


Perception of Death Across the Adult Lifespan:
**A Close Examination of the
Death Attitude Profile Amongst the
General Hong Kong Population**

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Advancement in Death Attitude Studies

- Studies on death attitudes have received renewed popularity on the international stage
- A more active stand in trying to better comprehend the varying death attitudes amongst people of different backgrounds
- A comprehensive understanding of individuals' perspectives on death and dying is critical for the development and advancement of:
 - end-of-life care programs
 - professional training in the related fields
 - life and death education programs for the general public




Current State of Death Attitude Research

- Studies on death attitudes still tend to focus heavily on:
 - the elderly population
 - people with terminal illness and healthcare professionals
 - young and middle aged adults received little attention
 - age group comparison study are scarce
- Death attitude studies are also:
 - often confined to the narrow concept of death anxiety
 - overlooking the broader spectrum of death attitudes
 - death avoidance
 - death acceptance
 - traditional cultural death beliefs or taboos.




Death Anxiety Across the Lifespan

- Age group comparison of death anxiety may provide some insights, or a mix of findings, regarding how people perceives death across the lifespan:
 - Age was not found to be a significant correlate of death anxiety in early investigations (i.e., Lester, 1967; Wittkowski, 1978).
 - Death anxiety was heightened for older-adults with more physical health problems, a history of psychological distress, weaker religious beliefs, and lower life satisfaction (Fortner & Neimeyer, 1999).
 - Death anxiety peaked in both men and women during their 20s and declined significantly thereafter, whereby women displayed a secondary spike during their 50s not seen in men (Russac et al., 2007).




Death Attitude across the Lifespan

- Of the few age group comparison studies where the complexity and wide magnitude of death attitude was accounted for:
 - Older adults were less afraid of death and more accepting of death as a reality of life, compared to young adults but not middle age adults (Wong et al,1994).
 - Older adults were also more likely to perceive death as an escape from life than both young and middle-aged adults.
 - Women were more accepting of life after death, and perceived life as an escape from death, whereas men were more prone to avoid all thoughts of death compared to women.
 - Young adults feared body decomposition, pain and isolation, whereas older adults were more concerned with the loss of control and the existence of an afterlife (Thorson & Powell, 1994).



Death Attitude Studies in the East

- Hong Kong and Taiwan have both witnessed rapid developments in death-related research during the past decade, however, these studies were still limited:
 - narrow scopes of death attitudes
 - restrictive sample
- Very little is known about the death attitudes amongst the Chinese people of Hong Kong of different age groups.



The Current Study

- With the vastly underdeveloped status of death attitude research in the local context, the current study was conducted with the following aims:
 - To better understand the death-related attitudes and traditional Chinese beliefs on death amongst the Hong Kong General Population;
 - To compare the death-related attitudes and traditional beliefs amongst 3 different age groups including young adults (aged 18-29), middle-aged adults (aged 30-59) and the elderly (aged 60 and above);
 - The expected findings will serve to inform the continuous development of life and death education programs in Hong Kong and Greater Asia, at time same time, contribute to the knowledge base on death-attitude research on a global context.

Research Design

- A cross-sectional research design & convenient sampling
- Respondents were recruited through:
 - community agencies for the elderly
 - a behavioral science course at HKU
 - by word of mouth.
- Recruited Sample (n=792):
 - 327 young adults aged between 18-29;
 - 274 middle-age adults aged between 30-59,
 - 191 older adults aged 60 to 93
- Participants were either asked to complete a standardized questionnaire package by self-administration or through a face-to-face interviewing format.

Measures & Assessment I

1. **Death Attitude.** Death Attitude was measured by the Death Attitude Profile-Revised (DAP-R; Wong et al., 1994). Participants were asked to express their agreement, using a 7-point Likert scale, on 32 death-related items which categorized into 5 subscales ($\alpha = .66$ to $.87$):
 1. Fear of death
 2. Death Avoidance
 3. Neutral Acceptance: *involving stoic recognition of the inevitability of death*
 4. Approach Acceptance: *involving the conceptualization of death as a positive event such as the passageway to a better existence or accepting the afterlife*
 5. Escape Acceptance: *involving viewing death as a release from the hardships of life*

Measures & Assessment II

2. **Death Anxiety.** The Chinese Version of the Death Anxiety Scale (Templar, 1970; DAS). The DAS is a widely used 15-item true/false self-report scale that describes cognitive and emotional responses towards issues related to death ($\alpha = .76$).
3. **Traditional Chinese Death Beliefs.** 8 items, scored on a 4-point Likert Scale (1 = strongly disagree; 4 = strongly agree), were created for this assessment ($\alpha = .90$). Items were constructed based on past literature on traditional Chinese about death, which include:
 1. An early or painful death may be a result of past wrongdoing
 2. Discussing death can bring bad luck
 3. A male son should be present at the parent's funeral, but a parent should never attend his or her children's funeral
 4. People should not visit the home of the deceased, nor should recently bereaved family attend any social gathering

Measures & Assessment III

4. **Socio-demographic Variables.** Participants were asked of their age, gender, family composition and marital status, level of education and employment status, and religious background.

Data Analysis

- Repeated measures ANOVA and MANOVA were conducted to examine group differences in relation to the wide spectrum of death attitudes and traditional Chinese death beliefs.
- Bivariate correlation analyses were conducted to assess the relative contribution of traditional Chinese death beliefs towards explaining death attitude.

Socio-demographic Characteristics (N=792)

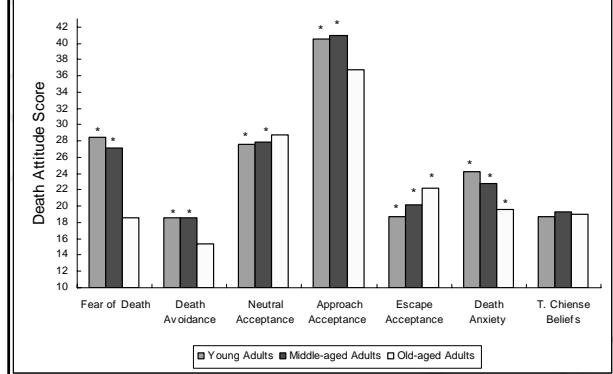
Category	Number	%	Category	Number	%
Gender			Age		
Male	271	34.2%	Mean	42.3	
Female	521	65.8%	SD	21.9	
Marital Status			Education Level		
Single	419	52.9%	None	41	5.2%
Married	288	36.4%	Primary	97	12.2%
Divorced	18	2.4%	Secondary	203	25.6%
Widowed	66	8.3%	Tertiary	451	56.9%
Work status			Family Income		
Retired	182	23.0%	<10,000	118	14.9%
Homemaker/UE	74	9.4%	10,000-19,999	145	18.3%
PT Work	17	2.1%	20,000-29,999	152	19.2%
FT Work	153	19.3%	30,000 or above	147	18.6%
Student	366	46.2%	Missing	230	29.0%
Religion			Living Arrangement		
Catholic/Christian	244	30.8	Living Alone	87	11.0
Buddhist/Taoist	128	16.2	Co-habitation	66	9.4
No religion	408	51.5	With Family	588	74.2
Other	12	1.5	With Spouse Only	43	5.4

Death Attitudes Means and SD as a Function of Age

Death Attitude	Age groups			F (2,789)	Tukey's honestly significant difference		
	1 19-29	2 30-59	3 60-93		1 vs. 2	2 vs. 3	1 vs. 3
Fear of Death (DAP-R)							
M	28.48	27.16	18.56	128.36***			***
SD	7.1	7.5	6.4				
Death Avoidance (DAP-R)							
M	18.62	18.64	15.38	23.30***			***
SD	5.1	5.9	6.4				
Neutral Acceptance (DAP-R)							
M	27.61	27.83	28.72	6.43**			*
SD	3.7	3.9	2.4				
Approach Acceptance (DAP-R)							
M	40.60	40.99	36.81	12.62***			***
SD	8.8	9.8	10.4				
Escape Acceptance (DAP-R)							
M	18.67	20.11	22.24	24.18***	**		***
SD	5.3	5.9	5.7				
Death Anxiety (DAS)							
M	24.18	22.74	19.61	172.69***			***
SD	2.6	2.9	2.5				
Traditional Chinese Beliefs							
M	18.70	19.35	19.01	2.23			
SD	3.8	4.4	2.4				

*p<.05, **p<.01, ***p<.001

Death Attitudes Means and SD as a Function of Age

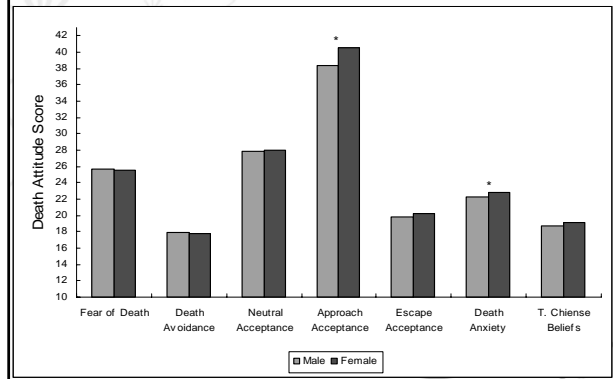


Death Attitudes Means and SD as a Function of Gender

Death Attitude	Gender		F (1,790)
	Male (n=271)	Female (N=521)	
Fear of Death (DAP-R)			
M	25.69	25.60	0.02
SD	8.3	8.1	
Death Avoidance (DAP-R)			
M	17.95	17.79	0.13
SD	5.6	6.0	
Neutral Acceptance (DAP-R)			
M	27.91	27.98	0.07
SD	3.8	3.3	
Approach Acceptance (DAP-R)			
M	38.39	40.56	9.06**
SD	9.5	9.7	
Escape Acceptance (DAP-R)			
M	19.76	20.17	0.89
SD	5.7	5.8	
Death Anxiety (DAS)			
M	22.23	22.76	4.88*
SD	3.3	3.2	
Traditional Chinese Beliefs			
M	18.70	19.15	2.52
SD	4.0	3.6	

*p<.05, **p<.01, ***p<.001

Death Attitudes Means and SD as a Function of Gender



Death Attitudes Means and SD as a Function of Age & Gender (Male)

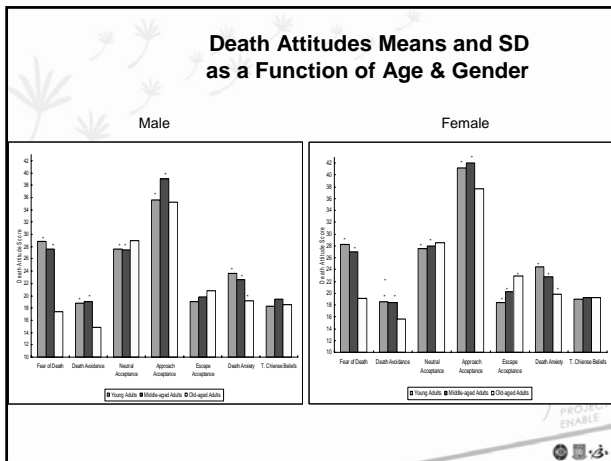
Death Attitude	Male Age groups			F (2,268)	Tukey's honestly significant difference		
	1 19-29	2 30-59	3 60-93		1 vs. 2	2 vs. 3	1 vs. 3
Fear of Death (DAP-R)							
M	28.85	27.54	17.36	62.73***			***
SD	6.8	7.8	5.3				
Death Avoidance (DAP-R)							
M	18.83	19.00	14.86	13.98***			***
SD	5.1	5.5	5.5				
Neutral Acceptance (DAP-R)							
M	27.62	27.50	29.02	3.62**			*
SD	4.1	4.1	2.5				
Approach Acceptance (DAP-R)							
M	35.59	38.10	35.22	4.88**			*
SD	8.4	10.0	10.1				
Escape Acceptance (DAP-R)							
M	19.09	19.86	20.83	1.95			
SD	5.2	5.7	6.5				
Death Anxiety (DAS)							
M	23.58	22.65	19.19	53.48***			***
SD	2.5	3.3	2.2				
Traditional Chinese Beliefs							
M	18.23	19.43	18.52	2.41			
SD	4.5	4.1	2.6				

*p<.05, **p<.01, ***p<.001

Death Attitudes Means and SD as a Function of Age & Gender (Female)

Death Attitude	Female Age groups			F (2,268)	Tukey's honestly significant difference		
	1 19-29	2 30-59	3 60-93		1 vs. 2	2 vs. 3	1 vs. 3
Fear of Death (DAP-R)							
M	28.28	26.97	19.17	69.13***			***
SD	7.3	7.3	6.8				
Death Avoidance (DAP-R)							
M	18.51	18.46	15.64	11.07***			***
SD	5.1	6.2	6.8				
Neutral Acceptance (DAP-R)							
M	27.60	28.00	28.57	3.40*			*
SD	3.4	3.8	2.3				
Approach Acceptance (DAP-R)							
M	41.15	41.95	37.61	8.30***			***
SD	9.0	9.5	10.5				
Escape Acceptance (DAP-R)							
M	18.44	20.24	22.94	25.80***	**		***
SD	5.4	6.0	5.2				
Death Anxiety (DAS)							
M	24.50	22.79	19.82	123.69***			***
SD	2.6	2.7	2.6				
Traditional Chinese Beliefs							
M	18.96	19.30	19.25	0.52			
SD	3.3	4.5	2.3				

*p<.05, **p<.01, ***p<.001



Traditional Chinese Death Beliefs

Traditional Attitudes	Disagree	Agree
Thinking or talking about death can bring bad luck	89.0%	11.0%
Seeing a dead body or a coffin can bring misfortune	82.4%	17.6%
A painful or early death is a result of past misdeeds	83.5%	16.5%
Bereaved families should not be socially active in the months following the death	61.7%	38.3%
Visiting the home of the deceased can bring misfortune	83.8%	16.2%
Parents should never attend his or her children's funeral	78.7%	21.3%
Talking about death in the presence of a dying person would accelerate death	76.8%	23.2%
Dying without a son is "no face"	86.5%	13.5%

Correlation Analysis: Traditional Chinese Death Beliefs & Death Attitude by Age

		Fear of Death	Death Avoidance	Neutral Acceptance	Approach Acceptance	Escape Acceptance	Death Anxiety
Young Adults	T. Chinese Death Beliefs	0.32***	0.26***	-0.22***	-0.13*	0.02	0.29***
Middle-Age Adults	T. Chinese Death Beliefs	0.40***	0.27***	-0.34***	-0.08	0.06	0.21***
Elderly Adults	T. Chinese Death Beliefs	0.34***	0.29***	-0.09***	-0.03	0.03	0.33***
Male	T. Chinese Death Beliefs	0.29***	0.23***	-0.28***	-0.07	0.01	0.12*
Female	T. Chinese Death Beliefs	0.31***	0.27***	-0.24***	-0.10*	0.06	0.24***
All Subjects	T. Chinese Death Beliefs	0.30***	0.25***	-0.25***	-0.08*	0.04	0.20***

*p<.05, **p<.01, ***p<.001

Discussion

- **Young and Middle-age adults were significantly more afraid of death.**
 - This finding is inline with those found in Wong et al. (1987-1988), and may well suggest that elderly individuals are more accepting of death due to more life accomplishments and death socialization (Kalish, 1976).
 - It is also possible that elderly adults are more ready to face mortality due to illness, pain and personal losses.
 - In contrast, young and middle-aged adults who have yet to fulfill their many life goals may well be more fearful of death as mortality will cut their life short, preventing them from achieving what they feel is rightfully theirs.

Discussion


- **Clinical Implications:** death education programs for young and middle-age adults may focus on:
 - facilitating their appreciation of the here and now
 - be grateful for the simple things they already possess such as their families and friends.
- A rejuvenating lifestyle that focuses on life appreciation and gratitude can be promoted to the young and middle-aged population groups, whom too often lose themselves in the ever fast-paced, money-driven and materialistic culture of contemporary Hong Kong.
- **"The search of living aspirations that dignifies death should be through traditional practices that honor nature and the cycle of life, rather than technological advances that undermine the spirit and futilely prolong life".**

Discussion

- **Young and Middle-age adults were significantly more likely to avoid the topic of death, whereas elderly adults are much more open in talking about death-related issues.**
 - This finding is also inline with those found in Wong et al. (1987-1988)
 - Reflected from earlier focus group studies where elderly respondents repeatedly claimed that they had a very difficult time discussing death planning, advance directives and funeral arrangements with their adult children.
 - A particular area of concern whereby without open communication, death will be met with avoidance and resistance, causing much familial discourse and conflict when mortality actually occurs.


Discussion

- **Clinical Implications:** it is important to educate young and middle-aged adults that:
 - most elderly adults including their parents are open and ready to talk about death planning and related issues.
 - teaching specific communication skills on verbalizing these areas of concerns
 - exercises and workbooks on death planning can be developed
- Public policies that advocated advance care planning and advanced directives are also vital in creating a greater social movement in bringing death out of the mystic dark.
- **“Talking about death is not a curse, rather, it is display of genuine love and compassion”.**




Discussion

- **The belief that death is an escape from painful existence (Escape Acceptance) increases with age, and found highest amongst the elderly population.**
 - Again, this finding is inline with those reported by Wong et al. (1987-1988).
 - On one hand, this finding may suggest that elderly individuals are more willing to be freed from the infirmities of the body.
 - On the other hand, loss of social identity coupled with isolation with the advancement of age may contribute to the rather pessimistic life outlook in the later years.




Discussion

- **Older adults were also more accepting of death as a neutral process (Neutral Acceptance), yet, they did not believe that death is a passage to a happy afterlife (Approach Acceptance).**
 - Inconsistent with earlier findings where Caucasian older adults scored highest on the Approach Acceptance dimension, our Chinese population appeared to be much pessimistic about mortality and the afterlife.
 - Unlike those with a Judeo-Christian upbringing whom believe in an omniscient God, Chinese people are typically influenced by Buddhism and Taoism which believed that mortality is met with judgment, punishment and reincarnation; ultimately adding more stress and anxiety to the concept of death and dying.




Discussion

- **Clinical Implications:** findings show that older adults in Hong Kong have a rather pessimistic outlook on the remaining years of their lives, with nothing to look forward to beyond their death.
 - In order to facilitate good death, it is important to lead elders:
 - *life review exercise* whereby they can be reminded of the many accomplishments they have achieved throughout their life and hence become more appreciative of their current life.
 - *life meaning exercise* can also help elders to generate invaluable life wisdom which can be passed on to future generations, leaving behind a legacy that signifies death with dignity.
 - **“Death is not the end of a lifetime of suffering, but rather a grand graduation from a blissful life.”**




Discussion

- **Traditional Chinese death taboo is still prominent in the contemporary society of Hong Kong:**
 - 10-20% of respondents still believe that talking/thinking about death or seeing a dead body will bring back luck; thus limiting communication and intellectual exchanges on death-related issues.
 - More than one-third of the respondents believe that bereaved family should not be social active and vice versa, such cultural taboo may well limit the amount of social support bereaved families received during their grieving process.
 - About a quarter of respondents believe that talking about death with a dying person will accelerate his/her death, thus limiting death preparations such as the set-up of wills and advanced directives, ultimately leading to possible familiar disharmony and resentments.



Discussion

- Cultural Taboos prevent the possibility of exploration of life meanings and life reviews on the part of the dying patients, both of which are critical for individuals to achieve ego integrity, the last developmental task at end-of-life.
 - Results from Correlation analysis further supported this notion as traditional Chinese death beliefs were found to be positively associated with higher levels death avoidance and death anxiety.
 - Chinese death taboos were also negatively associated with neutral acceptance of death across all ages and gender; as a results, death has remained mysterious and unnatural within the local community.
 - No significant age and gender differences with cultural death taboo as it affects every segment of the Hong Kong Population, from young to old.
 - Without any form of intervention, these deep rooted taboos will remain in the society for years to come.



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Discussion

- **Clinical Implications:** all of these findings pinpoint the urgent need to implement more society-wide education campaigns that eliminates the salient cultural death taboos:
 - Public Awareness Seminars and related mass publicity campaign.
 - Greater Media Coverage including TV, radio, newspaper, print-ads, billboards, etc.
 - Training workshops and classes that target at every sector of the community:
 - life & death education to be mandatory and included into the curriculum of primary, secondary and tertiary education;
 - staff trainings & professional development programs;
 - workshops and talks at youth and elderly centre, etc.



Concluding Remarks

- Despite its limitations as with all cross-sectional research, the current study has produced some interesting information on how the Hong Kong general population perceive death.
- Yet, there is still much to learn as the current study serves merely as a starting point for death attitude and related studies in Hong Kong as well as the greater Asian region.
- It is our hope that future research can build on this foundation to generate more valuable information so that new lights can be shed on the topic of death, removing its unwarranted mysticism.
- Future research directions:
 - Death attitudes and physical/psychological health
 - Death attitudes and death planning and preparation
 - Coping efficacy with grief
 - Bereavement resilience, etc.



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