

The development and change of death image in Hungary. Differences in value judgement according to age and analysis of possible measurement methods. Is death still a taboo?

Ph.D. Theses

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Abstract

The aim of our research is the examining the sociological, anthropological, and psychological aspects of attitudes towards death, respectively reviewing the various approaches as a complex system; presenting the altered death image, respectively the change tendency, analysing and interpreting the most significant anxiety generating factors according to gender, age, and occupation; validating the fear of death and attitudes towards death scales in the Hungarian population; Reviewing the possibilities for interventions designed to reduce anxiety generating fear of death. According to the hypotheses of our quantitative research, women are characterised by a marked fear of death and anxiety; young people are more afraid of death; health care workers have a higher level death anxiety in comparison to other professionals due to the fact that they are face the suddenness and inevitability of death on daily basis, and this in itself is an anxiety generating factor. For the psychometric measurement of fear of death and attitudes toward death we validated, adapted and calibrated two scales measuring fear of death and attitudes towards death. According to our findings both the Neimeyer and Moore Multidimensional Fear of Death Scale and the Lester Attitude Toward Death Scale proved valid and suitable for measuring fear of death and attitudes towards death. The Hungarian version of the scales proved reliable. In accordance with our hypothesis, youth and women are characterised by higher level of fear of death and anxiety. Our hypothesis, namely that fear of death among health care workers higher as the normal population, wasn't confirmed. Yet, contrary to a segment of preceding measurements, lower level of fear, respectively anxiety was found.

Key words: Fear of death, attitudes, anxiety, age groups, physicians, medical students, rites

Introduction

„Tell me what you really think about something you really don't want to think about”

(Hayslip and Peveto, 2005)

The mysticism of death, the never fully knowable phenomenon (as it is impossible for the living to experience the facticity of death), is one of the greatest dilemma in our human culture. Considering its interdisciplinary nature, representatives of both human and natural sciences are concerned with this theme. This is due to the fact that death as reality and abstraction of symbolic meaning emerges at the meeting point of various disciplines. The meaning of death conveyed by the world views of religions and interpretations within domains may differ fundamentally from one culture to another. Fear of death seems universal, however, the question is whether the commonality on macro level is influenced on micro social level by the individual's role, status, or whether social circumstances have an impact on fear. Attitudes to death have been shaped by cultures and social systems, but man has always had a gnawing curiosity despite his fearful attitude towards death. While in the Middle Ages people poured into market places to watch executions, the modern age man sits in front of the television agitatedly watching someone dying (whether performed or real). Thus human nature has not changed throughout the centuries in this respect. The dichotomy of aversion to and interest in death characterizes man.

Dealing with the issue of fear of death is justified by the demographic and economic phenomena as well as related changes in affluent societies. The growing number of the elderly suffering from chronic diseases requiring health care, medical attendance and social support will place a heavy load on the next generation not only financially but mentally as well, taking into consideration the communication needs of old people living in seclusion. The health care system as a professionalized somatic medicine centre is not competent in providing services for maintaining or improving the quality of life of a great number of patients who require no curative therapy eventually. The wish to cure by any means characterises the domineering biomedicine: if a patient cannot be cured, both the doctor and the lay society experience it as a failure, a failure to heal (Helman 1998). Death is not considered a natural process any longer, it is not viewed as an integral part of a full life cycle, and instead it is regarded as an unnecessary evil that should be eliminated or at least shoved as far as possible. Due to medicalisation, for one thing, fear of death escalated beyond comprehension and became irrational (hospitalisation, by removing the dying from the community and by placing them out of sight, also contributed to the development of irrational fear of death). Thus the fundamental problem is that the „normal, everyday” death is hidden in modern

society, therefore there is no adequate opportunity to communicate or ventilate the issue properly, there are no situations allowing the problem to be processed mentally and emotionally either on individual or social basis, all of which render communication more difficult.

Despite the sombre picture we also encounter a positive tendency in connection with the issue of death and dying. Social communication began: there are discussions, presentations, conferences on death, and it has gained ground in the training materials designed for health professionals, too. We acknowledge that there has been a breakthrough, however, fear of death, respectively anxiety related to death and dying are so strong that obstruct communication with the terminally ill. By analysing the possible dimensions of fear of death we may contribute to the development of intervention strategies that focus on the crucial domain as well as to the formation a more mature and healthier death image (Hegedűs, Zana, Szabó 2008).

Objectives

- Examining the sociological, anthropological, and psychological aspects of attitudes towards death, respectively reviewing the various approaches as a complex system.
- Presenting the altered death image, respectively the change tendency, analysing and interpreting the most significant anxiety generating factors according to gender, age, and occupation.
- Validating the fear of death and attitudes towards death scales in the Hungarian population.
- Reviewing the possibilities for interventions designed to reduce anxiety generating fear of death.

Hypotheses

According to our assumptions a special image of death characterises the distinct generations and social groups in the Hungarian society today. The development of death image has been influenced by change of rituals and traditions, the fading role of religion, the break-up of conventional communities and alteration of the family model, the commercialization of society, the advancement of media, and medical technology development (Zana, Hegedűs, Szabó 2008). Besides the empirical dimensions, the effect of spiritual factors should also be acknowledged in shaping the death image. The trends indicated by transcendence and spirituality are characteristic of various age groups, and can be interpreted and compared in a broad social context. The change of rituals or their eventual cessation, inadequate communication in the family, and lack of personal experience related

to death are anxiety generating factors that may be detrimental to the mental health of vulnerable groups.

According to the hypotheses of our quantitative research

- Women are characterised by a marked fear of death and anxiety.
- Young people are more afraid of death, this fear being nurtured by lack of experience, the fading role of traditions and religion, loosen bonds with relatives, which do have an impact regardless of age, but are more influential at an early stage in life.
- Health care workers have a higher level death anxiety in comparison to other professionals due to the fact that they are face the suddenness and inevitability of death on daily basis, and this in itself is an anxiety generating factor.

Method

1. In the theoretical part of the dissertation we examined the historical aspects of the development of death image and analysed the change-inducing factors e.g. religion and secularization, changing rituals, advancement of media and medical technology development.
2. In the attempt to analyse and measure fear of death, we reviewed both the Hungarian and international quantitative and qualitative research methods and research results: definitions of fear of death, dimensions and models, the psychometric measurement tools.
3. For the present research we validated two scales, a fear of death scale and a death-attitude scale.

The Neimeyer and Moore's Multidimensional Fear of Death Scale, MFODS (Hoelter 1979, Neimeyer & Moore 1994) – The scale consists of 42 variables ordered by eight factors. The scale has a wide spectrum and the factors touch upon various fields of fear of death.

The Lester Attitude Toward Death Scale (Lester 1991) – The questionnaire is a one-dimensional measure supplied with even scale calibration. The items can be ranged by the degree they express the death-attitude being measured.

The scales were calibrated by using the shortened version of Beck Depression Inventory (BDI) and the State-Trait Anxiety Inventory (STAI).

Sample

The present survey is based on the data of 617 participants who filled in the respective questionnaires. The thus generated HADS (Hungarian Death Attitude Survey) data base is the result of the cooperation between the Thanatology Research Group of the Institute of Behavioural Sciences at Semmelweis University (N=337) and the Behavioural Sciences Department at the University of Szeged (N=280).

Age groups examined

Age group btw ages 14-17: (N=93, average age: 16,6 years, gender distribution: 40 male and 53 female)

Age group btw ages 18-25 – university students: students studying at universities other than medical or health care institutions (N= 71, gender distribution: 23 male and 49 female, average age: 20,6 years) and medical students (N= 135, gender distribution: 98 female and 34 male, average age: 20,9 years) form the young adult group.

Age group btw ages 25-54: The group consisting of 25-54 year old people was divided into the following subgroups: *health nurses and medical assistants* (N= 93, average age: 41,2 years, gender distribution: 10 male and 83 female); *residents* (N= 27, average age: 26 years, gender distribution: 8 male and 20 female); *specialists* (N= 42, average age: 49,1 years, gender distribution: 21 male and 21 female); *non-medical staff* (N= 233, gender distribution: 79 male and 154 female, average age: 39,2 years).

Age group above age 55: we established this age group for comparative study according to age. (N=20, mean age: 66,5 years). The oldest interviewee was of age 74. This age group is most varied according to social status, occupation and level of education.

Results

The MFODS and the Lester scale were validated and they are adaptable to the Hungarian population. The Hungarian version of the scales proved reliable (Zana, Hegedűs, Szabó 2006).

Among the factors measured by MFODS *Fear for significant others* was the most significant factor indicating fear in all groups examined. The *Fear of the dying process* and *Fear of the dead* proved to be the other two most important factors. According to age groups, youth scored highest on fear of death. There is a negative correlation between fear of death and age, the level of fear of death decreasing with advanced age. Significant difference ($p<0,000$) was found between the age groups examined as shown in Figure 1.

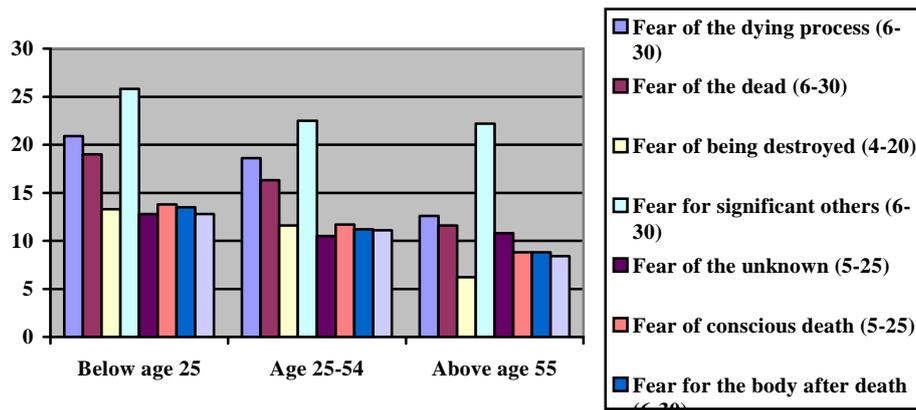


Figure 1. Comparison of Age Groups – MFODS (based on data in Table 18., N=230)

We found further significant differences among the MFODS factors *Fear for significant others*, *Fear of the dying process*, *Fear of the dead*, *Fear of conscious death*, and *Fear for the body after death*, MFODS aggregate scores of fear of death and state and trait anxiety.

The results of the Lester scale also show significant difference between age groups, fear of death being the strongest ($p < 0,001$) among youth. State and trait anxiety, respectively MFODS fear of death indicate higher scores among women ($p < 0,000$). Both women and men scored highest on the *Fear for significant others* factor, followed by the *Fear of the dying process* and the *Fear of the dead* factors. The fear related scores among non-medical university students proved higher than the scores registered among medical students ($p < 0,000$). Similarly, we found significant differences when comparing the subgroups of health care workers: fear of death was stronger among nurses and medical students than among residents and specialists as far as the *Fear for significant others* and *Fear of the dying process* factors are concerned.

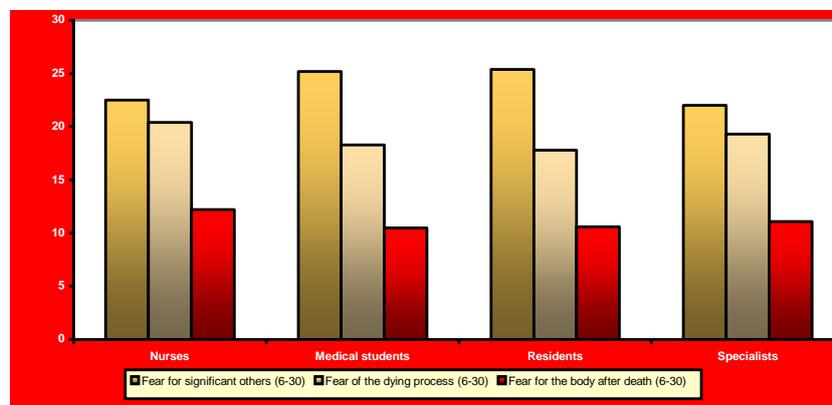


Figure 2. Results of the health care workers – HADS (N=302)

The results of medical students and nurses indicate significant difference in Lester scale, state and trait anxiety and depression scores. Comparing health care workers and non-medical staff, the latter group displayed significantly higher scores on fear.

Discussion

The higher anxiety level among youth and women corresponds to the results reported in literature. In case of youth, this higher level may be explained by lack of experience and lack of proper communication in the family. As far as women are concerned, the higher scores are justifiable by the higher level of general anxiety characteristic of women i.e. by the strong relationship between the feminine personality characteristic and anxiety, thus fear of death (Békés 2003, Cicirelli 2001, Abdel-Khalek 2004).

According to MFODS results the preponderance of the *Fear for significant others* factor in all groups examined shows the importance of social relationships, yet we need to add that this factor also measures fear for ourselves/our own death.

When summing up results, the question emerges whether this factor (i.e. fear of losing significant others or eventually ourselves that in fact generates the highest level of fear according to literature as well) can be regarded as an independent and determining constituent of fear of death.

Besides the attitudes determined by age, the explanation of significantly higher depression scores among high school students in relation to the marked results in state and trait anxiety and fear of death can be manifold: apart from the high achievement demanded in school it may indicate that family relationships become loose and there is an uncertain image of the future, a future where the consumer society driven success and thriving in life are evaluated on the basis of financial resources.

Evaluating our findings, we may interpret the lower level fear of death among health care workers as a presumptive attitude of suppression/denial characteristic of this group. We may also conclude that the lower fear scores registered are the result of their experience with death and the dying on a daily basis. Consequently, the greater fear recorded among medical students and residents may be justified by lack of experience. However, this does not provide an explanation for the higher level of fear among nurses. In their case the level of education, the disadvantageous socio-economic status, and the less desirable work conditions are all instrumental in instilling significant fear (the group of nurses is overrepresented by women, thus this may have an impact on the findings). Results presented by publications on the issue of fear of death are ambivalent: some studies emphasize the higher level of fear of death among health care workers, while others report

lower level of fear in comparison with the normal population (Hegedűs, Zana, Szabó 2006, Temesváry 1996).

Conclusions

Following our review of literature and analysis of the different dimensions of fear, the main hypothesis, namely that a special image of death characterises the distinct generations and social groups in the Hungarian society today, can be explained and proved by the joint impact of loosen family relationships, changes in traditions, technological development and dominance of media (Zana 2008).

It is important to emphasize that the issue is not the definite loss of traditions leaving behind a vast emptiness, but the change of habits e.g. our daily activities, customs related to patient care, rituals, and tasks related to the dying and the dead, which lead to the development of new rituals.

For the psychometric measurement of fear of death and attitudes toward death we validated, adapted and calibrated two scales measuring fear of death and attitudes towards death. According to our findings both the Neimeyer and Moore Multidimensional Fear of Death Scale and the Lester Attitude Toward Death Scale proved valid and suitable for measuring fear of death and attitudes towards death.

In accordance with our hypothesis and the results of other publications in literature, youth and women are characterised by higher level of fear of death and anxiety.

Our hypothesis, namely that fear of death among health care workers differs from that of the normal population, was confirmed. Yet, contrary to a segment of preceding measurements, lower level of fear, respectively anxiety was found, which does not necessarily denote less fear, it rather indicates a stronger manifestation of anxiety or denial.

It is our further aim and we hope to make use of recent findings (together with the developed models in operation) and to apply new intervention strategies in order to reduce fear and anxiety, and to develop a healthier and more accepting death image among health care workers as well as in the society (Hegedűs, Zana, Szabó 2007).

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