

Ethnic Differences in Death Anxiety Among the Elderly

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Abstract:

The Dickstein Death Concern Scale was used to examine the death anxieties of a sample of elderly people in north and central Florida consisting of whites and blacks, males and females. Analysis of the data revealed that black elderly males display the greatest death anxiety, followed in decreasing order by black females, white females, and white males. Analysis of variance yielded a statistically significant main effect attributable to race. The overall effects attributed to sex were not significant, nor were there any significant interactions. The implications of these findings for practicing counselors were considered.

Article:

One of the salient facts about old age is the nearness of death. The wide variability within the older population is reflected in the large differences in the manner in which old people cope with and accept death. A number of these differences have been explored in recent studies. The authors (1) found differences in various views and attitudes toward death among older people classified on the basis of education, income, and type of residence community. Wass and Sisler (2) found differences in death anxiety among elderly subjects with respect to sex, marital status, and living arrangements in addition to education, income, and type of residence community. Four ethnic groups of elderly people were compared by Kalish and Reynolds (3). They found that 70 percent of the older blacks—more than twice the proportion of the other ethnic groups—reported religion to be the dominant force in determining their attitudes toward death. Bengston, Cuellar, and Ragan (4) have hypothesized that entirely different cultural belief systems between ethnic groups would lead to different death attitudes, but the results of their study yielded primarily differences between age levels within ethnic groups rather than differences between them.

Hill (5) reviewed the differential life stresses impinging on the minority elderly that create for this population a condition of double jeopardy. Blacks have been found to have shorter life expectancies than whites, lower levels of education, greater susceptibility to illness, and a higher rate of poverty (5-8); they are more familiar with death (3), fear violence nearly twice as much as elderly whites (9), and do in fact die much more frequently by homicide (10). Helping professionals have become attuned to cultural differences in needs, concerns, and responses to life stress. Furgess (11) and Stevens (12) emphasized the need to train counselors to deal with the specific problems of minorities. If differences in death anxiety do in fact exist, counselors must be made aware of the situation.

Successful adaptation to the final years of life requires adequate coping mechanisms to integrate one's life experiences and achieve a state of ego-satisfaction. Butler (7) has defined the life review as an

important process leading to what Erikson (13) has termed *ego-integrity*. Part of this process involves acceptance of death as the final stage of growth (14). Effective counseling intervention can facilitate the process of acceptance (15). This intervention must be based on accurate knowledge of the concerns of older people (6). An awareness of differences in levels of death anxiety can thus assist counselors with the task of providing services appropriate to the needs of clients. An awareness of ethnic differences in anxiety will lead counselors to focus on the development of different approaches to meet the varying needs of their minority clientele. Hence the purpose of this study was to reexamine the death attitudes among the elderly particularly as they relate to ethnic group membership.

Procedures

Glass defined the technique of meta-analysis of research data as "the statistical analysis of ... results from individual studies for the purpose of integrating the findings" (17, p. 3). This procedure allows for data collected at different times to be combined for the purpose of analysis of larger quantities of data. The present study involved the combination of two sets of research data, both of which used the same measure of death anxiety. Wass, Christian, Myers, and Murphey (1) and Wass and Sisler (2) collected data from subjects classified by type of residence as rural or urban. Myers (16) collected a similar set of data, including a subsample of elderly subjects, also classified with respect to rural or urban residence. Both studies were conducted in north and central Florida and included in-migrants from other parts of the country. All subjects volunteered to participate in the studies. The data were combined in order to obtain a large enough sample of white and black elderly to permit valid comparisons between races. The resulting sample contained 228 older people, including 160 whites (70 percent) and 68 blacks (30 percent).

Other characteristics of the sample are shown in Table 1. As can be seen, 62 percent of the subjects had either completed grade school or high school, whereas 21 percent were college graduates; 67 percent had annual incomes of less than \$10,000, whereas 13 percent had incomes of \$15,000 or more; 62 percent of the sample were married, whereas 38 percent were widowed, divorced, or separated (the latter two categories being insignificant in numbers). All subjects were 65 years of age or older.

Dickstein's Death Concern Scale (DCS) (18) was used to measure death anxiety. It purports to measure individual differences in the degree to which one confronts death and is disturbed by its implications (18, p. 564). The DCS consists of 30 items, each of which contains four response alternatives ("often," "sometimes," "rarely," and "never" for certain items and "I strongly agree," etc., for others). The scale contains 8 items to control for social acquiescence response set. The potential range of the DCS scores is from 30 to 120, with 30 representing lowest and 120 highest degree of death concern or anxiety. The DCS has a test-retest reliability of .87 (19), and split-half reliabilities of .85 and higher have been reported (18). DCS scores correlate positively with self-reports of death anxiety, with scores on other existing death scales, and with a number of standardized personality scales, giving it construct validity (18, 20, 21).

TABLE 1 Characteristics of Sample

Characteristics	<i>N</i>	Percentage
Sex and race		
Whites		
Male	61	27
Female	99	43
Total	160	70
Blacks		
Male	22	10
Female	46	20
Total	68	30
Marital status		
Married	141	62
Widowed, single, divorced, or separated	87	38
Level of education		
Grade school	92	40
High school	49	22
Some college	39	17
College graduate	48	21
Annual income		
Less than \$5,000	93	41
\$5,000-\$10,000	59	26
\$10,000-\$15,000	46	20
\$15,000 and over	30	13

The DCS was administered to subjects in groups as well as individually. Subjects with problems of vision or reading were given individual assistance. Means and standard deviations were computed for both white and black subjects. The primary data analysis was a 2 X 2 factorial analysis of variance computed on the basis of race and sex. Standard Statistical Package for the Social Sciences programs were used for the analyses (22). An alpha level of .05 was chosen to determine statistical significance.

Results

The means and standard deviations for all subjects are presented in Table 2. It can be seen that the black males in the sample showed the highest mean score for death anxiety, followed in decreasing order by the black females, the white females, and the white males, and ranged from a mean of 67.27 (black males) to 57.77 (white males).

Table 3 shows the results of the analysis of variance. As can be seen, the analysis of variance yielded a significant main effect attributable to race ($p < .05$), indicating a statistically significant difference in death anxiety between blacks and whites as measured by the DCS. The overall effects attributed to sex were not statistically significant, nor were there any significant interactions.

TABLE 2 Means and Standard Deviations of DCS Scores for Sample Groups

Sample group	\bar{X}	<i>SD</i>	<i>N</i>
Entire population	61.86	13.08	228
Whites			
Total	60.11	11.78	160
Male	57.77	12.51	61
Female	61.56	11.13	99
Blacks			
Total	65.99	15.01	68
Male	67.27	16.10	22
Female	65.37	14.61	46

Table 3 Analysis of Variance for DCS Scores by Race and Sex

Source	Sum of squares	<i>DF</i>	Mean squares	<i>F</i>
Main effects	2,102.70	2	1,051.35	6.44*
Sex	37.80	1	37.80	.23
Race	1,892.69	1	1,892.69	11.59*
Interactions	345.46	1	345.36	2.12
Explained	2,240.48	3	746.82	4.57*
Residual	26,580.31	224	163.31	
Total	28,820.79	227	171.02	

**p* < .05.

Discussion

It is recognized that the number of blacks, particularly of black males, was small. Therefore additional study is needed to corroborate these findings. This is particularly important because the results suggest that racial differences in death anxiety among the elderly do exist, which is in direct contrast to the results reported by Bengston et al. (4). It may be that the divergence in the findings in these two studies is a function of the different measures used or of characteristics of the sample groups. Bengston et al. studied elderly subjects residing in Los Angeles County in California. These subjects may differ in unknown ways from subjects residing in north and central Florida. Additional study using a nationally representative sample would shed light on this question. Certainly, however, the results raise the question of possible ethnic differences in death anxiety, and they thus support a need for further study in this area.

In addition, several suggestions for practicing counselors are offered. First, because black elderly do not readily seek counseling assistance (7), efforts should be intensified to reach this population and provide the services they may require to facilitate successful coping with concerns about death. Specialized counselor training regarding the needs and values of minority elderly should continue and even intensify. Counselor preparation programs should include training in the area of death, dying, and bereavement, including specific skills to deal both with minority populations and with death concerns.

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