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**DEATH ANXIETY IN A NATIONAL SAMPLE OF
UNITED STATES FUNERAL DIRECTORS AND
ITS RELATIONSHIP WITH DEATH EXPOSURE,
AGE, AND SEX**

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ABSTRACT

The purpose of this study is to examine the relationship between the level of death anxiety among a national sample of United States funeral directors with varying levels of death exposure, age, and sex. Utilizing the Multi-dimensional Fear of Death Scale (MFODS), the results showed a significant, but weak negative relationship between levels of death anxiety and the participants' reported number of funerals attended per year. The correlation between death anxiety scores and the number of reported embalming cases performed yearly was, however, not significant. We found a significant negative correlation between death anxiety and age in both men and women funeral directors. The difference in the death anxiety scores between men ($n = 166$) and women ($n = 38$) funeral directors was not significant. There was a significant negative correlation with age in both men and women in several fears of death including fear of the dying process, fear for significant others, and fear of premature death. The significant negative correlations were stronger for women than men across all three subscales. Results, direction for further research, and implications of the findings for mental health workers are discussed.

INTRODUCTION

Unlike the general public, through body handling and working with the bereaved, funeral service personnel are reminded of death everyday. Continuously subjected to death, his or her awareness of death or death salience intensifies over time (Tomer & Eliason, 1996). Continuous exposure to death can have adverse effects on physical health (Holness & Nethercott, 1989; Turner, Kunches, Gordon, Travers, & Mueller, 1989) and mental well-being (Kroshus, Swarthout, & Tibbetts, 1995). Some of the effects found to be associated with higher levels of death anxiety include general anxiety, depression, discrepancy between self and ideal self, negative self-attitude, and neuroticism (Gilliland & Templer, 1985). Gilliland and Templer also found that individuals with heightened death anxiety had a low need for achievement, less psychological endurance and ego strength, and were less self-actualized than their counterparts with low death anxiety scores.

Death Anxiety and Exposure to Death

Although associated effects of heightened death anxiety have been documented, it is unclear as to whether or not funeral directors experience higher death anxiety than individuals in other occupations. Although Lang (1997) and Thorson and Powell (1996) found higher than average death anxiety in funeral directors, other researchers found average levels or no difference to lower levels of death anxiety between members of this population and others (Keith, 1996, 1998; Lattanner & Hayslip, 1984; Lewis, Espe-Pfeifer, & Blair, 2000; Lonetto & Templer, 1986; Rockwell, 1981; Schell & Zinger, 1984; Templer, Ruff, & Ayers, 1976). For example, Schell and Zinger assessed death anxiety levels between Canadian funeral directors ($n = 149$) and a group of part-time college students ($n = 93$) and college students majoring in computer ($n = 42$) and mortuary science ($n = 56$). Results revealed that funeral directors' death anxiety was significantly lower than the student group ($t = 2.81, p = .05$), and no difference in levels of death anxiety was noted between the funeral directors and the students majoring in mortuary science ($t = 1.59, p = .05$). They hypothesized that the "daily conscious acceptance of death" (p. 440) focus in mortuary science programs and on-the-job training allowed the funeral director to better accept his or her own death. Training in death and dying may influence how individuals in high death exposure careers view death (Dickinson & Pearson, 1980). Additionally, Keith found that the amount of contact with the dead or time spent with the bereaved was not associated with levels of death anxiety in funeral directors, and funeral directors who felt their lives compared favorably to others experienced less death anxiety than their cohorts. Lattanner and Hayslip found no difference between the death anxiety scores of funeral directors and funeral home personnel ($n = 20$) and firefighters-paramedics ($n = 20$) compared to persons from restaurants, schools, and universities ($n = 40$).

Death Anxiety and Age

Research addressing the relationship between death anxiety and age has elicited mixed findings. The development of wisdom model suggests that the presence of wisdom helps individuals prepare for death by allowing for the preparation of the physical and mental changes brought about by aging and impending death (Ardelt, 2000); however, several researchers found no relationship between death anxiety and age (e.g., Templer, Ruff, & Franks, 1971). In Fortner and Neimeyer's (1999) meta-analysis that involved elderly participants age could not predict death anxiety, yet death anxiety and age was shown to have a negative linear relationship beginning in middle age to older adulthood then remaining stable through the age of 75.

Other researchers have also noted death anxiety to be linearly related to age with teenagers and young adults experiencing the highest and those 55 to 60 and over reporting low to no death anxiety (Koenig, 1988; Rasmussen & Brems, 1996; Richardson, Berman, & Piwowarski, 1983; Thorson & Perkins, 1977; Thorson & Powell, 1984). Gesser, Wong, and Reker (as cited by DePaola, Neimeyer, Lupfer, & Fiedler, 1994) noted another trend in the relationship between death anxiety and age: high in young adults, highest in middle adulthood, and lowest in the elderly. Elderly individuals appear to have the lowest death anxiety in comparison to teens, young adults, and middle-aged individuals.

Death Anxiety and Sex

In addition to the study of age as a correlate of death anxiety, the relationship between death anxiety and sex has also been investigated. The development in the literature from the 1980s to the present indicate sex differences in death anxiety, with women experiencing more anxiety about death than men (Abel-Khalek, 1998, 2001, 2002; Abdel-Khalek & Al-Kandari, 2007; Dattel & Neimeyer, 1990; Davis, Bremer, Anderson, & Tramill, 1983; Lester, Templer, & Abdel-Khalek, 2007; Lonetto & Templer, 1986; Rasmussen & Johnson, 1994; Suhail & Akram, 2002; Thorson & Powell, 1984, 1988, 1993). To ascertain differences in death anxiety among men and women, Thorson and Powell (1984) sampled students ($N = 578$, 92 men, 486 women) who ranged in age from 16 to 60 and over. Analysis of variance of the scores on the Revised Death Anxiety Scale revealed higher mean scores for women than for men. However, in two analyses of the literature on correlates of death anxiety, Fortner and Neimeyer (1999) and Neimeyer and Fortner (1995) reported conflicted findings on whether or not elderly women had higher death anxiety than elderly men.

Neimeyer (1994) noted that Pollak's review of the literature found that the majority of studies through the late 1970s reported higher fear of death in women across age and culture (e.g., Templer & Ruff, 1971; Templer, Ruff, & Franks, 1971). More recently, Suhail and Akram (2002) found that Pakistani women had significantly higher scores on both the Death Anxiety Scale (DAS) (Templer,

1970) and the Collett-Lester Fear of Death Scale (Collett & Lester, 1969) than did Pakistani men. Additionally, it has been found that the gap between women and men's scores from Arab countries (i.e., Egypt, Kuwait, Lebanon, and Libya) exceeded those of the United States (Templer, 1991). Templer speculated that larger differences between women and men's death anxiety scores in Arab countries compared to the United States might be due to the influence of varying cultural beliefs.

Researchers have attempted to explain why women score higher on death anxiety scales than men. Dattel and Neimeyer (1990) proposed that women were more emotionally expressive than men. They sampled 35 White women, 34 White men, 24 Black women, and 24 Black men ($n = 117$) using the more affectively oriented DAS and the cognitively oriented Threat Index (TI) (Krieger, Epting, & Hayes, 1979; Krieger, Epting, & Leitner, 1974). As hypothesized, women scored higher on the DAS and lower on the TI. After controlling for social desirability and self-disclosure significant sex differences between women and men's death anxiety scores remained, suggesting that sex differences in death anxiety is a real phenomenon.

Limitations of Previous Research

In the past, U.S. funeral service personnel consisted of predominately White men. Recently, the demographics of the U.S. funeral industry have changed: women and other minorities are entering mortuary science programs at an escalating rate. Connick (2003) reported that the proportion of White students entering mortuary science programs are decreasing (from 85% of new students in 1971 to 60% in 2002) while enrollment of Black American students is increasing (from 12.6% in 1971 to 32%). Over the previous 20 years enrollment for White women increased 400% with enrollment for Black women up more than 200% (Reyes, 1997). By 2000, the number of women entering mortuary science programs in the United States exceeded the number of men (Connick, 2003; Illinois Funeral Director's Association, 2003). The influx of women and ethnic minorities in the industry has implications for death anxiety research as death attitudes may vary by sex (Thorson & Powell, 1988, 1993) and differences in cultural experiences (Howarth & Leaman, 2001; Kastenbaum & Aisenberg, 1972; Leming & Dickinson, 1990; Morgan, 1995; Shapiro, 1994; Tomer & Eliason, 1996).

Few studies address death anxiety and U.S. funeral directors. The studies that have been conducted with this population have utilized samples of convenience or samples restricted to designated geographical areas, resulting in a lack of diversity and low sample size. For instance, Thorson and Powell (1996) surveyed 63 funeral directors attending a continuing education program, typically offered to funeral directors in outlined rural or urban areas. Keith (1998) and Templer et al. (1976) used a sample of funeral directors from a Midwestern state and small

geographic area, respectively. Low sample sizes and few to no women included in previous samples made it impossible to examine sex differences in death anxiety in this population.

Additionally, previous research does not provide adequate insight into the impact of continuous exposure to death and dying on levels of personal death anxiety in funeral home personnel. Factors not adequately addressed in the literature are the average number of funeral services and embalming cases funeral directors were exposed to in a given year along with each level of exposure's relationship with levels of death anxiety. The intent of this study is to improve upon previous research on death anxiety by eliciting a large national sample of U.S. funeral service personnel. The purpose of this study was to investigate the relationship between levels of death anxiety with levels of death exposure, age, and sex in a national sample of U.S. funeral directors.

METHOD

Participants

The target population for this study was the approximate 24,000 (U.S. Department of Labor, 2004) funeral directors working in the United States. The firms contacted for the current study were randomly selected from *The National Yellow Book of Funeral Directors* (2004), a professional directory that alphabetically lists all funeral homes in the United States. The National Funeral Directors Association (2002) reported that there are approximately 21,000 funeral homes in the United States. Consequently, every 21st funeral home was included in the sample. The selection of the first funeral home to be included in the sample was chosen by a random number table.

In addition to the Multidimensional Fear of Death Scale (MFODS) (Hoelzer, 1979; Neimeyer & Moore, 1994), the survey packet included a brief cover page introducing the researcher, an introductory letter which explained the purpose of the study, and a demographic questionnaire. Components of the survey packet were compiled, and the packet was administered to six individuals including three funeral directors. The time taken to complete the packet was noted and minor adjustments were made to formatting as per suggestions from those completing the survey. The project was reviewed and approved by the Southern Illinois University Carbondale Human Subjects Committee.

Sixty-three of the 1000 mailed survey packets were returned as undeliverable reducing the total sample to 937 possible participants. Of the 937 surveys received by potential participants, 243 were returned resulting in a response rate of 26%.

To address the possibility that funeral home personnel with high death anxiety may have prematurely exited the field leaving only those funeral directors with strong coping abilities with respect to death anxiety, participants were asked if they ever considered leaving the field due to the constant exposure to death.

Approximately 43% of the sample reported that he or she had considered leaving the field because of continued death exposure. Results of a Chi-square indicated more individuals in the 10 to 30 year range thought about leaving the profession than those under 10 and over 30 years of employment. This finding is in line with the findings of Burger (as cited by Kroshus et al., 1995) who reported that funeral directors in the 30- to 39-year-old age group were more likely to drop out of funeral service. Considering the percent of participants in the sample who acknowledged leaving the field due to death exposure, it is unlikely that funeral directors with high death anxiety had already exited the field.

Instruments

The Multidimensional Fear of Death Scale (MFODS) (Hoelter, 1979; Neimeyer & Moore, 1994) was chosen as the measure of death anxiety. The instrument is an eight factor, 42-item Likert response scale designed to measure fear of death as defined by an emotional reaction involving concern and unpleasant feelings related to the anticipation of several aspects of death. The eight subscales include: fear of the dying process, fear of the dead, fear of being destroyed, fear for significant others, fear of the unknown, fear of conscious death, fear for body after death, and fear of premature death. Neimeyer and Moore reported internal consistency of the subscales to range from .72 to .85. Neimeyer and Moore also reported test-retest reliability for the measure of general death fear to be .85 at three weeks, and good construct validity was demonstrated through identification of sensitivity to group differences and its correlation to personal narratives and the Threat Index (Krieger et al., 1974). Norm groups for the MFODS consisted of college undergraduates and well-educated White women and men from Western cultures ranging from 18 to 92 years of age. In the instrument's original format scores ranged from 42 to 210 with higher scores indicating lower levels of death anxiety. For ease of interpretation in the current study prior to the data analysis, the responses were recoded (i.e., 1 = *strongly disagree* to 5 = *strongly agree*), thus higher scores indicate higher levels of death anxiety. Items 3, 9, 14, 25, and 28 were to be reversed scored to reduce response bias. The responses to these items were left in their original format to account for the recoding.

RESULTS

Table 1 provides a breakdown of the frequency of responses in each demographic category. The sampling frame represented men ($n = 193$) and women ($n = 47$) funeral directors from 42 states. Three participants did not identify their sex. The participants included 223 White Americans, 12 Black Americans, 5 Hispanics, and 1 participant who chose "Other." Two respondents gave no response to ethnicity. Reported education levels and licensure were consistent with the general population of funeral directors.

Table 1. Demographic Analysis

Variable	<i>n</i>	Percent
Sex		
Men	193	80.20
Women	47	19.40
Missing data	3	.40
Total	243	100.00
Ethnicity		
White	223	91.80
Black	12	4.90
Hispanic	5	2.10
Other	1	.40
Missing data	2	.80
Total	243	100.00
Education		
Trade school	46	18.90
Associate's degree	112	46.10
Bachelor's degree	77	31.70
Master's degree	6	2.50
Ph.D.	1	.40
Missing data	1	.40
Total	243	100.00
Licensure		
Licensed funeral director/embalmer	169	69.50
Licensed funeral director	54	22.20
Licensed embalmer	3	1.20
Not licensed	1	.40
First year intern	16	6.60
Total	243	100.00

The average age of the total sample was 42.82 ($SD = 12.18$) years. The average age of the men participants was 45.79 ($SD = 12.34$) with a range of 20 to 78 years. Women's average age was 39.85 ($SD = 10.52$) years with a range of 24 to 65 years. The men respondents were shown to be older than the women respondents ($t = 3.03$, $df = 226$, $p = .05$). The average number of reported funerals and embalmings assisted each year were 144 ($SD = 105.34$) for men and 78.44 ($SD = 69.66$) for women.

Death Anxiety and Death Exposure

The Multidimensional Fear of Death Scale (MFODS) (Hoelter, 1979; Neimeyer & Moore, 1994) yielded a Cronbach Alpha coefficient of .89, slightly higher than that reported by Neimeyer and Moore (i.e., .72 to .85). The Cronbach alpha of reliability for the subscales are as follows: fear of the dying process (.89), fear of the dead (.54), fear of being destroyed (.66), fear for significant others (.76), fear of the unknown (.63), fear of conscious death (.59), fear for body after death (.60), and fear of premature death (.80).

Death anxiety scores of the total sample were negatively correlated with both measures of death exposure. The number of funerals participants reported participating in each year yielded a significant negative correlation with the overall level of death anxiety ($r = -.19, p = .012, n = 203$). Table 2 provides the correlation coefficients of death exposure in terms of funerals per year and the MFODS scores for the total sample, men, and women. In comparison to women, the number of funerals attended per year for men yielded a significant negative correlation with death anxiety ($r = -.17, p = .032, n = 166$); however, when the correlations were adjusted using the Fischer's Z transformation of correlations, the difference in correlations between men and women's exposure to funerals and the MFODS scores was not significant. Fear of conscious death and premature death also correlated negatively with the total sample's and men's MFODS scores.

Table 2. Pearson Product-Moment Correlations between MFODS Scores and Funerals per Year

MFODS total score and subscales	Funerals per year					
	Total sample	Sample size	Men	Sample size	Women	Sample size
MFODS total score	-.19**	203	-.17*	166	-.22	37
Subscales						
1. Dying process	-.12	235	-.10	191	-.23	42
2. The dead	-.08	230	-.04	186	-.22	43
3. Being destroyed	-.04	231	-.09	187	.19	42
4. Significant other	-.12	229	-.14	186	-.02	42
5. Of the unknown	-.04	232	.00	187	-.19	43
6. Conscious death	-.18**	235	-.17*	190	-.27	43
7. Body after death	-.10	234	-.10	188	-.10	44
8. Premature death	-.15*	235	-.14*	189	-.18	44

*Correlation is significant at the .05 level (2-tailed).

**Correlation is significant at the .01 level (2-tailed).

Table 3 provides the correlation coefficients for embalmings per year and the MFODS scores for the total sample, men, and women. For the total sample, the correlation for reported number of embalming cases respondents were exposed to each year and death anxiety levels was not significant ($r = -.08, p = .268, n = 201$). The subscale fear of premature death significantly correlated negatively with embalmings per year for women ($r = -.30, p = .048, n = 44$).

Death Anxiety and Age

A significant negative correlation was found between death anxiety and age ($r = -.28, p = .01, n = 194$). When factored separately, women had a stronger negative correlation with death anxiety and age ($r = -.44, p = .006, n = 38$) than did men ($r = -.25, p = .002, n = 156$). However, as with death anxiety and exposure to funeral service, when the correlation coefficients were adjusted in terms of sample size, the difference between the two correlations coefficients was not statistically significant.

Given funerals per year and age were significant predictors of lower death anxiety, a post hoc exploratory analysis was done to ascertain the relationship between age and funerals per year on MFODS scores. Stepwise multiple regression was conducted with the MFODS scores for the total sample as the dependent variable and funerals per year and age for the total sample as the independent variables. The regression model for both variables was significant.

Table 3. Pearson Product-Moment Correlations between MFODS Scores and Embalmings per Year

MFODS total score and subscales	Embalmings per year					
	Total sample	Sample size	Men	Sample size	Women	Sample size
MFODS total score	-.08	201	-.04	164	-.19	37
Subscales						
1. Dying process	-.06	234	-.04	190	-.14	42
2. The dead	-.04	229	.00	185	-.15	43
3. Being destroyed	.02	230	.01	186	.05	42
4. Significant other	-.03	227	.00	184	-.11	42
5. Of the unknown	.04	231	.10	186	-.10	43
6. Conscious death	-.03	234	.00	189	-.15	43
7. Body after death	-.03	233	-.02	187	-.06	44
8. Premature death	-.12	233	-.05	187	-.30*	44

*Correlation is significant at the .05 level (2-tailed).
 **Correlation is significant at the .01 level (2-tailed).

Regression results indicate that age accounts for 7.7% of the variance in death anxiety scores ($R^2_{adj} = .072$), while age and funerals per year account for 11.1% of the variance in death anxiety scores ($R^2_{adj} = .102$).

Several fears of death correlated negatively with age in both men and women (see Table 4). They include fear of the dying process, fear for significant others, and fear of premature death. Fear of the unknown also correlated negatively with death anxiety scale scores of the total sample.

Death Anxiety and Sex

On the MFODS, the total sample yielded a mean score of 109.70 ($SD = 21.78$, $n = 204$). Women participants reported slightly higher death anxiety scores on the MFODS (mean = 110.05, $SD = 22.20$, $n = 38$) than men (mean = 109.61, $SD = 21.75$, $n = 166$); however, there was no statistical significance in the differences between men and women funeral directors' death anxiety scores on the MFODS ($t(202) = -.11$, $df = 202$, $p = .91$).

DISCUSSION

The purpose of this study was to investigate the relationship between levels of death anxiety with levels of death exposure, age, and sex in a national sample of U.S. funeral directors. Both measures of death exposure, including attending

Table 4. Pearson Product-Moment Correlations between MFODS Subscales and Age

MFODS total score and subscales	Age					
	Total sample	Sample size	Men	Sample size	Women	Sample size
MFODS total score	-.28**	194	-.25**	156	-.44**	38
Subscales						
1. Dying process	-.23**	225	-.18*	179	-.48**	44
2. The dead	-.02	221	.06	175	-.19	45
3. Being destroyed	-.05	221	-.10	175	.01	44
4. Significant other	-.33**	217	-.27**	173	-.53**	43
5. Of the unknown	-.14*	223	-.12	176	-.08	45
6. Conscious death	-.04	226	.02	179	-.24	45
7. Body after death	.01	225	.03	177	-.07	46
8. Premature death	-.31**	224	-.31**	176	-.38**	46

*Correlation is significant at the .05 level (2-tailed).

**Correlation is significant at the .01 level (2-tailed).

funeral services and assisting in embalming, correlated negatively with death anxiety, with participant's exposure to funeral service being significant. This finding is in line with Schell and Zinger's (1984) hypothesis that stated the continuous exposure to death would influence the funeral director toward better acceptance of his or her own death. The type of exposure that was most significant was the funeral ritual. Throughout time societies have placed great emphasis on funeral customs (Habenstein & Lamers, 1985). Cultural anthropologists, such as Margaret Mead (1973), attested to the importance placed on death and the ritualistic behaviors humans practice in attempts to deal with its impact. Ritual is symbolic behavior used to elicit emotion and to bring forth meaning from a particular experience (Irion, 1990; Mead, 1972).

Perhaps with continuous exposure to death via the funeral ritual individuals are able to accept the inevitability of their own mortality. Kaldestad and Danbolt (as cited by Hyland & Morse, 1995) saw participation in the funeral ritual as therapeutic in that funerals help to prevent prolonged mourning and depression. Cassem (1976) went so far as to say that "failure to face and to participate in these ritual steps is a serious mental health hazard for those who have just sustained the loss of a loved person" (p. 14). Participants who perceived funerals as comforting reported less grief stress both during the initial phase of grief and years after the death (Gamino, Easterling, Stirman, & Sewell, 2000). Funerals can be a safe place to acknowledge the individual's relationship with the deceased, to express sorrow, and to confront the inevitability of his or her own death.

Another interesting finding in this study is that participants' increased number of embalming cases did not positively correlate with levels of death anxiety. For the general public, exposure to body handling would be viewed as a traumatic event, thereby eliciting increased anxiety in the individual regarding death. Funeral home personnel may share death attitudes that do not allow them to negatively personalize their work with the dead. The funeral director may believe that he or she is providing a vital service for the dead and their families that takes precedent over personal feelings of angst.

In this sample of U.S. funeral home personnel, death anxiety scores significantly decreased with age. This finding supports the hypothesis that individuals prepare themselves for death as they age and constant exposure to death does not impede the individual from developing an acceptance of death over the lifespan. The development of a more positive less fearful view of death in this sample is evident in that older participants were less concerned with seven out of the eight specific fears of death than their younger counterparts.

Not in line with previously noted trends in the literature (e.g., Abel-Khalek, 1998, 2001, 2002; Abdel-Khalek & Al-Kandari, 2007; Lester et al., 2007; Lonetto & Templer, 1986; Rasmussen & Johnson, 1994; Suhail & Akram, 2002; Thorson & Powell, 1984, 1988, 1993) is the current finding that women reported similar levels of death anxiety as men. There are three possible explanations for this finding. First, individuals, both men and women, drawn to the funeral profession

may have a similar conceptualization of death known as the *death system* (Kastenbaum & Aisenberg, 1972). Each society, as well as the individual, establishes a death system reflected mostly in the form of funeral practices. However, death systems also include the words and actions used in relation to death derived from all human experiences up to the current point in time. Second, comparable levels of death anxiety in the current sample may reflect the development of similar death systems between men and women funeral directors after on-the-job exposure to death. When individuals encounter people, places, occasions, and things (e.g., funerals, parents, clergy, teachers, friends, acquaintances, churches, memorials on the roadside, Memorial Day, paintings, sculptures, and literature) that reflect or are associated with death themes, their attitude toward death changes. Constantly changing death system dictates thoughts, feelings, and behavior in relation to death, dying, and bereavement (Kastenbaum, 1986; Kastenbaum & Aisenberg, 1972).

The third explanation for similar death anxiety levels between men and women in this sample may have to do with training. As previously mentioned, Schell and Zinger (1984) noted that the continuous focus of death acceptance in mortuary science programs and on-the-job training may assist the funeral director in developing an acceptance of his or her own death. Perhaps through certain aspects of the funeral director's training, he or she continues to develop a healthy view of death that is influenced by socio-cultural experiences reflected in his or her death system.

There are limitations to the current study that should be noted. First, there were fewer numbers of women than men who responded to the study. This has implications for the interpretation of the correlation between men's and women's death anxiety and age. A stronger negative correlation was found between women's death anxiety scores and age than men's death anxiety scores and age; however, when adjustments were made for the smaller women sample size, the difference in death anxiety scores was not significantly different between the two samples. A second limitation of the study is the differences in the ages between the men and women respondents in the sample. The older men sample size may have implications for the interpretation of the statistical computations for between groups.

A third limitation of the study is the lack of diversity in the sample. Although enrollment of Black American students in mortuary programs is up to 32% of all enrollees (Connick, 2003), Black Americans represent roughly 5% of the sample in the current study. Given culture may influence differences in the death anxiety scores between men and women in diverse samples (Suhail & Akram, 2002; Templer, 1991), the outcome of this study may not be generalized to funeral directors who belong to minority sectors. Nearly 92% of the sample consisted of participants of White decent. The sample does not reflect the influx of Black Americans into the profession as indicated by Connick. A study by Dey (1997) found similar response rates by Black American college students, and a call for

further study as to why Black Americans respond less frequently than Whites has been made. The lack of an ethnically diverse sample may produce non-response bias in the sample. In a study comparing the response rates of Web based and mail surveys, Sax, Gilmartin, and Bryant (2003) reported that Black American college students yielded the lowest response rates of all ethnic minorities. Sax et al.'s explanation for this finding was due to varying cultural beliefs regarding trust of the researcher and minority groups underestimating the importance of their contributions to research. Additionally, Barriball and While (1999) and Alreck and Settle (1995) reminded researchers that if non-response is in some way correlated to the variables under study, external validity is threatened along with the establishment of valid conclusions.

A fourth limitation of the study is the low internal consistency found in five of the eight subscales on the MFODS. Only the subscales that measured fear of the dying process, fear for significant others, and fear of premature death yielded adequate internal consistency. These findings suggest that the items in the subscales that measure fear of the dead, fear of being destroyed, fear of the unknown, fear of conscious death, and fear for the body may need further study.

Finally, although the current sample is larger than previously reported samples of funeral service personnel, a concern regarding the response rate of roughly 26% is warranted. Alreck and Settle (1995) stated that "a sample size of less than about 30 respondents will provide too little certainty to be practical" (p. 62) and a sample size of 100 is thought to be minimally adequate by experienced researchers; however, Barriball and While (1999) discussed the concerns regarding non-response in survey research stating that "if response rates are low and/or non-response is systematic and in some way correlated with the variables under investigation, the sample from which data are collected becomes unrepresentative" (p. 677). Consequently, readers should note the relatively low response rate in this study and its possible threat to generalizability. In an effort to increase response rate and to increase the number of women and minority respondents, future research designs with this population should consider stratified and/or cluster and census sampling techniques. Face-to-face contact with participants would also increase response rate as well as reduce item non-response.

Despite the possible limitations of the current study, there are several useful future lines of inquiry: in particular, to investigate components of the funeral director's death system that contributes to decreases in death anxiety over time. A qualitative inquiry with members of this population focusing on death attitudes would illicit themes related to healthy views of death. Also, it would be important to examine possible components of the funeral service or ritual that may contribute to acceptance of one's own death. Is there a meaning inherent in the ritual that correlates with lower death anxiety scores? Because culture and sex have been found to be associated with an increase in differences between death anxiety scores of men and women, future studies should focus on increasing the number of both ethnically diverse and women respondents. Increasing the diversity of the

sample would also be more reflective of the current reported U.S. population of funeral home personnel. Finally, because exposure to funerals per year and age accounts for only 11.1% of the variance in death anxiety scores for this sample, it is important to investigate other variables that may attribute to death anxiety in this population (e.g., religiosity, spirituality, and history of personal loss).

Inquiry into death attitudes in the current population has implications that reach beyond the funeral industry. For example, identifying reduced death anxiety over the lifespan in individuals in an occupation with high death exposure has significant implications for mental health workers. Kirchberg and Neimeyer (1991) found that beginning counselors reported that discussing issues related to death and dying made them more uncomfortable than discussing other presenting problems. Kirchberg and Neimeyer also suggested the need for a death education component in training programs for mental health professionals. With the addition of death education training to mental health training programs, it is hoped that mental health personnel will reduce their anxiety regarding death, making them better able to assist clients with death related concerns. Review of mortuary science program's death education components may provide information applicable to the development of death education in training programs for mental health workers. Finally, Palgi (1983) discussed the relevance of raising death awareness in the public sector because individuals who have failed to reduce death anxiety may experience significant unrest and a decrease in mental well-being.

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