Chapter II

DEATH IN THE SCIENTIFIC PERSPECTIVE

Scientific studies largely take into account the problem of attitudes towards death. These studies include aging persons, children, adolescents, chronically ill people and patients suffering from fatal diseases, like cancer and cardiac disorders. These studies are mainly oriented towards the problem of fear of death. Death anxiety has been directly studied by some of these scientific studies. The problem of relationship of death anxiety and religion had also been touched upon in many investigations.

Scientific studies bring specific questions into the focus and try to answer them. In a developmental study, conducted by Nagy (1948), upon children, the findings show that through his ego-centric attitude a child between the age of 3 and 5 years extends his instinctive animism to death. Living and lifeless are not, therefore, distinguished. Hence, death is regarded as temporary, a departure for further existence under changed circumstances. Between the ages 5 and 9 death is personified which carries off the dead. Ego-centricism and anthropocentric view points still continue to be the chief determining factors. Death is regarded as a process leading to the dissolution of life. This study seems to be highly significar
in a number of ways. The basic attitudes determined by age turn out to be most important in dealing with the problem of death. In case of children, ego-centric and anthropocentric attitudes are functions of age, but the accompanying fantasies and the type of personification of death mentioned in the study may be an artifact of the culture.

Another developmental study was conducted by Kastenbaum (1959) on an adolescent population comprising of 260 subjects. Attitudes, as determined by culture, turned out to be most important factors in one's approach to the fact of death. Western culture abhors the idea of death and does not encourage its expressions through feelings and thoughts. An adolescent lives intensely in the present in the Western culture. Kastenbaum found that the idea and subject of death was encapsulated and fearfully evaded in greater number of people. This attitude was in harmony with the dominant cultural attitude. Only in about fifteen per cent of the subjects death orientation was conspicuous. These fifteen per cent were out-spokenly religious and attached much importance to church activities in their lives. This minority was consciously concerned about death and about their remote future. The two divergent attitudes that clearly emerge from this study, therefore, tend to determine the reactions towards the fact of death. These studies tend to support one of our basic assumptions. Briefly speaking, we hold that the manner
in which an individual faces the fact of death is determined by the attitudes he has developed.

In the case of children, as have been seen in the study of Nagy, the characteristics associated with the mental growth of a child are the real determining factors of the conceptions of death. However, we are not aware of any cross-cultural pattern of the study of this sort and hence our generalisation cannot go too far. In case of adolescents, as evidenced through the study of Kastenbaum, cultural factor stands fairly prominent. Adolescents, while living in the present, may not be as allergic to the idea of death in other cultures as they are in the Western culture. Being concerned with death does not necessarily imply being afraid of death. The small minority of 15% in the study of Kastenbaum is still concerned with death or is characteristically death-oriented. This is a clear deviation from the dominant outlook of the culture. Hence, ego is not as decisive a factor as the background of one's culture. The scientific truth which emerges from these studies and from reality is surrounded by a variety of subjective aspects which together determine the manner in which we would be concerned with the problem of death. Only cross-cultural patterns can possibly crystallise the somewhat uncertain aspects of the scientific truth of these studies. Studies of the aging and aged persons tell something more about the nature of man's concern with death.
Through his study entitled "Adolescent Attitudes Toward Death", Maurer (1964) concludes that among other crucial questions for adolescents one is identity and purpose - the need to find a satisfactory sublimation for death anxiety either in religion or altruistic pursuits. Adolescents' thoughts on death range from childish to very mature. Among the elements of fear associated with death, typical are separation anxiety, beliefs in ghosts, haunts, corpses, accidents, desires, mention of smells and violence. Such words as 'sleep', 'journey' are associated with death. It has been found that greater fear accompanies poor achievement. This study tends to relate fear of death with general make-up of adolescents. Dickstein and Blatt (1966) have found the significance of time perspective in relation to death anxiety. Their findings tell us that heightened death concern is related to a foreshortened time perspective. "People who report that they are highly concerned or pre-occupied with death seem to live more in the present than in the future".

In a study published by Fiefel (1959), where the sample of forty males had a mean age of 67, inquiry was done around the major questions like meaning of death, what happens after death, manner, place and time of dying, frequency of thought about death, death from specific disease, meaning of old age and fear of death. One of the most distinguishing features of the study was that the sample consisted of persons over 65 years - an age
group never taken into account before. Besides, all persons in this considerably older group were noted for physical illness of different nature, Cardio-vascular, respiratory, arteriosclerosis and so on. All were largely concerned with death but only 20% were frequently absorbed with the idea of death. Attitudes differed due to religious orientation and non-religious attitude. The twenty per cent who frequently and occasionally thought of death were religiously oriented. "Two dominant outlooks were found", says Fiefel, "one visualising death as the dissolution of bodily life and the doorway to a new life, and the other with a kind of philosophic resignation, as the end". We may cite examples from a symposium held on "Attitudes towards death in older persons". The paper entitled "Age, Personality and Health correlates of death concerns in normal aged individuals" contributed by Rhudnick and Dibner (1961) presented a study of normal aged persons as against the diseased persons of Fiefel. The study focussed on certain anticipated correlates of death concerns among a sample of normal aging individuals. Twelve TAT cards were used to elicit death concerns and two questionnaires, the MMPI and CMI, were used to measure personality characteristics and death attitudes. As predicted, there was no relationship of high death concern to such demographic variation as age, sex, occupational status (retired or working), marital status or education; but high death concern was associated with high scores on MMPI dimensions of Hypochondriasis, Hysteria,
Dependency and Impulsivity. This finding was interpreted to mean that concern over death involves neurotic pre-occupation, particularly in relation to bodily symptoms. The interpretation tended to be confirmed by the relationship of high death concern to high scores on both the physical and psychiatric disturbance sections of the CMI.

The study of Swenson (1961), entitled "Attitude towards Death in an Aged Population", brought out a significant relationship between religiosity and death in the sense that religious people have less fearful attitude towards death. Those who evaded the issue of death were persons with good health and better education. Persons who were widowed also evaded the topic, whereas single separated and married people looked forward to death. Age, sex, source of income, occupation, location (rural-urban) had no relationship with attitude towards death. The discussion which followed the presentation of studies in the symposium, brought to light the fact that meaning of death was far from being clear. Criterion should be fixed for labelling persons as old and older. It was held that notions of death touch the core of one's personality, and death is multifaced symbol whose specific import depends on the nature of the individual's own conception. Death raises many problems and, especially, with regard to the technique and methodology. This thing has been explicitly mentioned by Jeffers et al in their study entitled "Attitudes of Older Persons towards death - a
They point out, by referring to Murphy and Schilder (1959), that individual experiences turn out to be the most vital factors in determining the conceptions of death and death is not psychologically homogeneous even in a narrowly defined cultural group. Hence, the technique of direct questioning may be inappropriate for reaching the real feelings of the subject, even though in the present study the questions were asked near the end of social history taken in an informal setting; and even though the interviewer was previously known to the subject and good rapport had been established between them. With regard to attitudes toward old age and death concludes old subjects who resided in departments, i.e., under conditions approximating their previous environment, showed less fear of death than those who lived in central houses. Both groups, however, revealed mild anxiety on thoughts of death. Actually this investigation throws light on the fact that in a state of less mental accommodation with environment, death anxiety tends to become pronounced, especially in the old age when a person's mobility is minimized.

The studies cited tend to lead us aging alone does not increase our concern with death. It may be generally very true, and still more generally true in every culture, but scientifically the statement must be qualified with a number of questions. For example, what we actually mean by old age? Should we stick to some conventional criteria of old age—while attacking the
problem of the attitude towards death, or should we derive our criteria from some other source. At what age people become old, sixty, sixty-five, seventy or seventy-five? Is every one who has reached the age of seventy-five, for instance, really old enough to have a significantly different concern about death as compared to a person of sixty? Should we rely exclusively on an individual's own feeling of being old? Who really among the old constitute a good sample? Those who are sick or those who are perfectly healthy? Those who feel lonely, frustrated, deprived, having achieved nothing or those who are happy, well, have a good progeny and have achieved a lot? Most certainly these questions are of utmost importance from the viewpoint of a good theory that must guide us into an inquiry of this sort. In fact, individual's own experiences, to a large extent, determine his concern with death and his attitudes towards the fact of death. In his study, entitled "Toward a Psychiatry of the Life Cycle, etc.", this view is somewhat reinforced indirectly by the findings of Templer, Ruff and Franks (1971), who conclude, through one of their studies, that environmental events and especially the impact of intimate inter-personal relationships tend to have its effect on death anxiety. Death anxiety is, therefore, not a fixed entity dependent on early childhood experiences.

Butler (1968) has found that with the old age the reality of death becomes increasingly clear. Aging problem
emerges through the empirical studies of a developmental nature, and especially of the aging people is that given all other conditions as equal, old age, especially that which falls between the sixth and seventh decades of life, makes the fact of proximity to death quite clear in mind of an individual. Age drastically changes our concern with life; it must also change our attitude and concern about death. Age, however, is intimately interwoven with other factors, especially disease, health and the individual's own life experience.

Death and dying have been differentiated not only on the semantic level but also in the experiential context. Dying is a process one may experience for a sufficiently longer period, whereas death only brings the process to its natural end. Studies of dying patients have thrown further light on this aspect.

Hutschnekar (1959) points out that clinically a correlation seems to exist between the disease picture and the basic personality. In the case of cancer patients, he found that their attitudes towards their disease is their most conspicuous characteristic. Most of the patients are evasive and rejecting of their illness. Some of them were found to be hostile towards their family members, while others displayed courage and unselfishness. From the standpoint of psychological evaluation these patients have immature, dependent, and often repressive
personalities. In cases of peptic ulcer, outward aggression covers up for dependency needs. A cardiac patient is overwhelmingly aggressive. According to Flanders Dunbar cardiac patients are persons striving for success, and capable of postponing actions to achieve long term goals. Such people cannot conceal their hostility to authorities and cannot tolerate discipline. Hutsonekar reports the case of a female cardiac patient who was passive, evasive and day-dreaming individual. It has been noticed with the dying patients that they make peace with themselves. Fear of death is present far more often with the living than with the dying. Reports of the cancer patients, published by Payne and Krant (1969), tend to corroborate the findings of Hutsonekar. Report of "Patients' reactions to death in coronary care unit" that was published by Bruner, Thurman, Chandler and Bruce (1970) gives the finding that hostility, depression, hopelessness, tenseness, fear of sleeping because death might overtake during sleep, were very commonly found with the patients.

Attitudes of the patients on chronic hemodialysis toward living and dying have been reported by Norton (1959). He mentions that "the fact of dying or being dead appears in and of itself to be a relatively minor worry to this group of people". Death was "neither dreaded nor denied", and appeared to be only "one of the innumerable comings and goings of life". In another report on Group Treatment in a Hemodialysis centre by
Wijsenbeek and Munitz (1970), the findings bring out reactive depression after failure of transplantation. Patients showed signs of lethargy, poor attention span and disturbances in the activity to concentrate to work and to maintain consciousness. But with these symptoms went the drastic fall in blood urea. Even paranoid thinking and hallucination was reported. In an exhaustive study of Dudley, Verhey, Masuda, Martin and Halmes (1969), fear of death itself was quite conspicuous in one of the patients of diffuse obstructive pulmonary syndrome. In another patient having the case trouble the process of dying did not appear to be uncomfortable. Similarly, another female patient who was studied day after day for about ten days before the death, showed comfort and ease with the process of dying. There was no fear of dying. However, patients do not like dying alone. Another patient in the same study reported that death was to him "consistent with the natural evaluation of his life".

The above reported studies of the dying patients, bring a number of relevant issues into the focus. It appears that a person tends to reconcile with the gradual onset of death. Fear of death is different from the pangs of death. Perhaps the pangs of death are relative to our attitude towards life. Death means parting with life, friends, relatives and everything. But parting with what kind of life? Leaving the family in what conditions? Parting with friends? Do these things determine the pang of death? Moreover, is death counted in terms of losses
alone? Further, does death bring relief from pains of the ailment? All these questions seem to be scientifically relevant. The psychological symptoms that have been observed by doctors in Coronary care unit, and by Munitz and others seem to be reactions to the disease. It is further evident from these studies that with the approach of death there is no increase in the fear of death in these patients. We have put the word 'increase' in the inverted commas because of a particular quantitative reference. By 'increase' in the fear of death we mean quantitatively two definite types of responses. Either there should be some specifiable overt symptom of physical or psychosomatic origin, typically characteristic of death anxiety when the patients feel subjectively that their time of life is shortening at a fast pace, or else there should be some index in the verbalised responses of the patients concerning ideas about death. In the aforesaid study the investigators have largely depended on the verbal reports - reports which are actually based on questioning the patients. In Norton's study particularly we notice that dying patients have worries about death but not any pronounced fear. This worry about death has its reference in terms of life, e.g., what will happen to the family, and so on.

Clinical psychologists and psychiatrists have paid relatively little attention to the topic of death. They have tended to interpret such fear as a phenomenon that is derived
from more basic motivations. However, the subject of death has received increased attention in recent years and the investigators who have written about death anxiety have been of diverse backgrounds and theoretical orientations. Much of this literature describes impressions gained in the clinic or is of a speculative nature. Those publications that have involved collection of data or experiments performed, have been relatively few in number and have tended to suffer from a lack of methodological sophistications.

In the realm of psychoanalytic thought, Freud (1918) maintained that the unconscious does not know death and that no person really believes in his own mortality. Freud stated, "our own death is, indeed, unimaginable and when we make the attempt to imagine it we can perceive that we really survive as spectators". He provided every day examples of how people avoid talking about death and endorse the ancient advice that "if you would endure life, be prepared for death".

In 'the tale of three caskets' Freud (1925) attempted to relate mythology to the topic of death. In a number of fairy tales, there is a choice between three maidens, with the youngest being the fairest and the most desirable. Freud suggested that the three sisters were fates and that the youngest sister represented the fate of death.
The 'death instinct' is an important concept in psychoanalytic theory. According to Freud (1920), "the aim of life is death" and the general tendency for all living things to return to an earlier state finds its parallel in human psychodynamics. Such a death instinct presumably accounts for aggressions, sadism, masochism, and repetitive behaviour.

Freudians tend to maintain that death anxiety is a derived phenomenon having its roots in castration anxiety, separation anxiety, and fear of turning into faces. Death is viewed as a lover, and as a re-union with the mother, a separation from the mother, a punishment for aggression, and a punishment for incestuous wishes. (Greenburger, 1965; Brodsky, 1952; Fenichel, 1945).

Jung (1933, 1959) emphasised that death has meaning and should be regarded as a part of life. He pointed out the insights into man and the meaning of death provided by the great religions. Jung held that life is like a great parabola beginning with birth. The first half is concerned with preparation for life and the second half is concerned with preparation for death.

In disagreement with Freud, Klein (1948) maintained that fear of death reinforces castration anxiety, rather than being derived from it. She adopted the extreme position that death
anxiety is the root of all anxiety. She maintained that paranoid disturbances in adults are based upon a fear of annihilation.

Fromm (1964) focussed upon the 'neorophilia' or 'lover death'. The neorophilic is enamored of anything pertaining to death or decay. He is somewhat similar to Freud's anal character and has a fascination about such things as dirt, decay, corpses and disease. He is an emotionally cold person who is concerned with order, force and remembrances of the past. Although, according to Fromm, all persons have a certain amount of neophilia mixed with 'biophilia' or 'love of life', men like Hitler and Stalin were regarded as extreme neophiliaics, who had an unlimited capacity and willingness to kill.

Adler (1927) interpreted the fear of death as one form of running away from life. He suggested that some persons use the excuse of fear of death to forego all achievements, claiming that life is so short and that everything is in vain. According to Adler, the seeking of consolation in religion can serve the same purpose. Psychoanalytic approach creates death as an instinctual fact and ascertains its instinctual potentiality through clinical observations. This clinical appraisal of death tends to bring us closer to the scientific approach to the problem of death. We would now state certain conclusions before proceeding further towards scientific approach.
We may now turn to studies which directly take into account the problem of religious attitude and death anxiety. In the previous chapter we had raised certain fundamental issues about the relationship of religiously oriented attitude and death anxiety. Although reports are contradictory in this regard, but one thing seems to stand out rather clearly from the hitherto studies. People who have a deep religious involvement, or what we have termed as 'transcendental attitude (i.e. an attitude which is not confined to heaven-hell issues and to mechanical and compulsive involvement in rituals) do seem to have the ability to overcome death anxiety. We believe that subjective referents become overwhelming in this matter, and an empirical enquiry of limited nature cannot possibly lead us too far into the nature of things. Templar (1972) has found that religiously very involved persons are not very much afraid of death. Two highly significant observations have been made in this study which we shall treat here in some detail. He contends that the lack of relationship found in the two variables in an earlier study of Templar and Dotson (1970) may be attributed to the fact that religion did not have much importance in the lives of those college students who were subjects of the study. This view supports our own statements in this regard, viz., if religion or religious faith is only accepted but not incorporated in one's life, it would tend to have little or no influence on life or death. Besides,
certainly as Alexander and Alderstein (1958) have pointed out, it is more important than the mere content of one's belief. Depth of religious convictions in one's life, therefore, is a more significant variable that must be taken into account. In the case of Templar's study the subjects had been convictions, they attended religious functions more frequently, were certain of an after life, and interpreted Bible literally.

In their earlier studies reported in the symposium of 1960, which has already been referred to in this chapter, Swenson and Jeffers et al. definitely report a different type of relationship between death anxiety and religious attitudes. We have previously reported the findings of Swenson. Jeffers et al., safely conclude through their study: "... it, therefore, appears that the factors associated with no fear of death include a tendency to read the Bible oftener, more belief in an after life, reference to death with more religious connotations fewer feelings of rejection and depression...".

In their study entitled 'Religiosity, Generalized Anxiety and Apprehension Concerning Death', Williams and Cole (1968) found that high religiosity group showed greatest generalized insecurity and anxiety. The middle group of the religiosity dimension showed high scores on physiological measures of general anxiety. This study actually contradicts Freud's observation that religion is the product of insecurity.
It is interesting to note in this study that deep involvement yields low scores on generalized anxiety and apprehensions about death. Moreover, the religious attitude was measured in terms of participation in religion and not mere verbal admission that one believes in religion.

Perhaps the only other instance of a study involving adults that has come to the knowledge of the present investigator, was done by Martin and Wrightsman (1964), who took 50 adult members of Protestant congregations in their sample. Religious attitude involving participation was considered. Among the several measures, ranging from a Likert-type scale to sentence completion test, were given and it was found that high religiosity was associated with less fear of death. Contrary to the expectations of the researchers, the older members of the group showed less fear of death whereas it is generally assumed that with aging men begin to be more afraid of death because it appears nearer.

Another highly significant study was done by Blazer (1973) in order to test Frankl's (1963) theory of meaning of death. He used purpose in life test of Grumbaugh and Lester's "fear of death scale". There was a high correlation between fear of death and meaninglessness in life. The correlation was reported to be .83 (PL 001). In another of his recent studies entitled 'Religious conviction and fear of death among the healthy and the terminally ill', Fiefel has brought about a major finding
that religious per se pre-disposition does not appear to be associated significantly with the strength of fear of death. He noted an increased fear of death at below the level awareness in both healthy and ill persons. Fiepfl contends that his finding reinforces the conclusion of an investigation done by Lester that 'religious belief does not affect the intensity of the fear of death'.

The above noted studies tend to give the impression that nothing can be said safely as to the relationship of death anxiety and religious attitudes. However, in spite of this apparent confusion, which can, if analysed, be possibly located in the methodological operations etc., one thing seems to stand out clearly through the studies of Templar, Martin and Wrightsman, Jeffers et al. and others that the nature of one's religious concern is more important than the mere fact of being religious. Invariably we gather the impression through these studies that deep involvement and 'lip services' are two different things. One's convictions do have an impact on life; but it depends on the strength of his convictions in terms of how they are related to the practical life, how deeply are they rooted in his feelings, thoughts and sentiments of the people. Hence, deep involvement in religion seems to minimize the fear of death in an individual.

The contradictory findings in the aforementioned studies are very stimulating at the same time. If deep involvement in religion does lead to a minimizing of the death anxiety,
then certain scientifically important questions do arise. Why deep involvement in religion leads to this type of attitudes? Is it a universal feature of religion? What kind of religious training leads to minimizing of the fear of death? What is really meant by deep involvement? These questions, in turn, lead into other meaningful questions which can initiate a number of relevant inquiries around this basic issue.

It is certainly true that the problem of attitudes toward death, death anxiety and concern about death, is accompanied with such a baffling multiplicity of factors and dimensions that we are far from having come to grip with even its significant peripheral aspects. This is well indicated in the study of Kalish.

In studying attitudes towards methods of destroying life, Kalish (1963) found that they are influenced by our generalized attitudes toward life, religious convictions and other personality variables. He measured such variables as attitudes toward birth control, euthanasia, abortion, wartime killing, capital punishment, fear of death, God and after-life. Data were obtained in terms of racial background, sex and age. The following factors emerged through his investigations:

1. Social liberalism - including acceptance of birth control.
2. Religious justice - including acceptance of God, after-life and capital punishment.
3. Destruction-accepting factor - including war-time killing, capital punishment and euthanasia. Jews and Atheists - agnostics were favourably disposed toward the first factor, Catholics toward the second and for first two variables for the third factor.

These studies have turned out to be useful to the investigator because they throw light upon the theoretical aspects of the issues. The arguments we have advanced in favour of the view that religious attitudes tend to minimise and expel the fear of death seems to become more neatly crystallised in the light of these studies. Besides, they provide more factual information about the use of the death anxiety scale that has been employed in the study. As a matter of fact, studies which are most relevant, to the present investigation pertain to the effects of religious attitudes on death anxiety. Irrespective of the fact whether one adheres to a particular religious outlook or not, the personal philosophy of an individual does have effects on his perspective of death. Since we have taken self-transcendence into account we shall describe at length one of the most distinctly scientific study related to self-transcendence and personal philosophy. This study was conducted by Phillips, Watkins and Noll. These investigators, intended to explore the empirical dimension of the theories of Maslow and Frankl. For Maslow, man's seeking for a value life, the essential fulfilment or highest mode of being human, is stressed as being biologically
rooted and instinctoid in nature. In order that an individual may achieve actualisation of his real self, a hierarchy of prepotent needs must be sequentially satisfied. These are physiological needs, safety needs, the belongingness needs, self-esteem needs, love needs and finally the need for self-actualisation. The value life is seen on a continuum with the 'lower' needs and is dependent on their satisfaction to become actualised.

Rather than dichotomising the spiritual (value) realm from the biological realm, Maslow (1970) stresses the expression of the biologically based 'real self' to complete human nature. Self-actualisation is intrinsic growth of what is already in the organism (p. 134).

Frankl (1966) has offered an opposing view of basic human qualities and requirements. Writing in the framework of existential psychiatry and philosophical phenomenology, Frankl describes man as a unity with three fundamental dimensions - the physical, the psychological and the spiritual or philosophical (in a non-religious sense). Of these, three realms, the aspects of man which are distinctly human are spirituality, freedom and responsibility. Self-detachment and self-transcendence are the essence of man's existence and are his primary concerns.

Man's essential nature, for Frankl (1966) is not found specifically in a biological rooting but rather, in his relation with the world (or environment). The biological self is
pre-supposed but becomes unimportant in the face of man's task of the requiredness of self-transcendence or discovery of meaning in the world. The essential self-transcendence quality of human existence renders man a being reaching out beyond himself.

An important consideration for Frankl is that self-transcendence be seen as a distinctly human phenomenon. Self-transcendence is derived from the fulfilment of organismic potentials but from man's consciousness in relation with the world and his ability to find purpose beyond himself, therein, Pleasure, happiness, joy and actualisation of the self are seen by Frankl (1966) as side effects or un-intentional followings from the intentionality of life in the attaining of meaning. These un-intentional effects cannot be directly sought, as his self-seeking violates man's essential directedness to the world. Frankl emphasises that it is the world which is experienced with joy, pleasure and the other 'emotional states' which Maslow sees as end experiences. To concentrate on the expression of a 'real-self', Frankl (1966) notes, creates a state of 'hyperintention' on the self which blocks the possibility of what is sought (self fulfilment). Self-actualisation, if made an end in itself, contradicts the self-transcendental quality of human existence like happiness. Self-actualisation is an effect, the effect of meaning fulfilment (Frankl, 1966, p.38). In sum, only to the extent that man fulfills a meaning in the world, does he fulfill himself. The essential contrast between Maslow's theory
of self-actualisation and Frankl's theory of self-transcendence arises from the fundamental differences in the description of the directionality between the self and the world or environment.

The similarities and differences found between the operational definitions are not of the same similarities and differences which exist in the theoretical formulations of Maslow and Frankl. This study has indicated that these theorists have been describing basically the same individuals who are 'inspired beyond the reactive sphere of behaviour. However, the popularisation of these two theorist's conceptualisation of fully functioning individuals, phrased in disparate theoretical terms (and the subsequent self-identification by others with the ideal of what the theories describe) desensitizes a self-report scale to the original descriptive aspects of the theory. This study has shown two self-report inventories to be influenced by conscious agreement with the theoretical constructs of one theorist or the other indicating that the differences in the theories do indeed make a difference in whom is identified by the operational definition as fully functioning. It was also shown, however, that in one case (within POL. 1 scale) the similarity of personal philosophy with the concepts from which the test was constructed did not detract from the accurate nomination as relatively self-actualised by this scale. In terms of the hypothesis of this study, then, the self-actualised role is available, and those within this role were seen to be 'Role-bearers' rather than role-players.
The import of this study for the present investigation deserves attention. Personal philosophy of an individual, while congruent with the meaning of self-transcendence and purposefulness, would bear a relationship with the same. Religious outlook as a personal philosophy is intrinsically meaningful to the concept of self-transcendence in oriental thinking. Since death is neither abhorred nor regarded as an end of existence, the fear of death is likely to have little impact on individuals who are motivated by the philosophy and who happen to have an orientation of life characterised by self-transcendence.

To sum up, the studies, whether they directly touch upon the problem of religious attitudes and death anxiety, or are concerned with some related variables, are highly enlightening and helpful for the purpose of the present study.