



Universiteit Utrecht

# **The relationship between loss experience and fear of death**

*Exploring the correlates of death anxiety*

**Masterthesis Klinische- en Gezondheidspsychologie**

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## **Foreword**

The present research project is part of the Master study Clinical and Health Psychology of Utrecht University. The project has been conducted together with another Master student, Sara Chmoun. The data has been collected and analyzed together, so the Method and Results sections correspond. The Introduction and Discussion sections have been written independently. The hypotheses regarding *loss experience, centrality of loss, attachment style, and purpose in life* are the same in the two theses, while the hypothesis concerning *gender* was specific to this thesis. We would like to express our appreciation to Mrs. Floryt van Wesel, staff member of the Department of Methodology and Statistics, for her support in the data analysis, and Mrs. Margaret Stroebe, our supervisor, for assisting us from beginning to end.

## **Abstract**

The present study explored several correlates of death anxiety. Male and female students of Dutch Universities, ranging in age from 17 to 29, were given a questionnaire of which the purpose was to examine the relationship between *loss experience, centrality of loss, attachment style, purpose in life, gender* and death anxiety. Based on previous research, significant associations between these variables were hypothesized. Findings showed a correlation between CES and death anxiety for respondents with a loss-experience less than 14 months ago. An interaction effect of gender and loss experience was found with regard to the subscale *Fear for significant others* of the MFODS. Analyses failed to support the hypotheses concerning the variables *loss experience, attachment style* and *purpose in life*. The discussion related the pattern of findings to the complexity of the concept of death anxiety. Theoretical and clinical implications of the findings are discussed. Further exploration of the relationship between the CES and death anxiety is suggested, along with suggestions for future research.

## Introduction

*“Death in itself is nothing; but we fear to be we know not what, we know not where.”*

John Dryden, English poet (1631-1700)

According to John Dryden, fear of death is unnecessary, as “death in itself is nothing”. Nevertheless, people of all ages across several countries experience death anxiety to a certain extent (Fortner & Neimeyer, 1999; Lester, Templer & Abdel-Khalek, 2007; Suhail & Akram, 2002). There seems to be a trend of *Memento Mori* (Latin phrase translated as “remembrance of death”); people tend to think about dying and the consequences for themselves and their loved ones. Florian and Mikulincher (1997) have tried to fathom these thinking patterns among people when they phrased: “The multiple facets of human recognition of one’s own mortality have been explored from different scientific, philosophical, and cultural perspectives” (p. 1). Even though everybody has a chance to die at anytime, certain groups of people are reported to be more apprehensive of their impending death (Suhail & Akram, 2002). This apprehensiveness creates an opportunity for death anxiety to come to the surface (NB: the concept of death anxiety is complex and will therefore be defined an elaborated on in the next section).

It is important to investigate which groups of people have an increased risk for death anxiety, because it can help one to understand this phenomenon. Besides, such research also contributes to professional care for people, helping psychologists and other professionals to understand patients suffering from this type of anxiety better and faster. This type of research is not new; a broad range of research has covered the field. The next paragraph will set a theoretical basis for the present study by comparing and evaluating different perspectives on aspects that correlate and thus contribute to understanding death anxiety.

Research has defined several constructs as correlates of death anxiety (Suhail & Akram, 2002; Lester et al., 2007; Ens & Bond, 2005). In the following section, a brief description of some of these constructs will be given, based on theoretical research in this field. The constructs *loss experience*, *centrality of loss*, *attachment style*, *purpose in life*, and *gender* will be defined. The selection of the constructs *loss experience*, *attachment style*, *purpose in life*, and *gender* was made on the base of previous research, which has identified these constructs as significant correlates of death anxiety. The aim of the present study is to replicate these findings, and thereby contributing to the body of knowledge with respect to the concept of death anxiety. By selecting the construct of *centrality of loss*, we sought to further explore the relationship between *loss experience* and death anxiety. Prior to evaluating the previous research, the concept of death anxiety needs to be defined.

### *Theoretical Framework*

Fear of death, or death anxiety, is generally regarded as a multidimensional concept, with most measuring instruments assessing several aspects of fear (Cicirelli, 2002; Florian & Kravetz, 1983; Florian & Mikulincer, 1997; Hoelter, 1979;). Hoelter (1979) defines death anxiety as “*an emotional reaction involving subjective feelings of unpleasantness and concern based on contemplation or anticipation of any of the several facets related to death*”. Based on theoretical considerations, Hoelter (1979) constructed a model to measure the concept of death anxiety, called the ‘Multidimensional Fear of Death Scale’ (MFODS). The MFODS consists of eight dimensions: *Fear of the dying process, Fear of the dead, Fear of being destroyed, Fear for significant others, Fear of the unknown, Fear of the conscious death, Fear for the body after death, and Fear of premature death* (Hoelter, 1979).

According to our view, these different dimensions are justified and reflect the complex nature of the concept of death anxiety. In sum, we want to explore the underlying patterns explaining different outcomes on death anxiety and extend the present knowledge about the concept by bringing in centrality of event as a possible new correlate.

### *Loss experience*

The first construct that is defined by previous research as a factor with a significant influence on death anxiety is *loss experience*. Florian and Mikulincer (1997) investigated the association between the loss of significant others and the fear of personal death. In their study, they adopted the ‘Multidimensional Model of Fear of Personal Death’ proposed by Florian and Kravetz (1983). This model indicates that direct expressions of fear of personal death are related to three components, which refer to the intrapersonal, interpersonal, and transpersonal consequences of death. The intrapersonal component consists of the fears related to the expected impact of the death on mind and body, including fear of loss of fulfilment of one’s goals and projects and fear of obliteration of the body. The interpersonal component consists of the fear of the impact of death on relatives and friends and also the fear of the death of relatives and friends themselves. Finally, the transpersonal consequences of death include the fear of the unknown nature of death and fear of punishment in the afterlife (Florian & Mikulincer, 1997).

The results indicated that recent loss was positively related to the intrapersonal and transpersonal components of death anxiety. The different components of the model, again, reflect the multidimensionality of death anxiety. The present study attempts to replicate the findings of Florian and Kravetz (1983), taking the complexity of the concept into consideration, by including two subscales of the MFODS.

### *Centrality of loss*

While staying in the area of loss experience, the second construct that is taken into account in the present study is the *Centrality of Loss*-concept. This concept is proposed by Boelen (2009) and refers to “*the degree to which the loss forms a reference point for the attribution of meaning to other events, a turning point in the life-story of the person and a central component of a person’s identity*” (Boelen, 2009). The centrality of loss-concept is based on the *Centrality of Event*-concept put forth by Berntsen and Rubin (2006). Since there are different ways to cope with loss (Stroebe et al., 2001), the degree to which bereaved individuals experience their loss as central can vary. With the Centrality of Loss-concept, Boelen (2009) intends to explore these individual differences in reaction to loss.

It seems plausible to expect that bereaved people who experience the loss as more ‘central’ will experience higher amounts of death anxiety, because they are more aware of the concept of death. In the present study the relationship between centrality of loss and death anxiety will be examined. To our knowledge, no studies have yet investigated this relationship. If centrality of loss turns out to be a moderator of the relationship between loss experience and death anxiety, this would indicate that it has incremental significance.

### *Attachment Style*

Since research indicated that *attachment style* has a significant relationship with psychological well-being (Stroebe et al., 2006), it is – in our opinion – an essential construct that needs to be taken into account with respect to the concept of death anxiety. Attachment styles are understood to evolve as a result of life-experiences (Stroebe et al., 2006). Therefore, we predict that attachment style has an influence on the relationship between loss experience and death anxiety (Stroebe et al., 2001). Moreover, several researchers indicated that attachment style plays an important role in the way people cope with a loss experience and express their emotions (Florian & Mikulincer, 1997; Stroebe et al., 2001; M. Stroebe, Schut & W. Stroebe, 2006).

Based on Bowlby’s Attachment Theory (1990) (as cited in Stroebe et al., 2001), investigators have identified four types of attachment styles, from which three styles labelled as ‘insecure’ and one style as ‘secure’. The insecure attachment styles are *dismissing* attachment, *fearful* attachment, and *preoccupied* attachment. The fourth category is labelled as *secure* attachment. Insecure attached individuals react in different ways to loss than secure attached individuals. People with a dismissing attachment style are uncomfortable with closeness to others and are thus not likely to express their emotions, nor even become very emotional about the loss. The fearful attached individuals present more variation in behaviour, but in general fear rejection from others. As a result of that, they are not likely to give expression to their emotions after a loss. They exhibit a disruptive and incoherent style

of thinking and speaking. Conversely, preoccupied attached individuals express their grief in a heightened way. Secure attachment allows individuals to express their grief to a moderate degree, and receive comfort and support. Not surprisingly, secure attachment is associated with the highest levels of psychological well-being (Stroebe et al., 2006). Mikulincer, Florian, and Tolmacz (1990) (as cited in Florian & Mikulincer, 1997) found that young adults who reported attachment insecurity also reported more fears related to the interpersonal consequences of death.

In summary, attachment style is an essential construct in understanding the role of coping with loss and the consequences of a loss experience on psychological well-being.

### *Purpose in Life*

*Purpose in life* is the fourth construct that is taken into account. Previous research has identified this construct as a moderator of the relationship between loss experience and death anxiety (Drolet, 1999; Rappaport, Fossler, Bross & Gilden, 2001; Rappaport, Fossler, Bross & Gilden, 1993). Researchers stated that purpose in life is negatively correlated with death anxiety, which means that people who report their life to be purposeful are less fearful of death (Drolet, 1999; Rappaport et al., 2001). These findings are in line with our intuition with regard to the relationship between these constructs.

The concept of purpose in life is based on the theory of 'Symbolic Immortality'. Lifton (1979) (as cited in Drolet, 1999) states that even though our consciousness tends to deny and repress the reality of death, throughout the life people know they will someday die. According to Lifton, this knowledge manifests itself in a fundamental need to develop a personal sense of continuity and lastingness, which he calls 'symbolic immortality'. Finding a purpose in life may help people to cope with the finiteness of life, and cause a reduction in death anxiety. This is in line with the TMT, which states that people assert defences against the awareness of personal death (Cicirelli, 2002; Florian & Mikulincer, 1997).

In line with the previous research, we expect purpose in life to be a significant correlate of death anxiety in the present study.

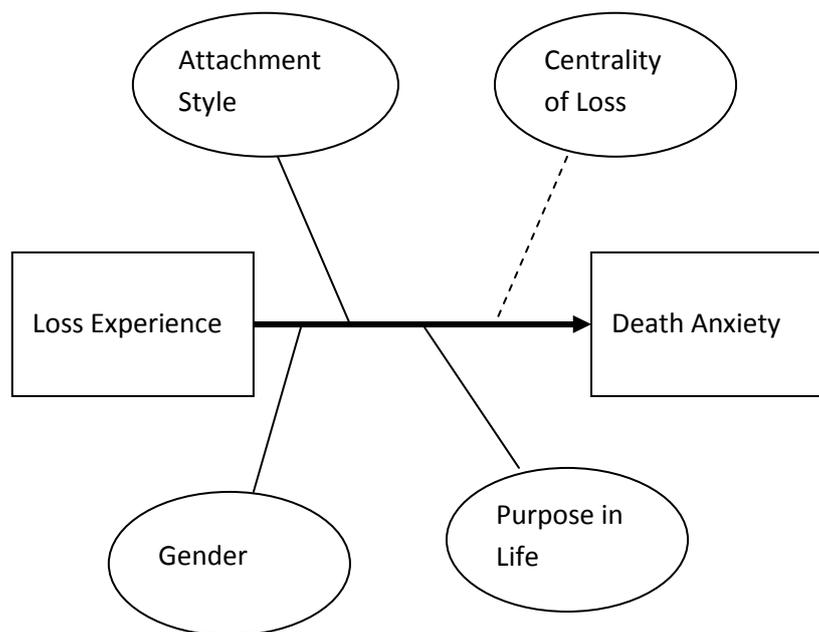
### *Gender*

Finally, there is an expanding body of evidence for the role of *gender* as correlate of death anxiety. Therefore, this construct is also taken into account. Research frequently shows that women tend to endorse more fear of death than men (Florian & Mikulincer, 1997; Fortner & Neimeyer, 1999; Lester et al., 2007). A number of studies revealed that gender moderates the effects of loss on the fear of

personal death, whereby the association between loss experience and death anxiety is more accentuated among woman than among men (Florian & Mikulincer, 1997; Suhail & Akram, 2000).

Also, in a study by Russac, Gatliff, Reece, and Spottswood (2007) gender effects were found with respect to death anxiety. Women displayed significantly greater fear of death than men. With the present study, we aim to provide confirmation for these research outcomes. The possible correlations of the constructs mentioned above are illustrated in Figure 1.

Figure 1. Relation diagram of Death Anxiety



#### Aim of the present study

The theoretical framework described in the first paragraph indicates that death anxiety has a significant association with four constructs, namely *loss experience*, *attachment style*, *purpose in life*, and *gender*. The fifth possible correlate with death anxiety is the *centrality of loss*-concept. In Figure 1 this relation is represented as a dotted line, which indicates that the relationship is not yet proven.

Recapitulating: The aim of the present study is to further explore the concept of death anxiety by bringing into focus two items of the MFODS, namely the item *Fear for significant others* and the item *Fear of the dying process*. The items respectively include fear for painful or violent deaths – which can be linked to the intrapersonal component of the MFODS – and apprehension about the impact of the death of relatives and friends and the impact of the respondents' death on others – which can be linked to interpersonal component of the MFODS (Cicirelli, 2002). The present study aims to replicate the findings concerning the constructs *loss experience*, *attachment style*, *purpose in life*, and *gender* and intends to find a significant relationship between the *centrality of loss*-

concept and death anxiety. The main research question in the present study is: “Which constructs correlate significantly with death anxiety?”

### *Hypotheses*

In order to answer the main research question, the following hypotheses are derived from the theoretical framework and tested in the present study:

1. *People who have experienced the loss of a loved one show higher amounts of death anxiety than those who have not.*
2. *People with a high degree of centrality of the loss-event experience more death anxiety.*
3. *The relation between centrality of loss and death anxiety is moderated by attachment style, whereby securely attached people show less death anxiety.*
4. *The relation between centrality of loss and death anxiety is moderated by purpose in life, whereby those with a higher degree of purpose in life experience less death anxiety.*
5. *Women who have lost a loved one experience more death anxiety than men – with and without a loss experience - and more than women who have not lost a loved one.*

## **Method**

### *Participants*

Participants were recruited in the canteens of three Dutch Universities, namely Delft University of Technology, Radboud University Nijmegen and Utrecht University. A total of 150 students, from various faculties, filled in the questionnaire. The sample used for the analysis consisted of 108 women (mean age 20.7, SD 1.9), and 42 men (mean age 21.8, SD 3.2), ranging from 17 to 29 years.

### *Procedure*

The participants were informed that the aim of the questionnaire was to learn about their 'significant life-events', in particular about their loss experiences. After they agreed to participate, the participants were assured that the data was collected in full anonymity. It was also emphasized that they were free to end their participation at any time. Afterwards, the participants were asked to fill in the 'informed consent' form (Appendix 1). They were told that filling in the questionnaire would take about ten minutes and that, meanwhile, the research leaders would be available for answering questions.

### *Questionnaire*

In total, the survey consisted of six sub-questionnaires (Appendix 2) that were presented in the order they are described below.

### *Measures*

#### **Demographics**

This part not only asked participants their age and sex, but also provided information about the loss that was experienced. The loss-specific questions determined the time that has passed since the loss, the relation to the deceased, the cause of the death, whether the loss was expected and whether the participant still felt sorrow about losing that loved one.

#### **Centrality of Event Scale**

If participants reported the experience of losing a loved one, they were directed to the Centrality of Event Scale (CES, Berntsen & Rubin, 2006). The 'centrality of event' refers to "*the degree to which the memory of a traumatic life-event forms a reference point for the attribution of meaning to other events, a turning point in the life-history of a person, and a central component of a person's identity*". The CES was constructed to measure this concept.

Boelen (2009) used the CES to measure the centrality of loss, considering the loss of a loved one as a stressful life-event. The degree to which bereaved individuals experience their loss as central is considered to be related to emotional problems following the loss (Boelen, 2009). The CES tends to measure the extent to which a memory for a stressful event forms a reference point for personal identity (*'I feel that this event has become part of my identity'*) and for the attribution of meaning to other experiences in a person's life (*'This event has colored the way I think and feel about other experiences'*) (Berntsen & Rubin, 2006).

The CES consists of 20 items. There is also an abbreviated 7-item version of the scale, translated to Dutch by Boelen (2009), which is used to measure the centrality of loss among bereaved people. The items are rated on 5-point scales ranging from 'totally disagree' to 'totally agree', with a higher score indicating higher centrality of loss (Boelen, 2009).

The abbreviated version of the CES had demonstrated good psychometric properties (Boelen, 2009). The CES has indicated a Cronbach's  $\alpha$  varying from .87 to .92, depending on the sample that has been used (Berntsen & Rubin, 2006). It correlates .96 with the 20-item version of the scale. Findings indicated that the 7-item CES is a reliable scale to measure the centrality of the loss of a loved one among bereaved people (Berntsen & Rubin, 2006).

### **Relationship Structures questionnaire**

When participants did not report a loss-experience they were directed to the Relationship Structures questionnaire (RS; Fraley, Niedenthal, Marks, Brumbaugh & Vicary, in press). The RS questionnaire is a self-report instrument designed to assess attachment patterns in a variety of close relationships. The RS questionnaire is an abbreviated version of the Experiences in Close Relationships-Revised (ECR-R) (Fraley, Waller & Brennan, 2000). The RS questionnaire consists of 10 items, rated on a 7-point scale ranging from 'totally disagree' to 'totally agree', with higher scores indicating a more secure attachment style. The scale was translated into Dutch and, separately, translated back to English to assure the best possible translation. The RS questionnaire was used to measure the attachment style towards of the respondent to significant others with respect to four types of relationships (i.e., mother, father, romantic partner, and best friend).

The RS questionnaire is not yet published, but the preliminary work is promising (Fraley et al., in press). The test-retest reliability of the individual scales is approximately .65 for the domain of romantic relationships and .80 in the parental domain. Furthermore, research indicates that the scales are meaningfully related to various relational outcomes (e.g., relationship satisfaction, the perception of emotional expressions), as well as to one another. For this survey the four domains of

relationships have been combined into one questionnaire that stresses the relationship with a significant other. It is for the participant to decide who this particular other is.

### **Multidimensional Fear of Death Scale**

The Multidimensional Fear of Death Scale (MFODS; Hoelter, 1979; Neimeyer & Moore, 1994) was used to assess the amount of death anxiety. Previous studies have emphasized the multidimensionality of death anxiety (Florian & Kravetz, 1983; Florian & Mikulincer, 1997) and this led to the use of two subscales of the MFODS in this study. These were *Fear of the dying process*, including fear for painful or violent deaths and *Fear for significant others*, including apprehension about the impact of the respondent's death on others (Cicirelli, 2002). One reason to limit the number of subscales was the length of the entire MFODS; the use of all MFODS subscales was considered too time-consuming. Also, several items in the scales *Fear of the dead*, *Fear of conscious death*, *Fear of being destroyed*, and *Fear of the body after death* were found to be too confrontational, such as questions about falsely being declared dead or the decaying of the body. Other items in these scales were found inappropriate considering the possibility of a recent loss experience among participants.

Altogether, fear of death was measured using 12 items; participants provided answers on a 5-point scale. Again, Dutch translations were made and then translated back to English. For an accurate analysis, scores were examined per subscale. By summing up all the item scores, a total score on a subscale was obtained, with items coded so that a high score indicated a greater fear of death. The MFODS has demonstrated good psychometric properties, with test-retest correlations ranging from .61 to .81. Internal reliability coefficients (Cronbach's  $\alpha$ ) for *Fear of the dying process* and *Fear for significant others* were respectively .77 and .61 (Neimeyer & Moore, 1994, as cited in Depaola, Griffin & Young, 2002).

### **Beck Anxiety Inventory**

The Beck Anxiety Inventory (BAI; Beck & Steer, 1991) was used to assess the concept of 'General Anxiety'<sup>1</sup>. Factor analysis indicates that general anxiety is a multidimensional construct, and four subscales have been identified (Beck & Steer, 1991). Strong Cronbach's alphas for the BAI subscales have been reported; respectively .87, .86, .74 and .72 for the *subjective*, *neurophysiologic*, *autonomic*, and *panic* subscales (Beck & Steer, 1991). Considering the purpose of the BAI in the present study,

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<sup>1</sup> The BAI was used by my research colleague to measure the distinction between general anxiety and death anxiety. For the results the reader is referred to the study of S. Chmoun.

namely to distinguish death anxiety from general anxiety, questions concerning fear of death and dying have been removed.

### **Purpose in Life scale**

The final sub-questionnaire was the Purpose in Life scale (PIL; Crumbaugh & Maholik, 1964). The PIL is a self-report attitude scale, which indicates the extent to which people perceive their lives to be purposeful and meaningful. Focusing on these goals and aims, the PIL pays a contribution to the measurement of one of the components of the TMT.

Good reliability scores have been reported, with the authors of the scale reporting split-half reliability coefficients of .90 and .92 (Crumbaugh & Maholik, 1968). Not surprisingly, then, the scale has been widely used. The PIL consists of twenty items, each rated on a 7-point scale ranging from 1 (low purpose) to 7 (high purpose). Total scores could range from 20 (low purpose) to 140 (high purpose). The items were again translated into Dutch and back to English.

### **Questionnaire: general comments**

Because the instruction to the participants contained a reference to significant life-events, the questionnaire started with the items considering this event (the loss of a loved one). This had the advantage that the questionnaire did not start with the possibly too-confronting MFODS. The sequence of the sub-questionnaires was given careful consideration, placing the MFODS between the RS and the PIL. By doing so, the other questions could distract the focus on possible distress caused by the MFODS. The lay out was designed by a master student at Utrecht University (Van Berkum, 2009). The entire questionnaire was conducted in Dutch, excluding any potential participants with other native languages.

### *Statistical design*

All analyses were performed by SPSS 16.0 (SPSS Inc., 2007). Data were analyzed with an Independent-Samples T Test, comparing different groups. Also regression analyses were conducted, using Enter as a method, in order to explore patterns between different variables.

## Results

### *Descriptive statistics*

Distributions according to several demographic variables were calculated. These were divided into participant-specific demographics and loss-specific variables, as shown in Tables 1 and 2.

*Table 1: Sample characteristics*

	<b>N</b>	<b>Mean Age (SD)</b>	<b>Faculty</b>	<b>Loss Experience</b>
<b>Male</b>	42	21.8 (3.2)	$\alpha$ : 4 $\beta$ : 19 $\gamma$ : 19	No: 24 Yes: 18
<b>Female</b>	108	20.7 (1.9)	$\alpha$ : 17 $\beta$ : 26 $\gamma$ : 65	No: 31 Yes: 77

*Table 2: Characteristics of the loss experience*

	<b>N</b>	<b>Average time (in months) since loss (SD)</b>	<b>Relation of deceased</b>	<b>Cause of Death</b>	<b>Expected Death</b>
<b>Male</b>	18	56.7 (41.0)	<i>Parent</i>	3 <i>Illness/Natural</i>	<i>No</i> 12
			<i>Grandparent</i>	12 <i>Death</i>	17 <i>Yes</i> 6
			<i>Brother/Sister</i>	1 <i>Accident</i>	0
			<i>Other family</i>	1 <i>Suicide</i>	1
			<i>Friend</i>	1 <i>Other</i>	0
			<i>Other</i>	1	
<b>Female</b>	77	54.3 (46.0)	<i>Parent</i>	5 <i>Illness/Natural</i>	<i>No</i> 39
			<i>Grandparent</i>	54 <i>Death</i>	70 <i>Yes</i> 38
			<i>Brother/Sister</i>	0 <i>Accident</i>	1
			<i>Other family</i>	9 <i>Suicide</i>	3
			<i>Friend</i>	5 <i>Other</i>	3
			<i>Other</i>	4	

### *Factor analysis*

A factor analysis was conducted before testing the hypotheses, to ensure that the scales used in the study have adequate psychometric qualities. This way, the variability among the items was reduced to one unobserved factor, measuring one concept per scale. This also increases discriminant validity of the variables. In total, five factor analyses were conducted, with items being deleted in subsequent

factor analyses. For the Centrality of Event Scale, Beck Anxiety Inventory and the Purpose In Life scale, these analyses resulted in the finding of one underlying factor. The Multidimensional Fear Of Death Scale showed two factors, corresponding to the subscales *Fear of the dying process* and *Fear for significant others*. With respect to the Relationship Structures questionnaire, three separate underlying factors emerged, with eigenvalues of 3.16, 2.72 and 1.13. Nevertheless, the RS was not removed<sup>2</sup>.

#### *Reliability of the factors*

Following the factor analysis, Cronbach's alphas were computed for all scales. As Table 3 shows, the reliability coefficients are relatively high, indicating that the internal consistency is as desired.

*Table 3: Reliability Scores*

<b>Scale</b>	<b>Cronbach's Alpha</b>
Centrality of Event Scale	.86
Relationships Structures questionnaire	.75
Multidimensional Fear of Death Scale	.82
Beck Anxiety Inventory	.89
Purpose In Life scale	.82

A remarkable finding is the relatively high alpha for the RS questionnaire, indicating that retention of this scale in the test battery is appropriate.

#### *Correlations*

Next, correlations between the scales were calculated to determine the (positive or negative)

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<sup>2</sup> After consulting our supervisor, the decision was made to emphasize the exploratory nature of the present study and therefore the RS retained. Consequently, the results with respect RS should be interpreted carefully (see also the discussion section).

strength of the relationship between the variables. Because the Multidimensional Fear Of Death Scale consists of two subscales, these scales were included separately (Table 4).

Table 4: Correlations between subscales

	Centrality of Event	Relationship Structures	Fear Of The Dying Process	Fear For Significant Others	General Anxiety	Purpose In Life
Centrality of Event		-.23*	.06	.04	.18	.04
Relationship Structures			-.07	.07	-.19*	.39**
Fear Of The Dying Process				.29**	.10	-.19*
Fear For Significant Others					.12	.15
General Anxiety						-.27**

\*  $p < .05$ . \*\*  $p < .01$ .

Next, the gender differences in the scores were examined. Means and standard deviations are displayed in Table 5.

Table 5: Means and standard deviations

	Centrality of Event Scale	Relationship Structures questionnaire	Multidimensional Fear of Death Scale	Beck Anxiety Inventory	Purpose In Life scale
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Range	7 - 35	10 - 70	12 - 60	21 - 84	20 - 140
Male	13.9 (4.8)	50.0 (6.0)	38.9 (7.9)	28.9 (7.4)	97.0 (13.3)
Female	18.0 (5.4)	49.2 (8.1)	41.0 (7.0)	32.9 (8.5)	98.8 (10.9)

### *Testing the hypotheses*

#### **The relationship between loss experience and death anxiety**

In order to test hypothesis 1, an Independent-Samples T Test was performed to differentiate the amount of death anxiety (MFODS) between respondents with and without a loss-experience. The results indicated that there were no significant differences between the respondents with and without a loss experience. This concerned the whole concept of death anxiety, as well as the subscales *Fear of the dying process* and *Fear for significant others*. Therefore, hypothesis 1 is rejected.

Next, two other variables were taken into account: the *expectation of the loss* and the reported *sorrow about the loss*. According to the results, it is not justified to make a distinction between people who expected the death of a loved one and those who did not, there are no differences found between the two subgroups. The reported sorrow about the loss did also not affect the amount of death anxiety.

#### **The relationship between centrality of event and death anxiety**

To test hypothesis 2, a regression analysis was conducted, including the variables centrality of event and death anxiety. The aim of this analysis is to measure the extent to which the CES accounts for variance in death anxiety. The results indicated that CES was not a significant predictor of either death anxiety or one of its subscales.

However, when taking into consideration the time-factor, a correlation is found. With a  $\beta$ -value of .49 ( $p < .05$ ), a relation between CES and death anxiety is found for respondents with a loss-experience less than 14 months ago. Thus, in the first year after the loss of a loved one, those who experience the loss as more central, report higher level of death anxiety.

#### **The role of attachment style and purpose in life**

With regard to the third hypothesis, a regression analysis was conducted to examine the possible moderating effect of attachment style on the relationship between centrality of event and death anxiety. The sample was limited to the recent loss group with a loss-experience less than 14 months before ( $n = 21$ ). Before doing so, the obtained scores on both the CES as the RS were standardized. According to the results, attachment style did not appear as a significant moderator of the relationship between centrality of event and death anxiety.

Next, the variable purpose in life was taken into account to examine its possible moderating effect on the relationship between centrality of event and death anxiety, in order to test hypothesis 4. After again standardizing the obtained scores, a regression analysis was conducted for the recent loss group. The addition of purpose in life did not result in the finding of a moderating effect.

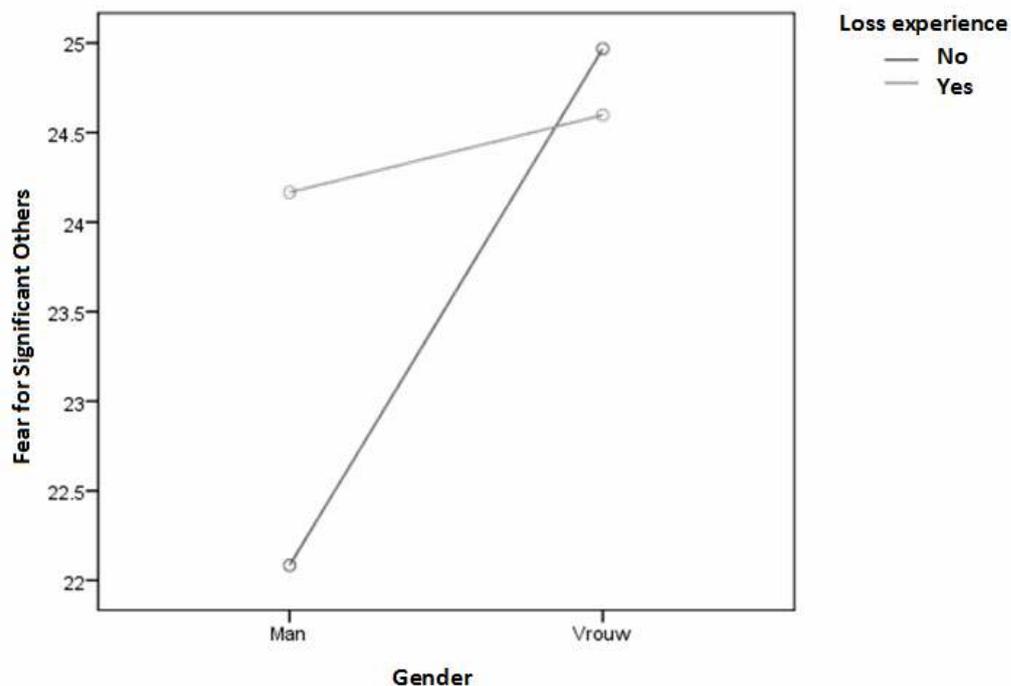
Therefore, having a purpose in life cannot be said to moderate the relation between the experienced centrality of the loss of a loved one and the amount of reported death anxiety.

### Gender and death anxiety

At last, a one-way between-subjects ANOVA was conducted to differentiate the amount of death anxiety between men and women, with and without a loss experience. First, the separate effects of gender and loss experience on the amount of death anxiety were assessed. The results indicated that there was no effect of gender or loss experience on the amount of death anxiety.

When the subscales of the MFODS - *Fear of the dying process* and *Fear for significant others* - were taken into account, there appeared to be a significant interaction effect of gender and loss experience on the subscale *Fear for significant others* ( $F(1,146) = 4.30, p < .05$ ). Women with a loss experience reported higher levels of fear for significant others than men (with and without a loss experience) and women without a loss experience. The findings are illustrated in Figure 2.

Figure 2. The effects of gender and loss experience on the subscale *Fear for significant others*



## Discussion

People are becoming more aware of death and specifically apprehensive about their own death (Florian & Mikulincer, 1997). In order to create more insight into this phenomenon, it is worthy to search for possible antecedents of this apprehensiveness. The central research question in the present study was therefore: "Which constructs correlate significantly with death anxiety?" By exploring the correlates of death anxiety, we might be able to indicate which people are more vulnerable for developing death anxiety and suffering the negative consequences that are associated with it.

The present study of 150 Dutch students represents an attempt to contribute to the ongoing search for the determinants and correlates of death anxiety. A previously-neglected possible correlate of death anxiety is introduced: the *centrality of loss*-concept. The centrality of loss-concept measures the extent to which a loss experience forms a reference point for the attribution of meaning to other events, a turning-point in the life-story of a person, and a central point of a person's identity (Boelen, 2009).

### *Loss experience*

The first concept that was taken into account in the present study is loss experience. The relationship between a loss experience and the amount of death anxiety was examined. It was hypothesized that people who have experienced a loss of a loved one in their life will report higher levels of death anxiety.

In contrast with previous research (Florian & Mikulincer, 1997; Ens & Bond, 2005), the results indicated that there were no significant differences between the respondents with and without a loss experience. The variables *expectation of the loss* and the reported *sorrow about the loss* did not offer an explanation: they did not have an influence on the amount of death anxiety that is experienced.

A possible explanation for this finding could be that the relationship between loss experience and death anxiety is much more complex than we originally expected. Perhaps variables such as age at the time of the loss, the occurrence of multiple loss experiences, the affinitive bond to the lost loved one and personality aspects will offer a valuable contribution to the complex relationship between loss experience and death anxiety.

### *Centrality of loss*

Next, the aspect *centrality of loss* was taken into account. A regression analysis was conducted to measure the extent to which centrality of loss accounts for variance in death anxiety.

The results pointed out that the extent to which the loss is experienced as central does not have a significant influence on the amount of death anxiety that is experienced. Nevertheless, when the time factor was taken into account, a correlation was found between centrality of loss and death anxiety for respondents with a loss-experience less than 14 months ago. This indicates that, in the first year after the loss, bereaved people who experience the loss as more central to their identity, experience more death anxiety.

A possible explanation for this finding could be the fact that during the first year after the loss people are intensely involved with the loss and are consequently more aware of death itself. As a result they report more death anxiety. This finding provides new insight in the complex relationship between loss experience and death anxiety. Given that the relationship between the concept of centrality of loss and death anxiety was not yet investigated, the finding in the present study can stimulate other researchers to further explore this specific relationship.

#### *Attachment style*

It seems plausible to suggest that people who are securely attached, experience less death anxiety than people who retain a different attachment style, since secure attachment is associated with the highest levels of psychological well-being (Stroebe et al., 2006). Therefore, the construct of attachment style was taken into account, with the accompanying hypothesis that the relationship between a loss experience and death anxiety is moderated by attachment style, whereby people with a secure attachment style will report less death anxiety.

According to the results, attachment style did not appear as a significant moderator of the relationship between centrality of event and death anxiety, with respect to the recent loss-group. The extent to which a person is securely attached did not emerge as an influence on the amount of reported death anxiety.

A possible methodological explanation may be the small sample size ( $n = 21$ ), only including the participants who have lost a loved one in the past 14 months. Another methodological explanation can possibly be found within the measurement instrument: the Relationship Structures questionnaire. A factor analysis revealed that there is not just one construct measured by this questionnaire; three separate underlying constructs were found. This affects the quality of the psychometric properties of the questionnaire, suggesting that the measurement was not completely valid. However, due to the exploratory nature of the present study, the RS questionnaire was not removed.

### *Purpose in life*

Following, the concept of purpose in life was included. In the present study, it was assumed that people who regard their life as purposeful, experience lower amounts of death anxiety. An explanation for this assumption could be that people with a high purpose in life have more goals in life. As a result of that they cherish – and lay their focus on – the present life and are consequently less concerned with death. It is assumed that they even repress thoughts of death.

Unfortunately, the results did not support to this assumption, which was in line with previous research (Drolet, 1999; Rappaport, Fossler, Bross & Gilden, 2001; Rappaport, Fossler, Bross & Gilden, 1993). The amount of purpose in life that was reported did not influence death anxiety.

A possible explanation for this finding could be that a loss of a loved one is such an overwhelming and devastating event, that people forget about all their targets, ambitions and positive thoughts about themselves and the world. However, further investigation of this relationship is necessary to draw firm conclusions.

### *Gender*

In closing, gender was taken into account as a possible moderator of the relationship between loss experience and death anxiety. It was hypothesized that there is a gender-effect on the outcomes of death anxiety, assuming that women will report higher levels of death anxiety. This prediction is in line with previous research (Florian & Mikulincer, 1997; Fortner & Neimeyer, 1999; Lester et al., 2007; Suhail & Akram, 2000).

The present study failed to support this assumption. However, when the subscales of the measure were taken into account, the results pointed out a significant interaction effect of gender and loss experience with regard to the subscale *Fear for significant others*. This implies that women who have lost a loved one reported higher levels of Fear for significant others than men (with and without a loss experience) and women who have not lost a loved one. The hypothesis is thus partially proved in the present study.

A possible explanation for this result could be that the relationship between gender and death anxiety is far more complex than we originally expected. Previous research indicated that men and women differ with respect to coping styles, disclosure and social sharing (Stroebe et al., 2001). Therefore, these variables might need to be taken into account when exploring the relationship between loss experience, gender and death anxiety.

### *Limitations of the present research*

Despite the fact that the present study has taken into account the complexity of the nature of death anxiety by taken into consideration several subscales and dimensions of the concept, offering a broad theoretical approach, the present study contains several limitations. As we mentioned earlier, the RS questionnaire contains poor psychometric properties. Therefore, this questionnaire needs to be tested thoroughly before it can be widely applied as a valuable measurement instrument. The second limitation of the present study is the fact that the participants were all white, Dutch middle-aged college students. The results can therefore not be generalized to other age-groups of the populations or people with a different origin. A third limitation is the number of students which participated in the present study. After dividing the participants into subgroups in order to test the hypotheses, the sample shrank considerably. Possibly, there may have been a lack of power: a greater number of participants might result in more significant outcomes. The fourth limitation is the fact that the participants were recruited in canteens. The absence of a quiet room to fill in the questionnaire might have resulted in less reliable results.

### *Future research*

The present study investigated several correlates of death anxiety, thereby taking into account the complex nature of the subject. However, many more variables could be significantly related to the concept of death anxiety. Therefore, research that is more comprehensive needs to be conducted. Also, cross-cultural research is necessary to test the generalizability of the findings. Further testing of the measurement instruments needs to be done in order to test and promote the validity of the interpretations. The present study indicated that, in the first year after the loss, bereaved people who experience the loss as more central to their identity, experience more death anxiety. Future research is necessary to further explore this complex relationship. This is important, because the existence of the relationship between loss experience, centrality of loss and death anxiety could have consequences with respect to psychological interventions. By taking into account the centrality of loss-aspect and the construct of death anxiety, interventions in the field of treating 'complicated grief' and related disorders could possibly be improved.

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## Appendix 1: Informed Consent



### Instemmingverklaring

Hierbij verklaar ik,

..... (naam), dat ik kennis heb genomen van de bedoelingen en voorwaarden van het onderzoek waar ik aan deelneem en dat ik instem met deelname aan het onderzoek. Ik ben ervan op de hoogte dat ik op ieder moment, zonder opgaaft van reden, mijn deelname kan beëindigen.

.....

(plaats, datum)

.....

(handtekening respondent)



Respondentnummer:.....

## Vragenlijst:

# Levensgebeurtenissen en Welbevinden

Beste deelnemer,

Bedankt dat u de tijd neemt om deze vragenlijst in te vullen. Wij beogen met deze vragenlijst te kijken naar de manier waarop u in het leven staat en de angst die u daar mogelijk bij ervaart. We zijn in het bijzonder geïnteresseerd in verlieservaringen en het effect daarvan op uw leven. Deze vragenlijst wordt afgenomen in het kader van ons Masteronderzoek.

Vult u alstublieft voor alle onderdelen van de vragenlijst in wat voor u van toepassing is. Probeer niet te lang na te denken over vragen, maar ga op uw eerste ingeving af. Enkele vragen omtrent leven en dood kunnen als persoonlijk en confronterend ervaren worden. Desondanks stellen wij het zeer op prijs als u de lijst volledig invult. Echter, wanneer u de vragenlijst niet verder in wilt vullen, om wat voor reden dan ook, bent u hier vrij in. Wij willen graag benadrukken dat uw gegevens in het grootste vertrouwen en anoniem behandeld zullen worden. Het invullen van de vragenlijst zal ongeveer tien minuten in beslag nemen.

Nogmaals bedankt voor uw deelname,

Sara Chmoun (e-mailadres: [S.Chmoun@students.uu.nl](mailto:S.Chmoun@students.uu.nl))

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**N.B.: bij vragen en/of opmerkingen naar aanleiding van het invullen van de vragenlijst, staat het u vrij contact met ons op te nemen.**



## Deel A: Demografische gegevens

We vragen u om hieronder uw gegevens in te vullen.

1 Wat is uw leeftijd? ..... jaar

2 Omcirkel geslacht: Man / Vrouw

3 Faculteit:  
.....

4 Heeft u in uw leven een belangrijke naaste verloren?

Ja - Neem één persoon in gedachten en beantwoord de volgende vragen.

Nee - Ga alstublieft door naar onderdeel C.

5 Hoe lang is het geleden dat u deze persoon verloren heeft?  
.....

6 Wat was uw relatie tot deze persoon?

- a) Ouder
- b) Grootouder
- c) Broer of zus
- d) Overige familie, namelijk.....
- e) Vriend of vriendin
- f) Anders namelijk.....

7 Wat was de oorzaak van het overlijden van deze persoon?  
a) Ziekte of natuurlijke dood  
b) Ongeluk  
c) Suicide  
d) Anders namelijk .....

8 Was het overlijden van deze persoon onverwacht? Ja / Nee

9 Ervaart u nog veel verdriet om het verlies van deze persoon? Ja / Nee



## Deel B: Verlieservaring

De volgende vragenlijst gaat over het verlies van een belangrijke naaste en de plaats daarvan in uw leven. Het is van belang dat u de persoon uit onderdeel A weer in gedachten neemt. Geef aan in hoeverre u het eens of oneens bent met iedere stelling, door steeds slechts één van de cijfers te omcirkelen die uw mening het best weergeeft. Hierbij staat [---] voor de persoon die u verloren heeft.

		Ze er mee one ens	Mee one ens	Ne utraal	Mee eens	Ze er mee eens
1	Ik heb het gevoel dat het verlies van [---] een deel is geworden van mijn identiteit.	1	2	3	4	5
2	Het verlies van [---] is een referentiepunt geworden voor de manier waarop ik over mijzelf en de wereld denk.	1	2	3	4	5
3	Ik heb het gevoel dat het verlies van [---] een centraal onderdeel van mijn persoonlijke levensverhaal is geworden.	1	2	3	4	5
4	Het verlies van [---] heeft de gevoelens en gedachten die ik heb over andere ervaringen gekleurd.	1	2	3	4	5
5	Het verlies van [---] heeft mijn leven voorgoed veranderd.	1	2	3	4	5
6	Ik denk vaak na over de effecten van het verlies van [---] op mijn toekomst.	1	2	3	4	5
7	De dood van [---] was een keerpunt in mijn leven.	1	2	3	4	5



## Deel C: Samenleven en Anderen

Hieronder volgt een aantal vragen over hoe u in het leven staat en over uw relatie met anderen. Geef aan in hoeverre u het eens of oneens bent met iedere stelling, door steeds slechts één van de cijfers te omcirkelen die uw mening het best weergeeft.

1) In moeilijke tijden helpt het me naar de mensen die dichtbij me staan toe te gaan.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
Ik bespreek mijn problemen en zorgen met zij die het dichtst bij mij staan.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
3) Ik praat over wat mij bezighoudt met mensen die belangrijk voor me zijn.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
4) Ik vind het gemakkelijk om anderen te vertrouwen.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
5) Ik voel me comfortabel als ik me open moet stellen tegenover anderen.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
6) Ik verkies om mensen in mijn omgeving te laten zien hoe ik mij van binnen voel.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
7) Ik maak me vaak zorgen dat mijn familie en vrienden niet echt om mij geven.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
8) Ik ben bang dat mensen mij zullen verlaten.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
9) Ik ben bang dat de mensen die dichtbij mij staan niet zo veel om mij geven als ik om hen geef.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7
10) Ik vertrouw naaste familie en vrienden niet volledig.	1 Sterk oneens	2	3	4	5	6 Sterk eens	7



## Deel D: Leven en Dood

Hieronder vindt u een vragenlijst met stellingen die gaan over zaken en omstandigheden die te maken hebben met overlijden. Geef aan in hoeverre u het eens of oneens bent met iedere stelling, door steeds slechts één van de cijfers te omcirkelen die uw mening het best weergeeft.

		Zeer mee oneens	Mee oneens	Neutraal	Mee eens	Zeer mee eens
1	Ik ben bang om langzaam te sterven.	1	2	3	4	5
2	De gedachte dat mensen in mijn familie overlijden, jaagt me angst aan.	1	2	3	4	5
3	Ik ben bang om in een brand om te komen.	1	2	3	4	5
4	Ik ben bang om op een gewelddadige manier om te komen.	1	2	3	4	5
5	Wanneer mensen die dichtbij mij staan plotseling zouden overlijden, zou ik het hier lange tijd moeilijk mee hebben.	1	2	3	4	5
6	Als ik morgen zou komen te overlijden, zou mijn familie gedurende lange tijd van slag zijn.	1	2	3	4	5
7	Wanneer ik overlijd, zullen mijn vrienden gedurende lange tijd van slag zijn.	1	2	3	4	5
8	Aangezien iedereen ooit zal komen te overlijden, zou ik niet al te erg van slag zijn wanneer één van mijn vrienden zou overlijden.	1	2	3	4	5
9	Ik ben bang om te overlijden aan kanker.	1	2	3	4	5
10	Ik ben bang om te stikken (of te verdrinken).	1	2	3	4	5
11	Ik ben bang om veel pijn te ervaren wanneer ik zal overlijden.	1	2	3	4	5
12	Ik kan erg van slag zijn wanneer bevriende kennissen van mij overlijden.	1	2	3	4	5



## Deel E: Leven en Angst

Hieronder volgt een vragenlijst met betrekking tot angst die men kan ervaren in het leven. Geef alstublieft aan hoe groot de mate was van onderstaande fenomenen in de afgelopen week door één van de antwoordmogelijkheden te omcirkelen. **Let op: er wordt niet gevraagd naar het rapporteren van symptomen die enkel een fysieke oorzaak hebben. Derhalve vallen symptomen als gevolg van bijvoorbeeld lichamelijke**

	Helemaal niet	Nauwelijks last van gehad	Matig, was onplezierig	Ernstig, was lastig vol te houden
1	1	2	3	4
2	1	2	3	4
3	1	2	3	4
4	1	2	3	4
5	1	2	3	4
6	1	2	3	4
7	1	2	3	4
8	1	2	3	4
9	1	2	3	4
10	1	2	3	4
11	1	2	3	4
12	1	2	3	4
13	1	2	3	4
14	1	2	3	4
15	1	2	3	4
16	1	2	3	4
17	1	2	3	4
18	1	2	3	4
19	1	2	3	4
20	1	2	3	4
21	1	2	3	4



## Deel F: Levensbeschouwing

Hieronder vindt u een vragenlijst met stellingen over zaken en omstandigheden die te maken hebben met de betekenis en de waarde van het leven. Zou u willen aangeven in hoeverre de beschrijvingen op u van toepassing zijn, door steeds slechts één van de cijfers te omcirkelen, die uw beschrijving het beste weergeeft.

1) Het leven is voor mij:	1 volledig routine- matig	2	3	4	5	6	7 altijd op- windend
2) In het leven heb ik:	1 geen doelen	2	3	4	5	6	7 heldere doelen
3) Mijn persoonlijk bestaan is:	1 zonder doel	2	3	4	5	6	7 doelbewust
4) Elke dag is:	1 precies gelijk	2	3	4	5	6	7 telkens nieuw
5) Als ik zou mogen kiezen, zou ik prefereren nooit:	1 te zijn geboren	2	3	4	5	6	7 te stoppen met leven
6) Na mijn pensioen, wil ik:	1 luiere	2	3	4	5	6	7 spannende dingen doen
7) In het bereiken van doelen ben ik:	1 niet geslaagd	2	3	4	5	6	7 volledig geslaagd
8) Mijn leven is:	1 leeg en moeilijk	2	3	4	5	6	7 spannend en fijn
9) Als ik vandaag zou overlijden, was mijn leven:	1 waarde- loos	2	3	4	5	6	7 waardevol
10) Wat mijn leven betreft zie ik:	1 geen reden te bestaan	2	3	4	5	6	7 altijd reden te bestaan
11) Wanneer ik de wereld in relatie tot mijn leven beschouw ervaar ik :	1 verwar- ring	2	3	4	5	6	7 betekenis



12) Ik ben:	1 onverantwoordelijk	2	3	4	5	6 verantwoordelijk	7
13) Wat betreft de vrijheid van de mens om eigen keuzes te maken, geloof ik dat de mens:	1 volledig beperkt is	2	3	4	5	6 volledig vrij is	7
14) Met betrekking tot de dood, ben ik:	1 onvoorbereid	2	3	4	5	6 voorbereid	7
15) Met betrekking tot het nemen van mijn eigen leven, heb ik dit:	1 serieus overwogen	2	3	4	5	6 nooit overwogen	7
16) Ik beschouw mijn vermogen om betekenis, een doel of een missie in mijn leven te vinden als:	1 volledig afwezig	2	3	4	5	6 sterk ontwikkeld	7
17) Mijn leven ligt:	1 buiten mijn macht	2	3	4	5	6 in mijn handen	7
18) Het doen van dagelijkse dingen is voor mij:	1 pijnlijk en saai	2	3	4	5	6 een bron van plezier	7
19) Ik heb ontdekt dat ik in mijn leven:	1 geen missie heb	2	3	4	5	6 heldere doelen heb	7
20) Normaal gesproken ben ik:	1 totaal verveeld	2	3	4	5	6 uitbundig enthousiast	7

Dit is het einde van de vragenlijst.

Wij willen u hartelijk bedanken voor uw medewerking!

Met vriendelijke groet,

Sara Chmoun en Marleen Meima