

**DEATH ATTITUDES ACROSS THE
LIFE-SPAN: THE DEVELOPMENT
AND VALIDATION OF THE DEATH
ATTITUDE PROFILE (DAP)***

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ABSTRACT

Four orthogonal factors were identified by principal component factor analysis: Fear of Death/Dying, Approach-Oriented Death Acceptance, Escape-Oriented Death Acceptance, and Neutral Death Acceptance. Theta estimates of the internal consistency of the factor scales ranged from fair (.60) to good (.89). An elderly sample ($n = 50$) showed less fear of death and more acceptance (all three kinds of acceptance) than the middle age ($n = 50$) and the young ($n = 50$) samples. As predicted, Fear of Death/Dying was negatively related to happiness, but positively related to hopelessness, whereas Escape-Oriented Death Acceptance was positively related to hopelessness, thus providing some evidence of concurrent validity of the DAP.

Early death attitude scales were primarily measures of death fear or death anxiety, probably due to the commonly held belief that all people are afraid of death to various degrees [1, 2]. Most researchers assumed the death fear/anxiety construct to be unidimensional, and scales were constructed accordingly. These scales included the Sarnoff and Corwin Fear of Death Scale [3]; Boyar Fear of Death Survey [4]; Lester Fear of Death Scale [5]; Templer Death Anxiety Scale [6]; and Dickstein Death Concern Scale [7].

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Later factor analytic studies, however, found that some of the scales are actually multidimensional. For example, the Boyer Fear of Death Survey [4] and Templer Death Anxiety Scale [6] contain Fear of Death State and Fear of Dying Process dimensions [8]. The Dickstein Death Concern Scale [7] contains Negative Evaluation, Conscious Concern, and Neither, dimensions [9].

Collett and Lester [10] and Nelson and Nelson [11] were among the first to explicitly construct multidimensional Death Fear/Anxiety measures. The Collett and Lester Fear of Death and Fear of Dying scale identified four factors of death fear: Fear of Death of Self; Fear of Dying of Self; Fear of Death of Others; Fear of Dying of Others. Theoretically, the distinction between Fear of Death and Fear of Dying suggests that some individuals might not fear the state of death, but fear the process of dying (or vice versa).

This distinction between state and process has received some empirical support. Collett and Lester report only a minor intercorrelation between the two. They conclude that the dimensions are independent. Hooper and Spilka [12] and Lowe, Garmanous, and Hubbard [13] were able to include Fear of Death and Fear of Dying dimensions into their Death Perspective Scales. Both report independent factor structures. However, there seems to be some overlap. The Death Fear factors tend to include Dying Process items, and vice versa.

Collett and Lester also distinguish between self-as-subject (e.g., Fear of Death of Self), and others-as-subject (e.g., Fear of Death of Others) [10]. While concern about the death of others may be important, it is not relevant to studies of personal death attitudes. Furthermore, Fear of Death of Others is not a meaningful measure unless one's relationship with others is specified. One may be very much concerned about the death of a loved one, but indifferent towards the death of a stranger.

The Nelson and Nelson Death Anxiety Scale includes four dimensions of Death Anxiety: Death Avoidance, Death Fear, Death Denial, and Reluctance to Interact with the Dying [11]. No distinction is made between state and process in the scale. While Nelson and Nelson report independent factor structures, conceptually they are impure. Items which refer to the death or dying of others (e.g., I could sleep in a room with a dead body) are confounded with items about personal death in all four dimensions.

It should be pointed out that attitudes towards death need not be negative. Unfortunately, positive attitudes such as Death Acceptance have received little attention. The Ray and Najman Death Acceptance Scale is one of the few published Death Acceptance measures [14]. Death Acceptance is treated unidimensionally, and defined as feeling positive about death. However, the possibility of different types of Death Acceptance is not considered.

Both logical analysis and empirical evidence suggest that there are at least three types of Death Acceptance. Feifel reports that some hospitalized patients view death as a passageway to an eternal existence, or happy afterlife [15]. This attitude can be labelled Approach-Oriented Death Acceptance. Persons with

this attitude feel truly positive about death and may even look forward to its occurrence. Shneidman suggests a second type of Death Acceptance [16]. "Psyde-Welcomers" welcome the end of life, and view death as an escape from pain and suffering. This attitude can be renamed Escape-Oriented Death Acceptance. Feifel [15] and Shneidman [16] propose a third type of Death Acceptance. Some of Feifel's hospitalized patients, and Shneidman's "Psyde-Acceptors," accept the inevitability of death; they neither look forward to nor fear its occurrence. This type of Death Acceptance can be labelled Neutral Death Acceptance.

With the possible exception of the Templer scale, existing death attitude scales have several limitations [6]. Construct validity poses the greatest problem. Often, little or no attempt is made to define different dimensions of death attitudes. As well, most studies fail to provide proper concurrent validity data. In terms of internal consistency, either item-total analysis or factor analysis is used. The former method is an index of item-selection quality. A good set of items will result in good item-total correlations. Whether or not the set of items is truly unidimensional, however, is a question unanswered by item-total analysis.

Scales which rely solely upon factor analysis also have limitations. Nelson and Nelson, for example, pooled items related to the Death Anxiety construct [11]. The factor structure which emerged during analysis became their sole means of defining the conceptual dimensions of Death Anxiety. One major limitation of this approach is that the factor structure of the scale is dependent upon item selection. Had a different set of items been included, very different factors might have resulted. This type of "blind" empiricism is not conducive to identifying important dimensions of death attitudes.

A related problem concerns the definitions or meaning of the factors which emerge. Factors are often defined on the basis of their highest loading items. As a result, factors tend to contain items that conceptually do not belong to the definition. Given the lack of conceptual clarity, it is often difficult to determine the factor's concurrent and predictive validity.

The primary purpose of the present study is to construct a multidimensional Death Attitude Profile (DAP) which avoids some of the limitations of existing scales. On the basis of prior research, and our own theoretical analysis, the following dimensions are included in the Death Attitude Profile (DAP):

1. Fear of Death (negative thoughts and feelings about the state of death);
2. Fear of Dying (negative thoughts and feelings about the process of dying);
3. Approach-Oriented Death Acceptance (death is viewed as a passageway to a happy afterlife);
4. Escape-Oriented Death Acceptance (death is viewed as an escape from a painful existence); and
5. Neutral Acceptance (death is neither welcomed nor feared, but simply accepted as a reality).

This is the first time that the entire range of death attitudes (i.e., fear, neutral, acceptance) are included in the same scale. Our approach will emphasize an interplay between theoretical analysis and empirical evidence. In order to bypass the shortcomings of “blind” empiricism, items will be generated and selected according to the five conceptually defined DAP dimensions. To provide empirical support of face validity, participants will be asked to sort items into those categories (dimensions) they feel are most conceptually appropriate. Items lacking in face validity will be discarded. Internal consistency will be assessed using both item-total and factor analyses. Item-total analysis will provide an index of item-selection quality. Factor analysis will help insure that the DAP dimensions are truly independent. We will also attempt to establish the concurrent and construct validity of the DAP dimensions through correlational analyses and developmental comparisons.

CORRELATES OF DEATH ATTITUDES

A great majority of death attitude studies concern themselves with correlates of death fear or death anxiety. Self-actualization [17], sense of competence [18], self-esteem [19], meaning and purpose in life [20-25], and life satisfaction [26] are negatively correlated with death fear/anxiety. Anxiety [6, 7], external locus of control [27, 28], and despair [26], are positively correlated with Death Fear/Anxiety. The direction of the relationships suggest that individuals who feel negatively about death (Fear of Death) also tend to feel negatively about life. Since Fear of Dying also contains negative thoughts and feelings about death (although it refers specifically to the process), a similar relationship should exist.

In order to establish the concurrent validity of the Fear of Death and Fear of Dying DAP dimensions, the criterion measures of happiness and hopelessness are employed. Happiness, as defined by Kozma and Stones, includes life satisfaction, general life experience, and general affect [29]. As a measure of “psychological well-being,” happiness should be inversely related to Fear of Death and Fear of Dying. Hopelessness includes feelings of despair, negative expectancies about the future, and lack of purpose [30]. Hopelessness should be positively related to Fear of Death and Fear of Dying.

Feifel suggests that belief in the afterlife contributes to a positive outlook on life [31]. Steinitz was able to empirically validate the relationship [32]. He found a positive correlation between belief in the afterlife and feelings of optimism and hopefulness. Since Approach-Oriented Death Acceptance incorporates belief in the afterlife, Approach Acceptance ought to be positively related to happiness, and negatively related to hopelessness.

Escape-Oriented Death Acceptance characterizes those individuals who see death as an escape from a miserable existence. Death is viewed as a negative reinforcer. It terminates a painful existence. Since a “painful existence” implies

a negative view of life, Escape Acceptors should have low levels of psychological well-being. In their study of community and institutionalized elderly, Reker and Wong [33] found such an inverse relationship between Death Acceptance (measured by a sub-scale of the Reker and Peacock [34] Life Attitude Profile) and psychological well-being. Those who accepted death tended to be unhappy with their lives. Therefore, it is predicted that Escape-Oriented Death Acceptance will be inversely related to happiness. Beck, Weissman, and Kovacs suggest that hopelessness is a sensitive measure of suicidal tendencies [35, 36]. Since such tendencies are the logical extension of Escape Acceptance, it is predicted that Escape-Oriented Death Acceptance will be positively related to hopelessness.

Neutral Acceptance characterizes those who neither fear death nor welcome it. Neutral Acceptance may have different implications for well-being. If one accepts the brevity of life, one may be motivated to make life as full and meaningful as possible. In this case, Neutral Acceptance should correlate positively with well-being. On the other hand, if one accepts that human beings are here simply to live and die, one may simply question the meaning of existence. In this case, Neutral Acceptance should correlate negatively with well-being. Therefore, it is difficult to make definite predictions about Neutral Acceptance.

AGE DIFFERENCES

Life-span psychologists have postulated that different age groups vary in their attitudes towards death [37-39]. If the DAP has good construct validity, then the subscales should be sensitive to these age differences.

Young adulthood is characterized by a growth in intellectual and philosophical maturity. As a result, young adults find it increasingly difficult to hold on to the belief in immortality. Logically, young adults can no longer deny the fact that they, and their loved ones, will eventually die. The perception that death is remote, however, remains. The individual understands the inevitability of death, but believes that it will not happen for a long time. As a result, there is a tendency to avoid or brush aside thoughts of death. It is probable that Fear of Death underlies this tendency. Indeed, Birren, Kinney, Schaie, and Woodruff suggest that fear of death is at a relatively high level during this stage of life [40].

The approach of middle and late adulthood is often perceived in terms of decline [41]. Physically, there is a gradual loss of health and internal vitality. The loss is accompanied by alterations in appearance (e.g., weight gain, wrinkles). Within the social framework, there is a realization that children are almost adults, and that parents have grown old. Friends, too, have aged, some perhaps falling ill. A loss of career opportunities and the feeling that it is too late to make new life choices are also common [41]. While the events in themselves do not change the individual, psychologically they have great impact. Together, the

experiences confirm the individual's worst fear that "(He) has stopped growing up and has begun to grow old" [42, p. 506].

The fear of growing old is closely associated with fear of death and the perception of time. Aging becomes a metaphor signalling depletion of the life force, and the approach of death. Neugarten notes that a complete change in time perspective occurs during the middle years [38]. Time is now perceived as time-left-to-live rather than time-since-birth. The focus centers upon death, rather than life. Katz, for example, found his sample of middle-aged faculty members to be more afraid of death than either their pre-mid-life or post-mid-life colleagues [43].

Old age requires an adjustment to retirement, reduced physical vigor, and a gradual withdrawal from active participation within the community [44]. The need to accept one's past life, and future death, becomes an important developmental task for the elderly [45].

Kalish and Reynolds [46] and Klug and Boss [9] suggest that, while the elderly may think about death to a greater extent than the young or middle-aged, the majority no longer fear its occurrence. However, apprehension concerning the process of dying seems to grow in strength [40, 47]. Since the process of dying often involves pain, illness, and suffering, the apprehension is perhaps well-founded.

The decline in death fear among the elderly may be accompanied by an increase in all three types of Death Acceptance. In their cross-generational comparison, Bengtson, Cuellar, and Ragan report that the elderly are most religious [48]. The elderly should therefore have a correspondingly high level of Approach-Oriented Death Acceptance. The recognition that the future is limited by reduced health and economic status, and a longing for relief from pain and loneliness should contribute to high levels of Escape-Oriented Death Acceptance [48]. The necessity of coming to terms with death may promote Neutral Acceptance. The elderly may feel they have received their "fair share" of life, and that there is no point in worrying about death's inevitability [48].

In view of the above age differences in death attitudes, the following relationships are predicted: Fear of Death should be a curvilinear function of age; Fear of Death should be relatively high among the young [40], should peak during middle-age [43], and fall to its lowest point during old age [46]; and Fear of Dying [40, 47], Approach-Oriented [48], Escape-Oriented [48], and Neutral Acceptance [48] should all be highest among the elderly.

DEVELOPMENT OF THE DAP

Items for the Death Attitude Profile (DAP) were pooled from a variety of sources [3, 6, 7, 13], and generated by the authors according to the five theoretical categories. On the basis of face validity, clarity, and generality, five items were selected for the Fear of Death, Escape Acceptance, Approach

Acceptance, and Neutral Acceptance categories. Six items were selected for the Fear of Dying dimension. In order to empirically determine the face validity of the DAP dimensions, twelve young (eighteen to twenty-five years), twelve middle-age (thirty-five to forty years), and twelve elderly (over sixty years) were asked to place each item into the most conceptually appropriate category. Twenty-three of the twenty-six items reached the criterion of 70 percent agreement in classification. The twenty-three items were randomly ordered to form the DAP.

The DAP was administered to a cross-section of fifty young (male = 23, female = 27, mean age = 21.4), fifty middle-aged (male = 21, female = 29, mean age = 41.4), and fifty elderly (male = 23, female = 27, mean age = 74.3). Participants rated each item by means of a five-point, agree-disagree, Likert-type scale. Item-total subscale correlations ranged from .49 to .94. All twenty-three DAP items were retained.

The twenty-three items were subjected to principal components factor analysis with varimax rotation to simple structure. Although five factors emerged, the fifth (two items) was dropped on the basis of the scree test criterion. The remaining twenty-one items were refactored with rotation to a four factor solution accounting for 51.6 percent of the variance. The factor structure is presented in Table 1.

Factor I, labelled Approach-Oriented Death Acceptance, accounted for 21.9 percent of the variance, and contained four Approach Acceptance items. Factor II, labelled Fear of Death/Dying, accounted for 13.5 percent of the variance, and contained three Fear of Death and four Fear of Dying items. Factor III, Escape-Oriented Death Acceptance, accounted for 8.8 percent of the variance, and contained five Escape Acceptance items, and one Neutral Acceptance item. Factor IV, Neutral Death Acceptance, accounted for 7.5 percent of the variance, and contained the remaining four Neutral Acceptance items.

Armor's Theta was used to determine an optimal reliability estimate (each item weighted differentially) of the DAP factor dimensions [49]. Theta coefficients ranged from .60 (Neutral Death Acceptance) to .89 (Approach-Oriented Death Acceptance). Results suggest that the DAP has fair to good internal consistency.

The emergence of four relatively independent death attitude dimensions is a major contribution to the conceptualization of death concern. Contrary to expectations, Fear of Death/Dying formed one single dimension. The items all relate to negative thoughts and feelings about death, both state and process. State and process may be inextricably bound together. The process of dying might be feared because it leads to death [50]. Conversely, death may be feared because it is preceded by the process of dying. Although past research has established fear of death and fear of dying as two separate factors, the factors are not empirically nor conceptually clear. "Death" factors tend to contain "dying" terms, and vice versa.

Table 1. Factors, Factor Loadings, and Internal Consistency of the DAP

	<i>Factor Loadings^a</i>			
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>
Approach-Oriented Death Acceptance				
01. I see death as a passage to an eternal and blessed place.	<u>.90</u>	-.10	.09	.13
11. I look forward to a life after death.	<u>.87</u>	-.07	.01	.10
13. I believe that I will be in heaven after I die.	<u>.88</u>	-.06	-.05	.07
19. I believe heaven will be a much better place than this world.	<u>.89</u>	-.11	.08	.14
Armor's Theta = .89				
Fear of Death/Dying				
08. I find it difficult to face up to the ultimate fact of death.	-.03	<u>.54</u>	.01	-.26
17. I am disturbed when I think of the shortness of life.	-.29	<u>.54</u>	-.03	-.01
20. The prospect of my own death arouses anxiety in me.	-.12	<u>.63</u>	-.16	-.24
03. I am worried about dying a violent death	-.03	<u>.64</u>	.10	-.32
07. I fear dying a painful death.	-.04	<u>.83</u>	.13	.06
10. I worry about dying an untimely death.	-.07	<u>.58</u>	-.01	-.05
14. I fear dying a slow death.	-.00	<u>.78</u>	.19	.22
Armor's Theta = .82				
Escape-Oriented Death Acceptance				
02. I am tired of living.	-.12	.14	<u>.75</u>	-.19
06. I don't see any purpose or meaning in prolonging this life.	.16	-.15	<u>.66</u>	-.07
12. I feel that there is nothing to look forward to in this world.	-.11	.11	<u>.63</u>	-.03
18. To fear pain makes sense, but death is merely a relief from pain.	.31	.14	<u>.43</u>	.36
21. I see death as a relief from the burden of this life.	.25	.12	<u>.57</u>	.20
15. Death makes little difference to me one way or another.	.05	-.34	<u>.44</u>	.29
Armor's Theta = .66				

^a Loadings > .40 are underscored.

Table 1. (Cont'd.)

	<i>Factor Loadings^a</i>			
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>
Neutral Death Acceptance				
04. Death is simply part of the process of life.	-.07	.01	-.10	<u>.63</u>
05. I would neither fear death nor welcome it.	.09	-.10	.05	<u>.63</u>
09. I don't see any point in worrying about death.	.17	-.17	-.06	<u>.61</u>
16. I am resigned to the fact that we all have to die.	.21	.05	.17	<u>.61</u>
Armor's Theta = .60				

Eigenvalues	5.04	3.10	2.01	1.72
Percent Variance	21.90	13.50	8.80	7.50

^a Loadings > .40 are underscored.

The items identified as loading substantially ($\geq .40$) on each death attitude factor were given unit weights; raw scores were summed to generate subscale scores. All subsequent analyses are based on the subscale scores of the twenty-one item DAP.

CONCURRENT VALIDITY

Two measures of well-being were used to assess the concurrent validity of the DAP. These were the University of Newfoundland Scale of Happiness (MUNSH) [29], and the Hopelessness Scale (HS) [30]. The MUNSH and HS are valid and reliable measures of positive and negative well-being, respectively. The DAP, MUNSH, and HS were administered to young, middle-aged, and elderly samples in counterbalanced order. As expected, the MUNSH and HS were inversely related ($r = -.42, p < .001$).

As hypothesized, Fear of Death/Dying was negatively related to happiness ($r = -.44, p < .001$), and positively related to hopelessness ($r = .15, p < .05$). While it is conceivable that Fear of Death/Dying affects one's well-being [42], it is also possible that one's well-being influences Fear of Death/Dying [51]. Individuals who are likely to overcome fear of death are probably those who are generally satisfied with life [26], find meaning and purpose in life [20-25], and view challenges and responsibilities as under their control [29].

Results failed to support the predicted relationship between Approach-Oriented Death Acceptance and happiness ($r = .10, n.s.$) and hopelessness ($r = .09, n.s.$). While Steinitz found belief in the afterlife to be a positive correlate of well-being, present findings suggest that such a belief is unrelated to happiness or

hopelessness [32]. One possible explanation is that there are actually two types of Approach acceptors. Some acceptors have a detached or “cold” religious belief in the afterlife. Their religious beliefs have little or no impact on how they feel or how they live. “Warm” acceptors, on the other hand, have strong religious ties, and have personally appropriated their belief in such a way that their outlook on life and psychological well-being are affected. Only those who have a “warm” belief, and who are committed to religion, report well-being [52]. When “warm” and “cold” acceptors are combined in one sample, the relationship between Approach-Oriented Acceptance and well-being becomes less clear.

As predicted, Escape-Oriented Death Acceptance was positively related to hopelessness ($r = .50, p < .001$), but unrelated to happiness ($r = -.06, n.s.$). It seems that hopelessness, as a sensitive measure of suicidal tendencies [35, 36] is more directly related to Escape Acceptance than happiness. Individuals overcome by despair, and negative expectations about the future, are likely to embrace any means of escaping their dilemma. Death becomes a viable option. Happiness, as measured by MUNSH, focusses on current feeling states, rather than future expectation. Unhappy people need not feel hopeless. As long as there is hope that the future will be better, there is no need to seek death as an escape.

Neutral Acceptance was unrelated to hopelessness ($r = .01, n.s.$), but positively related to happiness ($r = .21, p < .01$). Individuals who are generally satisfied with life, and who have pleasant life experiences, are able to accept death as a reality. This philosophical attitude, in turn, may encourage the individual to make life as full and meaningful as possible. The relationship between happiness and Neutral Acceptance may be mediated by successful coping strategies. Those able to cope well with life (and who are happy) are also better able to cope with the reality of death.

AGE DIFFERENCES AND CONSTRUCT VALIDITY

The death attitudes of young, middle-aged, and elderly participants were subjected to Multivariate Analysis of Variance (MANOVA). Results are presented in Table 2.

Consistent with prediction, there were significant differences between the three samples (Multivariate $F(8,288) = 8.34, p < .001, \eta^2 = .34$). Univariate F -tests revealed significant differences across all four dimensions of the DAP. Subsequent *post hoc* Tukey comparisons showed that the elderly were significantly less afraid of death/dying compared to the middle-aged ($p < .01$), but not compared to the young. Middle-aged subjects tended to be more afraid of death/dying compared to the young, but this difference was not statistically reliable. The elderly were significantly more accepting of life after death compared to both the middle-aged ($p < .01$) and the young ($p < .01$), and

Table 2. Test of Effects of Age on Individual Death Attitudes

<i>Independent Variable</i>	<i>Dependent Variable</i>	<i>Univariate F</i>	<i>df</i>	<i>eta</i> ²
Age	Approach Acceptance	13.94*	2/147	.16
	Fear of Death/Dying	5.81**	2/147	.07
	Escape Acceptance	18.21*	2/147	.20
	Neutral Acceptance	6.11**	2/147	.08

* $p < .001$.** $p < .01$.

significantly more prone to accepting death as an escape from life compared to the middle-aged ($p < .01$) and young ($p < .01$). Finally, the elderly were significantly more accepting of the reality of death compared to the young ($p < .01$), but not when compared to the middle-aged. These differences between groups are presented in Figure 1.

Age differences for Fear of Death/Dying support the original Fear of Death prediction. Fear of Death/Dying is a curvilinear function of age. The relatively high levels of death/dying anxiety among the young might be due to the fact that death is more threatening to them since they have more to lose given that much of life has yet to be lived. Some of the participants in the young group indicated to the experimenter that they didn't want to think about death, either because it was too remote or too unpleasant. It may be fruitful to differentiate between fear of death and avoidance of death in future research.

The physical decline characteristic of the middle-years leads to heightened levels of Fear of Death/Dying. Death can no longer be viewed as a remote possibility. Indeed, the beginning of the degeneration process acts as a reminder that "time-left-to-live" is running out [38].

The ability to assimilate and overcome Fear of Death/Dying characterizes the elderly [48]. As a result, Fear of Death/Dying is at its lowest level during old age. Erikson suggests that the need to overcome Fear of Death/Dying is an important developmental task in resolving the integrity *versus* despair crisis [45].

As expected, Approach-Oriented Death Acceptance was highest among the elderly. Results are consistent with Bengtson *et al.*'s suggestion that religious behavior and beliefs are strongest among the elderly [48]. It may be that belief in the afterlife helps the elderly to find meaning and purpose in life, as well as in death. Although the elderly realize their present existence is coming to an end, they can look forward to an afterlife. Fear of Death is successfully overcome because, in effect, life goes on after death.

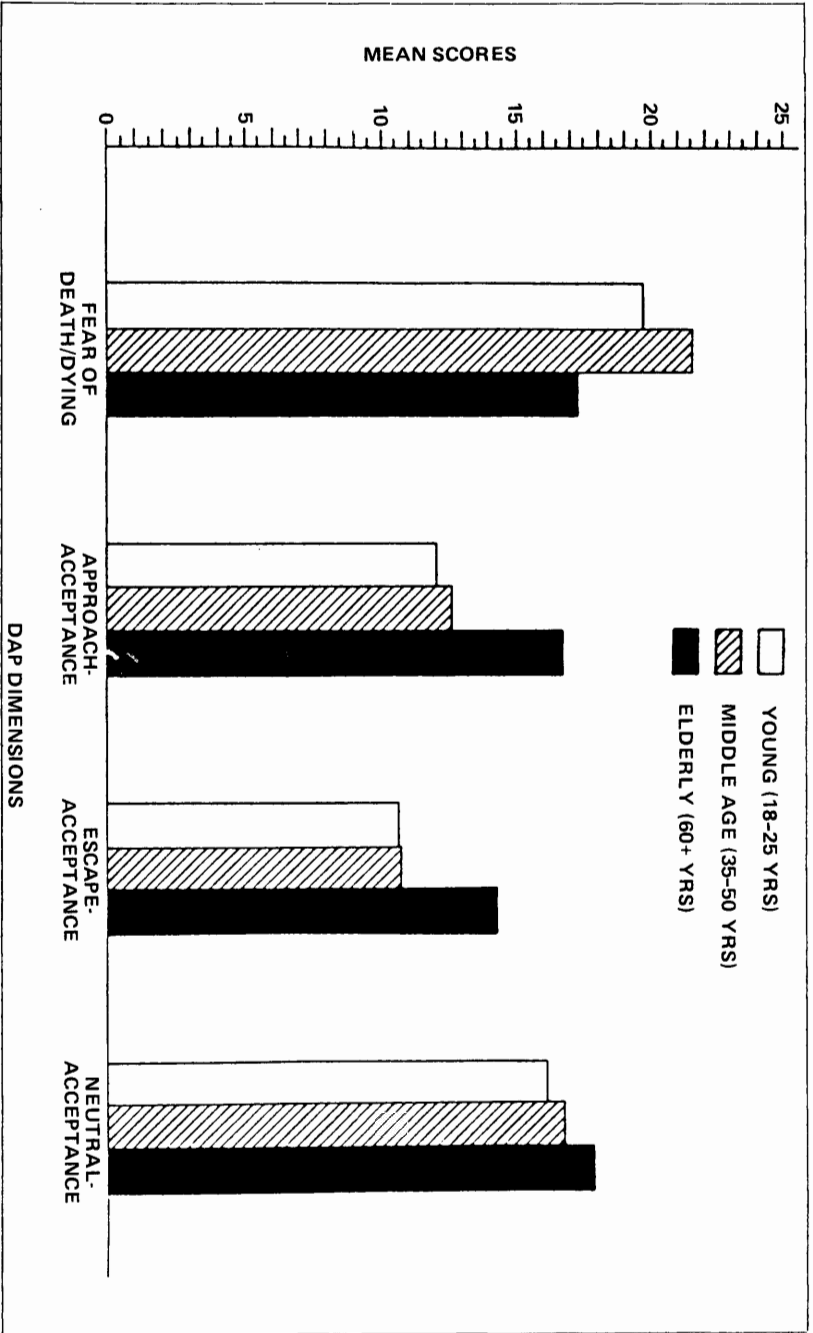


Figure 1. Age difference in the four dimensions of the Death Attitude Profile.

As predicted, Escape-Oriented Death Acceptance was highest among the elderly. Bengtson *et al.* suggest that the elderly are faced with reduced health and economic status, pain, and loneliness [48]. Faced with a future which promises only further decline in health and economic status, the elderly are most likely to view death as a viable alternative to their present existence. The young and middle-aged, on the other hand, should be less pessimistic about the future, and less likely to accept death as a means of escape. Present findings suggest that the elderly are characterized by an increased sense of hopelessness (mean = 5.0) compared to either the young (mean = 2.3) or middle-aged (mean = 2.4).

Neutral Acceptance was also highest among the elderly. Since they have lived a relatively long life, and have learned to come to terms with the reality of death, the elderly are more likely to be Neutral Acceptant. The young or middle-aged, on the other hand, still look forward to many years of accomplishments and fulfillments. For these individuals, death remains an enemy which threatens to steal time away. As a result, the young and middle-aged have a harder time accepting the reality of death.

CONCLUSION

The limitations of existing scales has led to the development of the Death Attitude Profile (DAP). Results of the sorting task, item and factor analyses suggest that four of the five theoretically identified dimensions are clearly independent. These are Fear of Death/Dying, Approach-Oriented Death Acceptance, Escape-Oriented Death Acceptance, and Neutral Death Acceptance. None of the existing death attitude scales incorporate all four dimensions.

In order to assess the concurrent validity of the DAP dimensions, two criterion measures were introduced. As predicted, Fear of Death/Dying was negatively related to happiness and positively related to hopelessness. Also as predicted, Escape-Oriented Death Acceptance was positively related to hopelessness. Neutral Acceptance was unrelated to hopelessness, but positively related to happiness. These findings suggest that different death attitudes, as measured by the DAP, have different correlates with various personality and psychological characteristics. The conceptual clarity of the different dimensions of the DAP enables us to make predictions about the relationships between death attitudes and other psychological variables.

Developmental comparisons contribute to the construct validity of the DAP. In support of our predictions, Fear of Death/Dying was relatively high among the young, peaked during middle age, and fell to its lowest point among the elderly. Approach-Oriented, Escape-Oriented, and Neutral Death Acceptance were highest among the elderly. Given that the different dimensions of the DAP are sensitive to age differences, the DAP promises to be a valid instrument for establishing normative data on the death attitudes of different age groups.

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