Chapter III

METHOD AND PROCEDURE

As mentioned in Chapter I, the present research extends over the previous investigation (Sufian, 1976) through the inclusion of the variable of self-transcendence. That is, the present investigation was undertaken to study the effect of age, religious faith and self-transcendence on death anxiety. More specifically the study was designed to answer the following questions:

(a) Does age affect death anxiety?
(b) Does religious faith affect death anxiety?
(c) Does self-transcendence affect death anxiety?
(d) Is there any interactional effect of age and religious faith on death anxiety?
(e) Is there any interactional effect of age and self-transcendence on death anxiety?
(f) Is there any interactional effect of religious faith and self-transcendence on death anxiety?
(g) Is there any interactional effect of age, religious faith and self-transcendence on death anxiety?
Experimental design:

A 2x2x2 factorial design was used to study the effect of age, religious faith and self-transcendence on death anxiety. The design may be stated diagrammatically as follows:

<table>
<thead>
<tr>
<th></th>
<th>Religious Faith (RF)</th>
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<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Older Age Younger</td>
</tr>
<tr>
<td>High</td>
<td>(i)</td>
</tr>
<tr>
<td>Low</td>
<td>(v)</td>
</tr>
<tr>
<td>Self-Transcendence</td>
<td></td>
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The above diagram shows that each independent variable varies in two ways. The two values of age variable were (a) younger subjects and (b) older subjects. The two degrees of religious faith were (a) high and (b) low religious faith, and self-transcendence was varied by selecting those having high purpose in life (PIL) and those having low purpose in life. Thus there were eight groups of subjects, namely, younger having high religious faith and high purpose in life (YHRHP), younger having high religious faith and low purpose in life (YHRLP), younger having low religious faith and high purpose in life (YLRHP), younger having low religious faith and low purpose in life (YLRLP), older having high religious faith and
high purpose in life (OHRHP), elders having high religious faith and low purpose in life (OHRLP), elders having low religious faith and high purpose in life (OLRHP) and elders having low religious faith and low purpose in life (OLRLP).

In order to form eight groups of subjects mentioned above, a sample of three hundred persons was taken from the population of educated Muslims consisting of graduate and postgraduate students, research scholars, teaching and administrative staff of Aligarh Muslim University, and in order to keep the investigation within manageable limits, only one religion, namely, Islam, was studied. Out of these three hundred persons two groups were formed - younger group and older group. The younger group included 18 years to thirty years old persons and older group included forty years to sixty years old persons. There were 150 subjects in each group. The subjects of each group were quite healthy in the sense that they were all free from "wasting disease", "prolonged illness" and "incurable ailments".

An original form of Putney and Middleton's (1961) Religious ideology scale and an original form of Crumbaugh and Maholick's (1969) 'purpose in life' test were given to both of these groups in order to sort out those individuals having high and low religious faith and those having high and low purpose in life from each group. In the following paragraphs we will discuss each test briefly.
The Religious Ideology Scale:

Religious Ideology Scale which is culture free, is actually composed of three sub-scales. The orthodoxy sub-scale, fanaticism sub-scale and the importance sub-scale. Each scale has six items of Likert type with a total of eighteen items. The Religious Ideology Scale was used to investigate the dimensions of religious ideologies such as skeptics, modernists and conservatives. Since these three categories of persons are also found among the people of different religious faiths in India and since easy English language is used in the tests, it is, therefore, justified to use it in original form on Indian subjects.

The investigator distributed the scale individually to the respondents of each group. Person to person contacts were made, and each individual was separately asked to understand the instructions carefully and if necessary asking the investigator in case he felt that there was anything vague in the written material. A diary was maintained for noting down the name and home address of the subjects. Subjects were generally contacted during their working in office hours and in many cases appointments to meet at home were fixed.

Instructions were read out to each subject and then he was asked to put questions if he so desired. Following instructions were given to each subject:
"Please read the following statements carefully. There are right or wrong answers, the only right answer is the one which reflects your true personal opinion towards the question considered. To answer the questions, choose the answer below which corresponds most closely with your personal attitude towards the particular question and place the corresponding number in the space provided at left, according to the following conventions:

- Strong Agreement 7
- Moderate Agreement 6
- Slight Agreement 5
- No Response 4
- Slight Disagreement 3
- Moderate Disagreement 2
- Strong Disagreement 1

As may be noticed each subject may secure a maximum of 126 points and a minimum of 18 points. 33rd and 66th percentile (P33 and P66) were calculated, which were 97.51 and 111.77 respectively. Subjects who scored 97 or below 97 points were regarded as having low religious faith while subjects who secured 111 or above 111 points were considered as having high religious faith. In this way four groups were formed namely youngers having high religious faith, youngers having low religious faith, olders having high religious faith and olders having low religious faith. On the basis of the scores obtained by
then 40 with high religious faith and 45 with low religious faith were selected from 150 younger subjects and 50 with high religious faith and 55 having low religious faith were selected from 150 older subjects.

Purpose in life test:

We have already discussed at length the meanings of self-transcendence as they appear in the theories of Frankl (1969) and Maslow (1969) and as they appear in the context of Islamic faith. The central idea which ties up these meanings is the emphasis on purpose beyond one's self; one's reaching out beyond one's self. With this central idea before us, we have chosen specific measure of self-transcendence which is known as purpose in life test (PIL).

The 20-scaled items of part A are the only portion of the instrument which is objectively scored. The score is the simple sum of the numerical values circled for these 20 items. Parts B and C are interpreted clinically, which means that only a clinical psychologist, psychiatrist or clinically trained counsellor can evaluate them. For most research purposes these sections have been ignored. They have proved helpful in individual clinical use, where therapists and counsellors have examined the content in relation to material brought out in the interview. So far attempts to quantify them have added little objective information to that furnished to part A.
The PIL test was administered on the above mentioned four groups of subjects and the procedure of the administration was the same as was followed in the administration of the religious ideology scale. However, somewhat different instructions were given to the subjects which were as follows:

"For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. 'Neutral' implies no judgement either way; try to use this rating as little as possible."

33rd and 66th percentiles (P33 and P66) were calculated which were 62 and 92 respectively. Subjects who scored 62 or below 62 points were considered as having low purpose in life while subjects who obtained 92 or above 92 points were regarded as having high purpose in life. On the basis of the scores secured by them 15 subjects having high purpose in life and 15 having low purpose in life were selected from each of the four groups, namely, younger having high religious faith, younger having low religious faith, older having high religious faith and older having low religious faith. In this way following eight groups of subjects were formed, each consisting of 15 subjects: Youngers having high religious faith and high purpose in life (YHRHP), youngers having high religious faith and low purpose in life (YHRLP), youngers having low religious faith and high purpose in life (YLRHP), youngers having low religious faith and low
purpose in life (YLRLP), older having high religious faith and high purpose in life (OHRHP), older having high religious faith and low purpose in life (OHRLP), older having low religious faith and high purpose in life (OLRHP) and older having low religious faith and low purpose in life (OLRLP). In all 120 subjects were used in the present study.

Death Anxiety Scale:

As pointed out earlier, the present research was designed to study the effect of three independent variables namely, age, religious faith and self-transcendence, on death anxiety. The death anxiety scale known as DAS was constructed by Templer in 1961. Of all the measures of death anxiety hitherto used by the investigators, Bromberg and Schilder (1933), McCully (1963), Fucan and Fluton (1958), perhaps the most concisely constructed tools are those of Boyer's (1964) Fear of death scale (FODS) and Templer's (1970) Death Anxiety Scale (DAS). In case of FODS diverse measures for construct validity have been adopted. Templer's Death Anxiety Scale has been most thoroughly and precisely constructed.

The DAS items reflect wider range of life experiences than mere dying, finality of death etc., as we come across in FODS. Templer had devised forty items in the beginning on rational basis out of which 23 were keyed true and 17 were keyed
false. Seven judges rated the face validity of these items, all of whom were clinical psychologists. Nine items carried an average rating of below 3 and were consequently discarded.

The internal consistency was determined through utilising the independent groups consisting of 25, 50 and 46 students whose scores yielded item-total point biserial correlation coefficients. Only those items significant at .01 level were retained and thus only 15 items were retained. Phi coefficients were then calculated for determining the relative independence of items.

The reliability of the tool was determined through test-re-test procedure with an interval of 3 weeks. The product moment correlation coefficient was .83. The validation procedures included two projects.

1. DAS scores of high death anxiety patients and control subjects.
2. The DAS score correlates of College students. In the first project high death anxiety patients were obtained on the basis of counselling sessions of hospital chaplins, lists provided by the Director of Nursing through consultations with the professional nursing staff and through patients' records.

In the second project DAS Fods MMPI and sequential word association task was administered to 77 students. A positive relationship between number of emotional words and DAS was
established at .05 level. Templar says that the MMPI was used for two reasons.

It contains three well-known measures of anxiety namely, Manifest anxiety scale, Welsh anxiety scale and Welsh anxiety index. If the DAS correlates high with these measures then it can be said that DAS measures anxiety in general rather than death anxiety in particular. If so then it would not have the discriminative validity. The second reason was that it was deemed worthwhile to determine the relationship of DAS to personality variables particularly as measured by the MMPI. The correlation coefficients of DAS with manifest anxiety scale and Welsh anxiety scale were .39 and .36, respectively, and were significant at .05 level. The correlation is not significant at this level with Welsh anxiety index. In general, the correlation with the general anxiety measures are positive but low. It was later on established conclusively that low correlations were due to the absence of psychopathology in the respondents.

Correlation co-efficients with Fods was .74. The uniqueness of DAS as measure of death anxiety has a well established validity.

The scale was administered groupwise on each of the above mentioned eight groups of subjects with the following instructions:
"Please fill your background information first and then answer the fifteen questions. If a statement is true or mostly as applied to you circle 'T'. If a statement is false or mostly false as applied to you circle 'F'. Please do not write your name anywhere on the sheet".

Subjects were interviewed after they had delivered the returns to the investigator. The data obtained were tabulated groupwise and statistically treated to draw necessary inferences as given in Chapter IV.