be destroyed after the information has been entered into a computer database. Surveys will be destroyed no later than May 11, 2003. After the study has been completed a copy of the database will be stored at the St. Ambrose School of Social Work. The data may be analyzed in future studies.

Participation is completely voluntary. You are free to refuse to participate or refuse to answer any question at any time. You are free to withdraw your consent and to withdraw from the study at any time. By agreeing to participate in this research you do not waive any of your legal rights.

It is recommended that you keep this cover letter for future reference. By completing and returning the survey you are giving your consent to participate in this study.

Thank You,

If you have any questions or complaints about the informed consent process or the research study, please contact Paul Koch, PhD, Dean of Arts and Sciences at 563-333-6196.

Table 1. Reliability of the Death Attitude Profile – Revised

Dimension	***Alpha coefficient***
Approach Acceptance	.96
Death Avoidance	.88
Fear of Death	.86
Escape Acceptance	.76
Neutral Acceptance	***.60***

Table 2. Regression Coefficients for Approach Acceptance[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.348	.758		4.416	.000
	What importance does faith have in your life?	.603	.091	.637	6.613	.000
	Age of respondent	-6.520E-03	.009	-.078	-.712	.479
	Gender of respondent	-.245	.360	-.076	-.681	.499
	Years of education	-5.319E-02	.036	-.139	-1.486	.142

a. 1. $p < .001$ 2. R Squared = .486

Table 3. Regression Coefficients for Escape Acceptance[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.287	.786		2.910	.005
	What importance does faith have in your life?	.318	.095	.400	3.351	.001
	Age of respondent	1.330E-02	.010	.188	1.324	.191
	Gender of respondent	-.384	.395	-.140	-.974	.334
	Years of education	4.296E-03	.037	.014	.117	.907

a. 1. p <.01 2. R Squared = .213

Table 4. Pearson Correlations for DAP-R Scales[a]

	What importance does faith have in your life?	Approach Acceptance	Fear of Death	Death Avoidance	Escape Acceptance	Neutral Acceptance
What importance does faith have in your life?	1					
	.					
Approach Acceptance	.663**	1				
	.000	.				
Fear of Death	-.030	.008	1			
	.808	.951	.			
Death Avoidance	-.145	.160	.595**	1		
	.242	.196	.000	.		
Escape Acceptance	.436**	.588**	-.149	.075	1	
	.000	.000	.228	.548	.	
Neutral Acceptance	-.071	-.141	-.602**	-.416**	.021	1
	.569	.254	.000	.000	.868	.

**. Correlation is significant at the 0.01 level (2-tailed).

a. Listwise N=67