

Chapter One: As We Think About Death

Multiple Choice

1.0. Kastenbaum observed that Hollywood portrayals of death emphasize all the following EXCEPT the notion that:

- a. the doctor is the most important person to pay attention to when someone is dying.
- b. open communication is the best approach.
- c. deception and sentimentalism are the best approaches.
- d. a sanitized version of dying is the best approach.

Difficulty: 1

Page-Reference: 7

Answer : b.open communication is the best approach.

2.0. Timothy E. Quill, M.D. is known for his influential article arguing that:

- a. Hollywood has helped several generations of Americans cope well with dying.
- b. fatalism is the best approach to the topic of dying.
- c. physicians should act as personal guides and counselors to their dying patients.
- d. physicians should be silencers when it comes to talking with patients about dying.

Difficulty: 3

Page-Reference: 7

Answer : c.physicians should act as personal guides and counselors to their dying patients.

3.0. The _____ is a person who is quick to introduce a fatalistic statement often as an attempt to end a discussion about death before it begins.

- a. listener
- b. fatalist
- c. silencer
- d. instigator

Difficulty: 3

Page-Reference: 7

Answer : c.silencer

4.0. The leading cause of death for the population in general is:

- a. suicide
- b. motor vehicle accident
- c. heart disease
- d. cancer

Difficulty: 1

Page-Reference: 13

Answer : c.heart disease

5.0. **The earliest childhood memory reported by most adults is an experience of:**

- a. joy
- b. death
- c. anger
- d. sadness

Difficulty: 1
Page-Reference: 14
Answer : b.death

6.0. **Of the 100 individuals Jack Kevorkian "assisted" in death, how many were terminally ill?**

- a. one half
- b. more than one half
- c. one third
- d. less than one third

Difficulty: 1
Page-Reference: 14
Answer : d.less than one third

7.0. **One study that followed patients through their postoperative period found that:**

- a. those with positive religious coping styles experienced more pain and distress
- b. those with positive religious coping styles experienced no pain or distress
- c. those with positive religious coping styles experienced less pain and distress
- d. doubt and conflict in religious beliefs had no effect on health outcomes

Difficulty: 1
Page-Reference: 16
Answer : c.those with positive religious coping styles experienced less pain and distress

8.0. **Personal experience with dying and death influences our:**

- a. attitudes and beliefs.
- b. beliefs.
- c. feelings and attitudes.
- d. attitudes, beliefs, and feelings.

Difficulty: 1
Page-Reference: 14
Answer : d.attitudes, beliefs, and feelings.

9.0. **Which of the following is NOT true of living wills?**

- a. The option of having a living will has been available since 1968.
- b. Most people in the United States have initiated a living will.
- c. These documents were designed to give individuals influence over the last few days of life.
- d. These documents define the type of medical interventions to be carried out if death is close and the individual is unable to express his or her wishes.

Difficulty: 2
Page-Reference: 15
Answer : b.Most people in the United States have initiated a living will.

10.0. **Studies have found that the people who sign organ donor cards are:**

- a. less anxious about death.
- b. more self-reliant.
- c. feel more effective.
- d. all of the above

Difficulty: 2

Page-Reference:

Answer : d.all of the above

11.0. **A study found that those who crossed the street in a high risk-taking manner:**

- a. were more likely to have attempted suicide in the past.
- b. were more likely to be women.
- c. were less likely to take high risks when they drive.
- d. were less frustrated with their lives.

Difficulty: 3

Page-Reference: 16

Answer : a.were more likely to have attempted suicide in the past.

12.0. **Upon viewing his friend Ivan Ilych's corpse, Peter Ivanovich:**

- a. prayed for both Ilych's soul and his own.
- b. sorrowed for Ilych's widow and children.
- c. tried to differentiate and distance himself from Ilych.
- d. tried to persuade himself that the man in the coffin was not really Ilych.

Difficulty: 2

Page-Reference: 17

Answer : c.tried to differentiate and distance himself from Ilych.

13.0. **Which of the following is NOT one of the criticisms Kastenbaum highlighted regarding research using death anxiety scales?**

- a. Studies often involve resurveying participants many times.
- b. Low scores are difficult to interpret.
- c. It is not known what a healthy or optimal score would be.
- d. Little is learned about participants beliefs or attitudes.

Difficulty: 3

Page-Reference: 19

Answer : a.Studies often involve resurveying participants many times.

14.0. **Most self-report studies find that the general population has a _____ level of death anxiety.**

- a. very low
- b. low to moderate
- c. moderate to high
- d. very high

Difficulty: 2

Page-Reference: 19

Answer : b.low to moderate

15.0. **Most self-report studies find that:**

- a. women have higher death anxiety scores than men.
- b. elderly adults have higher death anxiety scores than younger adults.
- c. people with psychiatric conditions do not differ in death anxiety scores from the general population.
- d. death anxiety scores tend to decrease in later middle age.

Difficulty: 2

Page-Reference: 20-21

Answer : a.women have higher death anxiety scores than men.

16.0. **Death anxiety tends to:**

- a. increase as people reach their 70's.
- b. decrease in the later adult years.
- c. decrease as one enters adolescence.
- d. revolve around fears of violent death for elderly adults.

Difficulty: 2

Page-Reference: 20

Answer : b.decrease in the later adult years.

17.0. **In a longitudinal study conducted in the United States that examined the relationship between religiousness and fear of death and dying, researchers found:**

- a. strong religious beliefs did not provide an effective buffer against fear of death
- b. strong religious beliefs led to decreased death anxiety in later adult years
- c. highly religious people reported the least amount of death anxiety
- d. non-religious people reported higher degrees of death anxiety

Difficulty: 2

Page-Reference: 22

Answer : a.strong religious beliefs did not provide an effective buffer against fear of death

18.0. **The apprehensiveness and restlessness we carry around with us in everyday life is sometimes called _____.**

- a. death anxiety
- b. trait anxiety
- c. death denial
- d. self denial

Difficulty: 2

Page-Reference: 22

Answer : b.trait anxiety

19.0. **"We cannot really fear death, because we cannot really imagine our own death." This statement is at the core of the _____ death anxiety theory.**

- a. existential
- b. terror management
- c. early psychoanalytic
- d. edge

Difficulty: 2

Page-Reference: 23

Answer : c.early psychoanalytic

20.0. Which of the following is NOT true of the early psychoanalytic perspective on death anxiety?

- a. Death anxiety comes into consciousness as we learn to comprehend our own annihilation.
- b. The unconscious does not understand the concept of negation, so it can't erase itself.
- c. The unconscious does not respond to time and so doesn't understand an end of time.
- d. Castration anxiety is the source of death anxiety.

Difficulty: 3

Page-Reference: 23

Answer : a. Death anxiety comes into consciousness as we learn to comprehend our own annihilation.

21.0. "Our fears take many specific forms but can be traced back to our sense of vulnerability to death." This statement is at the core of the _____ death anxiety theory.

- a. existential
- b. terror management
- c. early psychoanalytic
- d. edge

Difficulty: 2

Page-Reference: 24

Answer : a. existential

22.0. Which of the following is NOT consistent with terror management theory?

- a. High self-esteem provides protection against death anxiety.
- b. Society encourages evasions and fantasies as protection against death anxiety.
- c. Developing one's own accurate view of personal dying and death provides protection against death anxiety.
- d. People should act in accordance with their society's collective representation.

Difficulty: 3

Page-Reference: 24

Answer : c. Developing one's own accurate view of personal dying and death provides protection against death anxiety.

23.0. Which of the following statements is NOT consistent with the Edge Theory?

- a. It distinguishes between everyday low levels of death anxiety and the alert and alarmed state that is aroused when we encounter danger.
- b. It emphasizes survival.
- c. It is consistent with existential theory.
- d. It emphasizes adaptation.

Difficulty: 2

Page-Reference: 25

Answer : c. It is consistent with existential theory.

24.0. The individual who is not "in denial," but simply directing his or her attention to whatever seems most salient in the moment is demonstrating _____.

- a. deception
- b. compartmentalizing
- c. selective response
- d. selective attention

Difficulty: 1

Page-Reference: 26

Answer : d. selective attention

25.0. The individual who fully comprehends the reality of his or her situation but decides to fight for life as long as possible is demonstrating _____.

- a. resistance
- b. deception
- c. compartmentalizing
- d. selective response

Difficulty: 2

Page-Reference: 27

Answer : a.resistance

26.0. In _____, the dying and death reality is acknowledged, but the person stops just short of realizing the situation.

- a. resistance
- b. deception
- c. compartmentalizing
- d. selective attention

Difficulty: 2

Page-Reference: 27

Answer : c.compartmentalizing

27.0. The statement "It would be better if I did not let others know how I feel right now" is an example of _____.

- a. resistance
- b. deception
- c. denial
- d. selective response

Difficulty: 2

Page-Reference: 26

Answer : d.selective response

28.0. The statement "A touch of indigestion, that's all" is an example of _____.

- a. resistance
- b. deception
- c. compartmentalizing
- d. selective attention

Difficulty: 2

Page-Reference: 27

Answer : b.deception

29.0. A woman who was discovered intently sweeping the floor of her home after a tornado had passed through the city; the floor was practically all that was remaining of her home, is an example of _____.

- a. resistance
- b. denial
- c. compartmentalizing
- d. deception

Difficulty: 2

Page-Reference: 28

Answer : b.denial

30.0. Prolongation of life was the primary mission of:

- a. alchemy.
- b. astronomy.
- c. necromancy.
- d. nepotism.

Difficulty: 1

Page-Reference: 30

Answer : a.alchemy.

True/False

1.0. Through the centuries, most people died before what we now would consider to be midlife.

- a. true
- b. false

Difficulty: 1

Page-Reference: 6

Answer : a.true

2.0. The statements, "There's nothing to think about. When you're number's up, it's up" are representative of a fatalistic view.

- a. true
- b. false

Difficulty: 1

Page-Reference: 7

Answer : a.true

3.0. Observing your own responses to self-inventory of attitudes, beliefs, and feelings toward death is part of the self-monitoring process that has been found invaluable by many people who work systematically with death related issues.

- a. true
- b. false

Difficulty: 1

Page-Reference: 8

Answer : a.true

4.0. A person born in the United States in 1900 had an average life expectancy of 40 years

- a. true
- b. false

Difficulty: 1

Page-Reference: 13

Answer : a.false

5.0. Males outlive females almost everywhere in the world.

- a. true
- b. false

Difficulty: 1

Page-Reference: 13

Answer : a.false

6.0. **Cryonic suspension is another word used for cremation.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 14
Answer : a.false

7.0. **There is a significant difference in attitudes, beliefs, and feelings about dying and death between people who have experienced a personally significant death and those for whom death has remained a distant topic.**

- a. true
- b. false

Difficulty: 1
Page-Reference: 14
Answer : a.true

8.0. **Researchers have found that individuals who choose NOT to be organ donors often have a fear of being declared dead prematurely.**

- a. true
- b. false

Difficulty: 1
Page-Reference: 16
Answer : a.true

9.0. **Mortality salience can only be a factor in a research study for participants who have been exposed directly to death, such as soldiers and paramedics.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 15
Answer : a.false

10.0. **Men attend more seminars and workshops that deal with dying, death and grief.**

- a. true
- b. false

Difficulty: 1
Page-Reference: 19
Answer : a.false

11.0. **Most nurses report a lower level of death anxiety than the general population.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 19
Answer : a.false

12.0. **Death anxiety tends to be relatively high in adolescence and early adulthood.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 20
Answer : a.true

13.0. **Many baby boomers are also representatives of the sandwich generation.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 21
Answer : a.true

14.0. **It is NOT unusual for people to experience an upsurge of death anxiety when they realize how close they have come to being killed in a motor vehicle accident.**

- a. true
- b. false

Difficulty: 1
Page-Reference: 21
Answer : a.true

15.0. **In Freud's view, thanatophobia is the result of castration anxiety.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 24
Answer : a.true

16.0. **Becker, an advocate of the existential position, argues that death anxiety is the root of schizophrenia.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 24
Answer : a.true

17.0. **Both the Freudian and the existential positions on death anxiety have been supported through empirical investigation.**

- a. true
- b. false

Difficulty: 2
Page-Reference: 24
Answer : a.false

18.0. Denial, in the psychiatric sense, is a primitive defense mechanism that is ineffective in the long-term.

- a. true
- b. false

Difficulty: 1
Page-Reference: 26
Answer : a.true

19.0. Both compartmentalizing and denial involve a disconnection of one aspect of a death related situation from another.

- a. true
- b. false

Difficulty: 3
Page-Reference: 27
Answer : a.true

20.0. Acceptance and denial can be evaluated only when we are in a position to understand what the person is trying to accomplish and what he or she is up against.

- a. true
- b. false

Difficulty: 2
Page-Reference: 29
Answer : a.true

Vocabulary

1.0. Uniform Anatomical Gift Act

Difficulty: 2
Answer : A law that permits people, upon their own deaths, to designate their bodily organs for transplantation to another person.

2.0. Collective Representations

Difficulty: 2
Answer : The symbols and themes that convey the spirit and mood of a culture.

3.0. Death Anxiety

Difficulty: 1
Answer : Emotional distress and insecurity aroused by encounters with dead bodies, grieving people, or other reminders of mortality, including one's own thoughts.

4.0. Denial

Difficulty: 1
Answer : An extreme response in which one attempts to cope with danger or loss by ignoring important features of reality.

5.0. Edge Theory

Difficulty: 3

Answer : A theoretical approach that emphasizes the survival function of death-related anxiety.

6.0. Existentialism

Difficulty: 3

Answer : A philosophical position that emphasizes people's responsibilities for their own lives and deaths.

7.0. Fatalism

Difficulty: 2

Answer : The belief that future events have already been determined; therefore, one is powerless to affect the future.

8.0. Living Will

Difficulty: 3

Answer : A document that instructs medical personnel on an individual's wishes should a situation arise in which that person cannot communicate directly. Often involves the request for limiting the type of medical interventions. The living will is one of a class of documents known as advance directives.

9.0. Mortality Salience

Difficulty: 3

Answer : A situation that is likely to bring thoughts of death to mind. Related to ontological confrontation but often not as threatening.

10.0. Ontological Confrontation

Difficulty: 3

Answer : A situation that sharply reminds people of their personal vulnerabilities to death.

11.0. Post Traumatic Stress Disorder

Difficulty: 3

Answer : A delayed response to a death or other disturbing experience that has occurred under extremely stressful conditions. The traumatic event is reexperienced repeatedly, and other disturbances of feeling, thought, and behavior are also likely to occur.

12.0. Schizophrenia

Difficulty: 2

Answer : A form of mental, and perhaps biomedical, illness in which a person is out of contact with reality and emotionally alienated from others.

13.0. Self-Efficacy

Difficulty: 2

Answer : The ability of a person to act competently in meeting needs and pursuing goals.

14.0. Taoism

Difficulty: 3

Answer : An ancient and still-influential Chinese philosophical-religious system that sees life and death as linked in a fundamental reality that underlies the apparent diversity, change, and disorder of the observable world.

15.0. Thanatophobia

Difficulty: 1

Answer : Fear of death.

16.0. Terror Management Theory

Difficulty: 2

Answer : A theory based on the proposition that many of our sociocultural beliefs, symbols, and practices are intended to reduce our sense of vulnerability and helplessness in prospect of death.

Essay Questions

1.0. Explain the differences between these terms: attitudes, beliefs, feelings

Difficulty: 2

Page-Reference: 14

Answer : attitudes - action tendencies
beliefs - stable interpretations of the world and our place in it
feelings - qualitative information on our total sense of being

2.0. Describe how levels of death anxiety change as we move through the major stages of life.

Difficulty: 3

Page-Reference: 20

Answer : High in adolescence
High in early adulthood
Decrease in early middle age
Rise in later middle age
New low reached in late adulthood

3.0. Describe the two opposite approaches of Malinowski and Radcliffe-Brown, both anthropologists, in explaining the role of religion in death anxiety.

Difficulty: 3

Page-Reference: 21

Answer : Malinowski - religion reduces death anxiety
Radcliffe-Brown - religion gives rise to fears of evil spirits, punishment, torment, and hell

4.0. List Kastenbaum's five premises regarding denial and acceptance of death.

Difficulty: 3

Page-Reference: 29

Answer : Most of us use both acceptance and denial-type strategies
Total acceptance and total denial-type strategies occur only in extreme situations
Much of what is called denial is adaptive, selective responses
Interpersonal context must be considered
We must understand what the person is trying to accomplish

5.0. Give a brief description of the Taoist view of life and death.

Difficulty: 3

Page-Reference: 29-30

Answer : Both are aspects of the tao
Both are part of the basic unity of nature
Life can be extended by drawing upon natural resources

6.0. List any five social conditions that limited individuals in their understanding of death related issues, and then demonstrate how not thinking about death was a failed experiment.

Difficulty: 3

Page-Reference: 6-7

Answer : Most completed school without being exposed to substantial readings and discussions of death
No one to teach children about death because teachers were products of the same never-say-die society
Death did surface occasionally but as an event remote from our own experiences
Graduate schools did not properly train nurses, physicians, psychologists, social workers or others on understanding their mortality even though they were relied on to provide services to individuals who were grieving
Clergy were also inadequately trained to confront mortality
The media depicted death through euphemism, for example, nobody died they just would "pass away"
Movies depicted death scenes in a romanticized and unrealistic way

Not thinking about death failed because:

People continued to die and how they died became an increasing source of concern
Survivors continued to grieve, often feeling a lack of understanding and support from others
Suicide rates doubled, then tripled among the young, and remained exceptionally high among older adults
Scattered voices warned us that by evading the reality of death, individuals falsified the totality of their lives
Neither an individual nor society could face its challenges wisely without coming to terms with mortality.

7.0. Describe the five difficulties researchers encounter when using death anxiety scales.

Difficulty: 3

Page-Reference: 19

Answer : Little is learned about the respondent's overall attitude
Low scores on death anxiety could be low anxiety or high denial
It is difficult to determine high anxiety or "normal" levels of anxiety
Overuse of the convenient college student sample
The typical study is a one shot affair

8.0. Describe, then compare and contrast, the major elements of the early psychoanalytic, existential, and the edge theories of death anxiety.

Difficulty: 3

Page-Reference: 23-25

Answer : Early psychoanalytic theory - we cannot be anxious about death because the "unconscious" system doesn't respond to the passage of time.

Existential Theory - awareness of our mortality is the basic source of anxiety

Edge Theory - emphasizes anxiety as a survival and adaptive function of the human organism

Early psychoanalytic theory suggested the notion of "thanatobia" or expressed fear that disguised the actual source of discomfort. Since we cannot experience death, we do not have a concept of it to cancel out life, therefore, our anxieties can only appear to be about death. Existentially, the opposite is true. Most of our fears can be traced back to our vulnerabilities to death. We are acutely aware of our mortality and the inevitability of its death and possibly use society to reduce the impact of it. Edge Theory, in some ways, bridges the two perspectives by suggesting the use of a built-in biomechanism and other developmental social skills to manage anxiety. These physiological and cognitive responses reduce death anxiety, thus improving our life chances.

9.0. Explain why it is so easy to confuse denial with other coping methods. Give two examples of processes that are often confused with denial, and explain how those processes are not denial.

Difficulty: 3

Page-Reference: 26-27

Answer : First, it is difficult to determine differences between denial and acceptance. From a psychiatric standpoint, denial is regarded as a primitive defense by rejecting the existence of a threat. Denial is generally not a part of our everyday repertoire of coping strategies; therefore, when confronted with difficult situations, individuals are not necessarily "denying" reality in the psychiatric standpoint as much as they are coping by using the most resourceful ways they know or understand.

Selective Attention - in a situation where stimuli and events are competing for our attention a person may direct his or her focus toward what is considered to be the most salient. A child, who is a cancer patient, might be fascinated by all the medical gadgets in the room and tend to overlook the reason for being there in the first place.

Selective Response - a person has significant thoughts about death but does not feel it is the time or place to express them. This might seem as if a person is denying death when she or he might be working very hard at completing other tasks in full awareness that time is running out.

Compartmentalizing - the individual is aware of being in a life-threatening situation, and is also responding to some aspects. However, the connection between one aspect of the situation and another is missing. A person may understand a prognosis of poor and follow the appropriate procedure, but might fail to connect this with the inevitability of death in the context of their life outside of the hospital.

Deception - people sometimes deliberately give false information to others. Maybe a dying mother wants to decide on the best approach for sharing this information with her children, and she chooses to withhold information until the time is right.

Resistance - People who are in stressful situations may recognize their danger but decide not to "give in" to it. Individuals in worn-torn Bosnia continue to shop despite increased vulnerabilities to snipers. Sometimes, a terminal patient does recover.

10.0. List and explain any three factors concerning the interpersonal side of acceptance and denial.

Difficulty: 3

Page-Reference: 28

Answer : The acceptance/denial process is interpersonal and intrapsychic.

The immediate situation and historical background must be considered.

A patient could be a denier in a hospical context of accepters and vice versa.

Rather than asking "Is this person denying death?" we should be asking, "What aspects of dying or death are being shared with what other people, under what circumstances, and why?" In other words, a person may "deny" death with one friend yet "accept" death with a different friend.

The purpose of denial is not simply to avoid a danger, but to prevent the loss of a significant relationship.

All of these adaptive process, then, help the other, non-dying person, feel comfortable enough to maintain a vitally needed relationship.

Thinking about acceptance/denial this way rather than placing a negative label on it, might be more useful given the fact that dying individuals often struggle as much with the other person's anxiety as with his or her own.