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Differing Death Scenarios; Self Esteem and Death Anxiety

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A thesis

presented to

the faculty of the Department of Psychology

East Tennessee State University

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In partial fulfillment

of the requirements for the degree

Master of Arts in Psychology

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by

Kenneth G. Brewer

August 2002

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Dr. Ellis, chair

Dr. Marx

Dr. Cantrell

Keywords: Death Anxiety, Self-Esteem, Terror Management Theory

## ABSTRACT

### Differing Death Scenarios; Self Esteem and Death Anxiety

by

Ken Brewer

Previous research has found a correlation between death anxiety and self esteem. Researchers have found that both self-esteem and death anxiety play a significant role in an individual's behavior.

The purpose of this study was to investigate a correlation, if any, between death anxiety and self-esteem using death related scenarios. It was hypothesized the high death anxiety groups will have lower self-esteem than the low death anxiety group, and that the low self-esteem group will have higher death anxiety than the high self-esteem group.

Results of an ANOVA indicate that there is a significant difference between the high death anxiety group and low death anxiety group concerning self-esteem. The results also indicate that there is a significant difference between the low self-esteem group and the high self-esteem group concerning death anxiety. Overall it was found that there was significant negative correlation between death anxiety and self-esteem.

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# CONTENTS

	Page
ABSTRACT.....	2
LIST OF TABLES.....	6
Chapter	
1. INTRODUCTION .....	7
Death Anxiety.....	8
Death Depression.....	8
Depression.....	9
General Anxiety.....	10
Suicide.....	10
Religion/Spirituality.....	11
Gender.....	12
Self-Esteem.....	13
Depression.....	13
Suicide.....	14
Stress.....	15
Job Performance.....	16
Academic Achievement.....	16
Death Anxiety and Self Esteem.....	17
Statement of Problem .....	18
2. METHOD.....	20
Participants.....	20
Measures.....	20
Procedure.....	21
Experimental Design.....	22
3. RESULTS.....	24

4. DISCUSSION.....	30
Summary of Main Findings.....	30
Practical Uses.....	31
Procedural Limitations.....	31
Future Research.....	32
REFERENCES.....	33
APPENDICES.....	38
Appendix A: Demographic Questionnaire.....	38
Appendix B: Death Anxiety Scale.....	39
Appendix C: Self-Esteem Scale.....	41
Appendix D: Scenario Instructions.....	42
Appendix E: Brain Tumor Scenario.....	43
Appendix F: Homicide Scenario.....	44
Appendix G: Suicide Scenario.....	45
Appendix H: Written Response Page .....	46
Appendix I: Questionnaire Instruction Page.....	47
VITA.....	48

## LIST OF TABLES

Table	Page
1. ANOVA for Death Anxiety and Scenarios with Self-Esteem Dependant.....	26
2. Means for Death Anxiety.....	26
3. ANOVA for Self-Esteem and Scenarios with Death Anxiety Dependant.....	27
4. Means for Self-Esteem .....	27
5. Interactions between Scenarios.....	28
6. The Correlation Between Death Anxiety (DASCORE) and Self Esteem (SESCORE).....	28
7. The Relationship of the Order of Scenarios .....	29

## CHAPTER 1

### INTRODUCTION

Death anxiety is defined as anxiety caused by conscious and unconscious fear of death and dying (Harmon-Jones et al, 1997). Terror Management Theory revolves around an individual's fear of death. Stemming from the writings of Ernest Becker (1962, 1973, 1975), a social anthropologist, this theory hypothesizes that a person's death anxiety is the underlying motivation for his or her behavior (Sowards, Moniz, & Harris, 1991). Humans experience death anxiety because, unlike other species, there is an awareness of one's own mortality. Another instinctual behavior for humans is the will to survive. In essence, they are aware of their own mortality and yet they strive for self-preservation. This knowledge of the inevitability of death can lead to death anxiety or a deep sense of "terror" (Harmon-Jones et al.).

The Terror Management Theory is centered on how humans manage the terror that evolves from their life and death dissonance. There are two main hypotheses in the Terror Management Theory. One is mortality salience. Mortality salience derives its hypothesis from the idea that individuals' will increase their psychological structure, whether it is self-esteem or worldview faith, when presented with death. The second side to the Terror Management Theory is the Anxiety Buffer hypothesis. Within this posit, it is stated that if individuals' psychological structure protects them against anxiety, then strengthening that structure should reduce the individuals' anxiety and weakening the structure should increase the individuals' anxiety (Harmon-Jones et al., 1997).

The anxiety buffer aspect of the Terror Management Theory is the one focused on in this research. With a strong psychological structure, like self-esteem, an individual will experience less anxiety and display decrease anxiety related behavior than someone with a weakened psychological structure when presented with death. The psychological structure researched in this study is self-esteem. Under the cultural anxiety buffer hypothesis individuals' self-esteem is their defense against anxiety. It is their protector from experiencing a plethora of ills, the most important being death anxiety. If this hypothesis is true, then it would show that an individual with high death anxiety does not



function as well in response to anxiety versus an individual with low death anxiety because the psychological defense is too weak to buffer the anxiety. Following this line of thought, an individual with high death anxiety should also have high death depression, increased general anxiety, increased suicidal thoughts, and a decrease in belief in spirituality and religion (Ardnt, Greenberg, Pyszczynski, Solomon, & Simon, 1997). An individual with low self-esteem should be open to a bevy of anxieties, including depression, suicidal thoughts, stress, decreased job performance, and a decrease in academic achievement.

### Death Anxiety

#### Death Depression

The first question that arises when researching a correlation between death anxiety and death depression is: are they different? Death anxiety measures the extent to which an individual fears his or her own death, whereas death depression measures the extent to which an individual becomes depressed in association with death. The two measurements are assessing an individual's attitudes about death, but are they really different enough to warrant the measuring of death anxiety and death depression separately? The answer comes from research conducted by Alvarado, Templer, Bresler, and Thomas-Dobson (1995) in which they examined death anxiety and death depression. The results indicate that the five highest loading factors of anxiety were associated with the Death Anxiety Scale, whereas the five highest loading factors for depression were associated with the Death Depression Scale. There was enough of a difference for each scale to stand on its own. A similar study conducted by Templer, Lavoie, Chalgujian, and Thomas-Dobson (1990) found similar results. With the support of this research, it appears that death anxiety and death depression are two separate measures of the effects of death on an individual's psyche.

Abdel-Khalek has worked extensively with both the Death Anxiety Scale and the Death Depression Scale (1997, 1998, 2000-2001). In his research with Kuwaiti undergraduates, he found a significant and positive correlation between death anxiety and

death depression (2000-2001). In 1998, he surveyed 228 Lebanese undergraduates and again found a significant and positive correlation between death anxiety and death depression. In Abdel-Kahlek's research of 208 Egyptian undergraduates he found the same significant and positive correlation between death anxiety and death depression. These results correlate to research conducted by Templer, Lavoie, Chalgujian, & Thomas-Dobson (1990), which found a significant and positive correlation between death anxiety and death depression. When individuals have high death anxiety, they are more likely to have high death depression.

### Depression

Death anxiety has been shown to be significantly and positively correlated with death depression (Abdel-Khalek, 1997, 1998, 2000-2001; Templer et al. 1990), it has also been associated with depression. The Death Anxiety Scale and the Minnesota Multiple Personality Inventory (MMPI) were administered to 32 psychiatric patients in a state hospital. The results found that there was a significant and positive correlation between depression and death anxiety (Lonetto & Templer, 1986).

In similar MMPI and Death Anxiety Scale studies, wives of kidney dialysis patients (Lucas, 1974) and Huntington's chorea patients (Gielen & Roche, 1979-1980) found a significant and positive correlation between depression and death anxiety. Koocker, O'Malley, Foster, and Gogan (1976) surveyed retired persons. Those who scored significantly high on the MMPI's depression scale also score significantly high on the Death Anxiety Scale.

Death anxiety and depression are so interconnected that the alleviation of depression actually reduces death anxiety, as shown in Templer, Ruff, and Simpson's (1974) study. They administered the Death Anxiety Scale to 27 depressed patients at the admission to and discharge from the state hospital. The patients were treated with tricyclic antidepressants, but no measures were taken to alleviate their death anxiety. At the end of their treatment there was a significant decrease in both death anxiety and depression. They also found a significant correlation between death anxiety and depression. This study shows the significant interrelation between death anxiety and depression.

### General Anxiety

Individuals' with high death anxiety may also experience an overall or general anxiety that exudes into their daily lives. Research has shown that there is a positive correlation between death anxiety and general anxiety (Abdel-Khalek, 1997, 1998, 2000-2001; Templer et al., 1990). In 1997, Abdel-Khalek sampled 208 Egyptian undergraduate students at Alexandria University, Egypt. After administering the Death Anxiety Scale (Templer, 1970) and two subscales of the State-Trait Anxiety Inventory, he found that death anxiety and general anxiety were significantly and positively correlated.

Templer et al. did a similar research study in 1990. The 190 subjects surveyed were undergraduates from Fresno City College and California State University, Fresno, California. The researchers found that there was a positive and significant correlation between death anxiety and general anxiety.

Abdel-Khalek studied death anxiety and general anxiety again in 1998. He studied the correlation in 228 Lebanese undergraduates. He also found a positive and significant correlation between death anxiety and general anxiety.

Another study performed by Abdel-Khalek in 2000-2001 reveals similar results. He surveyed 215 Kuwaiti undergraduates using the Death Anxiety Scale (Templer, 1970) and the State-Trait Anxiety Inventory. In this study he found that death anxiety and general anxiety are significantly and positively correlated.

### Suicide

Research has also shown that there is a correlation between suicide and death anxiety (D'Attilio, & Campbell, 1990; Lester, 1979; Minear, & Brush, 1981; Stillion, McDowell, & Shamblin, 1984; Tarter, Templer, & Perley, 1974). Lester (1996) examined individual's fear of death and suicide probability. He administered 78 undergraduate students a hypothetical situation that they were dying of cancer. They were assigned differing levels of pain and differing levels of chemotherapy. They were then asked to estimate their probability for committing suicide. The results indicated that the

probability for suicide was positively associated with fear of dying of self. Suicide appeared to be an option to avoid the pain of cancer.

In their 1974 study, Tarter, Templer, and Perley found an association between death anxiety and rescue. Their subjects were 40 individuals who were admitted to a clinic because of attempted suicide. The group consisted of both multiple attempters and first time attempters. The results revealed a small but significant positive correlation between death anxiety and rescue. The results could indicate that an individual with high death anxiety may actually place himself or herself in a suicidal situation where the opportunity for rescue is high.

Death anxiety and suicide potential are also related. In D'atilio and Campbell's 1990 study the researchers found that death anxiety and suicide potential were significantly and positively correlated. They studied 62 adolescents ranging from 16 to 20 years of age. The subjects were volunteers from a local high school and community college. The subjects were administered the Death Anxiety Scale (Templer, 1970) and the Suicide Probability Scale. The results indicated a significant and positive correlation between death anxiety and suicide potential. The results were consistent with the previous studies of Minear and Brush (1981) and Stillion, McDowell, and Shamblin (1984) who both found significant positive correlations between death anxiety and suicidal beliefs and attitudes.

### Religion/Spirituality

Research shows that death anxiety is negatively correlated with "born again" status (Young & Daniels, 1980), strong religious conviction, and a belief in an afterlife (Alvarado et al., 1995), religiously very involved individuals (Templer, 1972), and spirituality (Rasmussen & Johnson, 1994). In 1980, Young and Daniels performed a study comparing death anxiety to born again status. Three hundred and twelve students from rural high schools volunteered to participate in the study. They were asked to complete the Death Anxiety Scale (Templer, 1970) and a demographic questionnaire regarding their born again status. The results indicated that individuals with a born again status do have significantly lower death anxiety scores than either Christians who were not born again or Non-Christian participants.

In 1995, Alvarado et al. researched the correlation between strong religious conviction and a belief in an afterlife, with death anxiety. They sampled 200 undergraduate students from Fresno City College and California State University in Fresno, California. They were administered the Death Anxiety Scale (Templer, 1970) and a religious inventory. The results indicate that strong religious conviction and belief in an afterlife are associated with less death anxiety.

In 1994, Rasmussen and Johnson completed research on the correlation between death anxiety and spirituality. They sampled 208 undergraduates taking psychology courses in a university in Alaska. The participants were administered the Death Anxiety Scale (Templer, 1970) and the Spiritual Well-Being Scale. The results indicated that spirituality and death anxiety were significantly and negatively correlated. As individuals' spirituality increases, their death anxiety decreases.

### Gender

Many researchers have reported a significant difference in death anxiety scores between genders, with women scoring significantly higher on death anxiety than men (Abdel-Khalek, 1998, 2000-2001; Aday, 1984-1985; Devins, 1980-1981; Koob & Davis, 1977; Lonetto & Templer, 1986; McDonald, 1976; Rasmussen & Johnson, 1994; Templer, Ruff, & Franks, 1971; Young & Daniels, 1980). In 1984-1985, Aday conducted research on 181 undergraduates at Middle Tennessee State University. He administered the Death Anxiety Scale (Templer, 1970) and a demographic questionnaire. Aday found that women had a significantly higher death anxiety score than men.

In 1977, Koob and Davis questioned 72 military officers and their spouses about death anxiety. Their results indicated that the spouses of the military officers had a significantly higher death anxiety score than their husbands. In a related study, McDonald administered the Death Anxiety Scale (Templer, 1970) to 58 undergraduates at Jacksonville State University and found similar results. Females had a significantly higher death anxiety score than the males.

In Devins 1980-1981 study of 86 undergraduates, 62 healthy and 63 life-threatening 60-97 year olds, he found the same results. Females had a significantly higher death anxiety score than males. In studies ranging from spirituality (Rasmussen &

Johnson, 1994), to general anxiety (Abdel-Khalek, 1998, 2000-2001), from age, sex, and parental resemblance (Templer, et al. 1971) to born again status, (Young & Daniels, 1980) females have scored significantly higher on the Death Anxiety Scale than males.

### Self-Esteem

Self-esteem is the next part of the cultural anxiety buffer hypothesis researched in this study. Self-esteem acts as the individual's protector against anxiety, especially death anxiety. Individuals with high self-esteem show a decrease in their response to depression, suicidal thoughts, and stress. Individuals with high self-esteem also report an increase in job performance, and an increase in academic achievement. The increased self-esteem protects them from experiencing the anxiety and decreases their anxiety related behavior (Harmon-Jones et al., 1997).

### Depression

In 1997, Orvaschel, Beeferman, and Kabacoff found a relationship between self-esteem and depression. They surveyed 236 participants from ages 6-17 years old. All were recently referred to an outpatient center for mood disorders. 84% met criteria for at least one depressive disorder. The participant's self-esteem was measured by the Coopersmith Self-Esteem Inventory (Coopersmith, 1967) and their depression was assessed by the Children's Depression Inventory (Kovacs, 1980/1981). Regardless of the specific mood disorder, there was a strong negative correlation between self-esteem and depression in the population tested.

Battle (1980) found similar results in his experiment. He studied the relationship between self-esteem and depression in 26 participants ranging from 15-18 years of age. They were administered the Canadian Self-Esteem Inventory and the Beck's Depression Inventory. The results indicated a significant and negative correlation between self-esteem and depression. Individuals who scored high in self-esteem tended to have lower depression scores.

Kernis, et al. (1998) researched the correlation between individuals with unstable self-esteem and depression. Kernis et al. said that an individual with unstable self-esteem

was more susceptible to depression than their more stable self-esteem counterpart. A modified version of Rosenberg's (1965) Self-Esteem Scale was used to assess self-esteem stability. The modified version of Rosenberg's Self-Esteem Scale and the Beck's Depression Inventory (Beck, 1967) were administered to 98 undergraduates. Kernis et al. found that self-esteem stability predicted depressive symptoms and also that depression and self-esteem level were significantly and negatively correlated.

Battle (1987) administered the Beck's Depression Inventory and the Culture Free Self-Esteem Inventory for Children to 62 children ranging from 4<sup>th</sup> to 9<sup>th</sup> grade in school. They were all collected by referral to a school psychologist for behavior problems or other mood disorders. Battle's results indicate that depression is strongly associated with self-esteem. Children with high self-esteem experience fewer depressive symptoms.

Ouellet and Joshi (1986) conducted research on 81 French-Canadian undergraduates to determine if there was a correlation between depression and self-esteem. After administering the Beck's Depression Inventory and a French adaptation of the Social Self-Esteem Inventory, they found that self-esteem and depression were significantly and negatively correlated.

In 1987, Beer conducted a study researching the self-esteem and depression levels of teachers. He surveyed 51 subjects by administering the Beck's Depression Inventory and the Coopersmith Self-Esteem Inventory Adult Form to them. The results indicated that there was a significant and negative correlation between depression and self-esteem.

### Suicide

Vella, Persic, and Lester (1996) conducted research on the effects of self-esteem on suicide ideation. A questionnaire containing the Beck's Depression Inventory, of which Item 9 concerning current suicide ideation was highlighted, and the Rosenberg Self-Esteem Scale was administered to 131 undergraduates. The participants were verbally questioned as to their past suicide attempts and past suicide threats. The results indicated that self-esteem was negatively associated with current suicide ideation and past suicidal threats. Individuals with high self-esteem reported less suicide ideation and previous suicidal threats.

Ludac and Labreche-Gauthier (1992) found similar results from their research. They recruited 558 French-Canadian adolescents and 150 adults to participate in their study on the correlates of suicide ideation. Suicidal ideation was measured on the Scale for Suicidal Ideation (de Man, Balkou, & Iglesias, 1987) and the participants' self-esteem was assessed on the Self-Esteem Scale (Rosenburg, 1965). The results on the adolescents stated that individuals with high suicide ideation were significantly low in self-esteem. Adults fared in a similar manner, with a statistically significant negative correlation between suicidal ideation and self-esteem. Whether it be adolescents or adults, individuals with high suicidal ideation suffer from low self-esteem in Ludac and Labreche-Gauthier's study.

Wetzel and Reich (1989) conducted research on the correlation between suicidal intent and self-esteem. They administered the Beck's Hopelessness Scale, which accounted for both suicidal intent and self-esteem to 60 participants who were all hospitalized for depression. The results of the study indicated that low self-esteem and suicidal intent were positively and significantly correlated.

### Stress

Youngs, Rathge, Mullis, and Mullis (1990) conducted research on the correlation between self-esteem and life-stress. They surveyed 2,154 high school students ranging from 14 to 19 years of age. The participants were given the Life Experiences Survey and the Self-Esteem Inventory. The results indicated that as the number of negative life events increased there was a statistically significant decrease in self-esteem. The more negative life stressors an individual experiences the more likely they are to have low self-esteem. These results parallel the findings of Johnson and McCutcheon (1981) who found that individuals with more life stress tended to exhibit low self-esteem.

Kreger (1995) conducted a study on graduate students and the correlation between stress and self-esteem. He surveyed 29 graduate students and administered them the Beck's Depression Inventory and the Coopersmith's Self-Esteem Inventory. The results indicated that stress and self-esteem were inversely related. The more stress a graduate student experiences the more likely they are to have low self-esteem.



Hudd et al. (2000) conducted a similar study on the correlation between stress and self-esteem. They surveyed 145 undergraduates at Yale University. The results indicated that individuals under high stress have lower levels of self-esteem than their moderate or low stress counterparts.

Whisman and Kwon (1993) conducted research on how life-stress affected self-esteem. They studied the responses of 80 undergraduates. They found that self-esteem was a significant moderator for life-stress. Those individuals with low self-esteem were more likely to experience high life-stress versus their high self-esteem counterparts.

### Job Performance

Inkson (1978) conducted research on the correlation between self-esteem and job performance. He sampled 93 meat-processing workers by first dividing them into high and low self-esteem groups and then studying their supervisory rating of performance. Inkson found that self-esteem was a moderating factor in job performance, those individuals with high self-esteem performed their jobs better than those with low self-esteem. It was also found that individuals with high self-esteem experience more intrinsic satisfaction about work than their low-self esteem counterparts. The workers with high self-esteem not only work better but they are intrinsically happier about their job.

Judge and Bono's (2001) meta-analysis is the most inclusive research collected to date on the correlation between job performance and self-esteem. They researched 81 studies (105 correlations) between self-esteem and job performance. The results indicated a positive and significant correlation between self-esteem and job performance. Individuals with high self-esteem perform their tasks better than individuals with low self-esteem.

### Academic Achievement

Carr, Borkowski, and Maxwell (1991) conducted research on the correlation between academic achievement and self-esteem. They surveyed 98 underachievers and 102 achievers for the study. The results indicated that achievers and underachievers

differed significantly in self-esteem, with underachievers reporting lower self-esteem than achievers. They also found that self-esteem was a significant predictor of the achiever group. Self-esteem as a predictor of academic achievement was also found in Bridgeman and Shipman's 1978 study.

Richardson and Lee (1986) conducted research on academic achievement and self-esteem with some interesting results. They surveyed 215 West-Indian middle class 14-year olds for the study. The results indicated that self-esteem accounts for 10.7% of the individual's total academic achievement.

Meier and Schmeck (1985) studied repercussions of low self-esteem and academic achievement when they researched college student burnout. They surveyed 120 undergraduates at Southern Illinois University, Carbondale, IL. They were administered the Coopersmith Self-Esteem Inventory and the Meier Burnout Assessment and the Maslach Burnout Inventory. The results found that undergraduates who were burned out have significantly lower self-esteem than their non-burned out peers.

### Death Anxiety and Self Esteem

The correlation between death anxiety and self-esteem is at the heart of this study. Researchers Davis, Martin, Wilee, and Voorhees (1978) surveyed 383 undergraduates to ascertain the correlation between death anxiety and self-esteem. The participants were administered the Death Anxiety Scale and the Texas Social Behavioral Inventory. The results indicated that there is a negative and significant correlation between death anxiety and self-esteem.

Davis, Bremer, Anderson, and Tramill conducted similar research in 1983. They administered the Death Anxiety Scale and the Texas Social Behavior Inventory to 79 undergraduates. The results support that there is a significant and negative correlation between death anxiety and self-esteem. Miller, Davis, and Hayes found similar results in their 1993 study. After administering the Texas Social Behavioral Inventory and the Death Anxiety Scale to 64 undergraduates, they found the same negative and significant correlation between death anxiety and self-esteem.

Buzzanga, Miller, Perne, Sander, and Davis (1989) conducted parallel research. They surveyed 157 undergraduates and had them fill out the Death Anxiety Scale and the Texas Social Behavioral Inventory. The results showed that subjects with low self-esteem had significantly higher death anxiety than those with high self-esteem.

### Statement of the Problem

Individuals seek self-esteem because it provides protection against the fear of death (Harmon-Jones, et al. 1997; Miller et al., 1993; Greenberg, Pyszczynski, & Solomon, 1986; Solomon, Greenberg, & Pyszczynski, 1991). There have been a large number of studies negatively correlating death anxiety and self-esteem (Buzzanga et al., 1989; Davis et al., 1983; Davis et al., 1978). With a decrease in death anxiety, there is an increase in self-esteem. Individuals who have a high fear of death also have low self-esteem and conversely individuals with a low fear of death have high death anxiety.

Within this study, the researcher is seeking evidence to support the claim the self-esteem and death anxiety are negatively correlated. This study will conduct research on how death anxiety effects self-esteem and how self-esteem effects death anxiety. This study will also research the introduction of death scenarios and their effect on an individual's self-esteem score. The death scenarios are designed to give the individuals time to contemplate death and express their reaction to it. This reaction will help to achieve a more accurate portrayal of their death anxiety combined with their present self-esteem rating.

Based on the literature reviewed, the following hypothesis are proposed:

Hypotheses for studying the effects of death anxiety on self-esteem

- 1) Individuals in the high death anxiety group will report lower self-esteem than individuals in the low death anxiety group.
- 2) The suicide scenario will evoke the highest self-esteem, the brain tumor scenario being next, and the homicide scenario will report the lowest self-esteem.
- 3) Individuals in the high death anxiety group with the homicide scenario will report lowest self-esteem, whereas individuals in the low death anxiety group with the suicide scenario will have report highest self-esteem.

Hypotheses for studying the effect of self-esteem on death anxiety.

- 4) Individuals in the high self-esteem group will report lower death anxiety than individuals in the low self-esteem group.
- 5) The homicide scenario will evoke the highest death anxiety, the brain tumor scenario being next, and the suicide scenario will report the lowest death anxiety.
- 6) Individuals in the high self-esteem group with the suicide scenario will report the lowest death anxiety, whereas the low self-esteem group with the homicide scenario will report the highest death anxiety.

## CHAPTER 2

### METHOD

#### Participants

Participants were 216 students at a public university in Northeast Tennessee. Of the 216, 115 were female and 101 were male. The age ranged from 18 to 60, with the majority of the participants being 19 years old. The racial breakdown was 190 Caucasian, 15 African American, 3 Hispanic, and 8 Other. One hundred and forty one were employed whereas 74 were not employed. Of the 216, 193 were Christian, 3 were Islamic, and 20 were other. Twenty eight of the participants were parents, whereas 188 were not parents.

All participants were volunteers and received extra credit in their coursework for participating in the study. Consistent with psychology department standards, individuals who did not wish to participate in the research project were offered alternative projects to participate in. The study was given exempt status from the university's Institutional Review Board.

#### Measures

The participants were asked to fill out a demographic questionnaire (Appendix A) requesting such information as: age, sex, marital status, employment, religion, and if they had children. The Death Anxiety Scale (DAS) (Appendix B) (Templer, 1970) and the Rosenberg Self-esteem Scale (RSES) (Appendix C) (Rosenberg, 1965) were used.

The DAS consists of 15 true or false questions (i.e., "The thought of death never bothers me" and "The subject of life after death bothers me greatly"). The number of responses reflecting death anxiety were counted and recorded as the participant's score. The scores range from "0" (no death anxiety) to "15" (very high death anxiety). The test-retest reliability of the DAS is .83, with its internal consistency being .76 (Templer, 1970). The scores were computed and a median split was performed to separate the participants into Low and High Death Anxiety groups. Sample medians were used in the death anxiety measure. The DAS has been used in studies ranging from general anxiety (Abdel-Khalek, 2000-2001), suicidal adolescents (D'Attilio & Campbell, 1990),

religion/spirituality (Young & Daniels, 1980), to self-esteem (Davis, Bremer, Anderson, & Tramill, 1983).

The RSES (Rosenberg, 1965) was used to ascertain the participant's self-esteem. This inventory consists of 10 questions where the participant responds on a 4-point likert-type scale ranging from "Strongly disagree" to "Strongly agree." The scores range from "10" to "40", with 10 showing low self-esteem and 40 showing high self-esteem. The RSES has a reliability of .92 and an internal consistency of .72 (Rosenberg, 1965). The scores were computed and a median split was performed to separate the participants into Low and High Self Esteem groups. Sample medians were used for the self-esteem measure. The RSES has been used in studies ranging from depression (Kernis et al. 1998), suicide (Vella et al., 1996; Ludac & Labreche-Gauthier, 1992), to nontraditional college students (Woodard & Suddick, 1992).

Each participant read one of three scenarios depicting an individual's death. Each scenario (Appendix E-G) given was identically designed except for the reason for death. The Scenario's format was one of an obituary. The deceased individual in the scenario was a male 20-year-old college junior. In scenario one, the person died of suicide. In scenario two, the person died of homicide. In scenario three, the person died of a brain tumor. The researcher for this project created the scenarios.

The participants then wrote responses to questions asked about the scenario (Appendix H). They were given two minutes to write their responses. The questions asked them to pretend that they were the ones who were dead. This allowed time for the participants to contemplate their own death, thus evoking death anxiety and producing a more precise DAS reading.

### Procedure

The participants were asked to participate in the study during their regularly scheduled class time. The general purpose of the study was explained to the class and booklets were handed out. Each participant was given a booklet that contains the demographic questionnaire, one of three scenarios, the DAS, and the RSES. The booklets were sorted so there was an even distribution of the three scenarios among the

participants. The booklets were marked one, two, or three depending on the scenario, and the booklets were administered in continuous order, one, two, and three.

The participants were asked to keep the booklets face down until every participant had one. Once instructed, they then turned them face up and read the top page of instructions (appendix I) along with the examiner. After the participants read the instructions, the examiner timed them for three minutes and thirty seconds. This allowed the participants time to fill out the demographic questionnaire, read the instructions and scenario, and have two minutes to write responses to the questions. The two-minute response time was designed to allow the participant time to not only think about their own death, but answer specific questions about their demise. This was used to evoke a personalized death anxiety. After the three minutes and thirty seconds, the participants were allowed to complete the questionnaire at their own pace.

The participants were asked to complete the booklet in order. They filled out the demographic questionnaire, read the instruction page (Appendix D), read the scenario, wrote responses to the questions, and then completed the DAS and RSES.

At the conclusion of the study, the researcher answered any questions and gave the participants a phone number to call for the results of the study upon completion of data analysis.

### Experimental Design

The research design used in the first study was a 2 (death anxiety – high and low) X 3 (scenarios: suicide, homicide, and brain tumor) between subjects ANOVA with unequal cell sizes. The dependent variable was self-esteem. The research design for the second study was a 2 (self-esteem – high and low) X 3 (scenarios: suicide, homicide, and brain tumor) between subjects ANOVA with unequal cell sizes. Death anxiety was the dependent variable in the second study. The results of the hypotheses were analyzed at the .05 level of significance. A LSD post hoc test was used following significant interactions or main effects on the scenarios and this served to identify any pair-wise mean differences. The LSD Post Hoc Test was also implemented because of two violations of parametric research assumptions. The participants were not randomly chosen and there were not equal cell sizes. A Pearson Product Correlation Matrix was

used to examine the relationships between all means. The median split for death anxiety was between 6 and 7, with the low death anxiety group ranging from 0-6 and the high death anxiety group ranging from 7-15. The median split for self-esteem was between 30 and 31, with the low self-esteem group ranging from 0-30 and the high self-esteem group ranging from 31-40.



## CHAPTER 3

### RESULTS

The data were analyzed in a variety of ways. A 2 (death anxiety – high and low) X 3 (scenarios: suicide, homicide, and brain tumor) between subjects ANOVA with unequal cell sizes was used to examine main and interaction effects. The dependent variable was self-esteem. The second study used a 2 (self-esteem – high and low) X 3 (scenarios: suicide, homicide, and brain tumor) between subjects ANOVA with unequal cell sizes to examine main and interaction effects. Death anxiety was the dependent variable.

Hypothesis for studying the effects of death anxiety on self-esteem

Hypothesis one, which stated that individuals in the high death anxiety group would report lower self-esteem than individuals in the low death anxiety group, was supported  $F(1, 215) = 5.25, p < .05$  (See Table 1). The mean score for the low death anxiety group was 32.167, and the mean score for the high death anxiety group was 30.527 (See Table 2).

Hypothesis two stated that the suicide scenario would evoke the highest self-esteem, the brain tumor scenario being next, and the homicide scenario would report the lowest self-esteem. This hypothesis was not confirmed. (See Table 1).

Hypothesis three stated that individuals in the high death anxiety group with the homicide scenario would report low self-esteem, whereas individuals in the low death anxiety group with the suicide scenario would have report high self-esteem. This hypothesis was not confirmed.

Hypothesis for studying the effect of self-esteem on death anxiety.

Hypothesis four, which stated that individuals in the high self-esteem group would report lower death anxiety than the individuals in the low self-esteem group, was

supported,  $F(1, 215) = 9.02, p < .05$  (See Table 3). The mean score for the low self-esteem group was 7.639, and the mean score for the high self-esteem group was 6.298 (See Table 4).

Hypothesis five stated that the homicide scenario would evoke the highest death anxiety, the brain tumor scenario being next, and the suicide scenario would report the lowest death anxiety. This hypothesis was supported in that there was a mean difference between the homicide and suicide scenario, (See Table 5), but there was no mean difference reported between the brain tumor and the homicide and suicide scenarios.

Hypothesis six stated that individuals in the high self-esteem group with the suicide scenario would report the lowest death anxiety, whereas the low self-esteem group with the homicide scenario would report the highest death anxiety. This hypothesis was not confirmed.

Also of interest is the significant negative correlation between death anxiety and self-esteem (See Table 6) and the non-significance of the order of the scenarios (See Table 7).

Table 1

ANOVA for Death Anxiety and Scenarios with Self-Esteem Dependant

Source	Sum of squares	Df	Mean square	F	p
Corrected model	257.590	5	51.518	1.902	.095
Intercept	208213.879	1	208213.879	7685.263	.000
Scenarios	107.908	2	53.954	1.997	.139
Death Anxiety – high/low	142.220	1	142.220	5.249	.023
Scenarios * Death Anxiety – high/low	4.085	2	2.042	.075	.927
Error	5689.449	210	27.093		
Total	216903.290	216			
Corrected total	5947.040	215			

Table 2

Means for Death Anxiety

Death Anxiety-high/low	Mean	Std. Error
Low	32.165	.535
High	30.527	.474

Table 3

ANOVA for Self-Esteem and Scenarios with Death Anxiety Dependant

Source	Sum of Squares	DF	Mean Square	F	p
Corrected model	169.659	5	33.932	3.276	.007
Intercept	10090.447	1	10090.447	974.255	.000
Scenarios	63.614	2	31.807	3.071	.048
Self-esteem-high/low	93.459	1	93.459	9.024	.003
Scenarios * Self-esteem – high/low	28.024	2	14.012	1.353	.261
Error	2174.989	210	10.357		
Total	12458.000	216			
Corrected Total	2344.648	215			

Table 4

Means for Self-Esteem

Self-esteem – high/low	Mean	Std. Error
Low	7.639	.333
High	6.298	.297

Table 5

Interactions between Scenarios

(I) Scenario	(J) Scenario	Mean difference (I-J)	Std. Error	p
Tumor	Suicide	.6389	.5364	.235
	Homicide	-.5417	.5364	.314
Suicide	Tumor	-.6389	.5364	.235
	Homicide	-1.1806	.5364	.029
Homicide	Tumor	.5417	.5364	.314
	Suicide	1.1806	.5364	.029

Table 6

The Correlation Between Death Anxiety (DAScore) and Self Esteem (SEScore)

		DAScore	SEScore
DAScore	Pearson Correlation	1.000	-.191
	Sig. (1-tailed)	.	.002
	N	216	216
SEScore	Pearson Correlation	-.191	1.000
	Sig. (1-tailed)	.002	.
	N	216	216

Table 7

The Relationship of the Order of Scenarios

		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
DAScore	Equal variances assumed	.050	.823	.082	214	.935	3.704E-02	.4504
	Equal variances not assumed			.082	213.980	.935	3.704E-02	.4504
SECore	Equal variances assumed	1.744	.188	-.564	214	.573	-.4046	.7168
	Equal variances not assumed			-.564	210.179	.573	-.4046	.7168

## CHAPTER 4

### DISCUSSION

#### Summary of Main Findings

The purpose of this study was two fold. One facet of the study was to find if death anxiety has an effect on self-esteem. The second was to find if self-esteem has an effect on death anxiety. Significance was found in both studies.

Hypothesis one was supported. Individuals in the high death anxiety group did have a lower self-esteem than individuals in the low death anxiety group. These results are consistent with the findings of Davis et al. (1978).

Hypothesis four was supported. Individuals with high self-esteem did report lower death anxiety than individuals with low self-esteem. These finding are consistent with the findings of Buzzanga et al. (1989).

Hypothesis five was confirmed. The homicide scenario did evoke the highest death anxiety, the brain tumor scenario being next, and the suicide scenario did report the lowest death anxiety. This hypothesis was supported in that there was a mean difference between the homicide and suicide scenario, with the homicide scenario being the highest and the suicide scenario being the lowest. There was not a significant difference between the brain tumor scenario and the homicide and suicide scenarios.

Hypothesis two was not confirmed. The suicide scenario did not evoke the highest self-esteem, the brain tumor scenario being next, and the homicide scenario did not report the lowest self-esteem. The scenarios did not have an impact on death anxiety's effect on self-esteem. Thus, the type of death thought of to evoke death anxiety does not have an effect on the impact of death anxiety on self-esteem.

Hypothesis three was not confirmed. Individuals in the high death anxiety group with the homicide scenario did not report lowest self-esteem, whereas individuals in the low death anxiety group with the suicide scenario did not report the highest self-esteem. Coupling the high and low death anxiety groups with the scenarios showed that there was no impact of the scenarios on death anxiety's effect on self-esteem.

Hypothesis six was not confirmed. Individuals in the high self-esteem group with the suicide scenario did not report the lowest death anxiety, whereas the low self-esteem group with the homicide scenario did not report the highest death anxiety. Although the scenarios had significant differences within themselves, when coupled with the high and low self-esteem they showed no significance. The scenarios presented do not alter self-esteem's effect on death anxiety.

The findings of this study correlate with the Terror Management theory. According to the theory, a strong psychological structure, like self-esteem, acts as a buffer against death anxiety and helps reduce its effects on the individual (Harmon-Jones et al., 1997). Therefore an individual with high self-esteem will experience low death anxiety (See Table 1), and individuals with high death anxiety will experience low self-esteem (See Table 3).

#### Practical Uses

A practical use of this study is its impact on self-esteem research. Death anxiety may play a larger role in an individual's self-esteem than previously thought, thus spawning more research in this area and providing more insight into how individuals perceive themselves. Another practical use for this study is in the counseling field. According to this study, helping decrease an individual's death anxiety may increase their self-esteem. This could increase the opportunity for betterment in a counseling relationship. Individuals with lower self-esteem are at a possible risk for suicide, so the implementation of a death anxiety scale during intake interviews may provide information regarding suicide risk.

#### Procedural Limitations

Procedural limitations exist in almost every experiment. The use of self-report questionnaires is limited to the accuracy of the individual's answers. The use of scenarios is limited by the participant's experiences and imagination. The use of undergraduate students limits the generalization to the rest of the population. The size of the number of participants is a limit in that it could be increased to allow for a stronger interaction of main effects. The participants were also a limit in that they were



dominated by Caucasian Christians. The participant sample could be increased to more closely reflect the larger population's demographics. The demographic questions used are a limitation in that they could be more diverse or sample specific to derive a correlation between the demographic variables and the main effects.

#### Future Research

In the future it is recommended that a social desirability scale be implemented within the study. This will correct for any answers that are aimed towards an "appropriate" response pattern. Using less face valid death anxiety and self-esteem scales may decrease the socially desirable answers. A religiosity scale is also recommended for future research. This addition may serve as a lead on the interaction of the main effects. Future research could benefit by using a more a more diverse demographic questionnaire to provide more information as to the source for the interaction of the main effects.

## REFERENCES

- Abdel-Khalek, A. (1997). Death, anxiety, and depression. *Omega*, 35, 219-229.
- Abdel-Khalek, A. (1998). Death, anxiety, and depression in Lebanese undergraduates. *Omega* 37, 289-302.
- Abdel-Khalek, A. (2000-2001). Death, anxiety, and depression in Kuwaiti undergraduates. *Omega*, 42, 309-320.
- Aday, R. (1984-1985). Belief in afterlife and death anxiety: Correlates and comparisons. *Omega*, 15, 67-75.
- Alvarado, K., Templer, D., Bresler, C., & Thomas-Dobson, S. (1995). The relationship of religious variables to death depression and death anxiety. *Journal of Clinical Psychology*, 51, 202-204.
- Ardnt, J., Greenberg, J., Pyszczynski, T., Solomon, S., & Simon, L. (1997). Suppression, accessibility of death-related thoughts, and cultural worldview defense: Exploring the psychodynamics of terror management. *Journal of Personality and Social Psychology*, 73, 5-18.
- Battle, J. (1980). Relationship between self-esteem and depression among high school students. *Perceptual and Motor Skills*, 51, 157-158.
- Battle, J. (1987). Relationship between self-esteem and depression among children. *Psychological Reports*, 60, 1187-1190.
- Beck, A. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Guilford Press.
- Becker, E. (1962). *The birth and death of meaning*. New York: Free Press.
- Becker, E. (1973). *The denial of death*. New York: Free Press.
- Becker, E. (1975). *Escape from evil*. New York: Free Press.
- Beer, J. (1987). Depression and self-esteem of teachers. *Psychological Reports*, 60, 1097-1098.
- Bridgeman, B., & Shipman, V. (1978). Preschool measure of self-esteem and achievement motivation as predictors of third grade achievement. *Journal of Educational Psychology*, 70, 17-28.

- Buzzanga, V., Miller, H., Perne, S., Sander, J., & Davis, S. (1989). The relationship between death anxiety and level of self-esteem: A reassessment. *Bulletin of the Psychonomic Society, 27*, 570-572.
- Carr, M., Borkowski, J., & Maxwell, S. (1991). Motivational components of underachievement. *Developmental Psychology, 27*, 108-118.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: Freeman.
- D'atillio, J., & Campbell, B. (1990). Relationship between death anxiety and suicide potential in an adolescent population. *Psychological Reports, 67*, 975-978.
- Davis, S., Bremer, S., Anderson, B., & Tramill, J. (1983). The interrelationships of ego strength, self-esteem, death anxiety, and gender in undergraduate students. *The Journal of General Psychology, 108*, 55-59.
- Davis, S., Martin, D., Wilee, C., & Voorhees, J. (1978). Relationship of fear of death and level of self-esteem in college students. *Psychological Reports, 42*, 419-422.
- De Man, A., Balkou, S., & Iglesias, R. (1987). A French-Canadian adaptation of the Scale for Suicide Ideation. *Canadian Journal of Behavioural Science, 19*, 50-55.
- Devins, G. (1980-1981). Contributions of health and demographic status to death anxiety and attitudes toward voluntary passive euthanasia. *Omega, 11*, 291-300.
- Gielen, A. & Roche, K. (1979-1980). Death anxieties and psychometric studies in Huntington's disease. *Omega: Journal of Death and Dying, 10*, 135-145.
- Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of the need for self-esteem: A terror management theory. In R. F. Baumeister (Ed.) *Public self and private self* (pp. 189-212) New York: Springer-Verlag.
- Harmon-Jones, E., Simon, L., Greenberg, J., Pyszczynski, T., Solomon, S., & McGregor, H. (1997). Terror management theory and self-esteem: Evidence that increased self-esteem reduces morality salience effects. *Journal of Personality and Social Psychology, 72*, 24-36.
- Hudd, S., Dumlao, J., Erdmann-Sager, D., Murray, D., Phan, E., Soukas, N., & Yokozuka, N. (2000). Stress at college: Effects on health habits, health status, and self-esteem. *College Student Journal, 34*, 217-227.
- Inkson, J. (1978). Self-esteem as a moderator of the relationship between job performance and job satisfaction. *Journal of Applied Psychology, 63*, 243-247.

- Johnson, J. & McCutcheon, S. (1981). Correlates of adolescent pessimism: A study of the Beck Hopelessness Scale. *Journal of Youth and Adolescence*, *10*, 169-172.
- Judge, T., & Bono, J. (2001). Relationship of core self-evaluations traits – self-esteem, generalized self-efficacy, locus of control, and emotional stability – with job satisfaction and job performance: A meta analysis. *Journal of Applied Psychology*, *86*, 80-92.
- Kernis, M., Whisenhunt, C., Waschull, S., Greenier, K., Berry, A., Herlocker, C., Anderson, C. (1998). Multiple facets of self-esteem and their relations to depressive symptoms. *Personality and Social Psychology Bulletin*, *24*, 657-668.
- Koob, P. & Davis, S. (1977). Fear of death in military officers and their wives. *Psychological Reports*, *40*, 361-362.
- Koocher, G., O'Malley, J., Foster, D., & Gogan, J. (1976). Death anxiety in normal children and adolescents. *Psychiatry Clinica*, *9*, 220-229.
- Kovacs, M. (1980/1981). Rating scales to assess depression in school age children. *Acta Paedopsychiatry*, *46*, 305-315.
- Kreger, D. (1995). Self-esteem, stress, and depression among graduate students. *Psychological Reports*, *76*, 345-346.
- Lester, D. (1979). Preference for method of suicide and attitudes toward death in normal people. *Psychological Reports*, *45*, 638.
- Lester, D. (1996). Fears of death and the probability of suicide. *Psychological Reports*, *79*, 510.
- Lonetto, R., & Templer, D. (1986). *Death anxiety*. Washington, DC: Hemisphere.
- Lucas, R. (1974). A comparative study of measures of general anxiety and death anxiety among three medical groups including patient and wife. *Omega: Journal of Death and Dying*, *5*, 233-243.
- Ludac, C., & Labreche-Gauthier, L. (1992). Correlates of suicide ideation in French-Canadian adults and adolescents: A comparison. *Journal of Clinical Psychology*, *48*, 811-816.
- McDonald, G. (1976). Sex, religion, and risk –taking behavior as correlates of death Anxiety. *Omega: Journal of Death and Dying*, *7*, 35-44.
- Meier, S., & Schmeck, R. (1985). The burnout college student: A descriptive profile.

- Journal of College Student Personnel*, 26, 63-69.
- Miller, H., Davis, S., & Hayes, K. (1993). Examining relations between interpersonal flexibility, self-esteem, and death anxiety. *Bulletin of the Psychonomic Society*, 31, 449-450.
- Miner, J., & Brush, L. (1981). The correlations of attitudes toward suicide with death anxiety, religiosity, and personal closeness to suicide. *Omega*, 11, 317-324.
- Orvaschel, H., Beeferman, D., & Kabacoff, R. (1997). Depression, self-esteem, sex, and age in a child and adolescent clinical sample. *Journal of Clinical Child Psychology*, 26, 285-289.
- Ouellet, R., & Joshi, P. (1986). Loneliness in relation to depression and self-esteem. *Psychological Reports*, 58, 821-822.
- Rasmussen, C., & Johnson, M. (1994). Spirituality and religiosity: Relative relationships to death anxiety. *Omega*, 29, 313-318.
- Richardson, A., & Lee, J. (1986). Self concept and attitude to school as predictors of academic achievement by west Indian adolescents. *Perceptual and Motor Skills*, 62, 577-578.
- Rosenberg, M. (1965). *Society and the adolescent self image*. Princeton, NJ: Princeton University Press.
- Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). Terror Management Theory of self-esteem. In Synder, C., & Forsyth, D. (Eds.), *Handbook for social and clinical psychology: The health perspective*. (pp. 21-40). New York: Pergamon Press.
- Sowards, B., Moniz, A., & Harris, M. (1991). Self esteem and bolstering: Testing major assumptions of terror management theory. *Representative Research in Social Psychology*, 19, 95-106.
- Stillion, J., McDowell, E., & Shamblin, J. (1984). The suicide attitude vignette experience: A method for measuring adolescent attitudes toward suicide. *Death Education*, 8, 65-79.
- Tarter, R., Templer, D., & Perley, R. (1974). Death anxiety and suicide attempts. *Psychological Reports*, 34, 895-897.
- Templer, D. (1970). The construction and validation of the death anxiety scale. *Journal*

- of General Psychology*, 82, 165-177.
- Templer, D. (1972). Death anxiety and the religiously involved person. *Psychological Reports*, 31, 361-362.
- Templer, D., Lavoie, M., Chalgujian, H., & Thomas-Dobson, S. (1990). The measurement of death depression. *Journal of Clinical Psychology*, 46, 834-838.
- Templer, D., Ruff, C., & Franks, C. (1971). Death anxiety: Age, sex, and parental resemblance in diverse populations. *Developmental Psychology*, 4, 108.
- Templer, D., Ruff, C., & Simpson, M. (1974). Alleviation of high death anxiety with symptomatic treatment of depression. *Psychological Reports*, 35, 216.
- Vella, M., Persic, S., & Lester, D. (1996). Does self-esteem predict suicidality after controls for depression? *Psychological Reports*, 79, 1178.
- Wetzel, R., & Reich, T. (1989). The cognitive triad and suicide intent in depressed in-patients. *Psychological Reports*, 65, 1027-1032.
- Whisman, M., & Kwon, P. (1993). Life stress and dysphoria: The role of self-esteem and hopelessness. *Journal of Personality and Social Psychology*, 65, 1054-1060.
- Woodard, P., & Suddick, D. (1992). Self-esteem of older adult college students. *Perceptual and Motor Skills*, 74, 193-194.
- Young, M., & Daniels, S. (1980). Born again status as a factor in death anxiety. *Psychological Reports*, 47, 367-370.
- Youngs, G., Rathge, R., Mullis, R., & Mullis, A. (1990). Adolescent stress and self-esteem. *Adolescence*, 25, 333-341.

APPENDICES  
APPENDIX A  
Demographic Questionnaire

**Please fill in the blank or circle the correct answer.**

Do **not** put your name on this page or the remaining pages. All information is private and anonymous

Age: \_\_\_\_\_ Sex: 1. Female Marital Status: 1. Single  
2. Male 2. Married  
3. Separated  
4. Divorced  
5. Widowed

Are you employed? 1. Yes 2. No

Race: 1. African-American 2. Asian 3. Caucasian 4. Hispanic  
5. Other \_\_\_\_\_

Religion: 1. Christianity 2. Islam 3. Judaism  
4. Other \_\_\_\_\_

Do you have any children? 1. Yes 2. No

APPENDIX B

Death Anxiety Scale

**Please circle true or false**

- |   |   |   |
|---|---|---|
| 1. I am very much afraid to die.                                | T | F |
| 2. The thought of death seldom enters my mind.                  | T | F |
| 3. It doesn't make me nervous when people talk about death.     | T | F |
| 4. I dread to think about having to have an operation.          | T | F |
| 5. I am not at all afraid to die.                               | T | F |
| 6. I am not particularly afraid of getting cancer.              | T | F |
| 7. The thought of death never bothers me.                       | T | F |
| 8. I am often distressed by the way time flies so very rapidly. | T | F |
| 9. I fear dying a painful death.                                | T | F |
| 10. The subject of life after death troubles me greatly.        | T | F |
| 11. I am really scared of having a heart attack.                | T | F |
| 12. I often think about how short life really is.               | T | F |
| 13. I shudder when I hear people talk about a World War III.    | T | F |
| 14. The sight of a dead body is horrifying to me.               | T | F |



15. I feel that the future holds nothing for me to fear.

T

F

APPENDIX C

Self-Esteem Scale

Please circle your answer

**SD = Strongly Disagree    D = Disagree    A = Agree    SA = Strongly Agree**

- |   |    |   |   |    |
|---|----|---|---|----|
| 1. On the whole I am satisfied with myself.                           | SD | D | A | SA |
| 2. At times I think I am no good at all.                              | SD | D | A | SA |
| 3. I feel that I have a number of good qualities.                     | SD | D | A | SA |
| 4. I am able to do things as well as most other people.               | SD | D | A | SA |
| 5. I feel I do not have much to be proud of.                          | SD | D | A | SA |
| 6. I certainly feel useless at times.                                 | SD | D | A | SA |
| 7. I feel that I am a person of worth, at least on equal with others. | SD | D | A | SA |
| 8. I wish I could have more respect for myself.                       | SD | D | A | SA |
| 9. All in all, I am inclined to feel that I am a failure.             | SD | D | A | SA |
| 10. I take a positive attitude toward myself.                         | SD | D | A | SA |

APPENDIX D  
Scenario Instructions

Instructions

When you read the following scenario, imagine that it happened to a friend of yours.

After reading the scenario, answer the questions on the following page.

APPENDIX E  
Brain Tumor Scenario

A 20 year old male college Junior died yesterday afternoon. The coroner states the cause of death was a “brain tumor”. The family is mourning this tragic loss and invites everyone to attend his funeral service this Saturday.

APPENDIX F  
Homicide Scenario

A 20 year old male college Junior died yesterday afternoon. The coroner states the cause of death was a “homicide”. The family is mourning this tragic loss and invites everyone to attend his funeral service this Saturday.

APPENDIX G  
Suicide Scenario

A 20 year old male college Junior died yesterday afternoon. The coroner states the cause of death was a “suicide”. The family is mourning this tragic loss and invites everyone to attend his funeral service this Saturday.

APPENDIX H  
Written Response Page

I want you to pretend that you are the one who is dead. I want you to write about the cause of your death, the effect it has on your family, and the last 15 minutes of your life. You will have two minutes to respond in the space below.

**STOP!**  
**DO NOT TURN THE PAGE UNTIL TOLD TO DO SO**

APPENDIX I  
Questionnaire Instruction Page

**DO NOT PUT YOUR NAME OR ANY IDENTIFYING  
INFORMATION ON THIS QUESTIONNAIRE**

**YOUR ANSWERS ARE CONFIDENTIAL AND ANONYMOUS**

**IF YOU HAVE ANY QUESTIONS ABOUT THE RESEARCH  
PLEASE CALL DR. ELLIS AT 439-4424**

**PLEASE LISTEN TO ALL INSTRUCTIONS**



## VITA

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