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The Effects of Locus of Control and
Death Education on Death Attitudes

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Locus, Ed. & Death

Abstract

The relationship of locus of control and death education on death attitudes was examined across a population of college students. Students beginning a death education course, students finishing a death education course, and mortuary science students, completed Rotter's I-E scale, Hardt's Death Attitude Scale, and questions on personal beliefs. No significant difference of death attitude was found between the three groups, although internality was found to be significantly correlated to favorable death attitude. Statistical analysis did not support the hypothesis that death education positively affects death attitudes, however, the data do reveal that those individuals with an internal locus of control and who also received some type of death education, exhibited the most favorable attitudes toward death. No significant differences were found for sex, amount of religion, or experience of recent death. Further study is necessary.

The Effects of Locus of Control and
Death Education on Death Attitudes

The word "death" evokes feelings and thoughts that are uncomfortable and anxiety provoking for a great number of people. The topic of death often creates fear, pain, denial, and enigma. We are all horrified by stories of great tragedy. Many of us try to disassociate ourselves so as not to feel the reality of the situation. But death is a natural and inevitable part of life. If we have desensitized ourselves to death, we may not truly be prepared to cope when we are faced with the loss of a loved one or with our own demise. We are often not even prepared to help others who are grieving. Many of us do not know what to say to a bereaved person. We may even avoid the situation so as not to confront our own fears and inadequacies.

Why are some individuals more comfortable with death than others? What factors contribute to the attitude people have developed toward death? What, if anything, can be done to improve death attitudes? These are all questions which merit careful thought and consideration. The purpose of this study is to explore death attitudes, how they develop, how they are related to particular individual differences, and how they can be influenced through education and experience.

Hardt (1979) has discussed several philosophical and psychological perspectives which have been proposed to understand the meaning of death. Socrates believed that death was the freezing and separation of the soul from the body. Plato believed the soul

was not destroyed but achieved immortality. Aristotle saw death as the end of everything except man's reason. In 1889, Martin Heidegger proposed a different philosophy. He believed death bound together the soul with the body completing the totality of existence. Therefore, death is not an event which ends life, but is a part of life. In a psychological perspective, Freud believed we could never truly know death. He introduced the conflicting instincts of Thanatos (death instinct) and Eros (life instinct) as reason for human actions such as suicide. Most other psychologists reject Freud's theory and examine death more in terms of fears. Malanie Kleine has suggested that loss of life is the greatest fear of all. (Hardt, 1979).

Russell (1978) has concluded that death attitude is fundamentally a matter of the perspective or perspectives from which it has developed. He discussed five other perspectives mankind has adopted to understand death. The Ecological perspective views death as the natural, inevitable consequence of all life, and, there is no life beyond death. The Humanistic perspective is similar to the ecological, except that human life is considered the most valuable of all life forms. The only immortality achieved is in the memories of those left behind. The Christian perspective views the purpose of life as one of which to decide for Christ. Upon death, one is rewarded or punished for their decision. Least recognized in the American culture is the Reincarnation perspective. In this view, death is merely leaving one plane of existence and entering another. Each life has a particular purpose, and each entity is part of a continual progression of experience. Finally, the Life after Life perspective, recognized

by Kubler-Ross and Moody, views life as continuing on after death in a conscious manner. This view is supported by those who have been declared dead and then returned to life. Previous fear of death and dying is generally eliminated.

Other factors also appear to influence the development of death attitudes. Religion and amount of religiosity are important factors. A person's religion can very well be related to a particular perspective adopted. While the Jewish and Christian faiths view death as the key to eternity, the religious beliefs of Hindu reflect a reincarnation perspective. Cultural factors are also influential. The Chinese are more fearful of living an evil life than of death. Eskimo perception of death is dependent upon economic, social class, and locality factors. And, many primitive societies share a belief in voodoo (Hardt, 1979; Coleman, Morris, & Glaros, 1987).

In the American culture, death attitudes have changed over the past several decades. A few years ago, most people died at home. With extended families, children were exposed to the death of grandparents at an early age. Preparing the body for burial and visitations occurred in the home. The funeral was handled almost completely by the immediate family (Hardt, 1979; Coleman, et al., 1987). Nowadays, death is much more sanitized. Most people die in hospitals. Funeral directors handle the body and make all the funeral arrangements. The family is protected from many of the harsher realities of death. Because of this sanitization, individuals have lacked many of the experiences necessary to develop a healthy attitude toward death. Instead,

fear of the unknown has developed into a more intense fear and denial of death.

Since it is apparent that all these factors influence the development of death attitudes, it could be assumed that one could predict these attitudes through examination of an individual's religion, culture, and choice of perspectives. However, all individuals are different. Two people with the exact same religion, culture, and perspective, may exhibit a different attitude toward death. Therefore, personal factors must also be involved. Although past experiences play a large role in attitude development, personality traits are also important. Frazier and Foss-Goodman (1988) reported that high death anxiety was correlated with neuroticism and Type A behavior patterns. Howells and Fields (1982) also confirmed that emotionality was significantly related to fear of death. Templer (1972) and Loo (1984) reported similar findings. Other studies have focused on locus of control in relation to death anxiety. Tolor and Reznikoff (1967) found a small but significant correlation between Rotter's I.E. scale and death anxiety. Vargo and Black (1984) reported a relationship between external locus of control and death anxiety in a medical school population. Hyams, Domino, and Spencer (1982) also found a significant relationship between external locus of control and concern about death. And, more recently, Hickson, Housley, and Boyle (1988) reported a significant interaction between locus of control and age in relation to death anxiety. Some studies such as Berman and Hays (1973) found no such relationship for locus

of control and death anxiety. Hayslip and Stewart-Bussey (1986) found mixed support for internality and lower death fear. In general, however, individuals who possess an internal locus of control appear to be more effective in dealing with both the physical outer environment as well as the inner affective environment, and therefore, exhibit a more favorable death attitude.

The only measures available to improve death attitudes appear to be in the form of education. Hayslip and Walling (1985) looked at the effects of hospice training and locus of control on death anxiety. The program appeared to sensitize participants to an "awareness of their fears about the uncontrollability of death" (Hayslip & Walling, 1985). All groups revealed less overt generalized death fear after training. Hardt (1976) used his own Death Attitude Scale to assess the effect of a death education class on death attitudes. Given in a pre-test, post-test fashion he reported finding a significant improvement in mean death attitude in 63% of participants. Subjects with the lowest scale average on the pre-test had the greatest increase on the post-test. Subjects with the more favorable pre-test scores revealed the smallest amount of change at post-test. Implications were that education was the most beneficial to those with the greatest fear of death. Lockard (1989) reported significant reductions in death anxiety on both short-term and long-term basis in nursing students after exposure to a death education instruction unit. And, Weeks (1989) revealed a statistically significant difference among three occupational groups regarding attitudes toward death. Funeral directors had the most favorable death attitude, followed by physicians, and then teachers. A higher

percentage of funeral directors had received death education than either of the other two groups. All three groups reported a need for better death education in schools. In general, however, it appears that when death education is available, it does reduce death anxiety and improve death attitudes.

Most studies in the past have focused on either personality factors or education in relation to death attitudes. In this study, I will attempt to look at the effects of both locus of control and death education on death attitudes. Those internally oriented individuals, who have an increased sense of personal control, perceive death as more predictable, and therefore, feel more secure with issues concerning death. I hypothesize that as internality increases, so will favorability toward death. I also hypothesize that individuals who have experienced death education coursework will have a more favorable death attitude than those not receiving this instruction. An finally, I hypothesize that those persons with an internal locus of control and who have received some type of death education will exhibit the most favorable death attitude of all.

Method

Participants

Participants were 105 students at Southern Illinois University at Carbondale. There were 54 males and 51 females in the study. The mean age for all groups was 25.5 years. Most all subjects were undergraduates at the university. Three groups of students were obtained through cooperation with their instructors. Their participation was voluntary.

The first group consisted of students just completing a death education class, which covered such topics as death attitudes, personal experiences, death rites, social and ethical issues, immortality, and so on. The second group contained students who were enrolled in the same type of death education class but had not received any instruction yet. The third group was mortuary science students in their second year of study. This program consists of two academic years of study and one summer of internship in a funeral home. First year students basically fulfill general education requirements, while second year students receive instruction in death, funeral service preparedness, and embalming.

Instruments

Each group was given a questionnaire containing three sections (see Appendix A). Answers were recorded on a separate answer sheet. The first section consisted of Rotter's Internal/External Locus of Control Scale. This scale contains 29 items assessing the attribution of control along an internal/ external continuum. Scoring is in the external direction. Acceptable levels of reliability and validity for research and clinical use have been found with this scale (Rotter, 1966).

The second section of the questionnaire consisted of Hardt's Death Attitude Scale. This is a Thurstone Equal Appearing Interval scale containing twenty ordinal statements measuring attitude toward death. The scale ranges from statements which represent a very favorable attitude toward death, such as "The thought of death is glorious", to ones

which reflect a very unfavorable attitude, such as "The thought of death is outrageous". Subjects are asked to check the statements that they agree with. This scale was chosen because of the debate concerning the multidimensionality issue of other scales measuring fear of death or death anxiety (Neimeyer & Moore, 1989). This scale has met concurrent and construct validity requirements, and has a reliability coefficient of .87.

The third and final section of the questionnaire consisted of ten multiple choice questions concerning beliefs about death and six questions on personal factors, such as religion, religiosity, nationality, experience of close death, and death education experience. The belief questions were excerpted from a questionnaire contained in the book Death Out of the Closet by G. Stanford (1976). Three of these questions offered the option of "other" so as subjects could specify a particular belief not given. Content analysis will be performed on this information.

Procedure

Arrangements were made with respective instructors to present the questionnaires to their students during regular class periods. All respondents were informed of the voluntary nature of their participation. Questionnaires and answer sheets were distributed. Subjects were then asked to record their age and sex on their answer sheets. To insure confidentiality, participants were told not to record their names or any identification numbers on the sheets. Emphasis was made to the fact that there were no right or wrong answers, to read

instructions carefully before beginning each section, and not to communicate with other subjects while completing the questionnaire. Because of the confusing nature of the Rotter I-E scale, a review of these particular instructions were given (See Appendix A). After any questions were answered, the participants were allowed to begin.

After completion of the questionnaires, subjects were given a debriefing statement. The statement consisted of information concerning the purpose of the study, for instance, the effects of locus of control and death education on death attitudes. Subjects were asked not to discuss the study with other potential subjects, and told who to contact if an interest in the results exist. All subjects were thanked for their participation.

Results

The mean death attitude score for each group revealed that the mortuary science group exhibited the most favorable death attitude, $\bar{x}=3.14$; with the death education group next $\bar{x}=3.04$; and finally the non-death education group $\bar{x}=2.89$. Scores could range from 1.1 to 4.9, with 3.0 and up reflecting a more favorable attitude. A one-way ANOVA across the three groups revealed no significant difference between the groups for mean death attitude, $F(2,102)=1.86$, $p > .05$. No two groups were significantly different at the .05 level.

A Pearson correlation was performed for locus of control and death attitude across the three groups. Externality was inversely correlated with favorability of attitude toward

death, $r = -.2158$, $p < .05$. As locus of control became more external death attitude less favorable, and as control became more internal, death attitude became more favorable.

Individuals who revealed a more internal locus of control (< 10) in the death education group, also exhibited the most favorable death attitude $\bar{x} = 3.28$ (See table 1). However, an independent t-test revealed no significant difference between this group's death attitude and the death attitude of internal's in the non-death education group, [$t(21) = 1.89$, $p > .05$].

No significant differences were found for death attitude and experience of recent death, [$t(102) = .46$, $p > .05$]; for DAS and sex, [$t(103) = -.86$, $p > .05$]; and for DAS and amount of religion [$t(47) = -.41$, $p > .05$].

Analysis of the belief statements was performed by calculating the percentage of responses to particular questions. When asked what their greatest fear was, 61% of all subjects reported "death of a loved one", while only 13% reported "their own death", another 22% reported "being alone", while 4% reported "growing old". When asked , when is death least threatening, respondents answered: 30% when it happens quickly; 39% when you have time to prepare; and 23% when you don't know it is coming. Funerals were thought to be a healthy way for the living to readjust and a good way to say good bye in 78% of the responses. Another 86% reported that they had been taught that death was a natural occurrence and not a punishment or a topic not to be discussed.

Discussion

The results support my hypothesis that internality is correlated to more favorable death attitudes. This appears to be consistent with studies done by Tolor and Reznikoff (1967), Vargo and Black (1984), and Hyams, Domino, and Spencer (1982). Although significance was not found for difference in mean death attitudes among the three groups, I believe it is worthwhile to mention that subjects in both the death education group and the mortuary science group did exhibit more favorable death attitudes than the non-death education group. Perhaps, the non-death education subjects were not truly representative of individuals without death education. The fact that these subjects were enrolled in a death education course may suggest they were already more accepting of death, or at least, wanting to grasp a better understanding of death. Expectation of receiving instruction may have influenced their attitudes. Perhaps using a pre-test, post-test method would have revealed improvements in individual death attitudes. A control group, containing individuals not enrolled in any type of death education may have been a better comparison group.

Other variables may have also influenced death attitude scores. Although, the death attitude of individuals who had experienced a recent death was not shown to be significantly different from those who hadn't, there appeared to be a disproportionate number of individuals (40) who had experienced the death of a close friend or loved one in the past year. This event may have influenced death attitudes, as well as been

the reason these individuals enrolled in a death education course. Further analysis of this variable may be necessary to truly understand the relationship of death experience to death attitudes.

Although statistical analysis did not support my hypothesis that individuals who receive death education exhibit more favorable death attitudes, I maintain that death education does improve attitudes and it is therefore a worthwhile endeavor. Perhaps each individual's perception of death varies, and therefore, measuring death attitude as a single dimension is not possible. Exploration and education may bring about better understanding.

Analysis of the belief statements revealed some interesting information. Because death of a loved one seems to create more fear than one's own death, perhaps we should focus more on helping the grief stricken. More study on overcoming grief may be necessary. Fear of being alone may very well go along with death of a loved one. Implications for further research on loneliness is apparent.

In general, death is a topic that needs to be addressed and examined. Acceptance of mortality is one of the foremost entryways to self-knowledge (Fiefel, 1990). Through death education we can prepare for living.

References

- Berman, A.L. & Hays, J.E. (1973). Relations between death anxiety belief in afterlife, and locus of control. Journal of Consulting and Clinical Psychology. 41, 318.
- Coleman, J.C., Morris, C.G., & Glaros, A.G. (1987). Contemporary Psychology: Effective Behavior. Glenview, Il.: Scott, Foresman and Company.
- Frazier, P.H. & Foss-Goodman, D. (1988). Death anxiety and personality : are they truly related? Omega. 19, 265-274.
- Hardt, D.V. (1975). Development of an investigatory instrument to measure attitudes toward death. The Journal of School Health. 45, 96-99.
- Hardt, D.V. (1976). A measurement of the improvement of attitudes toward death. The Journal of School Health. 46, 269-270.
- Hardt, D.V. (1979). Death: The Final Frontier. Englewood Cliffs, New Jersey : Prentice-Hall.
- Hayslip, B. & Stewart-Bussey D. (1986). Locus of control-levels of death anxiety relationships. Omega. 17, 41-49.
- Hayslip, B. & Walling, M. (1985). Impact of hospice volunteer training on death anxiety and locus of control. Omega. 16, 243-254.
- Hickson, J., Housley, W.F., & Boyle, C. (1988). The relationship of locus of control, age, and sex, to life satisfaction in older persons. International Journal of Aging and Human Development. 26, 191-199.
- Howells, K. & Field, D. (1982). Fear of death and dying among medical students. Social Science and Medicine. 16, 1421-1424.

- Hyams, N.B., Domino, G., & Spencer, R. (1982). Differential aspects of locus of control and attitudes toward death. Social Behavior and Personality. 10, 177-182.
- Lockard, B.E. (1989). Immediate, residual, and long-term effects of a death education instructional unit on the death anxiety level of nursing students. Death Studies. 13, 137-159.
- Loo, R. (1984). Personality correlates of the fear of death and dying scale. Journal of Clinical Psychology. 40, 120-122.
- Neimeyer, R.A. & Moore, M.K. (1989). Assessing personal meanings of death: empirical refinements in the threat index. Death Studies. 13, 227-245.
- Rotter, J.B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs. 80: 1 (Whole No. 609).
- Russell, R.D. (1978). Some perspectives on death -- in song and story. A copy of a presentation given at the First National Conference of the Forum for Death Education and Counseling. Washington D.C.
- Stanford, G. & Perry, D. (1976). A questionnaire excerpted from Death Out of the Closet. New York: Bantam Books.
- Templer, D. (1972). Extraversion, neuroticism, and cigarette smoking. Omega. 3, 53-56.
- Tolor, A. & Reznikoff, M. (1967). Relation between insight, repression-sensitization, internal-external locus of control, and death anxiety. Journal of Abnormal Psychology. 72, 426-430.

Vargo, M.E. & Black, F.W. (1984). Attribution of control and the fear of death among first-year medical students.

Journal of Clinical Psychology, 40, 1525-1527.

Weeks, D. (1989). Death education for aspiring physicians,

teachers, and funeral directors. Death Studies. 13, 17-24.

Appendix A

Questionnaire

This questionnaire contains three sections. All responses should be recorded on the separate sheet. Also include your age and sex on the answer sheet. DO NOT RECORD YOUR NAME OR ID NUMBER. This is to insure confidentiality. All responses are voluntary however your cooperation in answering all the questions is appreciated. Read all instructions carefully before you begin each section.

SECTION I

This section is to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief. There are no right or wrong answers. Please choose ONE answer for each choice.

- 1. a. Children get into trouble because their parents punish them too much.
b. The trouble with most children nowadays is that their parents are too easy with them.
- 2. a. Many of the unhappy things in people's lives are partly due to bad luck.
b. People's misfortunes result from the mistakes they make.
- 3. a. One of the major reasons why we have wars is that people don't take enough interest in politics.
b. There will always be wars, no matter how hard people try to prevent them.
- 4. a. In the long run people get the respect they deserve in this world.
b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
- 5. a. The idea that teachers are unfair to students is nonsense.
b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
- 6. a. Without the right breaks one cannot be an effective leader.
b. Capable people who fail to become leaders have not taken advantage of their opportunities.
- 7. a. No matter how hard you try some people don't like you.
b. People who can't get others to like them don't understand how to get along with others.
- 8. a. Heredity plays the major role in determining one's personality.
b. It is one's experiences in life which determine what they're like.
- 9. a. I have often found that what is going to happen will happen.
b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
- 10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
- 11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
b. Getting a good job depends mainly on being in the right place at the right time.
- 12. a. The average citizen can have an influence in government decisions.
b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14. a. There are certain people who are just no good.
b. There is some good in everybody.
15. a. In my case getting what I want has little or nothing to do with luck.
b. Many times we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.
b. By taking an active part in political and social affairs the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
b. There really is no such thing as "luck".
19. a. One should always be willing to admit mistakes.
b. It is usually best to cover up one's mistakes.
20. a. It is hard to know whether or not a person really likes you.
b. How many friends you have depends upon how nice a person you are.
21. a. In the long run the bad things that happen to us are balanced by the good ones.
b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption.
b. It is difficult for people to have much control over the things politicians do in office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give.
b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do.
b. A good leader makes it clear to everybody what their jobs are.
25. a. Many times I feel that I have little influence over the things that happen to me.
b. It is impossible for me to believe that chance or luck plays an important role in my life.
26. a. People are lonely because they don't try to be friendly.
b. There's not much use in trying too hard to please people, if they like you, they like you.
27. a. There is too much emphasis on athletics in high school.
b. Team sports are excellent ways to build character.
28. a. What happens to me is my own doing.
b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29. a. Most of the time I can't understand why politicians behave the way they do.
b. In the long run the people are responsible for bad government on a national as well as on a local level.

Section II

Mark "a" if you agree with the following statements. Mark "b" if you disagree.

- | | | |
|---|----------|-------------|
| 30. The thought of death is a glorious thought. | a. agree | b. disagree |
| 31. When I think of death I am most satisfied. | a. agree | b. disagree |
| 32. Thoughts of death are wonderful thoughts. | a. agree | b. disagree |
| 33. The thought of death is very pleasant. | a. agree | b. disagree |
| 34. The thought of death is comforting. | a. agree | b. disagree |
| 35. I find it fairly easy to think of death. | a. agree | b. disagree |
| 36. The thought of death isn't so bad. | a. agree | b. disagree |

- 37. I do not mind thinking of death. a. agree b. disagree
- 38. I can accept the thought of death. a. agree b. disagree
- 39. To think of death is common. a. agree b. disagree
- 40. I don't fear thoughts of death, but I don't like them either. a. agree b. disagree
- 41. Thinking about death is over-valued by many. a. agree b. disagree
- 42. Thinking of death is not fundamental to me. a. agree b. disagree
- 43. I find it difficult to think of death. a. agree b. disagree
- 44. I regret the thought of death. a. agree b. disagree
- 45. The thought of death is an awful thought. a. agree b. disagree
- 46. The thought of death is dreadful. a. agree b. disagree
- 47. The thought of death is traumatic. a. agree b. disagree
- 48. I hate the sound of the word death. a. agree b. disagree
- 49. The thought of death is outrageous. a. agree b. disagree

Section III

Read the following questions carefully and then mark the answer sheet with your choice of response. If you choose to mark "other" then specify your answer on the attached blank sheet of paper. Please include the question number with your response. There are no right or wrong answers.

- 50. Death is least threatening when:
 - a. it happens quickly
 - b. it comes slowly
 - c. you don't know that it is coming
 - d. you have time to prepare
- 51. My greatest fear is:
 - a. death of someone I love
 - b. my own death
 - c. getting old
 - d. being alone
- 52. Would you like to live forever?
 - a. yes
 - b. no
- 53. If I found out that I were going to die soon, I would:
 - a. commit suicide
 - b. laugh it off
 - c. hate the healthy and living
 - d. try to accomplish everything in the remaining time
 - e. turn to God or some form of religion
 - f. try to accept it
- 54. I was taught that:
 - a. death is man's punishment
 - b. death is a disgusting reality
 - c. death should not be discussed
 - d. death is a natural occurrence
 - e. death is sacred
 - f. other (specify)
- 55. Would you be willing to donate your kidneys for transplantaion after death?
 - a. yes, I support the donor system
 - b. I am considering the possibility
 - c. I don't know
 - d. perhaps
 - e. probably not
 - f. absolutely not
- 56. Funerals are:
 - a. morbid occurrences
 - b. barbaric spectacles
 - c. superstitious rituals
 - d. a meaningful tribute to the deceased
 - e. a nice way of saying good-bye
 - f. a healthy way for the living to readjust
- 57. I believe
 - a. in reincarnation (rebirth)
 - b. in life after death in some form
 - c. that there is nothing after death
 - d. only good people attain an afterlife
 - e. that the evil are punished after death
 - f. other (specify)
- 58. I believe that death occurs when;
 - a. the heart stops beating
 - b. the brain ceases to function
 - c. the person stops breathing
 - d. life can't be sustained independently

59. I am in favor of:
- a. letting a diseased person die naturally
 - b. keeping a diseased person alive with machines
 - c. "Killing" a person who is in misery
 - d. putting the diseased person in God's hands
 - e. practicing some form of "mercy killing"
 - f. other (specify)
60. What is your religion?
- a. Christian
 - b. Hindu
 - c. other (specify)
 - d. Jewish
 - e. Moslem
61. How often do you attend church?
- a. quite regularly
 - b. often, but not every week
 - c. other (specify)
 - d. only occasionally
 - e. never
62. What is your nationality?
- a. American
 - b. African American
 - c. Indian
 - d. Chinese
 - e. Japanese
 - f. other (specify)
63. Have you experienced the death of a close friend or loved one in the past year?
- a. yes
 - b. no
64. Have you experienced the death of a close friend or loved one in the past ten years?
- a. yes
 - b. no
65. Have you taken or are you taking any type of a death education course?
- a. yes
 - b. no

TABLE 1

	# Subj.	\bar{x} LC	\bar{x} DAS	Std.Dev.
Group 1 non-death ed.	33	11.7	2.89	.565
Group 2 death ed	45	11.7	3.04	.554
Group 3 mortuary sci.	27	9.85	3.14	.381

Locus

(<10>)

	Internal	External
Grp1 - NDE	2.90 DAS n=11	2.88 DAS n=22
Grp2 - DE	3.28 DAS n=12	2.96 DAS n=33
Grp3 -MS	3.25 DAS n=12	3.05 DAS n=15