BROWN, David Jeffrey, 1944-
THE FEAR OF DEATH AND THE WESTERN-PROTESTANT
ETHIC PERSONALITY IDENTITY.

The Ohio State University, Ph.D., 1971
Psychology, clinical

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THE FEAR OF DEATH AND THE WESTERN-PROTESTANT
ETHIC PERSONALITY IDENTITY

A DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of the Ohio State University

By
David Jeffrey Brown, B.A., M.A.

* * * * *

The Ohio State University
1971

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ACKNOWLEDGEMENTS

The author wishes to acknowledge his gratitude to his dissertation committee members, W.B. Walsh, Saul M. Siegel, Herbert L. Mirels and James Keiber for their helpful guidance and generous assistance. Special gratitude is owed to the author's adviser, Maude A. Stewart, not only for her help in the dissertation, but for her continued help throughout Graduate School, particularly in her vision that there is more than one way to become and be a psychologist.

The author also wishes to acknowledge Martin Marder, Ted Slovin, Guy Pilato and Karl Bartsch, of the Pennsylvania State University - men whose teachings and behavior have been constant models of what it is to be a good psychologist.

Lastly, the author wishes to acknowledge his debt to M.E.F., someone who has helped make clear what a mystical experience can be.
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CHAPTER I

INTRODUCTION

Farberow (1963) suggested almost a decade ago that there are "Taboo Topics" among researchers. Death seems to be one of them. Lester (1971) makes the same point when he speaks of an aversion to the topic of death among psychologists. Such has been true of psychologists in general though exceptions can be noted as far back as the 19th Century (cf. Scott, 1896). Part of the reason, of course, stems from the methodological difficulties relating to death research, the obvious one being in controlling the independent variable. Perhaps another part of the reason is found in the Middleton (1936) data which indicate that, on a conscious level at least, people appear indifferent to or deny death. According to Schneidman's survey on death (Psychology Today, June, 1971), "denial of death concern might be a strong dynamic for the American public." But on a deeper level, this might not at all be the case as Alexander et al. (1957) point out. And indeed, the same should not be the case for researchers, especially vis-a-vis Schneidman's remark that states:
"Readers of PT apparently feel that it is more important than sex; the single biggest surprise in the results of the PT questionnaire was the sheer volume of response" (p. 43).

What studies have been conducted have usually been incomparable, as Lester (1967) points out. One problem has been failure to specify important but different conceptual areas of death, e.g. attitudes towards dying or towards death, and whether of oneself or of another. An additional problem has been with instruments which purport to measure attitudes towards death, many of which are lacking in reliability and validity considerations. Perhaps one of the biggest problems rests along Lester's observation that no "experimental evidence has been produced to support any theory of the genesis of the fear of death" (1971, p. 554).

Theoretical speculations on the fear of death have been in evidence for years, especially in the tradition of Freud's "castration anxiety" and more currently, in some of the work of May (1969) and Bakan (1966, 1968). But here, most of the treatment has been along some abstract lines like Eros or Thanatos forces which seem unwieldy and difficult to operationalize. Theoretical interest in specific attitudes towards death
has been expressed by various other investigators including Lester to an extensive degree. Much of this work will be discussed in Chapter II.

Insights into the origins of attitudes or fears can sometimes be gained by studying treatment strategies which seem to modify those attitudes. But again, little meaningful research has been conducted, though some promising beginnings have been made. Specifically the work of Kubler-Ross (1969) and of Fisher (1969) comes to mind, which work again will be discussed in the second chapter. It should be apparent though to any reviewer of the literature, that when speaking of treatment strategies for the dying, a vastly important and neglected area of research awaits the psychologist.

Perhaps there is indeed an "American or Western way of death," in more ways than one. Dylan Thomas' lines may capture it best. "Do not go gentle into that good night. Rage, rage against the dying of the night." The tone surrounding death in the West seems to be one of struggle for mastery, as well as of massive denial and avoidance. Nothing seems more absurd than the Clairol commercials proudly defying anyone to detect the daughter and the 45-plus ageing mother. With its emphasis on youth, health and longevity, Americans seem to suppress
the idea and presence of death. All sorts of euphemisms are constructed for it, and the art of disguise among morticians seems scarcely more perfectible. Certainly in contrast to the Orient, the American corpse never looked or smelled better, perhaps even in life. The whole cosmetology of death, the taboo in hospitals in general to communicate and prepare for death's reality, the attempts to sustain what is tantamount to a comatose, vegetative shell, the expensive mausoleums and caskets to preserve intact a cadaver -- all suggest what might be argued as an unhealthy denial and avoidance. Schniedman (1971) notes: "So forbidden has death been in our culture that a third of the respondents could not recall from childhood a single discussion of death within the family circle." (p. 44) It is perhaps no wonder, then, that psychologists have generally avoided research into the area, and more specifically, into therapies for the dying.

If there is an "American way of death," there is perhaps also an Eastern one. Notable contrasts seem to exist in the Orient in what existence means in general, and in attitudes towards death in particular. On one level, there seems to be more consciousness of it, whether in the temples and parthenon of "death" gods,
the daily rituals surrounding dead ancestors, or in the manifestly "cheap" premium placed on this existence by Orientals. An interesting Chinese practice was building one's own coffin before death. Buddhist novices have been told to meditate for five days on the decomposing body of a close friend so as to reinforce the notion of his continuation beyond the body. Parenthetically, it seems interesting that the Japanese, the most "western" of the Orientals, seem the most ambivalent about death (cf. Lifton, 1967). On a phenomenal level, conversations with Orientals seem to reveal surprisingly little anxiety about death. As one Buddhist monk remarked, "Westerners fear death because they never confront it to understand it."

It can be argued that there might be in this Eastern contrast, and in this Western avoidance and what both might involve, that is for psychologists interested in exploring attitudes towards death and related treatment strategies, some possible cues towards initiating a "genetic" theory of the fear of death. And along with it, there might hang the possibility of generating some empirical data towards the goal of establishing the much-needed conceptual framework for a viable therapy of dying. It is the goal of this paper to establish what
might be some of the initial components of this theory vis-à-vis the Westerner. And it is recognized from the outset that such components are probably partial, that such a theory of fear, as for any attitude, is multifaceted, and that oversimplification in exploratory studies is an ever-present danger.

The term Westerner or Easterner is used here to refer to some generic thing which, however elusive, might be called a Western or Eastern identity, and which identity might be known inferentially and additively through a battery of assessment measures. Though important criticisms have been leveled at the notion of identity or personality with respect to its consistency or stability (cf. Mischel, 1968), these criticisms seem to be more a function of psychometric shortcomings. Certainly, the notion of an abiding identity has wide currency among psychologists, even as Mischel admits. For present purposes, it is assumed with Erikson (1968), that there is some reality which the construct of identity refers to, and that accepting that there is a "Western" identity can bear some hypothetical fruit. Such an identity corresponds largely to the "Protestant Ethic" man described in part by Weber (1958), Bakan (1966), Freud (1927), Fenichel (1945), Reich (1949), McClelland (1961), White (1959)
and Mirels (1970). Such a man is strongly individualistic, limited, ethically Protestant, achieving and mastering, mistrustful of the affective, separate and alone, oriented toward productivity and embodying the Horatio Alger myth, a doing ego, and a "skin-encapsulated" one (Watts, 1951, 1961). The Eastern identity might be described as extended, participatory (communal), mystical or cosmic, non-oriented towards Protestant-Ethic values, a being ego (cf. Gardner Murphy, 1968; Leary, 1961; Suzuki et al., 1960; Bucke, 1954; Sato, 1958).

David Bakan (1966) has developed at some length the notion of the Western ego which he calls "agency" or "agentic" and which can be characterized by isolation, individuality, separation, mastery and achievement (e.g. Western scientific and technological sophistication) and denial of impulses from non-ego sources. Important is that Bakan asserts that for the Westerner, the ego is or is in the body, and that the body is the instrument of mastery and achievement as well as the source of "otherness" or isolation. The Westerner historically has had great ambivalence toward his body. It is at once the agent of the ego which resides in it, and it is driven mercilessly by the ego to produce and achieve, hence Weber's thesis about Protestantism and the rise of Western capitalism.
(It is probably no accident that the Western culture has as yet found no use for its old people and that old age is so feared, mainly because the ageing body is deteriorating and hence, can no longer be of value by doing what it used to.) On the other hand, the Westerner mistrusts his body and especially its "forbidden" impulses which might break through if there is not enough ego control or too much leisure time, e.g., "the idle mind is the devil's workshop."

On a more general level with respect to the issues surrounding identity, Erikson (1968) has written a great deal. And his eighth developmental stage, "Ego integration or despair," directly touches upon death. But it has concern with generating a perspective on life that enables acceptance of one's life and awaiting the inevitable with a sort of equanimity, and to this extent, he seems caught up in the Western stance on old age and death, the deterioration of what the body can do. And indeed, his presentation of all the developmental stages might be said to reflect heavily on the Western - Protestant Ethic: e.g. "Temporal Perspective (I), Autonomy (II), Initiative III, Industry (V), etc."

Instructive here are the studies of Jeffers et al. (1961) which found that elderly people with fewer activities
had a greater fear of death. Similarly, Klopfer (1947) found that fear of death among people in an old age home was significantly lessened when greater activity was possible. Shrut (1958) found that older persons living more independently (i.e. could act autonomously) showed significantly less fear of death and less preoccupation with it. Christ (1961) found that elderly patients with better health feared death less. Stacey and Markin (1952) found prisoners to be very concerned with death and depressed by death situations. When asked who they thought feared death the most, Feifel's (1956) sample had 45% who chose 70+ years, 15% chose 30+ and 15%, 50+. All of these studies seem to share a common denominator, that fear of death is in proportion to the real or imagined ability of the body to do things, to the extent of its actual or situational limitations. And these and similar studies lead to the general rationale of a theory about the fear of death as it relates to the Western-Protestant Ethic identity.

George Kelly used to say that one should parcel out his dependencies. By way of example, this seems to mean that if one's self-concept or identity involves four components: 1) father 2) husband 3) psychologist and 4) poker-player, and if one area is threatened, (e.g. one
loses heavily on some pots), then one will not be as anxious or threatened as if all components were in jeopardy. But if one bets all his identity chips on limited areas, as psychologist for instance, and if this is threatened (because of the market, one can't get a job), one will be more liable psychologically. In terms of death, it seems logical to hypothesize that the Westerner's fear of death or stance on it is a function of his identity, and that his identity, unlike the Oriental's, is more bound up with Protestant Ethic values, and notably with his body and what it can do. And therefore, that death as a termination of the bodily existence is a threat and source of anxiety insofar as there is an equivalence of body and identity. And if this is the case, helpful counseling-therapeutic strategies for dealing with death would rest in expanding the identity beyond the ego-boundaries of the body in the direction of the Eastern, mystical or extended identity. Such a rationale seems to find support in Fisher's (1969) expression of the identity-death issues. Fisher has recently been experimenting with the use of LSD and psilocybin for ameliorating the fear of death. It is not surprising that he writes: "Death is a point in a process, a change in a process of identity... Obviously if man's identity and what is considered to be me is equivalent to my skin boundaries, I naturally face annihilation.
When we can identify with something beyond our skin-self, then death has a different face. The problem of course is coming to know parts of ourselves that we do not already know (pp. 36-38)." This evokes Perls (1969) and the whole thrust of Gestalt therapy, of experiencing cellular consciousness, for instance, of letting "old Gestalts" die and forming new ones. The task for the Westerner facing death is, as Watts and Huxley suggest, to leave the usual, familiar, experiential referent, the self, to die early, and move awareness to an unknown referent (e.g. psilocybin and the "death" of the ego). As Fisher goes on to state, "Giving up one's ego and its fringe benefit, 'reality,' (a tautological phenomenon), one is able to become what was previously defined as other and not-self, and to experience the existential nature of different reference points or energy manifestations." (Instructive here is the etymological derivation of other which comes from the Latin "alienus" meaning alone, isolated and foreign - and the whole theme of alienation, otherness and mastery as it relates to the West - cf. Bakan, 1967, "Mystery-mastery complex".)

Secondly, in terms of the present rationale, while it seems obvious that the Western attitudes are probably
a function of several variables, e.g. religious beliefs, age, socio-economic status, etc., the critical variable seems to be body identification. Religious beliefs, for instance, seem related to the importance of the body (i.e. one believes in the resurrection of the body because survival of the body is important to him). Ageing is also similarly related, as has been noted, insofar as it brings dysfunction and limits what the body can do. Socioeconomic status seems related more indirectly as exemplified in a study of Diggory and Rothman (1961) who found that middle class persons fear the pain of dying more than other classes. It can be argued that the middle class is more identified with the Protestant Ethic values than any other class, and hence, is concerned with bodily function.

Thirdly, the present rationale flows from some of the literature on mind-expanding or psychoactive drugs which induce an enlargement or "destruction" of ego boundaries not unlike an Eastern or mystical experience, and therefore, alter the ego-bodily identification (cf. Fischer, 1966, 1968; Leary, 1964; Mogar, 1965; Savage, 1962). Mention has already been made of the hallucinogens as a strategy for the dying (Fisher, 1969; Kurtland, 1967; Brickman, 1968).
Thus far, the attempt has been to offer a general rationale for a genesis of the fear of death in Westerners, a theory which argues that death is an anxiety-inducing reality for the Western-Protestant Ethic ego insofar as it is identified or encapsulated in the body and concerned primarily with what the body can do. Suggested here has also been some possible treatment strategies to alleviate fears of death, specifically by inducing some kind of Eastern or mystical experience, by enlarging the ego-boundaries, possibly through some hallucinogenic experience.

All of the above ideas, of course, need more than speculation for their serious consideration by psychologists attempting to deal with the life-and-death fears and anxieties of the dying person. One possible strand in the network of empirical verification would perhaps involve the following strategy. Utilize a sample of Westerners who on a priori grounds are strongly oriented along Protestant Ethic values and whose body-identity input (what they can do and achieve) is already limited situationally. Predict that they will register a higher fear of death on measures of death-fear than will a comparable sample (age, sex, education, etc.) which is not limited in identity input. Predict further that within both samples (deprived and non-deprived), and
between both samples, high death fear will correlate with with measures tapping aspects of the Western-Protestant Ethic identity and with measures of bodily concern. And finally, predict that high death-fearers will score higher on these same measures in the expected directions than will low death-fearers. While it is admitted that such a strategy is not as desirable, or preferred, as would be one directly comparing death attitudes in Orientals versus Westerners, or one sampling persons directly confronting death (e.g. terminal cancer patients), the methodological difficulties of employing more desirable samples seems too strong an obstacle at the present time. In the hope of being faithful to the general rationale, and to the specific hypotheses involved as explained more fully in Chapter III, the present study intends to utilize a sample of death-row inmates of a maximum security penitentiary, and a comparable group of male "normals" essentially differing only in their not being felons, and therefore, not situationally limited. Sample selection and characteristics will also be more fully explained in the third chapter.

A word on the relevance of this study to the broader field of psychological investigation is warranted here. On the most obvious level, the attempt is being made to
begin to respond to the dearth of information surrounding the psychology of death that Schneidman speaks of. More specifically, the endeavor is to join Lester and the others trying to get at the genesis of the attitudes toward death, and in ways that are accompanied by some empirical support. The ultimate relevance here is the much-needed area of beginning to build a conceptual platform upon which some sensible treatment strategies for the psychological needs of the dying can be met or based. Such a concern seems properly one of counselors and therapists, especially those who see the future boundaries of counseling transcending the present emphasis on college populations, career-vocational concerns, and/or psychopathology. Lastly, to the extent that psychologists set for themselves the goal of understanding and predicting man's behavior, they cannot claim its realization until they properly study man's most predictable, and perhaps least understood behavior, his psychology of death.
I. Introduction

It might become evident to the reader of the literature and research related to death and dying that identifying studies which are relevant can be an arbitrary thing. On the one hand, there are many studies which purport to be concerned with the topic. But examination of these will reveal significant difficulties. Many studies are at best only descriptive, without the methodological precision and specification of variables that is important to scientific knowledge. An example is the study of Schilder (1936) which purported to assess the attitudes of murderers toward death but which is based on vague interviews full of ambiguities in definition and meaning, and which therefore, comes across as a "clinical-armchair" study.

Another difficulty has to do precisely with the specification of variables, that is, whether the study is concerned with: attitudes towards death, dying, towards
the dead, towards one's own or another's death, towards modes of dying, etc. As Lester (1967) points out, a fear of death can have several objects: fear of one's own death, fear of the death of others, and fear of the effects of death. The problem is confounded when these generic "attitudes" towards death are related to one another or to other, demographic variables. The ambiguity being criticized here raises an additional problem relating specifically to this study which focuses on the so-called "Eastern" or "mystical" personality in contrast to the "Western," and the attitudes towards death flowing from these. Attempts to define the "Eastern" can rightly appear as something of a contradiction. Part of the Western scientific definition involves the whole "objectivation-thing" Problem, and the Eastern personality by definition eludes objective measurability unless it is by some sort of process of specifying what it is not. Suzuki (1960) in fact describes it as "ante- or meta-objective."

Another difficulty has to do with the types of samples used. The introductory psychology class may be the most conveniently available sample, but it is questionable how much psychological, albeit statistical, significance such a college-age sample has when tapping
its concerns with death.

A final difficulty may rest in the whole problem of \textit{denial}. In Chapter I, it was suggested that the stance on death, both for psychologists and the American public at large, might be characterized by avoidance and denial. There is empirical evidence to support this. A study by Kalish (1966) revealed that a third of his sample would not willingly allow a person dying from an incurable disease to live in their neighborhood, and more than half would not willingly allow a person who had attempted suicide to live there. A fifth of the sample would not allow a dying person to visit the United States. Feifel (1963) argues strongly that in the contemporary situation, death is a taboo topic for conversation and investigation. Alexander \textit{et al.} (1957) found that on a conscious level at least, death did not seem a concern, but on another level, found evidence of denial and repression in that subjects reacted to death words with greater physiological intensity than to equivalent words drawn from the general language pool. Hinton (1964) in a resume of studies, argues that Glaser's and Strauss' "open awareness context," has not been the case traditionally though it is more effective in treatment of the dying. Christ (1961) found that denial of death was a frequent symptom and physicians especially
were reluctant to raise the subject. The problem of denial seems real, and therefore, one can raise the question as to what many studies measuring attitudes towards death are really tapping into and what they in fact mean.

Conscious of some of these difficulties, the researcher is perhaps in a better position to select out relevant studies from the general pool of the literature on attitudes towards death and the psychology of dying and death. Such a pool, parenthetically, has been rather exhaustively organized, especially by such researchers as Kalish (1965), Lester (1967) and Pearson.

II. Review of the Literature

The general concern in this paper is with the hypotheses surrounding a possible source of fear of death, and these rest specifically on the assumptions that:

1) death-fear is partially at least a function of identity
2) the Western-Protestant Ethic identity or ego is bound up with the body and what it can do in a special way
3) this "body-ego" investment is directly related to the fear of death. Conversely, it is assumed that an "Eastern" or "mystical" identity or ego is less equivalent to the body and its performance, that it is more extended, participatory or being, and consequently less fearful of death as a termination of the bodily existence. The review
of the literature necessary to the development of these hypotheses includes the general categories of: denial, the Western-Protestant Ethic Personality, achievement and death-fear, body and death-fear, the Eastern personality, and the so-called mystical, conscious-expanding or psychoactive drugs vis-a-vis therapeutic strategies. Literature concerned with the identity measures and the fear of death measures is also presented.

A. Denial

What seems significant in respect to denial is its whole dynamic as discussed at some length by Bakan (1966, 1968). Bakan presents it as one of the characteristics of the modal personality of the Protestant Ethic wherein rigid ego control is important, and spontaneous impulses are to be guarded against. Especially so is the case of "unconscious" impulses, mistrusted as either irrational or a possible source of temptation to laziness, back-sliding and lack of control inimical to the salvation-work ethic. Working towards this control is the separation of ego (sense of "I") from the body in the Protestant Ethic personality and the consequent denial/repression of bodily "messages" and sensations. (Instructive here is Pearl's (1969)
discussion of the Westerner's inability to experience or sense such a simple process as that of ingesting and masticating food. And similar kinds of themes are developed by Laing (1965) and Janov (1970). These studies provide the suggestion referred to later in this study that what is being desensitized or denied (unconscious or egoless experiences or impulses) in the Protestant Ethic culture may be a significant point of differentiation of the Western and Eastern cultures and may provide an explanation of the differential stance on death.

B. The Western-Protestant Ethic Identity

The Western-Protestant Ethic identity or ego has been described by the following expressions: individualistic, achieving and mastering, scientific, mistrustful of the affective, separate and alone, oriented to productivity, and embodying the Horatio Alger myth. Perhaps the most extensive descriptions and discussions come from Max Weber (1958) and David Bakan (1966). Now the "Western identity" as used here refers to generic categories. There is no attempt to deny the reality of individual differences or to imply that any one person totally fits the category. Bakan gives a word of caution
on this: "The significance of the particular ideal-type inheres in its ability to enhance our understanding of the culture investigated. . . And even though there may be few 'pure' cases, it is this composite personality which has played the dominant role in the fortunes of our culture."

Weber's concept of the Protestant Ethic is summarized by Bakan as follows:

Weber's task was, then, the isolation of the relevant characteristics and the construction of the psychodynamics of the historical individual. Within Protestantism, he identified predestination and the preoccupation with personal salvation, the idea of the calling, and the ascetic ideal. In the personality, he identified directed activity, social and personal organization, the pursuit of vocation with little thought to its extrinsic consequences, saving and profit-making, uniformity, regularity, personal reliability, self-control, the eschewing of sociability (Gemütlichkeit), the eschewing of magic and mystery, the pursuit of physical science, and distrust in interpersonal relations. Control over others, a high degree of deliberate channeling of activity, accumulation of material goods, high initiative, profound alienation of men, are some of the features which emerge (pp. 17 ff.).

Bakan has formulated the constructs "Agency" and "Communion", and agency, for Bakan, is an essentially interchangeable concept for Weber's "Protestant." He describes it as: "the existence of an organism as an individual, manifesting itself in self-protection, self-assertion and self-expansion." It also manifests itself in "the formation of separations, isolation, alienation and aloneness, in the urge to master, in the repression of thought, feeling and
impulse," and Bakan goes on to say that "One of the very fundamental points I attempt to make is that the very split of agency from communion, which is a separation, arises from the agency feature itself." Now this separation quality is implicit in Weber's thought according to Bakan. "Although Weber did not make this point explicitly, it nonetheless plays an important part in all of the psychodynamics which he pointed to: there is separation of man from God, the separation of man from his associates including members of his family. Work entails separation of production from use, separation from the household, and separation of the desire for wealth from the possession of wealth. Wealth is separated from gratification, greed from the making of money, man from tradition, and pleasure from human functioning."

Bakan goes on to underscore the particular separation of consciousness or ego from the body such that the body is in a sense no longer an "I" but an "it," and a thing to be used in the agentic assertion of the "I." Yet to this extent, the body reaches a new importance as a tool of the agentic insofar as it enhances or limits what the ego can individually do and achieve and master. Bakan states that the musculature is the tool of the agentic. Strength and being in "good shape" become prized both in the literal sense of endurance (hence the cult of youth), and in the
psychological sense of the ego's being in control of the body. Conversely, separation of the ego/body as a form of denial or repression is important insofar as bodily claims or impulses get in the way of doing and achieving in the pursuit of personal vocation or salvation. The body, therefore, emerges somewhat paradoxically as both important and unimportant to the Protestant ego or identity. It is the former insofar as it relates to accomplishment and achievement, and therefore, is to be attended to and cared for. (Logically, the ideal body would be one that is youthful, potent and vigorous.) It is the latter to the extent that it makes "confounding" demands or fails to perform. (It is no accident that Western technology is without rival, especially from the East, and that a pointed contrast here rests especially in medical technology, the sustenance and maintenance of the body). Fulton (1964) supports this when he writes of "defiance of death" being at the core of Western thought.

Rollo May (1969) has developed notions very similar to those of Bakan, especially as concerns the body and Western focalization upon it. He writes of the American obsession with sex, and especially the marked bodily concern with special emphasis on techniques of sex and love-making. He writes: "Salvation through technique. A new Puritanism - state of alienation from the body, separation of emotion from reason, and the use of the
Of special interest is May's argument that love and sex are the intimations of mortality, and that the Western obsession with the body and sex is related to the fear of death. He suggests that death is the symbol of ultimate impotence and finiteness, and that man struggles to make himself infinite by way of sex, and through the symbol of procreation, to finally defy death. Also of some relevance is May's argument that what he calls the whole "daimonic, the font of unconscious irrational, non-ego impulses" is being repressed.

Other psychologists have extensively researched aspects of the Western ethic. McClelland's (1961) whole description of the "achieving society" converges on the work of Weber and Bakan as does that of White (1966) and his investigations into the concept of competence. The Chinese anthropologist Hsu (1961) who gets at cultural contrasts in his research of the East and West speaks of the core value in the American culture, that of self-reliance and its psychological manifestation which he sees as fear of ego-extension or dependence. Durkheim (1951) has suggested that egoistic suicide is a result of the low degree of integration of society, and noting the high rate of suicide among Protestants, relates it to the tendency toward autonomy in the Protestant culture. Paradoxically,
Bakan and others have suggested that suicide is the supreme assertion of individuality and the body, insofar as one determines the when, where, and the mode of self-destruction, and makes oneself thereby the supreme arbiter of one's bodily existence. Suicide is also a strategy to deal with extreme fear of death insofar as this fear involves or flows out of the unpredictable or mysterious. The extensive separation and alienation of the Western ego from the "world" is hinted at in the research of Grotjahn (1960) who correlates ego identity and the fear of death and speaks of the ego's defense system which "protects against the outer world where death exists," again somewhat paradoxical since in point of fact, death is usually generated from "within." Simmel (1944) reasons in a somewhat similar vein when suggesting that the fear of death results from the perception that there is an outside hostile object (death), stronger than the ego.

Recently Mirels and Garrett (1971) have attempted to study the Protestant Ethic as a personality variable in terms of its relationships with other personality variables and with occupational interests. They found the Protestant Ethic to be related to the Mosher Scales for sex guilt and morality-conscious guilt, which they felt was congruent with the P.E. condemnation of moral laxity
in worldly affairs, castigation of pleasures of the flesh, and tolerance for aggressive righteousness. They continue that the correlation with the I-E Scale of Rotter suggests the Protestant Ethic is also associated with the inclination to own responsibility for personally relevant outcomes, and in the Protestant Ethic, there seems to be a causal relationship between effort expenditure and success. Mirels and Garrett further report a low negative correlation between the P.E. score and the Sensation Seeking Scale of Zuckerman et al., though this correlation is non-significant. The negative correlation possibly sheds some support for the disavowal of bodily impulses characteristic of the Protestant Ethic, especially in view of Zuckerman's and Link's findings (1968) that the high sensation-seeker tends to be oriented to bodily sensations. In terms of the P.E. relationship to occupational interests, Mirels and Garrett report that endorsement of P.E. values is associated with interest patterns characteristic of persons in occupations demanding a concrete, pragmatic orientation toward work, and work wherein they can be evaluated according to extrinsic, objective and specifiable standards. They go on to say that high P.E. scorers place a premium on conventional adherence to prescribed, role-appropriate behavior, ones which require little innovativeness
or creativity in the achievement of prescribed goals. Further, the occupations related to the P.E. make few demands on emotional sensitivity or capacity for playful sensitivity - dispositions fundamental to success in most of the occupations with interest patterns negatively correlated with the P.E. score.

It has been said that Bakan viewed his agency construct as roughly equivalent to Weber's Protestant. Some support in the literature for Bakan's construct can be noted. Carlson (1969) in a series of studies indicates that Protestant Ethic societies should be expected to emphasize agentic values as the defining criteria of their worth as opposed to non-Protestant Ethic societies, and she finds such to be the case. Ziller et al. (1969) found that the hierarchic-individualistic basis of self-esteem characteristic of American males failed to work with Indian subjects. Ezekiel (1968) found that among Peace Corps volunteers, the projection of a personal future in agentic terms was less relevant to competence for Catholics than for Protestants. Bakan has argued that the Protestant Ethic culture within itself should find males more agentic than females and such seems to be the case in studies reported by Carlson (1969), Cohen (1968) and Brown and Marks (1969).
The attempt to this point has been to paint a general picture of the Western-Protestant Ethic identity, and to review some of the literature possibly supporting aspects of this identity. An important aspect of the identity, particularly vis-a-vis death has to do with the theme of achievement.

C. Achievement and Death

It has been suggested that achievement, which is what one can do, is an important hallmark of the Protestant Ethic, that achievement is delimited by the ego's actual perception of the real or symbolic functioning of one's body, and this in turn, is related to fear of death. With regard to achievement in general, mention has already been made of Hsu and his concept of Western "self-reliance," of McClelland's depiction of the West in terms of achievement, and of White's portrayal in terms of competence. Within that society, males should be more agentic and achieving than females according to Bakan's thesis, and such seems to be the case according to the research of Carlson (1968). It is interesting, therefore, to note Lester's (1971) findings that the sexes differ also on attitudes towards death, that males are more likely to think about death than are females. He points out, however that females seem to have more negative affect towards death. It might be argued in terms of the present hypo-
theses that in a sense, females are more consciously "embodied," that their worth is directly related in Western cultures to their physical beauty and attractiveness. This seems congruent with the data of Diggory and Rothman (1961) indicating that females tend to be more concerned with what will become of their body after death than are males.

One aspect of achievement and death has to do with time perspective. Specifically, if one has more "futurity" available to him within which to achieve, he will fear death less. Such a rationale seems to find support in the research of Kastenbaum (1963) who found that the ability to involve futurity in the organization of their experiences was differentially available to the young and to the elderly. Similarly, in a study by Dickstein and Blatt (1966), subjects with low death concern showed significantly more extension into the future than did subjects with high death concern.

Diggory (1966) and Diggory and Rothman (1961, 1962) have hypothesized that death is feared because it is the limiting case of the loss of self and it is that because it eliminates one's opportunities to pursue goals important to one's self-esteem. Death is a frustration of one's purposive activities, frustration which leads to a lowering
of self-evaluation. Furthermore, the death of those we love or depend on destroys the objects or means of some of our most purposive activities. In some extensive research, Diggory and Rothman found that the most frequently endorsed consequences of death were: "I could no longer have any experiences," and "All my plans and projects would come to an end." Spilka and Pellegrini (1967) found an association between the need of achievement and the fear of death in individuals. Kaufman (1959) as well as Erikson (1968) conclude that a person who has made something of his life can face death without anxiety. Wolff (1967) connects fear of death and achievement when he suggests that such a fear can be mitigated in the aged when one allows for continuing self-esteem and hope of achievement. Jeffers (1961) when studying attitudes of older persons towards death found that the fear of death was correlated with fewer leisure activities and with feelings of being rejected. Ellison (1966) found that among retired steel workers low will to live was correlated with loss of functional roles as well as poor (subjectively perceived) health. Lester has attempted to study achievement and fear of death with various samples (1969, 1970). In one study, he hypothesized that societies in which achievement motives
were strong would have a greater fear of the dead than those in whom such motives were weak. The data were in the expected directions but were non-significant. In another study, he failed to find an association between fear of death and need for achievement, but this was a student sample, and Lester speculated that there might be an association in an older sample for whom decisions about and commitment to achievement goals might be more firm.

Though somewhat oblique, it seems logical to examine achievement and fear of death in samples which are in one sense or another de facto institutionalized and therefore, hampered from being conventional achievers. In a study of the elderly, Shrut (1958) found that subjects living in conditions approximating their normal environment of living independently showed less fear of death than those not living independently. Stacey and Reichen (1954) studied attitudes towards death among a sample of normal and subnormal (institutionalized) girls. They found the latter to be more emotional and fearful of death. In another study, Stacey and Markin (1952) studied the attitudes of a sample of college students in various majors and a sample of penitentiary inmates. Again, they report that compared with students, the inmates were
more preoccupied with death and were more depressed by
death situations. On the other hand, Greenberg (1964)
interviewed hospitalized schizophrenics about death
attitudes and attempted to correlate such attitudes with
measures of self-esteem and ego-strength. There was no
correlation with death anxiety. It is not apparent what
measures of ego strength were used, but it might be
questioned here how valid such instruments were with such
a sample. (On the MMPI, for instance, the experimental
scale of "Ego Strength" makes little or no sense when
Scale 8 (Sc) is peaked beyond the tautology that one is
inversely related to the other.)

D. The Body and Death

It seems apparent that the body and fears of death
should somehow be inextricably related since death means
the cessation of bodily functioning, the return of the
organic to the inorganic as Freud described it. Freud and
the analysts have traditionally related fear of death
to castration anxiety and to a depletion of the life-force
Eros such that the counterforce of Thanatos or the death-
instinct is allowed free rein. Lowry (1965) studying
sexual differences in attitudes towards death found that
themes of violence were characteristic of the female subjects.
Sarnoff and Corwin (1959) have argued for the Freudian
position in a study where subjects with a high level of castration anxiety showed a significantly greater increase in fear of death after sexual arousal than subjects with low castration anxiety. Whether one can concur with the castration hypothesis or not, there is the recognition that fear of death is somehow associated with physical destruction of the body. The Freudian notion of the death instinct has additional importance, however, because it is directly related to the Protestant Ethic. Bakan points out that in developing the death instinct, Freud suggested it was related to the separation of the ego from the world, that it was manifested in aggression, and that the organ of the death instinct was the musculature. Separation, aggression or self-assertion and musculature or strength, as has been pointed out above, are all fundamentally bound up with the Protestant Ethic.

The importance of the body in general to the Western ego is discussed in many places. Freud asserted (1927) that the ego is first and foremost a body ego; it is not merely a surface entity, but it is itself the projection of a surface. Riviere, the Freudian translator, comments:" That is, the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a
mental projection of the surface of the body." Fenichel (1945) asserts that in the development of reality, the conception of one's own body plays a very special role. At first there is only the perception of tension, that is, of an "inside" something. Later, with the awareness that an object exists to quiet this tension, we have an "outside" something. One's own body becomes something apart from the rest of the world and thus, the discerning of the self from the nonself is made possible. Fenichel is of course, recognizing that it the West, the body is the principal source of individuation, both subjectively and objectively, all of which sets the stage for the Westerner in a sense pointing at and touching himself and saying "This is me." Yet both in the Freudian tradition and that of Protestantism, there is the recognition of "evil" or "base" impulses. These flow from the body such that there is also the condition of "my body not being me." Both as an assertion of identity as well as a denial of it, the nature of the body emerges as critical, and Reich (1949) recognized this when he developed his whole therapy, the major aim of which was loosening ego or body armor. Bakan (1968) captures some of this "ambivalence" of the body when he speaks of the phenomenally ego-alien nature of pain and he writes: "The ego, however, experiences a major
difficulty in separating pain per se from the sense of being annihilated. The reality principle enters. For in point of fact, the continued existence of the organism or of the ego is contingent upon the continued existence of the body; and tissue injury is indicative of the possibility of annihilation." Bakan is suggesting here the possible connection between fear of death and focalization in the body for the Protestant Ethic ego.

Research data for the above notions are available from a variety of sources. Faunce and Fulton (1958) in a study of attitudes towards death described the respondents as primarily in either a temporal or spiritual frame of reference. The temporals thought of death in terms of what happened to the body - to customs of dealing with it and its actual condition. Of interest is the additional finding that individuals whose income was in the middle income group (Protestant Ethic ?) were primarily temporally oriented. They indicated that this was consistent with Veblen's suggestion that the general orientation of the middle class is temporal, means-oriented, and secular.

Murphy and Lester (1970) when studying changing funeral practices speak of a growth of interest in cryogenic preservation of dead bodies for future regeneration. Becker and Bruner (1931) associated the fear of death with fear of
the annihilation of the personality, part of which involved the unpleasantness of the corpse, the fear of infection and the imagination of decay. Anthony (1940), when studying the child's fear of death, associates it with fear of retaliation, a fear of the aggression of others, which for the child roughly seems equivalent to fear of bodily harm. Feifel (1963) studied the attitudes of physicians towards death and found that though they thought less of death than other groups, they feared it more. It is noteworthy, therefore, that the whole thrust of their careers is towards bodily involvement and death in the literal sense. Kalish (1963) found that fear of death correlated significantly with disapproval of abortion. Again, such a study suggests the possibility of fear of death being related to destruction of the body, albeit an embryonic body.

Some support for the ideas of May discussed above, comes from the work of McClelland (1963) who puts forth the notion of the "Harlequin Complex." His study found that women for whom death was a real possibility thought almost twice as often about punishment and illicit sex than did women who were going home from the hospital after a minor illness. Papageorgis (1966) quarrels with this, however, in a study which failed to support the Harlequin hypothesis, but he did supply data arguing for the fears of punishment
and mutilation of the body being related to fears of death.

The association of bodily concerns and fear of death is dramatically supported in the work of Lifton (1967) in an extensive study of the hibakusha, the survivors of Hiroshima. To the overwhelming encounter with death, the survivors reacted with strong psychological closure, a severe kind of isolation. And Lifton reports that accompanying this was a strong preoccupation with bodily concerns and physical disorders of apparent psychosomatic origin. (What is of additional interest here is the fact that the victims predominantly were afflicted with a form of cancer from the atomic explosion. Cancer, for Bakan, as well as isolation, is associated with high agency, and furthermore, the atomic process itself, fission, is for Bakan a paradigm of agency. Additionally, as has been noted in Chapter I, the Japanese are perhaps the most "Western" of the Orientals, strongly characterized by their assimilation of Western technology, and as Lifton has observed, they are also perhaps the most ambivalent about death. Ballah (1957) in discussing the Japanese Tokugawa religion, approaches the problems of Japanese industrial development sociologically in the manner of Max Weber. He concludes that an equivalent of the Protestant Ethic, evident in Tokugawa times, served as a spur to Japanese economic growth.)
Returning to studies concerned with the fear of death and associations with the body, deAraujo (1968) found that among neurotics, fear of death was experienced in a concrete manner as physical destruction. Boyar (1964) showed students a film, either on traffic accidents or traffic congestion. Before and after the viewing, students completed his fear of death scale. Those viewing the accidents showed a significant increase in the fear of death. Natterson and Knudsen (1960) studied fatally ill children, and for a large segment, fear of death was associated with mutilation fear. Rhudnick and Dibner (1961) studying a group of elderly normals found that higher death concerns were exhibited by those subjects who scored significantly higher on the MMPI Scales 1 and 3, both of which mainly tap bodily preoccupations and concerns. The study also revealed that those subjects who reported many physical symptoms as measured by the Cornell Medical Index, exhibited significantly more death concern than those who admitted fewer complaints. Alexander and Adlerstein (1958) talk about a decrease in ego stability during the crisis periods of adolescence, marriage, menopause and old age, and correlate these with stronger affective responses to death. But it seems quite conspicuous also that each of these
"crises" significantly involves some function of the body. Pattison (1967) speaking as a therapist also calls death a crisis event and says that it can be dealt with by treating various parts of the dying experience. He lists these parts as fear of loneliness, loss of body, loss of self-control, and fear of loss of identity. Fisher (1969) is another who speaks of dying as a crisis, one of specific relevance to the present hypotheses. He writes that when the individual's identity is restricted to experiences emanating solely out of a personal ego, the ego is a "skin-encapsulated" one. When an individual with this type of identity realizes he is dying, a crisis ensues and the crisis is essentially an identity crisis.

In terms of attitudes of the aged towards death, Swenson (1959) found that those living alone feared the prospect of death the most, and additionally, that those in good health were less concerned with death. Insofar as the elderly person's body is deteriorating, it is not surprising to find Corey (1961) suggesting that young subjects coped with death more frequently by acceptance and neutralization, while an older sample more frequently showed avoidance. Feifel (1954) reports that among ageing psychiatric patients, both open- and closed-ward patients viewed death gloomily. (Again, this might also be a function of their
"incarceration.") Stern et al. (1951) studied clients of an old-age counseling service. For those confronting death, they found a preponderance of somatic illness and a tendency to self-isolation.

There are some contradictory data too in studies attempting to associate fear of death with bodily investment and concerns. Diggory and Rothman (1961), with a pool of items tapping "values destroyed by death," found that the item, "I am afraid of what might happen to my body after death" was always the least avoided rank. On the other hand, it might also be argued that the preposition after is an important qualifier here, and that the data does not necessarily mean that bodily concerns are not paramount before and during the dying process. Templer (1971, In press) found that his Death Anxiety Scale which identifies high death-fearers, and the somatic section of the Cornell Medical Index showed a significant negative relationship for a sample of retired persons. These findings are clearly in conflict with those of Rhudnick and Dibner cited above, and are hard to reconcile with the present hypotheses. The bulk of the studies, however, seem to lend some credence to the association of death fear and bodily concern, and perhaps all that can be said at this point, is that the study of Templer is a good example of much of the conflict to be found among the research relating to the fear of death.
E. The Eastern Personality

It was noted above that it is something of a contradiction to say that one can scientifically portray the "Eastern or mystical" personality, and that Suzuki (1960) catches the sense of this when he describes it as "ante- or meta-objective" or meta-scientific. It is instructive here that in the West, a major stance of psychology has been to become a science through its special concern with objective measurement and operational definitions. The difficulty rests with the fact that among psychologists, there is rarely recognition of their underlying philosophy of science. Now operationalizing really means specifying doing, what has been or is being done. And certainly, what Western science, particularly its philosophical underpinnings, and technology has done and achieved is in notable contrast to the East. This does not suggest, though, that the Western methodology or approach to knowledge exhausts all the possibilities. However vague, the Eastern personality is probably best described by what it does not do, that is, if the West is described by its "works," the East is described by its "being." And perhaps, as in the case of "achieving vs. non-achieving," mastery vs. mystery," the East is best described through the model of polarities with the West,
such that, what has been asserted about the Western-Protestant Ethic, captures what the Eastern personality is not. (It is interesting to speculate on the significance of the commonplace stereotype of the "mysterious" or "inscrutable" Oriental which is perhaps suggestive of deeper realities than the trite observation, e.g. that to the Westerner, all Orientals look myopically alike – cf. Bakan's essay, "The mystery-mastery complex," 1967.)

Bakan (1966) utilizes the model of polarities in making clear the differences between his constructs of agency and communion. And one of the poles, agency, has been described in an earlier section as descriptive of the Western-Protestant Ethic identity. The opposing pole of agency is called communion, and though he does not directly assert this, it seems legitimate to view the concepts surrounding communion as helpful in understanding the Eastern identity. Communion, according to Bakan, refers to the sense of participation of the individual in some larger organism of which the individual is a part. Communion manifests itself in the sense of being at one with other organisms, in the lack of separations, in contact, openness and union. Communion manifests itself in noncontractual cooperation, in the lack and removal of repression of thought, feeling and impulse. Communion is lack of egoistic control, self-assertion and individuality; it is in touch with bodily impulses. In its lack of denial, it is in a
sense, ego-transcending in the Western sense of ego. Bakan gives some clarification of this in his discussion of the unconscious in Freud's thought. He states that "most often, the word 'unconscious' is literally unconscious, that of which one is not aware, that which is not directly manifest in consciousness. In psychoanalysis, this basic concept names and attributes great significance to a major region of the unmanifest and seeks to make it manifest. . . Conceptually, the ego-id distinction, the I-it distinction, combined with the full appreciation that what is 'it' to the ego, is still part of the psyche nonetheless, expresses exactly what I have referred to as the combination of self- and other-reference."

Gardner and Lois Murphy (1968), in their treatment of Asian psychology, make observations which seem akin to Bakan's. They state that "throughout the psychologies of India, China and Japan, is the problem of individuality, certainly a primary problem for the Western world. The Asian psychological approach is rather skeptical of this. . . It must lead to a loss of individuality, a state of nirvana. These experiences seem to involve enormous emotional investment in the world as a whole, a state of sublime identification with the cosmos; or states of deep abrogation of individual competitiveness in favor of loss of
selfhood... a sense of the goodness of the ultimate timelessness of and limitlessness of the universe" (pp. 244 ff.). Alan Watts (1961) has also written in strongly similar themes, especially in his *Psychotherapy East and West*, and strains of the same can be found in the writings of William James (1958), especially lectures 16 and 17. Bucke (1954), an authority on Eastern thought has raised the interesting hypothesis of "cosmic consciousness" in which he argues that man has progressed from animal "simple" consciousness to human self-consciousness and is now developing cosmic consciousness, or the kind of awareness that has been described above. Such a notion is found in the work of Sato (1958) who has been exploring the relationship between Buddhism and psychotherapy. (Perhaps such speculation might strike the Westerner as somewhat "tender-minded," but it is interesting to note that such eminent scientists as Alfred North Whitehead and Chardin have developed their thinking in similar directions.)

The above ideas are, of course, strongly Buddhistic, and certainly the impact of Buddhism on the East has been no less than Protestantism on the West. This is especially the case with reference to notions about the body as well as about death. Suzuki asserts that the emphasis in Zen, of making an experience become a felt reality, meaningfully leads to different kinds of realities. Rather than
abstractly thinking that man is more than his body, and rather than having an intellectualized concept of this, as is the Western man's inclination, the Zen approach is to concretely experience this transcendence. Suzuki goes on to discuss what he calls "cosmic unconsciousness," along lines similar to Bucke. Another convergence is the work of Watts (1961) who talks about transcending our "skin-encapsulated" ego through a mystical experience which the East labels as satori.

Such notions strongly influence the Eastern outlook on death (Howard & Scott, 1965). Feifel (1963) notes that the Oriental has a less frenetic approach to individual death because of religious and philosophic views which posit a different sense of existence for him. Slater (1963) indicates that attitudes towards the aged are ambivalent because there are two conflicting traditions. It is the Greek-Western tradition that ageing is a misfortune; it is the Eastern tradition that ageing is the pinnacle of life.

In terms of Eastern attitudes towards death, Soddy (1962) has studied the Chinese and feels that for them, death is a further aspect of identity, rather than its termination as in the West. He notes that some Chinese reach their main identification by the death they die, and that death of the individual is a crisis of identity, not a breakdown of it. In death, an individual passes from one phase of identity to another. And Joddy makes
what might be a jarring comment to the Westerner, that death as a process of identity passage is hardly different from that of birth. Hsu (1963) has also studied the Chinese extensively. He found that in China, death does not sever the family relationship. The dead remain as members of the great family. Their bodies are kept in the house as long as it is financially possible. Their graveyards are taken care of as though they were family compounds. They are welcomed home each year to have a reunion with the living and to be present on special occasions. The graveyard belongs to one family and clan, and it is spoken of as a family's "other-worldly" residence, in contrast to its living quarters which is this-worldly residence. Rivers (1926) notes a similar lack of demarcation between the living and the dead as being distinct.

In a word, what all this seems to be pointing to is that for the Easterner, the sense of "I" is significantly more extensive and intensive (in the technical sense of the word) than is the Western ego. For one thing, the "I" is more in touch with the affective, and what the West has labeled unconscious, ir-rational (non-ego) impulses. For another thing, there is a differential sense of being "embodied" such that there is an awareness of life or vital processes throughout the organism, participation
in which is not delimited by a narrow locus of ego. And finally, there is the Buddhistic stress on the organismic unity and timelessness of the universe which for the Oriental is experientially engaging, rather than some cerebral or abstract insight. It is engaging because the Oriental has a sense of participation in this protean organismic unity. Such a world-view obviously has important implications for determination of the Easterner's attitude toward death. Death is not the "I-it," subject-object struggle that it is for the West. It is at most a transformation. The Easterner cannot die, in the Western sense, since what constitutes him psychologically is more than or transcends the limiting ego. He "endures" timelessly because his "now" is timeless, because his sense of vital, bodily forces is experienced as participating in some timeless cosmic organism. And without the strong need or press to master and achieve "before the time is up," without the real or imagined sense of worth being tied to what one has done in the time allotted, one does not have to race with or against death, or to lament the alteration of his body over time. There is no race, no press of time, because there is no place to go. One is already there. For the Easterner, one just is.
F. Conscious-expanding or Psychoactive Drugs

It is noteworthy that in terms of stereotypes, the Orient is usually associated with drugs. Indeed, it would not be surprising if a survey among Westerners about what the Orient is like would include "slanty eyes, slanty roofs and opium dens." And in point of fact, drugs are readily available there, to an extent not paralleled in the West. (It is of interest that mainland China with its marked concern now for technological achievement, has in recent years severely outlawed the use of drugs. The same is true for Japan. And it might be argued that the United States' harshness towards the use of the hallucinogens is probably not just a function of concern for toxicity. At the risk of being polemical, it is being suggested here that the stance on drugs may be intimately related to the Protestant Ethic values of control, mastery, achievement and denial of impulses. Certainly the most pernicious threat to the present mode of functioning in the West would probably be something like a massive LSD epidemic.) To return to the main point, however, the association of drugs and the East is probably no accident, and the phenomenon or experience of the hallucinogens seems quite revelatory of what is being called here the Eastern personality and his stance on death.
Leary (1964) has written a thought-provoking study entitled "How to change behavior," and parts of it may serve as the best introduction to what one is attempting to communicate here. The quote is at some length.

Tonight I speak to you from a point midway between the Western and Eastern hemispheres of the cortex, presenting a theory and method which is Chinese in that behavior is seen as an intricate social game and Indian in its recognition of consciousness and the need to develop a more cosmic awareness... The process of getting beyond the game structure, the subject-object commitments, the dualities - this process is called the mystic experience... Let's assume that the cortex, the seat of consciousness, is a millionfold network of neurons. A fantastic computing machine. Cultural learning has imposed a few, pitifully small programs on the cortex. These programs may activate perhaps one tenth or one hundredth of the potential neural connections. All the learned games of life can be seen as programs which select, censor, alert and thus drastically alter the available cortical response. The consciousness-expanding drugs unplug these narrow programs. They unplug the ego, the game machinery and the mind (the cluster of game concepts) pp. 498 ff.

In another place, Leary et al. (1964) clarifies what he means by games. Games are behavioral sequences defined by roles, rules, rituals, goals, strategies, values, language, characteristic space-time limitations and characteristic patterns of movement. What is especially noteworthy here is Leary's recognition of the Eastern contrast to the West, especially the recognition of the game-structure of the
Western ego, the possibility of getting beyond it by developing a cosmic consciousness, a consciousness which transcends the pseudo-duality of the ego/world, and one which does so by modifying space-time limitations. It seems important here to recognize that time is a game in Leary's sense, and that death is nothing but a change or movement over time. In fact, on the deepest level, death, change or movement has no meaning except in reference to time.

Now as we have pointed out, the Eastern personality is characterized in a certain sense by timelessness, and the hallucinogenic experience is Eastern insofar as it modifies the sense of, and transcends time and space. Roland Fischer (1966) with the use of a psilocybin or LSD-produced hyper-arousal has done a great deal of research to establish the reality of space-time coordinates and variability for both excited and tranquilized states. He indicates that there are different "kinds" of space-time and builds a theory of arousal (1968) of different states along space-time dimensions, from the normal, creative, psychotic states and on to the mystical or ecstatic (timeless) states.

Turning again more directly to death, the research of Brickman (1968) is relevant. He notes that the psychedelic episode involves the experience of ego dissolution, an experience roughly equivalent to dying, and that the episode is seen as confirming the basic unity of life and death.
Such an experience is similarly noted by Savage et al. (1962). The psychedelic experience is again perhaps best or most articulately communicated by Leary, Metzner and Alpert (1964) and very significantly, it is intertwined with both the East and death. In fact, it is entitled: The Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead. Again, it seems best to quote directly:

A psychedelic experience is a journey to new realms of consciousness. The scope and content of the experience is limitless, but its characteristic features are the transcendence of verbal concepts, of space-time dimensions, and of ego or identity. The Tibetan book of the Dead is ostensibly a book describing the experiences to be expected at the moment of death. The esoteric meaning as it has been interpreted in this manual, is the death and rebirth of the ego that is described, not of the body. Following the Tibetan model, we distinguish three phases of the psychedelic experience. The first period is that of complete transcendence - beyond words, beyond space-time, beyond self. There are only pure awareness and ecstatic freedom from all game (and biological) involvements. You must be ready to accept the possibility that there is a limitless range of awareness for which we now have no words; that awareness can expand beyond the range of your ego, your self, your familiar identity, beyond your notions of space and time, beyond the differences which usually separate people from each other and the world around them. pp. 11-14

What has been hinted at in this whole section is not only an understanding of the Eastern personality but a possible response to the question of what therapeutic strategy might be useful for the dying, especially the dying Westerner
confined in his agentic body. Perhaps the answer rests with some kind of mystical experience, whether by psychoactive agent or otherwise. Leary (1961) himself reports the use of LSD as a therapeutic agent with hard-core recidivists in a penitentiary and reports dramatic results. Kast and Collins (1964) administered LSD to 50 terminally ill patients and found that it was not only a superior analgesic, but also the patients displayed an unconcern for the seriousness of their situations and talked freely about their immanent death with an affect considered inappropriate in the West, but in a way that was beneficial to the patients psychological states. Kast (1966) corroborated the findings with another sample and a carefully controlled comparison group. Fisher (1969) whose ideas about identity and death have permeated this study, reports initial success with LSD as a therapy for the dying, and in a private communication, indicates that similar findings are being obtained in some experimental hospitals in England. As a general therapeutic agent psychologically, LSD has been linked with impressive rates of improvement according to studies of Mogar (1966).

In the several preceding pages, the attempt has been to present some of the research data and thought that has some bearing on the general concern with establishing a possible genesis of the fear of death for Westerners and some
related treatment strategies to deal with that fear. Certain
general hypotheses have been advanced that: (1) the fear of
death is a function of identity (2) the particular type of
identity called the Western-Protestant Ethic one is tied to
the body and what it can do (3) this kind of identity strongly
relates to the fear of death. On the other hand, to the
extent that an identity approaches what has been described
as an Eastern or mystical one, there is less concern with
maintaining a limited ego, less concern with the body and its
performance, and to that extent, less fear of death. The
survey of the literature has included the categories of
denial, the Western-Protestant Ethic personality, achieve­
ment and death-fear, body and death-fear, the Eastern person­
ality, and lastly, the conscious-expanding or psychoactive
drugs. Finally in this chapter, consideration is being
given to two other major variables of this study, the
measures of the fear of death and the measures of the
Protestant Ethic identity.

III. Additional Variables

To this point, advancing the notions of the Western-
Protestant Ethic identity and some of its major aspects has
been of major concern. Attention will now be turned to
consider briefly the instruments that seem relevant to
measuring some of these aspects and which have been employed in the data-collection of this study. There are several measures involved, partially in the spirit of Campbell and Fiske who have called for a "multi-method multi-trait" approach to assessment, and partially because there is the recognition that no one "measure" is that precise or comprehensive to capture what has been described here as the totality of the Western identity. Part of the measures have to do with the components of identity itself; the remainder have to do with the fear of death.

A. Identity Measures

I. The Tennessee Self Concept Scale

The TSCS was developed by Fitts (1965) who describes it in the Manual as "one simple for the subject, widely applicable and well-standardized, and multi-dimensional in its description of the self concept. The scale consists of a hundred descriptive statements which the subject uses to portray a picture of himself. It is applicable to the whole range of psychological adjustment, from healthy, well-adjusted people to psychiatric patients. Most of the scale consists of 90 items equally divided as to positive and negative items. The remaining 10 items comprise the self-criticism Scale." The TSCS is published in two forms,
the clinical and research version, and the counseling form, the items of which are the same for both. For the research version, a total of 29 scores in all are available. A more detailed description of the subscales of the TSCS is given by Fitts as follows:

1. **Total P Score.** This is the most important single score on the counseling form. It reflects the overall level of self esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. Persons with low scores are doubtful about their own worth; see themselves as undesirable, often feel anxious, depressed and unhappy; and have little faith or confidence in themselves.

2. **Row 1 P Score - Identity.** These are the "what I am" items. Here the individual is describing his basic identity - what he is as he seems himself.

3. **Row 2 P Score - Self Satisfaction.** This score comes from those items where the individual describes how he feels about the self he perceives. In general, this score reflects the level of self satisfaction or self acceptance.

4. **Row 3 P Score - Behavior.** This score comes from those items where the individual describes "what I do," or the "way I act." Thus this score measures the individual's perception of his own behavior or the way he functions.

5. **Column A - Physical Self.** Here the individual is presenting his view of his body, his state of health, his physical appearance, skills, and sexuality.

6. **Column B - Moral-Ethical Self.** This score describes the self from a moral-ethical reference - moral worth, relationship to God, feelings of being a good or bad person, and satisfaction with one's religion or lack of it.

7. **Column C - Personal Self.** This score reflects the individual's sense of personal worth, his feelings of adequacy as a person, and his evaluation of his personality apart from his body or relationship to others.
8. **Column D - Family Self.** This score reflects one's feelings of adequacy, worth and value as a family member. It refers to the individual's perception of self in reference to his closest and most immediate circles of associates.

9. **Column E - Social Self.** This is another "self as perceived in relation to others" category but pertains to "others" in a more general way. It reflects the person's sense of adequacy and worth in his social interaction with other people in general.

The extensive research and normative data that has been compiled on the TSCS has been summarized by Fitts and Hamner (1969) and by Fitts (1964, 1965).

Of interest to this study are two of the scores from the TSCS, the Total Positive Score which is a sum of all the column and row scores and which is a measure of the overall self concept. The other score is that of Column A, the Physical Self. The specific hypotheses relating to these scores are discussed in Chapter III. But in anticipation, to the extent that in the West, a "good" self concept or identity is bound up with the body and achievement and mastery, it is expected that the "deprived" inmate sample will reflect a higher death fear, and further, that on the TSCS, the high death-fearers (HDF's) will score lower on both the Total P Score and the Column A Score, the physical identity measure.

2. **The Minnesota Multiphasic Personality Inventory**

   The MMPI was developed by Hathaway and McKinley (1943). According to the Manual, it provides in a single test, scores
on all the more important phases of personality. The instrument consists of 556 items covering a wide range of subject matter from the physical condition to the morale and social attitudes of the person being tested. As traditionally used, the MMPI has ten clinical scales and four validity scales though there are additionally available a number of experimental scales. The clinical scales have been labeled as follows: 1. hypochondriasis 2. depression 3. hysteria 4. psychopathic deviate 5 masculinity-femininity 6 paranoia 7. psychasthenia 8. schizophrenia 9. hypomania and 10. introversion-extroversion. Extensive normative data and clinical data are available from a variety of sources including Hathaway and Meehl (1951), Dahlstrom and Welsh (1960), and Marks and Seeman (1963).

For purposes of this study (though the whole Inventory was administered), the focus is only on Scales 1(hy), 3(hs), 5(mf) and 0(si). Dahlstrom and Welsh (1960) furnish descriptive statements about people peaking on these scales which are of interest. "Persons peaking on Scale 1 show an abnormal concern for their bodily functions. Their worries and preoccupations with physical symptoms typically persist in the face of strong evidence against any valid physical infirmity or defect. Their worry over their health dominates their life and often seriously restricts the range of their activities and interpersonal relations. The classic picture also involves ego-
centricity and lack of insight into the emotional basis for their preoccupations with somatic processes" (pp. 53 ff.). Van DeRiet and Wolking (1967) add: "High 1's have undue concern about their health and often complain of pains and disorders which are vague, difficult to identify, and have no organic basis. They frequently use somatic complaints to control others and are lacking in insight." Marks and Seeman (1963) note that: "Patients who have Scale 1 as the highest peak are usually self-centered, focus heavily on their bodily symptoms, and are reluctant to accept psychological sources of symptomology, and demand a great deal of attention." As a measure of bodily concerns and preoccupations, egocentricity, and of denial and repression, Scale 1 was chosen for this study, and the hypothetical expectations are that HDF's will score higher on this scale than LDF's.

Dahlstrom and Welsh describe Scale 3 as signaling those who use physical symptoms as a means of solving difficulties. The somatic items from Scale 1 that appear on this scale as well are the more specific in body reference. There are also a number of items in Scale 3 that involve the denial of any kinds of troubles. These may be denials of inadequacies, of base impulses, and of sensitivity in social situations. Many items demonstrate a protest that other people are trustworthy, responsible and likeable." Van DeRiet and Wolking describe
high 3's as "self-centered, lacking in insight and depth, and using repression and denial as their main defenses, and their somatic symptoms frequently express this repression." Marks and Seeman paint the same picture. Again as a measure of bodily focus, denial and repression, and egocentricity, Scale 3 is being used, and it is again hypothesized that HDF's will score higher on this Scale than will LDF's.

Scale 5 (mf) is described by Dahlstrom and Welsh as relating to the disorder of male sexual inversion. Persons scoring high here have feminine emotional makeups which appears in their values, attitudes and interests, styles of expression and speech, as well as in sexual relationships. Dahlstrom and Welsh note that the dimension of inversion being studied has appeared to be psychologically very similar to the differences in personality between men and women in the studies of Terman and Miles. And they quote Pepper and Strong as having formed five subscales of mf which also serve to characterize the content areas on this Scale. The clusters deal with ego sensitivity, sexual identification, altruism, endorsement of culturally feminine values and occupations, and denial of culturally masculine occupations. Van DeRiet and Wolking observe that Scale 5 suggests "nonidentification with the culturally prescribed masculine or feminine role. Men low tend to be interested in mechanical, computational, and sci-
cientific activities, sports and outdoor activities, have a narrow range of interests, are self-confident and independent. Some lows show elements of compulsive masculinity, making real efforts to appear masculine. This often takes an exhibitionistic display of physical strength and endurance."

Marks and Seeman note that although it is rarely a high point, Scale 5 is prominent as a specification rule for four codes, including 3–1. We have chosen Scale 5 for the study for several reasons. For one thing, since in the West, females seem more culturally invested in their bodies (i.e., their physical beauty is prized) and since they have been found to register a higher death fear, men similar in their "feminine" interests should reflect a higher death fear. Additionally, a "low" Scale 5 reflects "masculine protest," and part of this protest seems to involve a denial of affect, especially fear (Bakan has clearly identified such denial with "masculine" values). Finally, Scale 5 is relevant as a specifier of Scales 1 and 3, and leads to supposing that HDF's will score higher on Scale 5 than will LDF's.

Scale 0, a measure of introversion-extroversion, is described by Dahlstrom and Welsh as "tapping the person's uneasiness in social situations or dealings with others. The high scorers also deny many impulses and temptations, are lacking in originality, are seen as rigid and inflexible in thought and action, and overly controlled and inhibited."
They seem to derive personal reward and satisfaction from their work and place a high value in productive achievement for its own sake." Van DeRiet and Wolking indicate that "high scorers tend to be withdrawn, aloof and anxious in contact with people. They are also conventional, retiring, serious, responsible, conscientious and dependable, inhibited, showing a tendency to overcontrol their own impulses, and be needlessly delaying and denying of their own gratification." Insofar as Scale 0 reflects the individuality and isolation of the Protestant Ethic, its denial and control of impulses, and orientation towards productive work and achievement, the Scale seems relevant to the general hypotheses. It is expected that HDF's will score higher on this Scale than will LDF's.

3. The Rotter Internal-External Scale.

The Internal-External Scale (I-E) was developed by Rotter, Seeman and Liverant (1962). It claims to measure generalized expectancies of internal versus external control of reinforcement. Rotter asserts that a behavior's occurrence will depend on a preference for certain reinforcements and and expectancy that these reinforcements can be obtained in a given situation. Rotter claims that the I-E Scale provides a distribution along a dimension specifying the degree to which
an individual believes he possesses or lacks the power necessary to control himself, that is, the degree to which he attributes the things that happen to him as a function of his own control, skill or behavior as opposed to attributing these things to luck, chance, fate, or other possible powers beyond his control. A great deal of research has been generated by the I-E concepts and is summarized by Rotter (1966) and Lefcourt (1966).

Rotter (1966) does note that the concept of alienation seems involved in the I-E variable. Similarly, another major conception that seems related to the I-E variable is the need for mastery and achievement. A third related conception is the notion of "ego control," though Rotter thinks it is probably more a curvilinear than linear relationship. The I-E Scale is of interest to this study insofar as it taps into "ego" or personal versus environmental control, achievement and mastery, and alienation. But this need some qualification. It is being argued that "internals" and "externals" are alike insofar as they are both a product of the Western-Protestant Ethic culture, but that "externals" are more a victim of it to the extent that they are unable to successfully assimilate such values of individuality and achievement. (The poet's line: "Lost and afraid in a world they never made" captures it.) "Externals" are not the same as the "Eastern Communals" described in an earlier section, since the latter
feel participatory in "cosmic forces" and not buffeted about by them. Therefore, insofar as dea is a "force out there," something that the "ego" cannot control or affect by his actions and behaviors, it is hypothesized that HDF's will be characterized by a higher "external" orientation than will LDF's.

4. The Protestant Ethic Scale

The Protestant Ethic Scale was devised by Mirels and Garrett (1971) and consists of 46 items whose endorsement or nonendorsement could be considered consistent with Protestant Ethic values. Though still a very tentative scale, The P.E. scores were positively related to the Mosher Scales for Sex Guilt and Morality Conscious Guilt, to authoritarianism and to an expectancy for internal control. Additionally, it was found to be related to occupations demanding a concrete, pragmatic approach to work, and negatively related to occupations typically requiring emotional sensitivity, theoretical interests and humanistic values. Other descriptions furnished by Mirels and Garrett of the meaning of P.E. scores were: condemnation of moral laxity in world affairs, castigation of pleasures of the flesh, tolerance of aggressive righteousness, and the inclination to own responsibility for personally relevant outcomes. To the writer's knowledge, no other studies except that of Mirels and Garrett have been conducted
with the PE Scale. As might be evident from discussion in earlier sections, the expectation is that HDF's will score higher on the PE Scale than will LDF's.

5. The Dogmatism Scale

The Dogmatism Scale was developed by Rokeach (1960) and consists of 66 items which purport to measure an individual's relative openness or closedness of belief systems as well as general authoritarianism and intolerance. Its items specifically relate to isolation within one's psychological systems, beliefs about man's essential aloneness, and beliefs along a time dimension or orientation of past, present, and future. Rokeach states that one's belief systems represent all the sets, beliefs, expectancies or hypotheses, conscious or unconscious, that a person at a given time accepts as true of the world in which he lives. Rokeach additionally asserts that a person's belief-disbelief system is a relatively enduring structure, but the extent to which it influences behavior at a given moment or is open or closed is jointly influenced by situational variables interacting with the personality. Again, much research has been generated with the Dog Scale and is summarized by Rokeach (1960, 1969), and by Vacchiano et al. (1969). To the extent that the Protestant Ethic orientation involves an authoritarian stance, relative closedness of
systems (lack of communion), beliefs about man's aloneness and isolation, and a time orientation essentially to the future, one would expect that HDF's will score higher on the Dog Scale than will LDF's.

6. The Bakan Agency and Communion Scale

The Agency-Communion Scale was developed by David Bakan to attempt to measure his theoretical constructs of agency and communion. It consists of 124 items, half of which are judged to be communal, and half, agentic. Two scores, therefore, are available, though there has been some controversy as to whether the constructs are bipolar and hence, there is really one score. Bakan prefers to treat them independently or orthogonally. Suffice it to say that the Scale is very preliminary and experimental. Agency scores are identified with the individualism, separation, mastery, denial, alienation, and body strength. Communion scores are identified by self-extension, community, participation, alterocentrism, mystery and the affirmation of feeling and impulse. Bakan identifies agency with Freud's Death Instinct and the Protestant Ethic. It can be argued that higher communion scores might be identified by more Eros, by a mystical or Eastern stance. To our knowledge, the only published research dealing with the Agency-Communion Scale is that of Brown and Marks (1969) which did offer some
construct validity to the concepts of agency and communion. To the extent that the Scale measures what it purports to measure, it is hypothesized that HDF's will score higher in the agentic direction and lower in the communal direction than will LDF's.

B. Fear of Death Measures

1. Boyar's Fear of Death Scale

The construction and validation of a fear of death scale was developed by Boyar (1964) in a dissertation study. The scale consists of 18 items which purport to measure the intensity of the fear of death. The basic form of the scales is Likert-type, consisting of a series of statements with which the subject can agree or disagree. That the scale was measuring a fear of death was partially verified by Boyar's demonstrating a significant increase on the FODS scores of subjects who after a pretesting, viewed a highway patrol film on death in accidents. Another source of validation comes from the work of Lester who has correlated the Boyar scale with his own instrument measuring the fear of death. Some of the items from the Boyar scale are: "Being totally immobile after death bothers me," and "What will happen to my body after death does not concern me."
2. **Lester's Fear of Death Scale**

Lester has perhaps more than anyone researched the area of attitudes towards death. And in conjunction with Collett (1969), he has constructed the **Fear of Death Scale** which consists of 36 items broken up into four areas, the fear of one's own dying and death, and the fear of another's dying and death. Again like Boyar's Scale, a Likert-type form is employed. For our purposes only two parts of the Collett-Lester scale have been used, the fear of one's own dying and the fear of one's own death, though for reliability purposes, the subjects responded to all 36 items. Lester feels that the low correlations among the subscales with his sample of subjects reflects the usefulness of discriminating among the four death fears rather than treating them all as one. On the other hand, the fact that they do intercorrelate may reflect a general death fear that is tapped by all the parts. Some construct validation has been attempted (Lester, 1969; 1970 a & b) and has been noted above, there is a significant correlation between the Collett-Lester and the Boyar scales. Some sample items are: I would avoid death at all costs," and "The pain involved in dying frightens me."

3. **Templer's Death Anxiety Scale**

Donald Templer (1970) again as part of a dissertation, has constructed a **Death Anxiety Scale** which consists of 15
items keyed in the true-false direction. The validity of the DAS was investigated by two separate procedures: high death-anxiety patients (defined independently) were found to have higher scores on the DAS than control patients, and DAS scores correlated significantly with Boyar's FODS. Additional validation studies have been carried out by Templer (1971) including one that showed a significant correlation with the DAS and the galvanic skin response to death-related words. Much of the research with the DAS has been summarized by Templer (1971). Some sample statements from the DAS are: "I'm very much afraid to die," and "The thought of death seldom enters my mind."

Such then is a brief description of the instruments which have been selected to measure aspects of the Protestant Ethic Western identity as defined in this study. The instruments are introduced again in the next chapter on methodology, along with a statement of their reliability and validity considerations. In addition, more specific statements of hypotheses to be tested, characteristics of the subjects, and procedures followed are presented.
CHAPTER III

METHODOLOGY

A recapitulation at this point might be helpful. The concern in this study is with attitudes towards death, and specifically, the attempt has been to understand these attitudes by tying them in with what has been called the Western-Protestant Ethic identity. This identity among other things, prizes mastery and achievement, self- or ego control, denial and repression. In relation to all these things, the body and what it can do holds a significant place. It has been suggested that in contrast to the West, the so-called Eastern or mystical identity has a different stance on death, certainly one that is not characterized by the same dynamic of fear and avoidance. Further, the idea has been advanced that any counselor or therapist interested in treatment strategies for the dying might profitable investigate the components of the Protestant Ethic identity. The intent now is to establish whether measures or aspects of the Western-Protestant Ethic identity do relate to the fear of death, especially so in a sample of subjects situationally and bodily deprived from actualizing many of the Protestant Ethic values. Towards this end,
several instruments outlined in Chapter II as measuring aspects of the identity, as well as the fear of death, are being used to compare two groups of subjects, those men from death-row and a group of non-inmates approximately equivalent in terms of race, education, socioeconomic background etc. In this chapter, attention is turned to the nature of the subject sample and their selection, the reliability and validity properties of the instruments used, the administration conditions of the measures, and finally, the specific hypotheses to be tested.

A. SUBJECTS

1. Categorization

The sample was composed of 62 males with approximately an equal number of blacks and whites. The age range of the subjects was from 18-45 with a mean age of about 31. The mean educational level was about the 10th grade. Based on the available demographic data, all the subjects came from fairly equivalent socioeconomic backgrounds. The sample was divided into various groups as follows:

a) Group I - Death Row Inmates (DR's) consisted of 32 subjects who are presently under the death penalty for first-degree murder (without mercy) and who are confined on a special cellblock of a maximum security penitentiary. Some additional
comments about these subjects and their situation seems warranted.

The rationale for using the death-row inmates has to do with the Protestant Ethic identity hypotheses and deprivation of such identity input - particularly what one can do and achieve. The DR's are "stripped" of major activities - vocational, occupational, familial, social, and for all intents and purposes, even recreational. Individuating modes of dress and hair styles are replaced by a conspicuous uniformity. Each man is confined to an individual cell, and he spends all his time there under close security except for about an hour a week. During this time, he is either escorted to a special enclosure in the yard, along with five or six other DR inmates in his group for a supervised exercise period. And the mode of such physical exercise - its expression - is strictly limited. Conversation with the others in the group is permitted, but at any other time it is not, except to the man in the adjacent cell. Reading material and mail is censored. Visitors are permitted, but only those on a carefully screened and approved list, and only at restricted times and under close scrutiny, and physical contact is not permitted. Some hobbies, such as painting, are permitted in the cell. The inmates are under close confines and surveillance
24 hours a day by correctional officers. Such then, is the
general flavor of the existence for the inmates on death row.

The DR's are distinguished from their fellow men in many ways, but particularly by the sorts of privations that inhere in their incarceration. They are similar to other men in that they are a product of the Western-Protestant Ethic culture. And indeed, according to Bakan's logic, they reflect an extreme along the agency dimension insofar as each has forcefully attempted to be master of his world, to assert physically his individuality in an ultimate way. And certainly, the essential aloneness and isolation of their present existence evokes further agentic themes.

Arising out of such a cultural matrix, and in the face of such cultural-identity deprivation - almost literally of what they can do just physically - as well as in the face of at least theoretical confrontation with death, the DR sample lends itself to a testing of the hypotheses about the Western-Protestant Ethic identity and the fear of death as its termination.

b) Group II - Correctional Officers (CO's) - consisted of 30 correctional officers presently employed at the penitentiary. They were chosen because according to available demographic data, they seemed the most similar to the DR's in terms of major variables except for the fact of the latter
being felons and in deprived conditions. And in fact, the majority are a product of Protestant, small-town, middle-America, traditional values and backgrounds. To the extent that the DR's are "psychopaths" and represent, therefore, an anomalous sample, the CO's were additionally chosen to allow for some inferential generalizations beyond an atypical sample.

c) **Group III** - high death-fearers death-row (HDFDR's) is a subgroup which consisted of 10 subjects from Group I (DR) who were designated as "high death-fearers." The criterion for selection was performance on three measures of the fear of death, specifically an average score on all three which placed the subject in the top ten of the group. (The computation of this average will be discussed in a later section).

d) **Group IV** - low death-fearers death-row (LDFDR's) is a subgroup which consisted of 10 subjects from Group I (DR) who were designated as "low death-fearers." The criterion for selection was again an average score on the fear of death measures which placed the subject in the bottom ten of the group.

e) **Group V** - high death-fearers correctional officer (HDFCO's) is a subgroup consisting of 10 subjects from Group II (CO)
who were designated as "high death-fearers" on the same basis as discussed above.

f) Group VI - low death-fearers correctional officer (LDFCO's) is a subgroup consisting of 10 subjects from Group II who were designated as low death-fearers.

g) Group VII - high death-fearers (HDF's) is a subgroup consisting of the 20 high death-fearers from both Groups I and II.

h) Group VIII - low death-fearers (LDF's) is a subgroup consisting of the 20 low death-fearers from both groups.

2. Subject Selection

All subjects were selected on a volunteer basis. For the inmates, the experimenter placed an ad in the prison paper stating that a study was being conducted about attitudes, including those toward death, and that the experimenter was interested in volunteers from D-Block (death row). The ad indicated that the responses would be treated anonymously, and that no data in any way would be given to prison officials. The experimenter emphasized his non-association with the institution. The volunteers were additionally informed that they would be expected to respond to a number of tests over a period of time, and that if possible, they would be paid
some nominal amount. Additional volunteers were obtained when the experimenter walked through the D-Block tiers and inmates learned of the study. Volunteers were screened on the basis of available psychiatric and psychological data in order to insure minimal education (at least sixth grade level) and freedom from overt psychotic impairment.

The correctional officers in small groups attend institutional in-service training meetings. The experimenter spoke at each of these meetings announcing that a study on attitudes was being conducted among the various groupings of the institution and that anonymous volunteers were being solicited from among the correctional officers. Their "pitch" was the same as with the inmates. Volunteers signed a list, and from this, a selection was made according to educational level, age, etc.

Response to the solicitation was surprisingly high among the inmates. Virtually all were willing to participate, and again, some had to be rejected because of inadequate educational or psychological complications. Response among the guards was less favorable with only about 40% of the entire group expressing willingness to volunteer. Feedback from the remainder seemed to express mistrust of the "real" purpose of the survey, that is, whether the experimenter was
secretly giving intelligence tests to discover how "dumb" the guards were, or whether he was secretly going to report results to the institution officials and thus jeopardize promotions.

B. Measures

1. The Total P Score and the Column A Score from the Tennessee Self Concept Scale. The TSCS is a self-administering scale consisting of a 100 descriptive statements the subject uses to portray his picture of himself. The scale consists of a basic 90 items which are equally divided into positive and negative statements. The remaining 10 items comprise a Self-Criticism score - essentially the same as the L Scale from the MMPI. The subject selects his response from among five choices with Number 1 being completely true and Number 5 being completely false. The choices are additive such that a higher score indicates a more positive self concept. The mean time for completion is about 13 minutes, and the Scale can be hand-scored or machine-scored by the publisher. If the latter, over 30 scores are available. The Total P Score, again, is an overall measure of the self concept, and the Column A Score is a measure of body image and body satisfaction.

   Fitts developed the Scale by gathering a large pool of self-descriptive items, including some from other measures,
and from self-descriptions of patients and non-patients. They were then sorted into 3x5 schemes of categories in terms of their content. Seven psychologists judged the items according to the classification schemes, and perfect agreement caused items to be retained.

Norms were developed from a broad sample of people from various parts of the country and from ages ranging from 12-68. Equal numbers of both sexes as well as white and Negro subjects representing all social, economic and educational levels were obtained. Fitts concludes that the demographic variables of sex, race, age and education have negligible effects on the scores. The sample means for the Total P Score hovers around 345.57 with a S.D. of 30.70. Reliability was established at about .92. The sample mean for the Column A Score is about 71.78 with a S.D. of 7.67. Reliability for this score is about .87. The reliabilities are based on test-retest methods with college students over a two-week period. More extensive information on the Scales and normative data is available from the Manual (Fitts, 1965).

2. Scales 1, 3, 5, and 0 from the Minnesota Multiphasic Personality Inventory. The MMPI consists of 566 statements to which the subject can respond "true," "false," and "cannot say." Traditionally, the MMPI has been considered to tap
those personality traits that are characteristic of a psychological abnormality, but the Manual indicates that scores have a significant meaning of their own in the normal range. The usual procedure is to translate the raw score of a measured trait or scale into a standard or "T" score. The items are a priori grouped according to traits or scales such as hypochondriasis or schizophrenia, and there are 10 clinical scales in all. The choice of which items comprise which trait or scale was purely an empirical question — the determination of which clusters of items were found to discriminate between clinically different groups. The original normative data was compiled from a sample of 700 individuals of both sexes in the age range of 16-55 who represented a cross-section of the Minnesota population. 250 college students were additionally employed. These were then contrasted in their responses with 800 psychiatric cases from the University hospitals. The means for normals for all the scales are fixed to fall between T scores of 50 and 70. Test-retest reliability for a time period varying from a few days to over a year for a normal population was .80 for Scale 1, .57 for Scale 3, .91 for Scale 5, and .93 for Scale 0. In terms of validity, the Manual reports that an elevated score on a Scale has been found to predict a corresponding clinical diagnosis in over 60% of
the cases, and the extensive use of the MMPI establishes its discriminant validity. The MMPI is available in various forms, both individual and group, and can be hand- or machine-scored. Extensive information on the Inventory can be found in the Manual (Hathaway and McKinley, 1951) and in its bibliographic references.

3. The Internal-External Scale. The Rotter I-E consists of 29 items including six fillers to which the subject responds in a forced-choice format. The Scale is keyed in an External direction with higher scores indicating higher external locus of control. The Scale attempts to specify the degree to which an individual believes he possesses or lacks the power necessary to control what happens to him, whether these things are a function of his own control, skill or behavior, or whether they are a function of luck, fate, chance or powers beyond his control. Extensive construct validity is reported by Rotter in his Monograph (1966). Internal consistency correlations range from .65 to .76, and test-retest reliabilities for a one-month period range from .60 to .83. Separate factor analyses have indicated that much of the variance was accounted for in a single, general factor. Relationships with such variables as adjustment, social desirability, and intelligence show good discriminate validity. Sample means for male undergraduates range from
7.71 to 8.72 with S.D.'s of 3.59 to 3.88. Sample means for Negro inmates of a penitentiary are about 8.97 and for white inmates, 7.87. Again, comprehensive discussion of the Scale and its normative data can be found in Rotter (1966).

4. The Protestant Ethic Scale. The PE Scale consists of 19 items embedded in a total of 46. A forced-choice format is used on a six-point scale with +3 indicating strong agreement, and -3, strong disagreement. The responses are converted to a 1-7 scale by adding a constant of four. The items were selected according to their rational validity - to the extent that they seemed congruent with the Protestant Ethic values. An inter-item correlation matrix was generated and 30 items selected from this were then factor-analyzed. The presence of a single, general component was indicated. An additional factor analysis with a new sample yielded up 19 items which comprise the final version of the Scale. Reliability was established at about .79. In terms of validity considerations, the PE Scale was shown to relate significantly to other measures of the Protestant Ethic, including the Mosher Scales for sex-guilt and morality-conscious guilt, as well as occupational interests congruent with the Protestant Ethic. Endorsement of the Scale seemed unrelated to sex. Means and S.D.'s for males and females respectively were: 85.7, S.D. 15.5 for males; and 85.5, S.D. 16.2 for females. The Scale is self administering and can be completed
in about 8 minutes. The norms are based only on introductory psychology students' performance, and for this reason, the Scale can be considered very preliminary. A more extensive discussion is found in Mirels and Garrett (1971).

5. The Dogmatism Scale. The Dog Scale purports to measure individual differences in openness or closedness of belief systems as well as general authoritarianism and intolerance. Form E of this Scale consists of 40 items responded to on a six-point scale with +3 being strong agreement, and -3 indicating strong disagreement. Again, for scoring, a constant of four is added. For all the statements, agreement is scored as closed, and disagreement as open. The selection of items was essentially deductive, with Rokeach constructing those items which seemed to tap the various components of dogmatism. Initial norm groups were heavily college samples, though additional groups of English workers and V.A. patients were used. Test-retest reliabilities for a several month period ranged from .68 to .93. The average mean for a college sample on the Scale is about 142.6 with an S.D. of 23.3. Several validation studies of the Scale have been conducted, including discrimination of the Dog scores of students nominated independently as open or closed in their belief systems. Additional validation comes through the correlation of the Dog Scale with the F Scale and the Ethnocentrism Scale.
The normative and validation data are presented at some length by Rokeach (1960, 1968).

6. The Agency and Communion Scale of Bakan. The A-C Scale is unquestionably tentative and preliminary; its items were generated according to their rational validity, that is, if the items appeared congruent with a given aspect of the agency theory. The author engaged in only limited work with it on a sample of college students and has yet to publish his findings. The Scale consists of 62 agency statements and 62 communion statements to which the subject responds in a "yes-no" forced-choice pattern. The item pool was evaluated for internal consistency with those items whose coefficients suggested a higher contribution to either the total agency or communion score being retained. These coefficients ranged from -.28 to +.56. In the present study, the scoring procedure is simply the summation of agency-item endorsements and communion-item endorsements, and these are treated independently. (Alternate procedures have been used, that is, viewing the Scale is bi-polar and treating an agency rejection as a communion endorsement.) In terms of content, the Scale appears to cover some distinct conceptual areas. Among these are attitudes towards nature, children, animals, and other people. The Scale requires about a sixth grade level of comprehension. The average time for
completion is about 15 minutes and the Scale is self-administering. Some construct validity for the Scale has been established (Brown and Marks, 1969) where the items were found to significantly discriminate among groups in the theoretically expected directions. Based on small samples, means and standard deviations for normal males are: 20.81, S.D. 8.09 for agency; 47.05, S.D. 5.49 for communion. For maladjusted males, they are: 30.25, S.D. 9.18 for agency; 37.75, S.D. 7.70 for communion.

7. The Fear of Death Scale of Boyar. The Boyar FOD Scale consists of 18 statements about attitudes towards death and dying. The subject responds to each on a six-point scale with +3 indicating strong agreement and -3, strong disagreement. The subject's responses are converted to a positive integer from 0-5 by converting positive and negative items according to the following schedule:

<table>
<thead>
<tr>
<th>Positive Item</th>
<th>Negative Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>plus 3</td>
</tr>
<tr>
<td>4</td>
<td>plus 2</td>
</tr>
<tr>
<td>3</td>
<td>plus 1</td>
</tr>
<tr>
<td>2</td>
<td>minus 1</td>
</tr>
<tr>
<td>1</td>
<td>minus 2</td>
</tr>
<tr>
<td>0</td>
<td>minus 3</td>
</tr>
</tbody>
</table>

The items were generated from interviews with psychology graduate students about death. Independent judges then rated them on their clarity and relevance to the fear of death.
The items were submitted to 100 subjects and analyzed according to split-half reliability and item-test correlations. The best 18 items from this comprise the final version. Reliability of the FODS was estimated to be about .89. Validation procedures involved increasing the fear of death experimentally in subjects by presenting them with a film showing traffic fatalities, and then demonstrating a significant increase in their FODS score. Additional discussion of the Scale and surrounding data can be found in Boyar (1964).

8. The "fear of one's own dying and death" scales from the Collett-Lester Fear of Death Scale. The C-L FOD Scale consisted initially of 38 items which attempted to distinguish between the fear of death and the fear of dying, and whether they are for oneself or for another. Each type of fear was treated as a subscale with the number of items in each type being 10, 10, 8 and 10 respectively. These items were generated according to their rational validity. An original and replication sample consisted of 25 female undergraduates in each. Item-scale correlations resulted in the elimination of six items, with the present scale being constituted by 32 items. The intercorrelations among the four subscales were significant but low and ranged from .03 to .58. Lester's
subjects showed a higher fear of death than dying, and that for oneself, rather than for another. Several construct validity studies with the scale have been conducted. One such study (Lester and Lester, 1970) demonstrated a relationship between the fear of death and threshold perception of death-related words. Normative data in the form of usable mean-score subscale performance is not presently available.

9. The Death Anxiety Scale. The DAS of Templer consists of 15 items with nine of them being keyed in the "true" direction and six in the "false" direction. Endorsement in the keyed direction indicates a higher fear of death. Scale scores range from 0-15. The items were originally devised on a rational basis and then rated by seven judges for their face validity in terms of death anxiety on a 1-5 scale. The selected items were then administered to three independent groups of students. Item-total correlations significant at the .10 level resulted in the retention of 15 items which comprise the present Scale. Phi-coefficients were also computed to determine relative independence of items. Test-retest reliability for 37 subjects over a three week period was .83. Investigation on the variables of acquiescence and social desirability showed their effects to be negligible.
In terms of validation, subjects independently judged to have high death anxiety (based on spontaneous verbalization) were found to have a significantly higher DAS score than a control group. Additional validation was demonstrated by the significant correlation of the DAS and Boyar's FODS. The DAS was also shown to relate significantly to measures of anxiety. Extensive normative data with various samples has been compiled by Templer (1971b) and discussion of the Scale and research done with it can be found in Templer (1970, 1971a). He reports that means of normal subjects tend to run from 4.5 to 7.0 with S.D.'s around 3.0. Psychiatric patients tend to obtain higher scores, and females score higher than males.

Before leaving this section on the fear of death measures, a scoring procedure particular to this study should be noted. In order to specify the high and low death-fearers in terms of multiple measures, the decision was made to merge the final scores of the three death measures into one by a uniform weighting procedure. This was accomplished in the following manner. The absolute range of a score on Templer's scale is 0-15; that of Lester's "death of self" subscale is 0-45 and his "dying of self" is 0-30; and that of Boyar's scale is 0-90. The procedure, therefore, was to convert all the scores to one 0-90 scale by leaving Boyar's intact, multiplying a score on Templer's by six, and the scores on
Lester's by three and two times respectively. The products of these were added and averaged to yield one aggregate "fear of death" score for each subject. Based on this score, the highest and lowest 10 subjects from each group were selected to constitute the HDF's and LDF's.

C. Administration

All participants were instructed that data being collected was from among various segments of the penitentiary population, and that this data had to do with various attitudes, including those toward death. It was strongly stressed that only anonymous information was desired, and that this study had no connection with the institution or its administration. The experimenter said that he was a psychologist from the Ohio State University working on a private study. Participants were told that if possible they would be given a nominal remuneration of $3 for their assistance. Packets containing all of the measures (except the TSCS) were made up for all subjects. These were numbered and distributed randomly to insure anonymity. The subjects were instructed to use the same number on all the answer sheets for later correlational purposes, but that they did not have to identify themselves in any way. Instructions accompanied each of the measures, but the experimenter was
available if any questions did arise. The packets were given individually to the inmates for completion in their cells at their own pace. They were asked not to discuss or show the questions to anyone and the guards were given orders from the Warden not to tamper with them. The order of test-taking was at the subject's own discretion. The experimenter personally picked up each packet at the end of a five day period. Because of the limited availability of booklets, the TSCS was administered in groups of five to the inmates who were brought down from their cells by the experimenter to a special enclosure on the cellblock. For the participating correctional officers, numbered test packets were again given and the correctional officers were instructed to fill them out on their own at home. Again they were asked not to discuss them with anyone and to return the sealed packets within a week to a special box in the mail room outside the penitentiary walls. TSCS booklets and answer sheets were provided with some of the packets, and the remainder were given them individually as they became available.

Unlike the inmates, the correctional officers who agreed to participate and who took packets, did not at all completely return them, and it was not possible, because of the anonymity to control for this. The returns were about 75% for the correctional officers.

Instruments used in this study that are not widely known are contained in the appendices.
D. **Hypotheses**

The specific hypotheses under investigation in the present study are as follows:

1. DR's will score significantly higher on the fear of death measures than will the CO's.

2. DR's will score significantly lower on the Total P Score and Column A Score of the TSCS than will the CO's.

3. HDF's will score significantly higher than LDF's on the following measures:
   a) Dogmatism Scale
   b) Protestant Ethic Scale
   c) Internal-External Scale
   d) Scales 1, 3, 5 and 0 of the MMPI
   e) Agency Scale

4. HDF's will score significantly lower than LDF's on the following measures:
   a) Total P and Column A Scores of the TSCS
   b) Communion Scale

5. The direction of differences expressed on hypotheses 3 and 4 will hold true for the following comparisons:
   a) HDFDR vs. LDFDR
   b) HDFCO vs. LDFCO

6. Scores of the HDF Group on the FOD measures will positively correlate with scores on the following measures:
   a) Dogmatism Scale
   b) Protestant Ethic Scale
   c) Internal-External Scale
   d) Scales 1, 3, 5 and 0 of the MMPI
   e) Agency Scale

7. Scores of the LDF Group on the FOD measures will positively correlate with scores on the following measures:
   a) Total P and Column A Scores of the TSCS
   b) Communion Scale

The above hypotheses, expressed in null form, will be tested by applying the *t* Test for the significance of differences.
between means. A Pearson product moment correlation coefficient will be computed to test for the relationship among test scores. A discussion of both statistics can be found in Ferguson (1966) and Winer (1962). Since this study is exploratory in nature, all differences significant at .20 or less, will be reported, discussed and examined for whatever value they may have relative to future research on this topic.
CHAPTER IV

RESULTS AND DISCUSSION

A. Testing of the Hypotheses

As indicated in Chapter III, differential performance on the various measures by the respective groups of subjects was analyzed by means of a \( t \) Test for the significance of difference between means. Additionally, a Pearson \( r \) was computed to test for the relationship of response to the fear of death measures and response to other measures tapping various aspects of the Protestant Ethic. The acceptable level of significance for both statistics was \( p \) equal to or less than .20. Such a confidence level was chosen because of the preliminary and exploratory nature of this study. Table 1 presents the means and standard deviations on each of the measures by the various groups. Table 2 presents the results of the \( t \) Tests between the Death Row (DR) and Correctional Officer (CO) groups relating to hypotheses one and two which predict that the former group will give evidence of a higher fear of death than will the latter, as well as evidence of a less positive overall self-concept and specific body concept.
<table>
<thead>
<tr>
<th>Measure</th>
<th>DR (N=32)</th>
<th>S.D.</th>
<th>CO (N=30)</th>
<th>S.D.</th>
<th>HDF (N=20)</th>
<th>S.D.</th>
</tr>
</thead>
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<td>32.16</td>
<td>17.01</td>
<td>34.96</td>
<td>12.82</td>
<td>50.85</td>
<td>9.28</td>
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<td>30.56</td>
<td>10.93</td>
<td>31.00</td>
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<td>8.26</td>
<td>44.05</td>
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<td>7.83</td>
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<td>S.D.</td>
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<td>LDFCO (N=10)</td>
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TABLE 2
MEAN DIFFERENCES BETWEEN DEATH ROW AND CORRECTIONAL OFFICER GROUPS ON THE VARIOUS MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>DR Mean</th>
<th>S.D.</th>
<th>CO Mean</th>
<th>S.D.</th>
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<th>p Level</th>
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<td>17.01</td>
<td>34.96</td>
<td>12.82</td>
<td>0.71</td>
<td>n.s.</td>
</tr>
<tr>
<td>Total P</td>
<td>330.40</td>
<td>43.15</td>
<td>336.96</td>
<td>33.84</td>
<td>0.65</td>
<td>n.s.</td>
</tr>
<tr>
<td>Column A</td>
<td>73.65</td>
<td>7.46</td>
<td>69.20</td>
<td>7.28</td>
<td>2.33</td>
<td>.05</td>
</tr>
</tbody>
</table>

In Tables Three, Four and Five, there are presented the mean differences between the various groupings of high- and low-death-fearers on the various measures tapping aspects of the Protestant Ethic identity. These data have to do with hypotheses Three, Four and Five.

TABLE 3
MEAN DIFFERENCES BETWEEN HIGH DEATH-FEAR AND LOW DEATH-FEAR GROUPS ON THE VARIOUS MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>HDF Mean</th>
<th>S.D.</th>
<th>LDF Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Death</td>
<td>50.85</td>
<td>9.29</td>
<td>17.30</td>
<td>6.71</td>
<td>13.40</td>
<td>.001</td>
</tr>
<tr>
<td>Agency</td>
<td>31.00</td>
<td>8.40</td>
<td>26.55</td>
<td>9.39</td>
<td>1.53</td>
<td>.20</td>
</tr>
<tr>
<td>Communion</td>
<td>44.05</td>
<td>7.45</td>
<td>44.00</td>
<td>9.38</td>
<td>0.01</td>
<td>n.s.</td>
</tr>
<tr>
<td>Internal-External</td>
<td>9.35</td>
<td>4.17</td>
<td>7.10</td>
<td>3.70</td>
<td>1.75</td>
<td>.10</td>
</tr>
</tbody>
</table>
TABLE 3 - Continued

<table>
<thead>
<tr>
<th>Measure</th>
<th>HDF Mean</th>
<th>S.D.</th>
<th>LDF Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column A</td>
<td>69.10</td>
<td>7.15</td>
<td>73.95</td>
<td>6.77</td>
<td>2.14</td>
<td>.05</td>
</tr>
<tr>
<td>Scale 3-MMPI</td>
<td>58.15</td>
<td>11.84</td>
<td>57.40</td>
<td>6.49</td>
<td>0.24</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 5-MMPI</td>
<td>59.55</td>
<td>10.09</td>
<td>51.05</td>
<td>6.15</td>
<td>3.13</td>
<td>.01</td>
</tr>
<tr>
<td>Scale 0-MMPI</td>
<td>54.70</td>
<td>7.91</td>
<td>45.10</td>
<td>10.24</td>
<td>3.23</td>
<td>.01</td>
</tr>
<tr>
<td>Dogmatism</td>
<td>162.10</td>
<td>27.37</td>
<td>148.13</td>
<td>25.00</td>
<td>1.64</td>
<td>.20</td>
</tr>
<tr>
<td>Total P</td>
<td>323.09</td>
<td>35.82</td>
<td>346.59</td>
<td>31.40</td>
<td>2.15</td>
<td>.05</td>
</tr>
<tr>
<td>Protestant Ethic</td>
<td>87.70</td>
<td>17.27</td>
<td>91.70</td>
<td>15.12</td>
<td>0.75</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 1-MMPI</td>
<td>56.75</td>
<td>16.02</td>
<td>55.90</td>
<td>8.48</td>
<td>0.20</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

TABLE 4 -
MEAN DIFFERENCES BETWEEN HIGH DEATH-FEAR DR AND LOW DEATH-FEAR DR GROUPS ON THE VARIOUS MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>HDFDR Mean</th>
<th>S.D.</th>
<th>LDFFDR Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Death</td>
<td>51.70</td>
<td>10.39</td>
<td>13.00</td>
<td>4.09</td>
<td>10.39</td>
<td>.001</td>
</tr>
<tr>
<td>Agency</td>
<td>30.00</td>
<td>9.00</td>
<td>27.60</td>
<td>7.61</td>
<td>0.61</td>
<td>n.s.</td>
</tr>
<tr>
<td>Communion</td>
<td>42.10</td>
<td>6.70</td>
<td>40.90</td>
<td>10.77</td>
<td>0.28</td>
<td>n.s.</td>
</tr>
<tr>
<td>Internal-External</td>
<td>8.60</td>
<td>3.87</td>
<td>7.60</td>
<td>3.49</td>
<td>0.57</td>
<td>n.s.</td>
</tr>
</tbody>
</table>
### TABLE 4 - Continued

<table>
<thead>
<tr>
<th>Measure</th>
<th>HDFDR Mean</th>
<th>S.D.</th>
<th>LDFDR Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column A</td>
<td>69.20</td>
<td>8.57</td>
<td>75.30</td>
<td>5.90</td>
<td>1.75</td>
<td>.10</td>
</tr>
<tr>
<td>Scale 3-MMPI</td>
<td>62.60</td>
<td>12.96</td>
<td>56.10</td>
<td>8.38</td>
<td>1.26</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 5-MMPI</td>
<td>60.00</td>
<td>6.54</td>
<td>51.60</td>
<td>5.98</td>
<td>2.84</td>
<td>.02</td>
</tr>
<tr>
<td>Scale 0-MMPI</td>
<td>53.80</td>
<td>6.17</td>
<td>47.80</td>
<td>11.30</td>
<td>1.39</td>
<td>.20</td>
</tr>
<tr>
<td>Dogmatism</td>
<td>159.60</td>
<td>27.14</td>
<td>157.00</td>
<td>28.01</td>
<td>0.20</td>
<td>n.s.</td>
</tr>
<tr>
<td>Total P</td>
<td>317.59</td>
<td>34.59</td>
<td>342.29</td>
<td>27.08</td>
<td>1.68</td>
<td>.20</td>
</tr>
<tr>
<td>Protestant Ethic</td>
<td>86.40</td>
<td>20.06</td>
<td>87.90</td>
<td>18.44</td>
<td>0.16</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 1-MMPI</td>
<td>61.50</td>
<td>19.30</td>
<td>58.20</td>
<td>10.41</td>
<td>0.45</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

### TABLE 5

MEAN DIFFERENCES BETWEEN HIGH DEATH-FEAR CO AND LOW DEATH-FEAR CO GROUPS ON THE VARIOUS MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>HDFCO Mean</th>
<th>S.D.</th>
<th>LDFO Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Death</td>
<td>50.00</td>
<td>7.94</td>
<td>21.60</td>
<td>3.38</td>
<td>9.86</td>
<td>.001</td>
</tr>
<tr>
<td>Agency</td>
<td>32.00</td>
<td>7.62</td>
<td>25.50</td>
<td>10.78</td>
<td>1.47</td>
<td>.20</td>
</tr>
<tr>
<td>Communion</td>
<td>46.00</td>
<td>7.66</td>
<td>47.10</td>
<td>6.39</td>
<td>0.33</td>
<td>n.s.</td>
</tr>
<tr>
<td>Internal-External</td>
<td>10.10</td>
<td>4.32</td>
<td>6.60</td>
<td>3.82</td>
<td>1.81</td>
<td>.10</td>
</tr>
<tr>
<td>Measure</td>
<td>HDFC0 Mean</td>
<td>S.D.</td>
<td>HDFC0 Mean</td>
<td>S.D.</td>
<td>t</td>
<td>p Level</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>------</td>
<td>------------</td>
<td>------</td>
<td>---</td>
<td>---------</td>
</tr>
<tr>
<td>Column A</td>
<td>69.00</td>
<td>5.36</td>
<td>72.60</td>
<td>7.29</td>
<td>1.19</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 3-MMPI</td>
<td>55.70</td>
<td>8.54</td>
<td>58.70</td>
<td>3.28</td>
<td>1.63</td>
<td>.20</td>
</tr>
<tr>
<td>Scale 5-MMPI</td>
<td>59.10</td>
<td>12.67</td>
<td>50.50</td>
<td>6.26</td>
<td>1.82</td>
<td>.10</td>
</tr>
<tr>
<td>Scale 0-MMPI</td>
<td>55.60</td>
<td>9.24</td>
<td>42.40</td>
<td>8.22</td>
<td>3.20</td>
<td>.01</td>
</tr>
<tr>
<td>Dogmatism</td>
<td>164.60</td>
<td>27.37</td>
<td>139.30</td>
<td>17.58</td>
<td>2.33</td>
<td>.05</td>
</tr>
<tr>
<td>Total P</td>
<td>328.59</td>
<td>36.18</td>
<td>350.89</td>
<td>34.67</td>
<td>1.33</td>
<td>.20</td>
</tr>
<tr>
<td>Protestant Ethic</td>
<td>89.00</td>
<td>13.80</td>
<td>95.00</td>
<td>9.39</td>
<td>1.16</td>
<td>n.s.</td>
</tr>
<tr>
<td>Scale 1-MMPI</td>
<td>52.00</td>
<td>9.78</td>
<td>53.60</td>
<td>4.98</td>
<td>0.45</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Hypothesis six predicts that high death-fear scores will positively correlate with scores on measures of the Western-Protestant Ethic identity characteristics. Table 6 presents the correlational data for the high death-fearers.
TABLE 6
CORRELATIONS FOR HDF GROUP BETWEEN THE FOD MEASURES AND EACH PROTESTANT ETHIC IDENTITY MEASURE

<table>
<thead>
<tr>
<th>Measure</th>
<th>r</th>
<th>p Level</th>
<th>(N=20  d.f. = 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>.041</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Communion</td>
<td>.268</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Internal-External</td>
<td>.362</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Column A</td>
<td>.281</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 3-MMPI</td>
<td>-.050</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 5-MMPI</td>
<td>.378</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>Scale 0-MMPI</td>
<td>.053</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Dogmatism</td>
<td>.362</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Total P</td>
<td>-.104</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Protestant Ethic</td>
<td>.325</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 1-MMPI</td>
<td>-.183</td>
<td>n.s.</td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis seven predicts that low death-fear scores will positively correlate with scores on inverse measures of the Protestant Ethic identity, that is, with measures of overall self-concept, body self-concept and with Communion. Table 7 presents the correlation data for the low death-fearers.
<table>
<thead>
<tr>
<th>Measure</th>
<th>r</th>
<th>p Level</th>
<th>(N=20 d.f. = 18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>.246</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Communion</td>
<td>.345</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Column A</td>
<td>-.333</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Scale 3-MMPI</td>
<td>.123</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 5-MMPI</td>
<td>-.085</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 0-MMPI</td>
<td>.018</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Dogmatism</td>
<td>.088</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Total P</td>
<td>-.029</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Protestant Ethic</td>
<td>.175</td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td>Scale 1-MMPI</td>
<td>-.007</td>
<td>n.s.</td>
<td></td>
</tr>
</tbody>
</table>

The results of the hypotheses being tested in this investigation are summarized in Table 8. All differences significant at the level of \( p \) being equal to or less than .20 are reported as confirmed.
### TABLE 8

**SUMMARY OF HYPOTHESES CONFIRMED OR DISCONFIRMED**

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DR's will score significantly higher than CO's on the FOD measures</td>
<td>1. disconfirmed</td>
</tr>
<tr>
<td>2. a. DR's will score significantly lower than CO's on the Total P Score of the TSCS</td>
<td>2. a. disconfirmed</td>
</tr>
<tr>
<td>b. DR's will score significantly lower than CO's on the Column A Score of the TSCS</td>
<td>b. disconfirmed at the .05 level</td>
</tr>
<tr>
<td>3. HDF's will score significantly higher than LDF's on the following measures:</td>
<td>3.</td>
</tr>
<tr>
<td>a. Dogmatism Scale</td>
<td>a. confirmed at the .20 level</td>
</tr>
<tr>
<td>b. Protestant Ethic Scale</td>
<td>b. disconfirmed</td>
</tr>
<tr>
<td>c. Internal-External Scale</td>
<td>c. confirmed at the .10 level</td>
</tr>
<tr>
<td>d. Scale 1- MMPI</td>
<td>d. disconfirmed</td>
</tr>
<tr>
<td>e. Scale 3- MMPI</td>
<td>e. disconfirmed</td>
</tr>
<tr>
<td>f. Scale 5- MMPI</td>
<td>f. confirmed at the .01 level</td>
</tr>
<tr>
<td>g. Scale 0- MMPI</td>
<td>g. confirmed at the .01 level</td>
</tr>
<tr>
<td>h. Agency Scale</td>
<td>h. confirmed at the .20 level</td>
</tr>
<tr>
<td>4. HDF's will score significantly lower than LDF's on the following measures:</td>
<td>4.</td>
</tr>
</tbody>
</table>
4. a. Total P Score of the TSCS  
   b. Column A Score of the TSCS  
   c. Communion Scale  

5.1 HDFDR's will score significantly higher than LDFDR's on the following measures:  
a. Dogmatism Scale  
b. Protestant Ethic Scale  
c. Internal-External Scale  
d. Scale 1- MMPI  
e. Scale 3- MMPI  
f. Scale 5- MMPI  
g. Scale 0- MMPI  
h. Agency Scale  

5.2 HDFDR's will score significantly lower than LDFDR's on the following measures:  
a. Total P Score of the TSCS  
b. Column A Score of the TSCS  
c. Communion Scale
<table>
<thead>
<tr>
<th>5.3</th>
<th>HDFCO's will score significantly higher than LDFCO's on the following measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Dogmatism Scale</td>
</tr>
<tr>
<td>b.</td>
<td>Protestant Ethic Scale</td>
</tr>
<tr>
<td>c.</td>
<td>Internal-External Scale</td>
</tr>
<tr>
<td>d.</td>
<td>Scale 1- MMPI</td>
</tr>
<tr>
<td>e.</td>
<td>Scale 3- MMPI</td>
</tr>
<tr>
<td>f.</td>
<td>Scale 5- MMPI</td>
</tr>
<tr>
<td>g.</td>
<td>Scale 0- MMPI</td>
</tr>
<tr>
<td>h.</td>
<td>Agency Scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.3</th>
<th>confirmed at the .05 level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>disconfirmed</td>
</tr>
<tr>
<td>b.</td>
<td>confirmed at the .10 level</td>
</tr>
<tr>
<td>c.</td>
<td>confirmed at the .01 level</td>
</tr>
<tr>
<td>d.</td>
<td>disconfirmed</td>
</tr>
<tr>
<td>e.</td>
<td>disconfirmed</td>
</tr>
<tr>
<td>f.</td>
<td>confirmed at the .10 level</td>
</tr>
<tr>
<td>g.</td>
<td>confirmed at the .20 level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.4</th>
<th>HDFCO's will score significantly lower than LDFCO's on the following measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Total P Score of the TSCS</td>
</tr>
<tr>
<td>b.</td>
<td>Column A Score of the TSCS</td>
</tr>
<tr>
<td>c.</td>
<td>Communion Scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.4</th>
<th>confirmed at the .20 level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>disconfirmed</td>
</tr>
<tr>
<td>b.</td>
<td>disconfirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th>A high death-fear will significantly and positively correlate with scores on the following measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Dogmatism Scale</td>
</tr>
<tr>
<td>b.</td>
<td>Protestant Ethic Scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th>confirmed at the .20 level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>disconfirmed</td>
</tr>
</tbody>
</table>
### TABLE 8 - Continued

<table>
<thead>
<tr>
<th>6.</th>
<th>6.</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Internal-External Scale</td>
<td>c. confirmed at the .20 level</td>
</tr>
<tr>
<td>d. Scale 1- MMPI</td>
<td>d. disconfirmed</td>
</tr>
<tr>
<td>e. Scale 3- MMPI</td>
<td>e. disconfirmed</td>
</tr>
<tr>
<td>f. Scale 5- MMPI</td>
<td>f. confirmed at the .10 level</td>
</tr>
<tr>
<td>g. Scale 0- MMPI</td>
<td>g. disconfirmed</td>
</tr>
<tr>
<td>h. Agency Scale</td>
<td>h. disconfirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A low death-fear score will significantly correlate with scores on the following measures:</td>
<td></td>
</tr>
<tr>
<td>a. Total P Score of the TSCS</td>
<td>a. disconfirmed</td>
</tr>
<tr>
<td>b. Column A Score of the TSCS</td>
<td>b. disconfirmed</td>
</tr>
<tr>
<td>c. Communion Scale</td>
<td>c. confirmed at the .20 level</td>
</tr>
</tbody>
</table>

### B. Discussion of the Results

Generally, the data lend very modest support and mixed support to the hypothesized relationship between fear of death and the Western-Protestant Ethic identity. One critical hypothesis -- that DR's, because of their deprivation of Protestant Ethic actualization, would register a higher fear
of death -- was not supported. In fact, their mean score was lower on the FOD measures than that of the comparison group, but not significantly so. An additional reversal was the DR's significantly more positive body concept than that of the comparison group. In speculating on this, it is conceivable that such results may partly be a function of the nature of the DR sample, especially as regards their denial. Some denial, especially of feelings like fear, has been suggested by some as characteristic of "psychopaths." And certainly, denial of fear of death among death row inmates has been hypothesized as a common defense mechanism. (Bluestone and McGahee, 1962; Schilder, 1936). And insofar as denial of feelings is an important agentic or Protestant Ethic dynamic, it becomes apparently difficult to demonstrate that highly agentic people at the same time are more fearful of death. Denial likely plays some role too in the unexpected body-concept reversal of the DR's, at least to the extent that "macho" fantasies, if not actualizations, are descriptive of the DR sample. It must also be recognized that current societal forces lobbying to repudiate the death penalty likely play some dynamic too as regards the low death-fear among the DR's. But there is a great deal of possible speculation as to why there might "really" be a higher
fear among the DR sample than is indicated by the data. Yet since the present data does not support this, perhaps it makes more sense not to regard death row subjects as homogeneously high death-fearers, and in consequence, perhaps it is not the case that limited or "deprived" persons, if they are felons, are higher death-fearers.

The data for HDF's in the aggregate, or independent of sample, indicate that the general hypotheses about Protestant Ethic characteristics relating to the fear of death seem validated. Admittedly, however, this is not nearly as unequivocal as was expected. One conspicuous exception is found in response to the Protestant Ethic Scale. HDF's, no matter what subgroup, had means somewhat lower than the LDF's, though not significantly so. In speculating on this, perhaps a question might be raised as to the discriminant validity of the P.E. Scale. None of the present groups was significantly different from each other on the instrument, nor were Mirels' own groups different, even on the basis of sex. And the present HDF and LDF scores on the P.E. were not substantially different from the norm groups of Mirels. Part of the problem might inhere in the fact that there are more "filler" items than content ones on the P.E. Scale. What is being questioned here, is whether with more precision built into this instrument,
there might not have been reflected different results in the present study, results more congruent with the theoretical expectations.

The question of discriminant validity and/or reliability might be similarly raised with the Communion Scale and its lack of discrimination among the groups. Such non-discrimination is especially surprising since the earlier reported mean (Brown & Marks, 1969) on the instrument ($X = 37.75$) for maladjusted males was based precisely on a sample of death-row inmates. Now in terms of total group trends, and in line with the expectations, the DR's are less communal than the CO's. And within the subgroups, that is for the DR's and CO's respectively, the expected trend of lower communion and higher death fear is the case, but for the HDF's and LDF's in the aggregate, there is no difference. It would seem then, that such homogeneity of response does not establish any inferences about a communion orientation and lower death fear, at least until some more reliability data for that measure has been compiled.

No significant data supported the expected relationship between the MMPI Scales 1 and 3 and high death fear for the HDF's, whether HDFCO's or HDFDR's, though for the latter in respect to Scale 3, the mean difference approached sig-
nificance. Without the statistical support, it cannot be asserted that the relationships among Scales 1 and 3 and the FOD measures are a function of anything beyond chance, and yet while recognizing this, it might be fruitful in terms of future possibilities to note some trends. One trend, already noted, is the HDFDR's Scale 3 which approached significance. This is noteworthy, not only because of the expectation that it would be such because of the study of Rhudnick and Dibner (1961) cited earlier, but also because of the meaning attached to an elevation of Scale 3. Such a meaning is supportive of the denial hypothesis raised above in conjunction with the DR's. Going further, for the DR, HDF and HDFDR groups, the tendency to more frequent bodily complaints and concerns seemed characteristic. On the other hand, the reverse seemed true for the HDFCO group. In some ways, the hypothetical expectation would be for the DR's in the aggregate to be higher on Scales 1 and 3 than would the CO's, and such indeed is the case (cf. Table 1). And such is the directional tendency for the HDFDR's but not for the HDFCO's. It is conceivable that the CO's have more opportunities for and avenues of expression of bodily concerns than do DR's, and in consequence, would indicate less concerns on the MMPI. Whether such might be confounding the present investigations would be worthy of further exploration.
In terms of other measures of aspects of the Western-Protestant Ethic identity, specifically, Agency, Internal-External, Column A, Scale 2, Scale 0, Dogmatism, and Total P Scores, the expected directions for HDF's were generally obtained, and hence, would lend some support to the investigatory hypotheses about the Western-Protestant Ethic identity and the fear of death. Regarding the agency scores, two of the three differences were significant. The same two of three differences holds true for the I-E, Column A, and Dogmatism Scales. And in respect to the comparisons on Scales 5 and 0 of the MMPI, as well as the Total P Score of the TSCS, all three of the comparison differences were significant. These findings are reviewed in Table 9.

**TABLE 9**

**SUMMARY OF SIGNIFICANT MEAN COMPARISONS**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Group</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total P Score</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. DR vs. CO</td>
<td>a. n.s.</td>
</tr>
<tr>
<td></td>
<td>b. HDF vs. LDF</td>
<td>b. .05</td>
</tr>
<tr>
<td></td>
<td>c. HDFDR vs. LDFDR</td>
<td>c. .20</td>
</tr>
<tr>
<td></td>
<td>d. HDFCO vs. LDFCO</td>
<td>d. .20</td>
</tr>
<tr>
<td></td>
<td>a. HDF vs. LDF</td>
<td>a. .20</td>
</tr>
<tr>
<td></td>
<td>b. HDFDR vs. LDFDR</td>
<td>b. n.s.</td>
</tr>
<tr>
<td></td>
<td>c. HDFCO vs. LDFCO</td>
<td>c. .20</td>
</tr>
<tr>
<td>3. Internal-External</td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. HDF vs. LDF</td>
<td>a. .10</td>
</tr>
<tr>
<td></td>
<td>b. HDFDR vs. LDFDR</td>
<td>b. n.s.</td>
</tr>
<tr>
<td></td>
<td>c. HDFCO vs. LDFCO</td>
<td>c. .10</td>
</tr>
</tbody>
</table>
TABLE 9 - Continued

<table>
<thead>
<tr>
<th>Measure</th>
<th>Group</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HDF vs. LDF</td>
<td>a.</td>
<td>.05</td>
</tr>
<tr>
<td>b. HDFDR vs. LDFDR</td>
<td>b.</td>
<td>.10</td>
</tr>
<tr>
<td>c. HDFCO vs. LDFCO</td>
<td>c.</td>
<td>n.s.</td>
</tr>
<tr>
<td>5. Scale 5</td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>a. HDF vs. LDF</td>
<td>a.</td>
<td>.01</td>
</tr>
<tr>
<td>b. HDFDR vs. LDFDR</td>
<td>b.</td>
<td>.02</td>
</tr>
<tr>
<td>c. HDFCO vs. LDFCO</td>
<td>c.</td>
<td>.10</td>
</tr>
<tr>
<td>6. Scale 0</td>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>a. HDF vs. LDF</td>
<td>a.</td>
<td>.01</td>
</tr>
<tr>
<td>b. HDFDR vs. LDFDR</td>
<td>b.</td>
<td>.20</td>
</tr>
<tr>
<td>c. HDFCO vs. LDFCO</td>
<td>c.</td>
<td>.01</td>
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<td>a. HDF vs. LDF</td>
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<td>b.</td>
<td>n.s.</td>
</tr>
<tr>
<td>c. HDFCO vs. LDFCO</td>
<td>c.</td>
<td>.05</td>
</tr>
</tbody>
</table>

In terms of the expected statistical relationship between the FOD measures and the various measures of the Protestant Ethic identity, little significant confirmation or disconfirmation was obtained. Most of the expected tendencies for both LDF's and HDF's were obtained, but most of the correlation coefficients were so modest as to be virtually meaningless. Perhaps the major difficulty here rests with the inadequate size of the sample. Ferguson (1966) gives some corroboration of this when he notes that little import-
ance can be attached to correlation coefficients calculated on small samples unless the coefficients are fairly substantial in size. Perhaps the few significant correlations that were obtained, then, must find a meaning only in the context of a substantially increased $N$.

C. Shortcomings of the Study

Insofar as the present study was tentative and exploratory, an apparent shortcoming was that it did not concern itself with what might be characteristics of a more rigorous or stringent research design. Such characteristics would involve compensating for some of the psychometric deficiencies of some of the instruments used. Particularly wanting was the lack of discriminant validity of the Protestant Ethic Scale, for instance, as well as reliability and validity considerations being brought to bear on the Agency-Communion Scale to determine with more confidence what its scores actually mean and in reference to what groups. An additional shortcoming rests in the realization that no one instrument was intended to or actually gets at the totality of what has been called here the Western-Protestant Ethic identity, and that "extrapolation" from the measures to such an identity is bound to involve a considerable margin of error. A further shortcoming arises from the "lumping"
of the fear of death scores, notwithstanding the justifica-
tion for and benefits that are involved in such a treat-
ment. There are enough statistical reasons to believe that
the FOD scales are all measuring essentially the same thing,
at least in part, and that a combined score furnishes a
dependable measure of high death fear. Yet, it is also
possible that separate scores, at least on the Lester
scale, might have reflected some relationship to other
measures of the Protestant Ethic identity in the expected
directions. Lester (1971) argues in this vein when he
points out that the use of a fear of death scale with
heterogeneous items will miss discovering associations.
On the other hand, separate treatment of the FOD scores
in this study would not have changed the outcome of a
principle hypothesis, that DR's would be higher on the
FOD measures than the CO's. This leads to a further limita-
tion of the study and has to do with characteristics of
the sample used. It is plausible that a death row sample
is an atypical sample in many ways, and therefore, that
use of such a sample runs the risk of generating atypical
results. It is even plausible that the correctional officers
represent an atypical sample, that they are essentially the
"same" as their charges on many important psychological
characteristics. Certainly, the strong suspicion of some
kind of "denial" dynamic being operant in the DR sample is warranted, and the impact of such a dynamic on a study investigating fear of death represents a serious shortcoming. A final limitation of the present study lies in the way the hypotheses were conceived. That is, it seems apparent at the close of this study that the suggested relationship between the fear of death and the Protestant Ethic identity might make some sense, but that it perhaps does not go far enough. It was hypothesized that the relationship was a rather direct one, that with an increase in Protestant Ethic values, there would be an increase in the fear of death. But at this point, it is also possible to conjecture that after a certain point, the relationship might become a more inverse one. What is being said is that after a certain point, "high" endorsers of the Protestant Ethic may not particularly fear death, but rather welcome and seek it as a logical culmination of their cultural orientation. This would perhaps be the case with those who are extremely sensitized to P.E. values, but who, for whatever reason, are no longer capable of achieving or implementing them. Durkheim's association of suicide and Protestantism would fit this explanation, as would the remarks of Diggory (1966). The latter evaluates the suicide statements of several prominent people and concludes that in all of them,
it seems they had reached a point beyond which they could not hope to continue the kinds of purposive achievement which they had prized. Such a rationale might also explain why in the present study, the highly agentic DR's, as a group, scored lower on the FOD measures than did the CO's.

D. Implications for Future Research

The above shortcomings are suggestive of possible future lines of research in the area of the fear of death and the Western culture. One such possibility would include attempts to construct a dependable measure of the Western Protestant Ethic identity as it has been conceived herein, perhaps by tightening up the discriminant validity of the Mirels scale and/or psychometrically improving the Bakan scale, particularly by submitting it to a series of factor analytic and reliability treatments. The best of both scales might be merged or used in conjunction with items tapping other aspects like body concern or achievement, with the end goal being the construction of a comprehensive scale of the Western- Protestant Ethic identity.

Another possibility for the future has to do with the selection of different samples, especially more normal ones, and including the use of females. One such sample should be
a cross-cultural one, especially an Oriental one being contrasted to a Western one on some of the measures or their improved versions, which were used here. An alternate but equally preferred sample might be a group of dying people, perhaps a terminal cancer group in comparison with a healthy group from the same culture. It would seem desirable to tie more directly the present hypotheses about the Protestant culture and the fear of death in with therapeutic explorations. One possibility here would be to investigate pre- and post-test changes on some of the P.E. measures and FOD measures with the independent variable being a controlled administration of a psychoactive drug like psilocybin. And applicable to all of the above possibilities might be the parceling out of the various kinds of death fears, that is, determining whether high fear of one's own death is the critical variable, or again, whether it is rather fear of one's own dying processes. Future research will necessarily involve investigating the role of the dynamic of denial, possibly ascertaining its statistical relationship to increases on measures of the Protestant Ethic, and in recognizing this relationship, attempting to control for it by selecting out of the sample, the high deniers. Finally, future research would assess the nature
of the relationship of the fear of death and Protestant Ethic values with much more precision. This would be the determination of whether indeed it is true that after a certain point, highly agentic or P.E. persons might not proportionately decrease in their fear of death with increases in their P.E. orientation. When implemented, it would seem that any of the above lines of research would help go beyond the present conclusion that there seems to be some relationship between the Protestant Ethic identity in the West and the fear of death.
CHAPTER V

SUMMARY

There are several indications that death traditionally has been a taboo topic. Or at least, it was. Now there seems to be a rising interest in understanding the psychology of death and dying. Most interest has expressed itself along the dimension of attitudes towards death, usually sampling a specific group like children or geriatric patients, and frequently from a specific theoretical vantage point like the castration-anxiety constellation of the psychoanalysts. Interest too has been expressed in particular modes of dying, especially suicide and the dynamics of the suicidal person. The literature reflects though, a dearth of information in the area of dying that is perhaps the most important, those effective counseling and therapeutic strategies that address themselves to the psychology of the dying person. The present study has professed an exploratory interest in such an area, at least as a theoretical prelude to such therapies.

Several threads of research and personality theory have been outlined which indicate that the initial formulation
of "dying" treatment strategies might fruitfully be advanced by postulating that dying is a crisis in identity. And more specifically, the quality and resolution of that crisis can be viewed by understanding the relationship between a generic kind of identity - the Western-Protestant Ethic identity - and the fear of death. The literature warrants the description of such an identity as strongly individualistic, ethically Protestant, achieving and mastering, mistrustful of the affective, separate and alone, oriented to productivity and defining one's worth by such, a doing, skin-encapsulated ego, a repressing and controlling ego. Pieces of research further suggest that for such an identity, the body has a paramount and two-fold importance. On the one hand, it is the prime agent of doing, achieving and mastering, and to this extent, it is to be attended to and nurtured. On the other hand, it is the source of impulses and demands inimical to the Protestant Ethic, and these must be carefully controlled or denied. Such an identity stands in contrast to the Oriental or Eastern one which can be described as extended, participatory in nature, mystical or cosmic, non-oriented towards achievement and mastery, affirming bodily-affective and non-ego impulses, a being rather than a doing ego.
To assess the validity of some of the aspects of the above ideas, this study assumed that death is a crisis for the Westerner because his identity is bound up with a limited ego and one concerned with what it's body can do. Death as a termination of bodily existence is a threat to the Protestant Ethic values which partially constitute identity. Treatment strategies for the dying, therefore, might involve modification of the Western ego, especially in the direction of extending it by an Eastern or mystical kind of experience. Such conceptualizations were recognized as flowing significantly out of the work of Fisher (1969).

Towards partially establishing some of the above notions, the study paid special attention to the literature which developed aspects of the Protestant Ethic identity. Particularly noted was the work of Bakan (1966) and his construct of agency which reflected strong overlap with the modal "Protestant" of Weber. Some of his characteristics are: body concern, individuality and personal isolation, mastery and ego control, repression of feeling, personal power and achievement, closed psychological systems, future time orientation and the machismo characteristics of agency. Additional attention was paid to the literature on the fear of death and its possible relationship to the Protestant Ethic characteristics.
The rationale of the study was that subjects identifiable as pronounced on Protestant Ethic characteristics, who were, in addition, situationally deprived from actualizing most of the P.E. values would register a higher fear of death because of the threat to their identity than would a comparable group not similarly deprived. A sample of death row inmates constituted the agentic-deprived group; a sample of penitentiary correctional officers constituted the comparison non-deprived group. All the subjects were selected by the experimenter advertising that he was interested in studying attitudes towards various subjects, including death, in subjects among the various strata of the institution, and that a small remuneration would be offered to the participants. All the subjects completed a battery of instruments thought to tap aspects of the Protestant Ethic identity. These instruments were: an identity scale from the Tennessee Self Concept Scale, a body concept scale from the same instrument, Scales 1, 3, 5, and 0 from the MMPI, the Rotter Internal-External Scale, the Protestant Ethic Scale of Mirels, and the Agency-Communion Scale of Bakan. In addition, all subjects completed the Fear of Death Scales of Boyar and Lester and the Death Anxiety Scale of Templer. Beyond the groupings of the death row inmates (DR's) and Correctional Officers (CO's), the subjects were also
divided into high or low death-fearers (HDF's or LDF's). The general expectations were that DR's would reflect both a higher fear of death and higher scores on the various measures of the P.E. identity. The specific hypotheses were as follows:

1. DR's will score significantly higher on the fear of death measures than will the CO's

2. DR's will score significantly lower on the Total P score and Column A score (total identity and body concept) of the TSCS than will the CO's

3. HDF's will score significantly higher than the LDF's on the following measures:
   a) Dogmatism Scale
   b) Protestant Ethic Scale
   c) Internal-External Scale
   d) Scales 1, 3, 5, and 0 of the MMPI
   e) Agency Scale

4. HDF's will score significantly lower than the LDF's on the following measures:
   a) Total P and Column A Scores of the TSCS
   b) Communion Scale

5. The direction of differences expressed in hypotheses 3 and 4 will hold true for the following comparisons:
   a) HDFDR vs. LDFDR
   b) HDFCO vs. LDFCO

6. High death fear will positively and significantly correlate with scores on the following measures:
   a) Dogmatism Scale
   b) Internal-External Scale
   c) Protestant Ethic Scale
   d) Scales 1, 3, 5 and 0 of the MMPI
   e) Agency Scale

7. Low death fear will positively and significantly correlate with scores on the following measures:
   a) Total P and Column A Scores of the TSCS
   b) Communion Scale
Stated in the null form, the above hypotheses were tested by applying a t Test for the significance of differences between means, as well as the computation of a Pearson r. The acceptable level of significance was set at p being equal to or less than .20.

The results of the study were mixed and offered very modest support for the expected findings. Contrary to expectation, DR's did not show a significantly higher fear of death than did CO's, nor did they show a less positive body self concept. They did, however, reflect a lower overall self-concept and satisfaction with it. Now when treating of the subjects independent of sample but merely along the dimension of high or low death fear, the results offered modest support for the expected association of high death fear and Orientation to Protestant Ethic values as measured by the Agency, Internal-External, Dogmatism, Tennessee Self Concept Scales, and Scales 5 and 0 of the MMPI. For all the groups, the expected elevations of MMPI Scales 1 and 3 did not prove significant. Nor were the expected differences for the HDF's and LDF's on the Communion and Protestant Ethic Scales obtained. In terms of the expected correlational associations between the various measures and the FOD measures, some support was noted, but the coefficients were generally too low to be of much
significance. It seemed likely that this was attributable to the small N.

Some reasons to account for the unexpected findings were advanced. That the DR's in the aggregate did not reflect a higher death fear might have been a function of their style of denial, both characterologically and as a defense mechanism against the immanence of death. Their higher body image was seen as related to agentic or machismo fantasies, or possibly, heightened focus on their bodies for their identity as a function of their deprivation. Such speculation seems supported by the DR's comparatively higher scores on Scales 1 and 3 of the MMPI. The lack of significant differences for HDFCO's and LDFCO's on Scales 1 and 3 was attributed to the CO's wider channels beyond the MMPI for the expression of bodily concerns.

Some of the major limitations associated with the present study were noted. Among these were the reliability/ validity shortcomings of some of the instruments, the "lumping" of the fear of death scores rather than their separate treatment, the probable atypical quality inhering in a death row sample, particularly with their denial, and the limitations of the hypotheses as they were presently conceived. Implications for future research were noted, among
which were selection of alternate samples, particularly cross-cultural ones, a controlled study of the effect of psychoactive drugs on responses to the present instruments, and the desirability of viewing the relationship between the Western-Protestant Ethic identity and the fear of death in a less direct and more inverse way after a certain point. Flowing out of all the implications for future research, was the probability of a more fruitful understanding of man's psychology of dying and strategies which might effectively deal with it.
APPENDIX A

TEMPLER'S DEATH ANXIETY SCALE

Please mark the following questions with a true or false.

1. I am very much afraid to die.
2. The thought of death seldom enters my mind.
3. It doesn't make me nervous when people talk about death.
4. I dread to think about having to have an operation.
5. I am not at all afraid to die.
6. I am not particularly afraid of getting cancer.
7. The thought of death never bothers me.
8. I am often distressed by the way time flies so very rapidly.
9. I fear dying a painful death.
10. The subject of life after death troubles me greatly.
11. I am really scared of having a heart attack.
12. I often think how short life really is.
13. I shudder when I hear people talking about a World War III.
14. The sight of a dead body is horrifying to me.
15. I feel that the future holds nothing for me to fear.
APPENDIX B

BOYAR'S FEAR OF DEATH SCALE

Please read each statement. Decide if you agree or disagree with it, and then decide how strongly you agree or disagree as it refers to you.

Use the following code for your markings:

+1 I agree mildly   -1 I disagree mildly
+2 I agree moderately -2 I disagree moderately
+3 I agree strongly  -3 I disagree strongly

1._______ Graveyards seem to upset many people but they do not bother me.

2._______ The idea of never thinking again after I die frightens me.

3._______ The idea that I may die young does not affect me.

4._______ The feeling that I will be missing out on so much after I die disturbs me.

5._______ I do not mind the idea of being shut into a coffin when I die.

6._______ Some people are afraid to die, but I am not.

7._______ The pain involved in dying frightens me.

8._______ The idea of being buried frightens me.

9._______ Not knowing what it feels like to die makes me anxious.

10.______ I am not afraid of a long slow death.

11.______ I have moments when I really get upset about dying.

12.______ Coffins make me anxious.

13.______ Being totally immobile after death bothers me.

14.______ Never again feeling anything when I die upsets me.
APPENDIX B - Continued

15. ______ The sight of a corpse does not make me at all anxious.
16. ______ I am not at all disturbed by the finality of death.
17. ______ The total isolation of death is frightening to me.
18. ______ What will happen to my body after death does not concern me.
APPENDIX C

LESTER'S FEAR OF DEATH SCALE

Here is a series of statements. You are to indicate how much you agree or disagree according to the following scale:

+1 I agree slightly  -1 I disagree slightly
+2 I agree moderately  -2 I disagree moderately
+3 I agree strongly  -3 I disagree strongly

1.______ I would avoid death at all costs.
2.______ I would experience a great loss if someone close to me died.
3.______ I am disturbed by the physical degeneration involved in a slow death.
4.______ I would avoid a friend who was dying.
5.______ The total isolation of death frightens me.
6.______ I would like to be able to communicate with the spirit of a friend who has died.
7.______ The pain involved in dying frightens me.
8.______ I would feel anxious if someone talked to me about the approaching death of a common friend.
9.______ I am disturbed by the shortness of life.
10.______ I would never get over the death of someone close to me.
11.______ The intellectual degeneration of old age disturbs me.
12.______ I would feel uneasy if someone talked to me about their approaching death.
13.______ The feeling that I would be missing out on so much after I die bothers me.
14.______ If someone close to me died, I would miss him/her very much.
APPENDIX C - Continued

15. ______ Dying must be an interesting experience.
16. ______ If a friend were dying, I would not want to be told.
17. ______ I would not mind dying young.
18. ______ I could not accept the finality of a death of a friend.
19. ______ If I had a fatal disease, I would like to be told.
20. ______ I would not feel anxious in the presence of someone I knew was dying.
21. ______ I view death as a release from earthly suffering.
22. ______ I accept the death of others as the end of their life on earth.
23. ______ I am disturbed by the thought that my abilities will be limited while I lay dying.
24. ______ If I had a choice as to whether or not a friend should be informed he is dying, I would tell him.
25. ______ Not knowing what it feels like to be dead does not bother me.
26. ______ I would want to know if a friend were dying.
27. ______ I would easily adjust after the death of someone close to me.
28. ______ The idea of never thinking or experiencing again after I die does not make me anxious.
29. ______ I would not mind having to identify the corpse of someone I knew.
30. ______ I would visit a friend on his/her deathbed.
31. ______ I am not disturbed by death being the end of life as I know it.
I do not think of dead people as having an existence of some kind.

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

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

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

I would not mind visiting a senile friend.
APPENDIX D

BAKAN'S AGENCY AND COMMUNION SCALE

For each statement below, mark "yes" if the statement usually describes you or your beliefs; mark "no" if it does not.

1. I like working with others. Yes No
2. A person can share himself with only a few others. Yes No
3. I like to do things to cheer people up. Yes No
4. Parents should stand by their children no matter what. Yes No
5. I am usually suspicious of people who are nice to me. Yes No
6. Friendliness often interferes with one's attempts to reach one's goals. Yes No
7. I like children. Yes No
8. Compromise is surrender and invites new demands. Yes No
9. I enjoy listening to people talk about their troubles. Yes No
10. I usually try to get people to do things my way. Yes No
11. A person is important for what he himself is. Yes No
12. I wouldn't want anyone to see my tears. Yes No
13. One does not do anything else for anyone without thinking what one will get out of it. Yes No
14. I like to hold an infant in my arms. Yes No
15. I want to see any militaristic power that actively threatens us attacked and destroyed. Yes No
APPENDIX D - Continued

16. I usually try to comfort people who are upset. Yes No
17. We were born for love; it is the ultimate goal of our existence. Yes No
18. I like to do things myself without any help from others. Yes No
19. Children should have firm discipline. Yes No
20. I would rather have someone take advantage of me than me of him. Yes No
21. The only person one can really trust is oneself. Yes No
22. I try to anticipate the wishes of others. Yes No
23. The true giver gives of himself more than of his possessions. Yes No
24. I get angry at children when they demand a lot of attention. Yes No
25. I am saddened by the conflicts among human beings. Yes No
26. Love and friendship are really quite separate. Yes No
27. I try to make people I am with comfortable. Yes No
28. I need to feel that other people look up to me. Yes No
29. The true giver gives of himself. Yes No
30. I am happiest when working alone. Yes No
31. A child should learn independence very early. Yes No
32. It makes me happy to see others happy. Yes No
33. Feelings only get in the way of reason. Yes No
34. I like to be in a position where I can praise others. Yes No
35. A person should be appreciated more for what he is than for what he does.  Yes No

36. I pay little attention to my feelings.  Yes No

37. People deserve to be loved only when they give something in return.  Yes No

38. I try to see things from the other person's point of view.  Yes No

39. The family is often little better than a concentration camp.  Yes No

40. If I were a patient getting well in a hospital, I would try to make other patients comfortable.  Yes No

41. God is love.  Yes No

42. I often like to watch the sunset.  Yes No

43. One should retaliate firmly when attacked.  Yes No

44. A person should give himself completely in most relationships.  Yes No

45. When possible, people should try to explain what they are doing to those to whom they are doing it.  Yes No

46. Most children are really brats.  Yes No

47. I lose myself in whatever I am doing.  Yes No

48. I like to have authority.  Yes No

49. One should always try to figure out other people's motives.  Yes No

50. If people understood each other, they would like each other.  Yes No

51. One should always try to answer other people's questions.  Yes No
APPENDIX D - Continued

52. What counts about a person is what he can do. Yes  No
53. I trust my feelings. Yes  No
54. People who violate the law should be made to suffer for it. Yes  No
55. People can be trusted. Yes  No
56. I worry about the possibility of becoming ill. Yes  No
57. I am glad that no man is an island. Yes  No
58. Children should learn independence as soon as possible. Yes  No
59. For me, the grass is always greener on the other side. Yes  No
60. People should lose themselves in love relationships. Yes  No
61. I worry about having things stolen from me. Yes  No
62. It is important to learn how to influence others. Yes  No
63. I love the world. Yes  No
64. It is better to have loved and lost than never to have loved. Yes  No
65. I am most comfortable when alone. Yes  No
66. I would rather give a gift than receive one. Yes  No
67. The experience of the Jews in WW II proves that it is impossible to be a citizen of the world. Yes  No
68. Life is beautiful. Yes  No
69. I value my privacy highly. Yes  No
70. I would enjoy living in the country. Yes  No
71. Children are nice but only in small doses. Yes No
72. Feeling competent is the most important source of satisfaction for me. Yes No
73. We should not try to change people. Yes No
74. I get angry if anyone tampers with my belongings. Yes No
75. I enjoy just being with people. Yes No
76. I enjoy bargaining. Yes No
77. All men are brothers. Yes No
78. I usually try to keep people from knowing me as I really am. Yes No
79. I often stop to pet strange dogs. Yes No
80. People pretend to care more about others than they actually do. Yes No
81. Lack of communication is the root of all unhappiness. Yes No
82. When I am waiting in line, I get angry if someone breaks in ahead of me. Yes No
83. I enjoy the rapid pace of sophisticated city life. Yes No
84. When I see a child crying, I usually stop and try to comfort him. Yes No
85. If people said what they really thought, there would be more hostility in the world. Yes No
86. When the environment does not suit me, I usually try hard to change it. Yes No
87. There is much that is good in every man. Yes No
88. I am glad to bear loneliness if it gives me privacy. Yes No
APPENDIX D - Continued

89. I stop thinking about my problems when I am with other people.  Yes No
90. Love is an overrated concept.  Yes No
91. Parents should encourage their children to treat them as equals.  Yes No
92. A man needs money to reach his goals.  Yes No
93. When I see a beautiful painting, I don't want to do anything but open myself to it.  Yes No
94. One of my major goals is to rely upon myself alone.  Yes No
95. It sometimes makes me feel good to tell someone off.  Yes No
96. Living each day is sufficient unto itself.  Yes No
97. We all enjoy the feeling of power.  Yes No
98. I become deeply concerned when one of my friends is unhappy.  Yes No
99. A child has to learn to master himself.  Yes No
100. All incidental experience is rich in meaning.  Yes No
101. I try not to hurt other people's feelings.  Yes No
102. In this world, everyone has to look out for himself.  Yes No
103. My unpleasant feelings are a genuine part of me.  Yes No
104. People ought not to reveal things about themselves until they are sure of the other's trustworthiness.  Yes No
105. Some of my happiest moments have been spent with others.  Yes No
106. It is best not to get intimate with others.  Yes No
107. My feelings are the source of my greatest experiences.  Yes No
APPENDIX D - Continued

108. The most important thing in life is to protect oneself against harm.  
Yes  No

109. It is desirable not to sacrifice some of your individuality in order to communicate more fully with others.  
Yes  No

110. I would do anything to make my children happy. Yes  No

111. I feel a great sense of unity with all men. Yes  No

112. One should provide for oneself before trying to make others happy. Yes  No

113. Money is power. Yes  No

114. I enjoy feeling needed by other people. Yes  No

115. There is nothing worse than losing one's self-respect. Yes  No

116. I talk to strangers freely. Yes  No

117. Children should be seen and not heard. Yes  No

118. A young man should concentrate on getting ahead. Yes  No

119. I like to be with others when I am doing my own work. Yes  No

120. I usually peek at babies in carriages. Yes  No

121. A man must protect his individuality at any cost. Yes  No

122. I enjoy the sights and sounds of the country. Yes  No

123. I tend to trust strangers. Yes  No

124. The behavior of others often disgusts me. Yes  No
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